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### Outcome of Preliminary Equality Impact Assessments – May 2024

#### Introduction

The IJB are committed to making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of the people of Glasgow, in line with the public sector equality and Fairer Scotland duties. To support meeting these duties, proposals have been subject to an Equality Impact Assessment (EQIA) to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible.

Identification of a potentially negative impact does not mean that the option cannot go forward. However, where this has been identified, action will be considered that minimise that impact should the option be approved.

#### Assessment

The IJB agreed the 2024-25 budget on 20 March 2024. The report also highlighted a gap in the savings plan for community health savings. It was agreed that final plans for delivery of these savings would be presented to the May IJB and this is included within this report.

Proposals have been subject to a preliminary Equality Impact Assessment to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible. The outcome of the assessments for each of the proposals is included at Appendix 1.

The [outcome of preliminary equality impact assessments for the March IJB](#) is published on the GCHSCP website.

#### Equality Impact Assessments linked to the March IJB Budget setting process.

As part of the March 2024 budget setting process, 3 proposals were identified as having potential to have a significant negative impact on equality groups. It was identified that further work was required to assess the impact of reducing capacity in these areas. Work has been ongoing since March to engage with stakeholders and to assess the potential impact and any further opportunities for mitigating action. The equality impact assessments for the three proposals have been undertaken and published to the GCHSCP website.

- Review of Access to Social Care Support – Subject to a separate report and EQIA
- [Self-Directed Support, Wait List](#)
- [A Review of the Children's Change Fund Programme](#) - An initial equality impact assessment has been undertaken and is available [here](#). The EQIA has been submitted for quality assurance and work is continuing with partners to assess the potential impacts of reviewing the funding programme. This includes consideration of a Child Rights and Wellbeing Impact Assessment.

#### Overview

Below is an overview of the community health savings proposals where a potential impact was identified and which characteristics are most likely to be impacted.

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	Age	Disability	Gender Reassignment	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation	Marriage & Civil Partnership	Socio Economic
A Review of Community Health Staff Workforce within Children and Families In Terms of Service Delivery and Expectations	x	x		x			x			x
Shared Care: Withdrawal of Internal Support and Replace with Third Sector Resources		x								x
Discharge and Resettlement Team: Reduction in Service		x								
Psychosis Clinical Information System Data Team : Closure of Service		x								
A Review of Sexual Health Services Including A Review of Service Delivery	x	x	x		x		x	x		x
Cessation of Hospital @ Home Service	x	x								
Removal of 2 Posts from Home First Response Service	x	x								
Review and Re-design of Staffing and Service Delivery Structure of Primary Care and Health Improvement Teams	x	x		x	x		x	x		x

Equality Impacts

We recognise that there is potential for cumulative impact, due to the nature of the services we deliver and the people we deliver them to. From the above it can be identified that there is potential for cumulative impact for the protected characteristics of Disability (Disability is identified across a number of the proposals, linked to physical disability, learning disability and mental health), Age (Older People and Children and Young People for different targeted services) and Sex (Women in particular).

The [outcome of preliminary equality impact assessments for the March IJB](#) budget paper identified that there is potential for cumulative impact for the protected characteristics of Disability, Age (Older People in particular) and Sex (Women in particular). Taking into consideration the overview from the March and May budget proposals, there is potential for cumulative impact across the proposals for Disabled People, Older People and Women. Mitigating steps are being taken wherever possible, as outlined within each of the proposals.

Socioeconomic Impacts

As part of the assessment process, consideration was given to the potential impact on those living in poverty. Given the vulnerability of our service users and the levels of deprivation in Glasgow, we were mindful of any disproportionate impact. Overall, the expenditure on services

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within this budget supports the delivery of a Fairer Scotland, however some of the equality impact assessments have identified that there is potential for a disproportionate impact on those living in poverty, which may be cumulative, for those accessing multiple services. Mitigations are being planned wherever possible.

