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Outcome of Preliminary Equality Impact Assessments

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

Proposals have been subject to a minimum of 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. EQIA's have been undertaken and published, wherever possible, however for those proposals that are still subject to ongoing reviews, preliminary assessments have been done and EQIA's will be undertaken and published in line with the completion of the reviews. The outcome of the assessments for each of the proposals is included at Appendix 1.

Overview and Cumulative Impact

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

	Age	Disability	Gender Reassignment	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation	Marriage & Civil Partnership	Socio Economic
Increase Charges to Service Users by 5% 25/26	x	x					x			x
Prescribing Efficiency Programme (including full year impact of 24-25)	x	x								x
Review of Support to Carer and Integration of Carers Service within Localities	x				x		x			
Review of Commissioned Services In Adult Mental Health Services	x	x					x			x
Review of Commissioned Services in Alcohol and Drug Recovery Services	x						x			
Review of Psychotherapy Service		x					x			

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	Age	Disability	Gender Reassignment	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation	Marriage & Civil Partnership	Socio Economic
Reduction in Trauma Service, Aligned to Review Outcomes		x					x			
Reduction in Primary Care Mental Health Service		x					x			
Reduction in Mental Health Employability Commissioned Services		x					x			x
Reduction in Alcohol and Drug Partnership Programmes	x						x			
Removal of Counselling Service current sitting within Sandyford Sexual Health Service	x		x				x			
Maximising Independence/Access to Social Care – Self Directed Support/Purchased Services Budget	x	x					x			x
Cessation of Funding of Care and Repair Service	x	x								x
Closure of Dementia Resource Centre	x	x								
Removing the provision of a Supported Living Service within Glasgow HSCP Care at Home Services	x	x					x			x
Reduction in Aids and Adaptation Equipment Spend	x	x								x
Cessation of Wellbeing for Longer Fund	x	x			x			x		x
Cessation of Huntington's Services	x	x								x
Reduction in Dementia Post-Diagnostic Support Link Workers	x	x					x			
Review of Commissioned Services in Homelessness	x	x			x		x	x		x
Review of Health Improvement Services	x	x		x	x		x	x		x
Review of Support Services	x	x								x
Reduction in Health Visiting Service	x			x			x			
Review of Central Parenting Team	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 (Mental Health in particular), Age (Older People in particular) and Sex (Women in particular).

Socioeconomic Impacts

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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 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.

Other Impacts

There is potential for cumulative impact on Third Sector organisations. The proposals include options for reduction and cessation of funding for services currently provided by Third Sector partners. There is potential for cumulative impact for organisations in receipt of funding for more than one service, some of whom may be targeted at specific equality groups.

Staff Impacts

Proposals also include a reduction of 148.1 FTE. 72.9 FTE (1.2%) in Council services and 75.2 FTE (1.6%) in Health services.

Potential equality impacts would relate to the workforce profile.

- Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% are aged 50 – 65 years.
- Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 65 years and 39% are aged 30 – 49 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.

Next Steps

For some of the proposals within this overview, reviews are still underway. These 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. EQIA's will be developed as part of this process and published in line with the completion of the reviews.

Identified mitigating actions will be monitored during the implementation of approved proposals, in line with the business as usual 6 month review process.

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Appendix 1: Outcome of Equality Impact Assessments

