

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Homecare Hot Meal Service

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

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

Homecare Hot Meal Service

The Glasgow City HSCP hot meal service which is currently provided by ICare Group is being reviewed for retender. This service provides daily hot meals to service users who need support with meal preparation to help them live independently at home. The review and retender process is aimed at ensuring the service continues to meet the needs of the community effectively and efficiently.

Glasgow City HSCP Care Services in conjunction with ICare Group for the provision of a hot meal service, to service users that received 'Food Preparation' only visits at lunchtime – this has been live since May 2017, (previously introduced by then Cordia LLP) and is now managed by the HSCP. Service users are assessed and referred to meet their needs, and this results in the reduction of time spent by Home Carers fulfilling these visits, as well as ensuring service users receive a well-balanced meal and a better choice of nutritious meals. This service user group is also affected with changes in need and admissions and discharges to hospital that continually makes this a changing picture.

The current service profile for people receiving homecare demonstrates that there is a very frail elderly population reliant on these vital services:

- Average Age - 79
- 55% female and 45% male
- Average Hours of homecare per week per person 9.6 hours

ICare Scotland is already fully operational within Care Services, providing essential support without the need for any additional implementation dates or requirements. Our service is seamlessly integrated, ensuring that it will continue to deliver high-quality care and

support to our Service Users without any interruptions. The Hot Meals service is available to those who have been assessed by Glasgow Homecare as having a need for it and who would benefit from it. Assessed service users aged under 65 and / or private individuals who have not been assessed by Glasgow Homecare can access the service by paying the full, unsubsidised cost. There is a difference in the applicable charge for service users aged under 65 and over 65 due to the national policy of free personal care for people aged 65+. The provision of free personal care is enacted under the Community Care and Health (Scotland) Act 2002.

Any individual protected characteristic or any combination thereof has no bearing on a person's eligibility to access this service. Glasgow Health and Social Care Partnership, Glasgow Homecare and its contracted partner (ICare) adhere to the principles of the Equality Act 2010, The Human Rights Act 1998, Glasgow HSCP Eligibility Criteria and operate based on supplying services upon assessed need and / or relevant demand. ICare has contractual and legal responsibilities with Glasgow Homecare, via Scotland Excel, to deliver the Hot Meals service to agreed standards in respect of food hygiene, safeguarding vulnerable adults, dementia awareness and challenging behaviour, load handling, fire safety, health & safety and first aid / medication prompts.

Social Work operate a strict charging policy, and this will always involve service user engagement consultation. This policy formalises arrangements and will also lay out in summary, details fully explored in the Service Annual Report and Health and Safety Guidelines. The charging policy is aimed specifically at agencies whether within or out with Glasgow City Council and includes recharging to other Council Services. Charges will be subject to inflationary charges and will be considered for equality impacts via the Social Work Charging Policy EqIA. This Policy and associated EqIA are reviewed on an annual basis.

This EqIA will be used to inform the tendering process and resulting contract for the provision of hot meals.

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: Gordon Bryan	Date of Lead Reviewer Training: 13 November 2024
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Stewart Tees, Gordon Bryan

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 characteristic data omitted.	A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use	Care Services will naturally gather information on age and dietary requirements. The Hot Meals service is largely delivered to elderly people but is open to people of all ages. The average age of those in receipt of a homecare service is 79 years. Glasgow population is estimated to be 631,970. People aged 65 and over, is approximately 14% of the population, which is 88,972 people. People aged between 18-65 is 69.6% and this equates to 440,371 people. The Hot Meals service offers a range of dishes that have been designed to meet the dietary & nutritional needs of all individuals. All service users access the service based on assessed need. The Glasgow City HSCP Eligibility Criteria is applied. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been	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	Care Services review service user data to inform policy content and service design, ensuring that home care services are inclusive, equitable, and supportive of all service users for the Hot Meals Service. Home Care have a strict policy to review any incidents of discrimination, harassment, and victimisation reported by service users and staff. This data will ensure HSCP identify patterns and areas	

	considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)	where additional training or policy changes are needed and other policies need to be implemented. Care Services review data to update anti-discrimination policies and implement targeted training programs to address identified issues, ensuring a safe and respectful environment for all. Care Services review data on the specific needs of service users, including those with disabilities, to ensure that services are tailored to meet their individual requirements. This includes accessibility needs, dietary preferences, and cultural considerations. Care Services use the data to design services that promote equal access and opportunities for all service users. For example, working closely with ICare to ensure the Hot Meals service offers a variety of meal options that cater to different dietary needs and preferences. Care Service also review feedback from service users and staff on their experiences and interactions within the home care service. This feedback helps identify areas where relations between different protected characteristics can be improved. Care Service use the data to plan and implement community engagement activities to work closely with ICare to bring together service users from diverse backgrounds, fostering understanding and mutual respect. Care Service receive information from ICare from their welling checks which can include data on mobility and accessibility needs. This can inform the	
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			design of home modifications and the provision of potential assistive devices (linked to our Community Alarms Service), ensuring that all service users can navigate their homes safely and independently. Care Service review the data on dietary needs and preferences can be used to tailor the Hot Meals service, ensuring that meals are nutritious, culturally appropriate, and accessible to all service users. By collecting and reviewing data, Care Services can continuously improve its policies and service design, ensuring that HSCP meet the diverse needs of all service users.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐	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.	Glasgow Homecare service information & National Records for Scotland  NRS - Life Expectancy (20-22) Report.pdf Care Services actively participates in regular forums with other local authorities and engage with other external partners to foster collaborative learning and apply insights from research. These interactions provide valuable opportunities to share best practices, discuss emerging trends, and address common challenges in the field of care services. By leveraging the collective knowledge and	

	2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	(Due regard to removing discrimination, harassment and victimisation and fostering good relations).	experience of various stakeholders, Care Services can implement innovative solutions and continuously improve the quality of care provided to service users. This collaborative approach ensures that the service remains responsive to the evolving needs of the community and continually upholds the highest standards of care.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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) support NHSGGC to listen and understand what matters to people and can offer support. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐	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. (Due regard to promoting equality of opportunity) * The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in	Care Services as a statutory registered service must arrange focus groups with Service Users across Home Care to discuss their experiences and challenges with current home care services. HSCP will do this in several ways: • Surveys and Questionnaires Distribute surveys and questionnaires to gather detailed feedback from a broader range of service users and stakeholders. • Newsletter within updates on the service and feedback • Complaints Procedures Care Services are then able to gather qualitative and quantitative data on service user experiences, focusing on accessibility, communication, and overall satisfaction with the home care service. Care Services can update on pricing for services for example (Hot Meals) provided by ICare Group. Care Services can identify specific barriers and challenges faced by different groups, such as physical accessibility issues, communication barriers, and cultural sensitivities.	

	2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	households at risk of low incomes.	If a Service User has a compliment or complaint about the ICare Scotland Service, there are several ways for them or their family to engage with Care Services. This can consist of a Compliments and Complaints Form, which is held within the Care Diary (in their home), or the Service Information Guide, which is also held within the Care Diary (in their home), both detail the compliments and or complaints and process. Additionally, Care Services encourage Service Users (and families) to use the QR Code provided, which is available year-on-year feedback to help us improve our services, which is also held within the Care Diary (in their home). Care Services also regularly gather insights through other platforms, e.g. focus groups, surveys, and newsletters to ensure we meet needs effectively. Care Services focus groups, surveys and newsletters. This ensured that diverse perspectives were considered and that everyone had a voice in shaping policy and procedure HSCP can review feedback highlighted for example the need for better accessibility features, more inclusive communication practices, and culturally sensitive care options and any positive feedback on good practice. By engaging with Service Users and using their feedback to inform policy and service design, Care Services can ensure that it meets the diverse needs of all service users, to help us continue promoting equality and diversity.	
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	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5. 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? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).	Care Services must ensure our services are physically accessible to everyone. This involves conducting thorough assessments of each service user's home environment to identify and address any potential barriers to movement. For instance, HSCP evaluate the needs of Service Users to facilitate safe and independent navigation. Additionally, HSCP Care Services consider the layout and accessibility of common areas to ensure that all service users, including those with mobility impairments, can move freely and comfortably, this includes the Hot Meals Service that is provided by ICare Group. By proactively addressing these barriers, we can create an inclusive environment that supports the well-being and independence of all service users. The Hot Meals service is indiscriminate. It can therefore be delivered to where it is required so is in theory open to marginalised groups. It is not necessary to have a fixed address to receive the service. To ensure that Care Services are physically accessible to all service users, including those with disabilities, the Assessment Team will conduct comprehensive evaluations of everyone's needs. This involves identifying and addressing any potential barriers to accessibility within their home environment. The team consider factors such as mobility, sensory impairments, and the need for assistive devices. By doing so, they can recommend necessary modifications or equipment to facilitate safe and independent living. Additionally, the team assess the suitability of the Hot Meals Service	