### **Staff Impacts**

Proposals also include a reduction of 116.7 FTE.

Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% and are aged 50 – 64 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. In line with business as usual, this will include the organisational change process with staff side. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Next Steps**

Given the stage of this programme of work, a number of the equality impact assessments can only provide a general overview. Where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced and published.

All EQIA's will be reviewed after 6 months, in line with business as usual, to monitor the implementation of the proposals and any further opportunities for mitigating action.

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### Appendix 1: Outcome of Equality Impact Assessments

#### **A Review of Community Health Staff Workforce within Children and Families In Terms of Service Delivery and Expectations**

An EQIA will be undertaken as part of the review to consider potential impacts on equality, poverty, and staff, as a result of any changes to Community Health Services within Children and Families. In line with business as usual, this will include the organisational change process with staff side. As part of the review there will be consideration of potential impacts and opportunities to take mitigating action, related to the wider council focus on tackling childhood poverty in the city (grand challenge within the City Council's Strategic Plan) on anti-poverty approaches, and the early help and intervention of the Whole Family Wellbeing Fund (WFWF). Within this city programme the focus on early help and early intervention has highlighted the need to attend more robustly and more effectively to support for neurodiversity and autism. Furthermore, it remains the intention of both the Glasgow HSCP and indeed the city programme on childhood poverty to protect and promote the implementation and delivery of the Universal Pathway for families and children in Glasgow City.

Due to the nature of the service, any reduction in service is more likely to have an impact on children, children with a disability, pregnancy and maternity, women and people living in poverty. It is also recognised that there may be an impact for parents and carers if there is a reduction in early intervention and prevention work.

This EQIA and budget setting arrangement has been required to address a funding shortfall that equates to a converted reduction of 20.1 FTE. This proposal intends to take account of a potential fall in birth rate, the caseload weighting tool and migration in and out of the city. It will also consider a review of paraprofessional roles across the service aligned to the transformation work ongoing within the sector. Final staffing numbers will be known once full proposals are developed however there remains a commitment to the delivery of the universal pathway. The maximum reduction in Health Visitors is expected not to exceed 8 WTE and will be informed by this assessment.

Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% and are aged 50 – 64 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

#### **5% Reduction in Administration Support**

It is not anticipated that this option will have an impact on service users. However, it is noted that this proposal has reduced capacity and flexibility within the system. Further work will be required to consider contingency arrangements and identify priority work, within the resources available.

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This proposal includes a reduction of 14.82 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% are aged 50 – 64 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. There will be consideration on a case-by-case basis of vacancies to ensure that attrition is in line with clinical demand. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Shared Care: Withdrawal of Internal Support and Replace with Third Sector Resources**

This proposal includes the removal of social care staff from shared care practices and replacing with third sector resources. The removal of staff from Shared Care would not impact on the way that GP's initiate and review patients on Opioid Substitute Treatment. If approved, service users would no longer have a care management relationship with Alcohol and Drug Recovery Services and service would be provided by third sector provision.

It is anticipated that this will have limited impact on service users, who would continue to receive treatment, but the support would be transitioned from statutory ADRS to third sector and from a clinic setting to community based for some. Service users will be supported on an individual basis, via current care managers and GPs to support the handover of care from ADRS to the Third Sector Provider.

This proposal includes a reduction of 4.8 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% are aged 50 – 64 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

An equality impact assessment has been undertaken and can be found [here](#). A commissioning process will be required to commission a third sector provider and this eqia will be utilised to inform the service specification.

### **Adult Mental Health Liaison Service (AMHLS): Change to Operating Model Including Moving to 9-5 Operating Hours and Reducing Discretionary Spending Areas**

It is not anticipated that this change will have a direct impact on patients, as the majority of Hospital Emergency Department referrals are managed by the Mental Health Assessment Unit now and therefore the need for Liaison nursing staff to work outwith 9 – 5 has diminished. Referrals from acute hospitals are not actioned after 4pm.