Proposal	Outcome of Assessment	EQIA Status
Efficiency and Income Maximisation		
Review of Linguistics Service – New Tender	A review was undertaken of the linguistics service in 2022, with an associated EQIA published. The service specification was informed by the EQIA, and a new contract was awarded in December 2025 and savings identified. Any reduction in cost compared with current costs are not expected to result in a reduction of service. It is anticipated Specialist providers are expected to deliver the service at lower cost with no reduction in quality and this will be monitored in line with any service specification. As the service is targeted at equality groups and there has been a gap since the review was carried out, a review of the EQIA actions was undertaken to ensure the service specification reflected them. The EQIA and review can be found here.	Full EQIA done
Increase Charges to Service User by 5% 25/26	The proposal includes a 5% uprating to charges and a 13% uprating to hot meals (£1.94 to £2.19). It also includes the introduction of a new charge for new HSCP keysafe purchase and installation service (£100). This service was previously chargeable through a commissioned service and has been brought in house. Updates have been made to the costings for the transition from analogue to digital telecare, the differential between the anticipated costs and actual costs has not been as high as originally anticipated. Community Alarm unit cost will be at the same level for everyone transitioning to digital telecare for 2025/26 at £4.15. There is potential for this increase to have a socio-economic impact for those experiencing poverty. This may result in service users self-excluding from services, due to the cost. Due to the nature of the services provided, this increase is most likely to have an impact on older and disabled people. Steps will be taken to mitigate the impact of the increase through the financial assessment. The financial assessment aims to ensure income maximisation has taken place by ensuring that service users are in receipt of all social security benefits to which they are entitled and reflects on the service users ability to pay. It also, acknowledges that there may be circumstances where it is appropriate to consider the waiving or abatement of charges in cases of hardship, exceptional need or other exceptional circumstance. An equality impact assessment has been undertaken on the charging policy and can be found here. The assessment includes fuller details on the mitigating actions.	Full EQIA done
Income Maximisation	It is not anticipated that this option will have a significant impact on equality groups as there is no change to the charges applied, the proposal includes improvements in collection of charges incurred. Although it is noted that those who are subject to the charges are service users in permanent residential or nursing care	Only Screening Required

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Proposal	Outcome of Assessment	EQIA Status
	and are therefore predominantly older and/or disabled people. There is potential for socio economic impact for those subject to the charges. However, it is noted that mitigating action is taken when the charges are being applied. Those accessing the service are financially assessed through the Scottish Government Charging for Residential Accommodation Guidelines (CRAG). The Financial Assessment and Income Team also takes steps to refer service users, partners or spouse's to welfare rights advice for guidance on income maximisation. It is also noted that under CRAG section 05005, there is provision for an increase to the weekly personal allowance expense in certain situations such as: property maintenance costs, retaining a higher personal allowance to allow the service user to lead a more independent life, where there is a dependent child and disregarding half of a service user's occupational pension if paid to the spouse or civil partner.	
Increase to EquipU Management Fee	No direct impact on equality groups have been identified as charges are not applied to service users. Uplift would be applied to EquipU Partners, in line with inflation.	Only Screening Required
HR Training Income Generation	No direct impact on equality groups have been identified as charges are not applied to service users. Charges apply to universities for the provision of placements and are set by the Scottish Social Services Council. Charges apply to other Local Authorities and Council services for the provision of admin and practical services via our Approved Scottish Qualifications Authority (SQA) Centre and the delivery of training courses by our Learning & Development Home Care Team and are held at a cheaper rate than other providers.	Only Screening Required
Support Services: Budget Realignment Following Review of Budget and Establishment and Staff Turnover Application	No direct impact on equality groups have been identified. Staff budget has been realigned to reflect staff turnover, in line with other services.	Only Screening Required
Realigning Future Care Planning Work	It is anticipated that this option will have limited direct impact on service users. However, it is noted that this proposal has reduced capacity and flexibility within the system, with less resources available to programme manage improvement work. It is recognised that Future Care Planning is directly provided to vulnerable people, in particular people with degenerative health conditions such as cancer, frailty, dementia or respiratory illness. However, this activity is led by front line clinical staff and over the duration of the past Unscheduled Care Delivery plan (2021-	Only Screening Required