			(through ICare), ensuring that meal delivery and preparation are tailored to meet the dietary and accessibility requirements of each service user. This holistic approach ensures that all aspects of home care are inclusive and supportive of the diverse needs of service users. However, it is recognised that there may be practical difficulties in delivering the service to those service users who have a chaotic lifestyle or who have no reliably fixed address or other place where the service can be delivered.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐	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. Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).	Care Services have developed and implement policies that explicitly prohibit discriminatory language and behaviour. HSCP work closely with ICare also as they are the provider of the Hot Meals Service, and they must provide robust training to their staff on their policies to ensure they understand roles, responsibilities and expectations. Care Services must continually foster good relations and this includes community engagement through Focus Groups, Surveys and Newsletters to our Service Users. HSCP organise such platforms to bring together service users from diverse backgrounds and these interactions help build mutual understanding and respect, fostering a more inclusive service. Care Services must maintain an open and transparent communication with service users about policy changes and service updates. HSCP ensure that everyone is informed and can ask questions and provide input.	

	3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐ 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.	Care Services are part of the GCHSCP and aligned with Glasgow City Council there are available documents in accessible formats and this ensures that communication materials are available in multiple formats, including large print, Braille, and British Sign Language (BSL), to accommodate the diverse needs of service users. Furthermore, Interpreter and translation services are available and advised. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed. If in the event there was ever a change in service provider for Hot Meals, Care Services will formally communicate this to all Service Users who would be affected (e.g. receive Hot Meal Service). This communication will include detailed information about the new provider, the transition process, and any changes to the services. Care Services would always ensure a smooth and transparent transition, keeping Service Users informed every step of the way.	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	Age 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).	Care Services will naturally gather information on age. The Hot Meals service is largely delivered to elderly people but is open to people of all ages. The average age of those in receipt of a homecare service is 79 years. Glasgow population is estimated to be 631,970. People aged 65 and over, is approximately 14% of the population, which is 88,972 people. People aged between 18-65 is 69.6% and this equates to 440,371 people. The Hot Meals	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	service offers a range of dishes that have been designed to meet the dietary & nutritional needs of all individuals. All service users access the service based on assessed need. The Glasgow City HSCP Eligibility Criteria is applied. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed. The Hot Meals service is available to those who have been assessed by Glasgow Homecare as having a need for it and who would benefit from it. Assessed service users aged under 65 and / or private individuals who have not been assessed by Glasgow Homecare can access the service by paying the full, unsubsidised cost. There is a difference in the applicable charge for service users aged under 65 and over 65 due to the national policy of free personal care for people aged 65+. The provision of free personal care is enacted under the Community Care and Health (Scotland) Act 2002.	
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐	All service users access the service based on assessed need. The Glasgow City HSCP Eligibility Criteria is applied in the provision of services. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed. It is likely that service users with mental and / or physical disabilities will be impacted by the introduction of the service. This is due to the inherent nature of the service user client group, given that homecare services are typically required by those with mental and / or physical disabilities. All service	

	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	users accessing the service are assessed against the same HSCP eligibility criteria. To ensure that Care Services are physically accessible to all service users, including those with disabilities, the Assessment Team will conduct comprehensive evaluations of everyone's needs. This involves identifying and addressing any potential barriers to accessibility within their home environment. The team consider factors such as mobility, sensory impairments, and the need for assistive devices. By doing so, they can recommend necessary modifications or equipment to facilitate safe and independent living. Additionally, the team assess the suitability of the Hot Meals Service (through ICare), ensuring that meal delivery and preparation are tailored to meet the dietary and accessibility requirements of each service user. This holistic approach ensures that all aspects of home care are inclusive and supportive of the diverse needs of service users.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	No data is held on the gender reassignment status of users of the homecare or Hot Meals service. The gender reassignment status of any individual, or any other protected characteristic, has no bearing on their eligibility for receipt of the Hot Meals service. The service is delivered based on assessed need and / or demand. Staff are aware of legal protection and appropriate use of language and approaches for	

	1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	recording of information and assessment are applied. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed. No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	No data is held on the marital or civil partnership status of users of the Hot Meals service. A person's marital or civil partnership status has no bearing on their eligibility for the hot meals service as the service is delivered on the basis of assessed need and / or demand. No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.	