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It is recognised that there may be an impact on the liaison service response times to acute hospitals, however it is anticipated that this will be minimal. Monitoring of the response times will continue, via the Unscheduled Care Steering Group.

This proposal includes a reduction of 1.3 FTE (Reduction of 2x Band 7 team leaders and recruitment to a Band 5 nurse). It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. If this proposal is approved, there will be normal continued consultation with Staffside and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Nurse Addictions Liaison: Reduction in Staffing and Non-Pay Budgets**

It is not anticipated that this change will have a significant impact on service users.

Reduction in Liaison staffing will impact on capacity to respond to acute hospital referrals. However, impact should be minimal and a recent review of the operational policy has streamlined the service. Acute hospital wards remain responsible for clinical care and in the absence of Liaison staff, can contact clinical staff in ADRS community teams.

This proposal includes a reduction of 0.5 FTE. The role is currently vacant so no redeployment is required. There may be an impact for staff due to reprioritisation of tasks. Potential equality impacts would relate to the workforce profile. If this proposal is approved, there will be normal continued consultation with Staffside and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Discharge and Resettlement Team: Reduction in Service**

Due to the nature of the service, any reduction in service is more likely to have an impact on people with severe mental health conditions and who may have co-morbidities. It is also recognised that there may be an impact on homelessness and for people with complex cases if there is any reduction in this support work.

An eqia will be undertaken as part of the review of Discharge Co-ordination to consider potential impacts on equality, poverty and staff, as a result of any changes to this service. In line with business as usual, this will include the organisational change process with staff side.

As part of the review there will be consideration of potential impacts and opportunities to take mitigating action, included within the review is the particular consideration of continued support for those at risk of homelessness to ensure support is provided by the most appropriate team.

There will be 3 posts remaining in place which will be located at each of the key bases. This will aim to ensure that the most vulnerable patients exiting the service will be supported.

This proposal includes a reduction of 6 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% are aged 50 – 64 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be

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on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Psychosis Clinical Information System Data Team: Closure of Service**

This is a small team of nursing and admin staff who work across the mental health system and primary care (GP practices) to ensure that critical patient data is accurate and correctly correlated in both information systems. This applies to diagnosis and medication – especially where there is a need for monitoring of high dose medications or other medications where there are associated metabolic risks.

This service directly supports people with significant mental health conditions. The team produce a high level of information around the clinical and demographic information recorded against each patient. Information recorded regarding risk, clinical circumstances, demographics, filterable medications to quickly identify all patients on case load on any particular psychotropic drug. Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by the team. Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation. The service does not replace the role of the Community Mental Health Team in monitoring patients' conditions and treatment but is a supplementary to service planning and delivery. Medical staff who prescribe the medication will continue to be vigilant when reviewing.

It is recognised there are also implications wider than Glasgow Community Mental Health Teams as reports are also provided to Homeless Mental Health, First Clyde Leven Valley, Riverview Resource Centre, Helensburgh, Forensic CMHT's, Renfrewshire CMHT's, Inverclyde and Paisley CMHT's.

This proposal includes a reduction of 4.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% are aged 50 – 64 years. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. In line with business as usual, this will include the organisational change process with staff side. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

An equality impact assessment has been undertaken and can be found [here](#).

### **A Review of Sexual Health Services Including A Review of Service Delivery**

The service is currently undergoing a formal review process in partnership with staff-side. The purpose of the review is to consider what services Sandyford Counselling & Support Services (SCASS) should provide to streamline with the sexual health service. The clinical governance arrangements and links with mental health services are also being considered as part of the review process.