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	2024) has become more embedded with the wider health and care system. Future Care Planning will continue to be delivered by staff across the Health Board. The proposal relates to Home First Development Team staff who are employed in a planning/back office function to provide effective programme management for implementation & ongoing development of the Unscheduled Care Design & Delivery Plan across the 6 Health & Social Care Partnerships (HSCPs) within NHS Greater Glasgow & Clyde. The post holders facilitate consistent programme implementation and progression at an organisational level; influencing, guiding and supporting key stakeholders to fully implement the core components of the Unscheduled Care Design & Delivery Plan across a wide range of work streams; including Future Care Planning. This proposal includes a reduction of 1.3 WTE. 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.	
Continence Products Spending	It is not anticipated that this proposal will have a direct impact on equality or poverty, as patients will continue to receive the support and products they need to meet their needs. Following an intensive review, efficiencies were identified in ordering practices, batch ordering and cost-effective products.	Only Screening Required
Maximisation of Funding Sources Available for Treatment Rooms and Pharmacy Staff	It is not anticipated that this proposal will have an impact on equality groups or poverty. It is recognised that Treatment Rooms provide a critical community health interventions, however no change in service provision is anticipated. The budget will be realigned to funding provided by the Scottish Government to support continued treatment room services.	Only Screening Required
Review of Commissioned Services Teams	It is not anticipated that this proposal will have a direct impact on service users. Although the review is ongoing, the aim is to have a more flexible and responsive structure that balances being proactive with being reactive; and that staff have clearer role definitions. This proposal may include a reduction in FTE but at this stage we cannot confirm which post or posts may be removed. The review is being progressed in line with Glasgow City Council's workforce policies"	Only Screening Required
Prescribing Efficiency Programme (including full year impact of 24-25)	This proposal includes the further implementation of the Prescribing Efficiency Programme. An EQIA was undertaken for this programme in January 2024 and approach remains consistent with this assessment. This includes the removal of medicines identified as having low clinical value, may have an impact on those	Full EQIA done

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	living in poverty. No specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. e.g. Disabled People and Older People. Those who choose to purchase items would incur a charge for items no longer available on prescription, or it may result in withdrawing from those medicines, due to incurring costs. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives, and some may still be appropriate in some circumstances. This programme will include consideration of supporting patients to switch prescriptions to a more cost-effective brand, in discussion with the patient and healthcare professional, if appropriate. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients may require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.	
Maximisation on Income From Third Party Organisations	No direct impact on equality groups have been identified as charges are not applied to service users. In the main, charges apply to other Health Boards for access to services, including inpatient mental health. Additional income is being recovered as a result of better recording of activity levels.	Only Screening Required
Service Reform and Innovation		
Review of Support to Carer and Integration of Carers Service within Localities	This proposal consists of two parts, the Review of Support to Carer and Integration of Carers Service within Localities and the Carer Health Review Service <u>Review of Carer Services</u> A review of Carer Services is underway. The aim of the review is to consider changes in practice, culture and operational arrangements with a view to eliminate duplicate activity and increase available capacity within the HSCP's locality Carers teams. An EQIA is being developed as part of this process to reflect the impact on Carers and opportunities for mitigating and positive action and will be made available with the recommendations. It is not expected that it will have a negative impact on support to carers. <u>Carer Health Review Service</u> Following review of the Carer Health Service, it was identified that there is a duplication of tasks between NHS Health liaison workers and what is already available in Primary Care. It is proposed that the Carer Health Review service stops and Carers are signposted to Primary Care Services, if they have any health	Full EQIA done Screening Done, full EQIA to be done and published on conclusion of review

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	concerns. A number of mitigating actions were identified including the continuing Short break funding or allowing circles of support to help allowing people to take time out from their caring role to attend health appointments. An equality impact assessment has been undertaken and can be found here. The assessment includes fuller details on the mitigating actions. This proposal includes a reduction of 4.8 FTE (2 Band 3 and 1 Band 5) staff. Potential equality impacts would also relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. It is anticipated that the reduction will be achieved through natural attrition or redeployment. An assessment will be undertaken when plans for implementation are more fully developed in line with the change management policy. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required	
Service Prioritisation and Reduction		
Review of Commissioned Adult Mental Health Services	This proposal relates to two initiatives within the commissioning of Adult Mental Health Services: • The Review of Glasgow Mental Health and Huntington's Service • Redesign and Deregistration of Mental Health Care Homes with Glasgow City Council <u>The Review of Glasgow Mental Health and Huntington's Service</u> This service provides Housing Support and Care at Home to individuals experiencing enduring complex mental health difficulties and/or those living with symptomatic Huntington's Disease. This service is accessible to anyone with an independent budget via personalisation or those receiving Self Directed Support. There is an element of this service which is block funded to provide 84 hours of support to 15 individuals per week, with referrals exclusively from Scottish Huntington's Association. The review sought to demonstrate 'best value' and 'fit for purpose' service provision. The review has identified the service is consistently underutilised and has had continuous low referrals over a number of years. The service is no longer appropriate in meeting previously targeted support with now more complex demands, which are met from an independent budget via personalisation. Current funding for the block funded element of this service would end on March 31st 2025.	Full EQIA's done