(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No data is held on the pregnancy and maternity status of users of the service, however most users of the service are older people for whom this Protected Characteristic will almost certainly not apply. No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐	In 2024, 98.5% of the over 65 population in Glasgow identifies as White (Scottish, other British, Irish, other nationality), and 1.5% identify as from a BME background. Among all age groups, 88.5% of the population identify as any White background, with the remaining 11.5% identifying as BME. The Hot Meals service offers a range of dishes designed to meet the dietary / cultural preferences of service users. All homecare training includes culture, religion, and spiritual beliefs training as part of the induction so as HSCP can deliver services in an appropriate and sensitive way.	

	3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	Interpreter and translation services are available and advised. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed. No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.	
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No data is held on the religion and/or beliefs of service users. A person's religion or belief has no bearing on their eligibility for the Hot Meals service as the service is delivered based on assessed need and / or demand. The Hot Meals service offers a range of dishes designed to meet the dietary / cultural preferences of service users. All homecare training includes culture, religion, and spiritual beliefs training as part of the induction so as HSCP can deliver services in an appropriate and sensitive way. No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?	Two thirds of homecare service users across the Care Services area are female and one third male. Homecare services are predominantly provided to older people within Glasgow. In 2024, the majority of females over 65 in Glasgow is 58%, whilst men	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	account for 42%. Therefore, the provision of homecare services to females is slightly higher than their general population representation. However, this can be partially explained by females having a higher life expectancy than males (78.3 years versus 73.6 years) within Glasgow, Scotland. There is a higher proportion of females receiving homecare in general in line with the general homecare profile. All service users are assessed under the same HSCP eligibility	
(i)	Sexual Orientation Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No data is held on the sexual orientation of service users. A person's sexual orientation has no bearing on their eligibility for the Hot Meals service as the service is delivered based on assessed need and / or demand. It is possible that same-sex couples currently receive the hot meals service, if both parties meet the eligibility criteria. The Glasgow City HSCP Eligibility Criteria is applied. Staff are aware of legal protection and appropriate use of language and approaches for recording of information and assessment are applied. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed. No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	Socio – Economic Status & Social Class 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? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?	In 2024, 19% of single female pensioners and 13% of single male pensioners were in relative poverty before housing costs across Scotland. Furthermore, 23% of single female pensioners and 18% of single male pensioners were in poverty after housing costs. Over the past ten years, the poverty rate before housing costs for single female pensioners has been higher than that for single male pensioners. The Hot Meals service is available to those who have been assessed by Glasgow Homecare as having a need for it and who would benefit from it. Assessed service users aged under 65 and / or private individuals who have not been assessed by Glasgow Homecare can access the service by paying the full, unsubsidised cost. There is a difference in the applicable charge for service users aged under 65 and over 65 due to the national policy of free personal care for people aged 65+. The provision of free personal care is enacted under the Community Care and Health (Scotland) Act 2002.	Social Work operate a strict charging policy and this will always involve service user engagement consultation. This policy formalises arrangements and will also lay out in summary, details fully explored in the Service Annual Report and Health and Safety Guidelines. The charging policy is aimed specifically at agencies whether within or outwith Glasgow City Council, and includes recharging to other Council Services. Charges will be subject to inflationary charges and will be considered for equality impacts via the Social Work Charging Policy EqIA. This Policy and associated EqIA are reviewed on an annual basis.