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In the short term, to deliver savings, there will be a hold on vacancies in sexual health services. Any reduction in this service would relate to staffing reduction and will potentially increase waiting times and reduce the absolute number of patients seen within the sexual service. There is more likely to be impact for particular protected groups due to who is accessing the service. The Sandyford provides sexual, reproductive and emotional health services across Greater Glasgow and Clyde including; Sexually Transmitted Infection (STI) testing for people with symptoms, assessment for people who have recently been exposed to an STI, testing for people who may be at higher risk of STI or HIV, PrEP services, contraception, abortion services, young people's clinics and vasectomy. Protected characteristics more likely to be impacted by increased waiting times are; age (young people), disability (learning disability, mental health), race, sex (men and women for different targeted services) sexual orientation and gender reassignment. There is also potential impact on people living in poverty, due to those accessing the service, in particular SIMD 1 and 2.

In the medium term, the service is currently undergoing a formal review process in partnership with staff-side. There are a number of sexual health services delivered on a Board wide basis. Currently some of these services are under review and will be considered for any areas of saving that can contribute to the agreed target

It is recognised there are also implications across the 5 other HSCPs in NHSGGC, as this is a hosted service.

An equality impact assessment will be completed as part of the Sandyford Counselling & Support Services (SCASS) review.

### **Nursing/Allied Health Professional Posts in Learning Disability: Reduction in Service**

This proposal includes a reduction of 5 FTE. As these posts have never been filled this change will not have a direct impact on service users at this time. There is potential for an indirect impact, that this will reduce the services ability to reinvest this money in alternative posts, via the workforce review that is scheduled to commence later this year. This investment would have made a positive difference to the Learning Disability team in terms of their skill mix and ability to manage increasing complexity and demand. As the roles are currently vacant, no redeployment is required.

### **Planning: Reduction in Service**

It is not anticipated that this option will have an impact on equality groups as it does not include a current change in service provision.

This proposal includes a reduction of 0.6 FTE. This reduction will potentially be achieved through a partial retirement. There may be an impact for staff due to reprioritisation of tasks and delays in circulation of information.

### **Psychology: Reduction in Service**

It is not anticipated that this change will have a significant impact on service users. It is noted that the service is targeted at people with mental health conditions, including marginalised groups eg asylum seekers and refugees.

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The proposal includes a reduction of 0.6 FTE. 0.2 FTE of the post moved to a new post with the post holder and work will continue. The post has been vacant for some time with other leads managing the workload across the service with minimal impact to service deliver. They will be monitored by the Psychology Professional Leads group, the Psychology Workforce Group (which has staff-side members), and the Heads of Service (Adult Mental Health) Group. As the post is currently vacant, no redeployment is required.

### **Professional Nursing Structure: Reduction**

No direct impact on equality groups have been identified.

The roles are currently vacant, due to recent retirements and attrition, so no redeployment is required. There may be impacts on staff due to time for staff development and support in role.

This proposal includes a reduction of 3 FTE. Potential equality impacts would relate to the workforce profile.

### **Reduction in Care Home Nursing Team**

It is not anticipated that this option will have a direct impact on service users. The team will continue to provide its statutory role in care assurance to care homes. There will continue to be upskilling of care home nurses. The performance of the team will continue to be monitored against their assurance targets to identify and minimise any potential impacts.

The proposal includes a reduction of 6 FTE. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment.

There may be an impact for staff due to reprioritisation of tasks. Potential equality impacts would relate to the workforce profile. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Reduction in Treatment Room Nursing**

It is not anticipated that this option will have a direct impact on service users. The budget is surplus and previously aligned to a vacant treatment room nursing resource. The vacant post will be recruited for, and aligned with alternative funding.

### **Cessation of Hospital @ Home Service**

Hospital at home is short-term, targeted service that provides a level of acute care in an individual's own home, that is equivalent to that provided within a hospital. Hospital at home requires secondary care level specialist leadership with a designated responsible medical officer. Care is delivered by multi-disciplinary teams of healthcare practitioners within the community, complying with a combination of acute & community standards of care. It complements other community-based health and care initiatives which support patients to remain in their own homes.