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	For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this review they will be supported by operational staff and any identified relevant person to transition to alternative support arrangements if this is identified as an outcome of the review. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting. Due to the equality profile of those accessing the service, the change is more likely to impact on Disabled People and Women. An equality impact assessment has been undertaken and can be found here. <u>Redesign and Deregistration of Mental Health Care Homes</u> A review was undertaken on the provision of purchased Mental Health Supported Accommodation in Glasgow City HSCP. The current models of Mental Health Supported Accommodation have been in place for over 30 years and are now considered outdated in their design. Partnership working with providers was established to progress the redesign and deregistration of Mental Health Care homes and support accommodation within Glasgow HSCP to meet the changing needs of those presenting with complex mental health needs. People accessing the service have a wide range of complex needs including; severe and enduring mental health; people with neuro diverse conditions; a range of personality disorders. Additionally, the co-morbidities that exist alongside mental health needs, requires flexible, adaptable service models with a skilled workforce to sustain the levels of support and resilience required. It is not anticipated that there will be a significant change for support and care for service users, but how the costs are met through budgets will see a move to housing and property costs being the responsibility of the individual. It will be expected that greater flexibility in care and support hours delivered will allow a more targeted approach to peoples changing needs. An equality impact assessment has been undertaken and can be found here.	
Review of Commissioned Services in Alcohol	Impacts are not known at this time. A programme of reviews of historic contracts are currently underway, however specific services, where savings may be identified are not known at this stage. The reviews are being undertaken as part of a systematic programme of review in accordance with contract management	Screening Done, full EQIA to be done and

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and Drug Recovery Services	framework requirements. To ensure community services are person-centred, outcome focussed and achieve best value for the HSCP. Any change or reduction in service is more likely to impact on men and ages 35 – 54 years, due to the current Alcohol and Drug Recovery Service case load. In line with business as usual, EQIAs will be completed in conjunction with each of the reviews, published and used to inform future tendering and associated service specifications.	published on conclusion of review
Reduction in Complex Needs Service	It is not anticipated that this proposal will have a direct impact on service users. Although it is recognised that the Complex Needs Service supports vulnerable service users providing an interface between homelessness, alcohol and drug, justice and learning disability services, the aim is to remove vacant posts and target the posts that have most capacity or do not directly impact on patient care. Posts have been vacant for some time and the staffing model has been adapted in the interim. Service delivery monitoring has been in place with minimal impact identified. It is unlikely that there will be an impact on the core services that the Complex Needs team interface with due to the numbers referred and accepted by individual service areas, this will continue to be monitored for any unanticipated impacts. This proposal will include a reduction in 2.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. An assessment will be undertaken when plans for implementation are more fully developed in line with the change management policy.	Only Screening Required
Termination of Test of Change_Scottish Ambulance Service Triage Car Operation in Mental Health Assessment Unit	It is not anticipated that this proposal will have a direct impact on service users. This proposal relates to a test of change model whereby 3 Mental Health Assessment Unit (MHAU) nursing staff were recruited to attend emergency calls relating to mental health alongside paramedic colleagues, to deliver assessment and/or treatment at home. The triage car test of change has been unsuccessful in delivery as it is not operating regularly and nursing staff have been reluctant to attend emergency calls due to governance issues. Ongoing discussions are taking place with Scottish Ambulance Service in order to continue support in the absence of nursing staff attending calls, with paramedics based within the MHAUs There will be no impact on the MHAU operational delivery or pathways, and they will continue to respond timeously to referrals from Police Scotland, Emergency Departments, SAS, NHS24 and GPs. Patients will continue to be transported directly to the MHAU where a mental health assessment is required, to remove the need to attend at an acute hospital Emergency Department. Nursing staff will continue to visit patients	Only Screening Required