	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? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(k)	Other marginalised groups How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?	The Hot Meals service can be delivered to where it is required so is in theory open to marginalised groups. It is not necessary to have a fixed address to receive the service. However, it is recognised that there may be practical difficulties in delivering the service to those service users who have a chaotic lifestyle or who have no reliably fixed address or other place where the service can be delivered.	
8.	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? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	The proposed service extension is focused solely on enhancing the quality and accessibility of our services, without incorporating any cost-saving measures. Our primary objective is always to improve the overall experience and outcomes for our service users by addressing their specific needs and ensuring equitable access to care. This approach underscores our commitment to delivering high-quality care that prioritises the well-being and dignity	Social Work operate a strict charging policy and this will always involve service user engagement consultation. This policy formalises arrangements and will also lay out in summary, details fully explored in the Service Annual Report and Health and Safety

	1) Remove discrimination, harassment and victimisation☐ 2) Promote equality of opportunity☐ 3) Foster good relations between protected characteristics.☐ 4) Not applicable☐	of our service users rather than reducing an expense. Furthermore, to prevent discrimination, promote equality of opportunity, and foster good relations between protected characteristic groups, significant investments have been made in learning and development. This includes comprehensive training programs for all staff on equality and diversity. These programs cover topics such as unconscious bias, cultural competence, and anti-discrimination laws. Shadowing and peer support is established to encourage collaboration and mutual learning among staff from diverse backgrounds. Furthermore, resources such as educational materials, online courses are provided to ensure continuous learning and improvement. By investing in these learning opportunities, HSCP aim to create a more inclusive and respectful environment where everyone feels valued and empowered.	Guidelines. The charging policy is aimed specifically at agencies whether within or outwith Glasgow City Council, and includes recharging to other Council Services. Charges will be subject to inflationary charges and will be considered for equality impacts via the Social Work Charging Policy EqIA. This Policy and associated EqIA are reviewed on an annual basis.
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	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.	As Care Services are strictly aligned to GCHSCP and GCC policies and procedures this ensures HSCP strictly adhere to learning and development. This ensures HSCP prevent discrimination and to promote equality of opportunity, and foster good relations between protected characteristic groups. This includes implementing comprehensive training programs for all employees on equality and diversity. Programs that cover essential topics such as unconscious bias, cultural competence, and anti-	

		discrimination legislation. Regular workshops and seminars are held to deepen understanding and enhance skills in these areas are available.	
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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.

There will be no impact on the human rights of patients, service users, or staff. All GCHSCP and GCC policies and procedures are carefully reviewed to ensure they align with human rights principles, including dignity, respect, and equality. Measures have been put in place to guarantee that everyone receives fair and equitable treatment, without discrimination or bias. Additionally, ongoing monitoring and feedback mechanisms will ensure that any potential issues are promptly addressed, maintaining a safe and supportive environment for all individuals involved.

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* .

As Care Services are strictly aligned to GCHSCP and GCC policies and procedures this ensures HSCP have undertaken a human rights-based approach to ensure that the rights and responsibilities of all stakeholders are fully understood and respected, as follows:

- **Participation**

HSCP actively involve service users, staff, and community representatives in the development process through consultations, focus groups, surveys and newsletters. This ensured that diverse perspectives were considered and that everyone had a voice in shaping policy and procedure.

- **Accountability**

HSCP established clear mechanisms for accountability, including regular monitoring and reporting on the implementation of the policy through our Quality Assurance approach. This ensures that any issues are promptly addressed and that the policy remains aligned with human rights standards.

- **Non-discrimination and Equality**

HSCP always conduct thorough equality impact assessments to identify and mitigate any potential discriminatory effects of the policy. Measures are put in place to promote equality and ensure that all individuals, regardless of their background, have equal access to services.

- **Empowerment**

HSCP provide robust training and resources to empower service users and staff to understand their rights and responsibilities. This included information sessions, educational materials, and support services to help individuals advocate for themselves and others.

- **Legality**

HSCP and GCC policy complies with all relevant human rights laws and standards. Legal advice was sought to confirm that the policy upholds the principles of fairness, justice, and respect for human dignity.

By applying these principles, Care Services not only respects but actively promotes the human rights of all individuals involved. This approach has led to a more inclusive, equitable, and effective service that meets the needs of our diverse community and service users.

*

- **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.

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.

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

Lead Reviewer:
Sign Off:

Name:
Job Title
Signature
Date:

Gordon Bryan
Head of Care Services

November 2024

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

A Low
Planning Manager
A Low
13/11/24

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

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

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

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

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

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

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