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As a component of Older people provision, the service is targeted to those over 65 years. (Average age 84.2 years with a range of 65-102 years). The service supports those who are most complex and frail and based on the Rockwood score, the average patient score is 6.5 which is between moderately and severely frail. Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users, impact would relate to the service not being available for future services users. Work is ongoing to engage with acute services and to determine potential impacts on acute services and potential for mitigating action.

This proposal includes a reduction of 27.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% are aged 50 – 64 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

An equality impact assessment has been undertaken and can be found [here](#).

### **Removal of 2 Posts from Home First Response Service**

This work aligns with preventative measures specific to the Frailty Pathways to support prevention/early intervention activity and anticipatory care planning to maintain individuals at home for longer, reducing risk of admission to hospital. This is a new service model that is being tested to avoid admissions and expedite discharges, any reduction in service delivery will have an impact on the number of patients that would be appropriate to be aligned to the service.

It is not anticipated that there will be an impact on current service users, however there will likely be an impact by a reduced ability to grow the service to the full extent of the planned model. Service users are predominantly older people with frailty.

The proposal includes a reduction of 2 FTE. The roles are currently long standing vacancies so no redeployment is required. There may be an impact for staff due to reprioritisation of tasks.

### **Asylum Bridging Team - Remove Vacant Admin Posts**

The proposal includes a reduction of 1 FTE. The role is currently vacant so no redeployment is required. There may be an impact for staff due to reprioritisation of tasks. Potential equality impacts would relate to the workforce profile.

### **Complex Needs Team - Remove Vacant Posts**

It is not anticipated that this option will have an impact on equality groups. A review of the staffing structure has been undertaken. The review highlighted that two long standing vacancies are no longer required to meet service delivery. The review recommended the creation of a new ANP and a new Psychology post will better meet service needs and mitigate impact on waiting list for

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care assessments for complex and high risk cases. This has been progressed via Workforce Planning.

### **Review of Support Services**

It is not anticipated that this option will have an impact on service users. This proposal includes a reduction of 2 FTE. Posts are currently vacant, therefore no redeployment is required. A review will be undertaken across a number of support services with an aim of reforming services to deliver integrated support services which meet the business needs and are proportionate to the size of the organisation. This will require services to work with Support Services to reduce the service requirement to match the resources available.

Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% and are aged 50 – 64 years. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Review and Re-design of Staffing and Service Delivery Structure of Primary Care and Health Improvement Teams**

The proposal includes reduction across a range of workstreams and specific services are not known at this stage. It is anticipated that the saving will be delivered wherever possible by removing vacancies and re-aligning/scaling back existing programmes and potentially a reduction in funding of targeted work. Further work to assess the level of impact on equality and poverty and to identify mitigating action, will be required when plans are more fully developed.

It is recognised that Primary care and Health Improvement work with all services across Glasgow City HSCP and, in the case of the hosted teams, with the 5 other HSCPs in NHSGGC. The Health Improvement teams support HSCP services to develop and implement early intervention and prevention programmes, reducing the need for people to require help from downstream services. A reduction in Health Improvement interventions will impact on demand for other services.

Due to the nature of the service and targeted programmes, any reduction in service is more likely to have an impact on children and young people, disabled people, in particular mental health, black and minority ethnic people, sexual orientation, women, pregnancy and maternity and people living in poverty.

The review of business delivery within primary care and health improvement will be monitored by the Primary Care and Health Improvement Core Leadership Group.

This proposal will include a reduction in FTE within Primary Care and Health Improvement, some of which are currently vacant, although, at this stage the total number of posts that will be removed from the establishment is not known. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% and are aged 50 – 64 years.

It is anticipated that the reduction will aim to be achieved through removing current vacant posts and natural attrition, adjustments to work programmes of discrete staff is anticipated following removal of vacancies. An impact assessment is required to further consider what impacts there

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would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed in line with the change management policy.

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