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	at home when requested by referrers. This proposal will include a reduction in 3 FTE. It is anticipated that reduction will be in line with natural turnover. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% are aged 50 – 65 years. An assessment will be undertaken when plans for implementation are more fully developed in line with the change management policy.	
Review of Psychotherapy Service	Potential impacts are not known at this time. A review of Psychotherapy Services is underway. The aim of the review is to reduce and/or centralise the team function to prioritise Mentalisation Behavioural Therapy, an evidence-based therapy specifically to treat people with borderline personality disorder, funded by Enhanced Mental Health Outcomes Framework, and treatment for a small cohort of patients who do not respond to other psychological therapies or medical intervention. Any change or reduction in service is more likely to impact on women and people with mental health conditions, due to the current case load. People accessing psychotherapy often have longstanding and complex psychological problems and treatments can be intensive and long term. Often psychotherapy is a last option for patients who have not responded to other services and supports. The patient group supported are often highly vulnerable with frequent presentations of complex trauma, with therapy lasting a number of years. Patients would receive treatment through Community Mental Health Teams, which is likely to place additional pressure on the psychological therapies waiting lists. An EQIA is being developed as part of this process to reflect the impact on the patient group and opportunities for mitigating action and will be made available with the recommendations.	Screening Done, full EQIA to be done and published on conclusion of review
Reduction in Trauma Service, Aligned to Review Outcomes	Potential impacts are not known at this time. A review of Anchor Trauma Service is underway. The aim of the review is to recommend a model to be considered in line with proposed savings and to develop new criteria and referral pathways for patients continuing to present with a need for a specialist Trauma service. This will not impact on specific funding received from Scottish Government to deliver on national contracts. Any change or reduction in service is more likely to impact on women and people with mental health conditions due to the current case load. The service is targeted at people who present with Complex Post Traumatic Stress Disorder following experiences of complex trauma. Reduction in service may impact on the community mental health teams across NHSGGC, who will be required to manage referrals no longer moving to the specialist service. Any changes will be aligned to the recommendations from the Review of service and may include reduction in service and/or a modification to the service model and specification.	Screening Done, full EQIA to be done and published on conclusion of review

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	An EQIA is being developed as part of this process to reflect the impact on the patient group and opportunities for mitigating action and will be made available with the recommendations	
Reduction in Primary Care Mental Health Services	Potential impacts are not known at this time. A review of Primary Care Mental Health teams is underway. The aim of the review is to recommend a model to be considered in line with proposed savings. Primary Care Mental Health Teams offer brief one to one and group psychological therapies to people experiencing common mental health problems such as anxiety, depression and emotional difficulties. Any change or reduction in service is more likely to impact on women and people with mental health conditions, due to the current case load. An EQIA is being developed as part of this process to reflect the impact on the patient group and opportunities for mitigating action and will be made available with the recommendations.	Screening Done, full EQIA to be done and published on conclusion of review
Reduction in Mental Health Employability Commissioned Services	The service offers structured day activity and recovery for patients with severe/enduring mental health problems. One of the aims of the Mental Health Employability commissioned services is to increase access to employability opportunities including paid employment. The service has undergone a full review including the two commissioned contracts. Part of the review has recognised that these current contracts are no longer fit for purpose and were extended for a further three months to enable the review to be finalised. Both contracts are due for renewal in July 2025. Whilst this review recognised the value that combined in-house and commissioned provision can provide it also acknowledges the challenge in demonstrating the return on investment and the overlap between aspects of the current service. Due to the budgetary constraints the proposal is to stop funding the Flourish House provision, which it was felt could be mitigated to some extent by an in house model. Commissioned services are in the final year of their current contract, waiver to contracts are in place. An agreement was reached to extend their contracts by one year, with a further waiver to tender in place. This allows ongoing commissioned provision until end July 2025, to support transition. It was identified that the loss of the SAMH IPS would not be able to be mitigated. A revised contract will be developed with the scope informed by the Technical User Group with a reduction in budget. This proposal has the potential to have a significant negative impact on equality as the service is directly targeted at people with severe and enduring mental health challenges, therefore any reduction is more likely to impact upon these groups. Due to the profile of people accessing the service, the closure of Flourish	Full EQIA done

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	House, is more likely to impact on Men and the reduction of SAMH IPS is more likely to impact on women. There is also potential for socio economic impact as one of the aims of the Mental Health Employability commissioned services is to increase access to employability opportunities including paid employment. Stopping the Flourish House provision and reducing the SAMH IPS provision, has the potential to impact on people moving into employment opportunities. An equality impact assessment has been undertaken and can be found here.	
Consolidation of Crisis and Outreach Services	Potential impacts are not known at this time. A review of ADRS Crisis Outreach Service and Out of Hours Service is underway. The aim of the review is to recommend a model which will maximise effectiveness, current and future resource and improvements to the patient/service user journey. Any change or reduction in service may result in reduced capacity to deliver assertive outreach to people at high risk of drug and alcohol related harms, and the provision of specialist treatment. However, the investment in Alcohol and Drug Recovery Services to upskill and increase the workforce has incorporated capacity to respond to people assertively in their own communities, and the Safer Drug Consumption Facility staffing includes a multi-disciplinary workforce that are skilled in responding to wider psychosocial needs. An EQIA is being developed as part of this process to reflect the impact on the patient group and opportunities for mitigating action and will be made available with the recommendations.	Screening Done, full EQIA to be done and published on conclusion of review
Reduction to Non – Pay Budgets	It is not anticipated that this option will have a significant impact on equality groups. There has been a thorough review of this spend budget line by budget line to identify where savings can safely be applied with minimum impact on end service delivery. Most of these individual budget line savings are relatively small, ranging from a few hundred pounds and include spends on items like stationery, catering and staff travel. It does include a reduction in staff training budgets, however role critical training will be continue. The proposal also includes saving on dressings and other medical sundries available to Primary Care Clinicians. This budget is currently underspent and the proposed reduction is in line with this. There is potential for impact if there is a considerable and sustained increase in demand. There will be continual monitoring of demand and usage, in line with increased costs.	Only Screening Required
Reduction in Alcohol and Drug Partnership Programmes	This proposal relates to Alcohol and Drug Partnership investments in preventative programmes. Although funding was non-recurring as a test of change, it will impact on ability to test on future programmes. Reducing investment opportunities is more likely to impact on men and ages 35 – 54 years, due to current	Only Screening Required

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	service user profile.	
Removal of Counselling Service current sitting within Sandyford Sexual Health Service	Sandyford Counselling & Support Services (SCaSS) sits within Sandyford Sexual Health Service and provides Counselling and a Listening Ear Service to people who have sexual or reproductive health issues or concerns, which are affecting their psychological sexual well-being. A short life working group was established to review the current evidence base for interventions routinely offered by SCASS counselling service. Key drivers for this review are continued challenges with excessive waiting times, the broader opportunity to consider and strengthen clinical governance and quality of service provision, and alignment to relevant national standards and the quality assurance framework used to guide delivery of a safe, efficient and effective service. The review concluded that; • there are no comparable services in the UK or more specifically within Scotland. • there is a substantial waiting list and hidden need that is being missed from a mental health perspective. • evidence gathered across the interventions offered by counselling service confirmed that there is no clinical reportable benefit to this for the patients who received it. This proposal is to close the Sandyford Counselling & Support Service. A notice period of 90 days will be issued, to allow time for patients currently receiving treatment to complete their treatment (usually 12 weeks) and all people currently on the waiting list will receive notification in writing that the service will cease and signposting to other resources can be included, as appropriate. Notification will also be circulated to Primary Care and secondary Care colleagues (including CMHTS) to no longer refer to the service. There are currently 431 people on the waiting list. The service to support women who are considering or who have had termination of pregnancy will continue to be available in the Sandyford Centre by clinical staff, in line with business as usual. Fuller detail on mitigating action can be found within the equality impact assessment. Equality impacts relate to the profile of service users accessing the service, groups more likely to be impacted by the closure are; women, people aged 20 – 39 years, people identifying gender issues as reason for referral. The proposal includes a reduction of 11 staff (5 FTE). Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. Work will be ongoing with staffside as proposals are implemented. If this proposal is approved, there will be ongoing engagement with staffside as part of the change	Full EQIA done

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	management programme as proposals are 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 Vacant Posts in Learning Disability	The proposal includes a reduction of 3 FTE. These posts relate to staff in Learning Disability Services. Although it is recognised that the service is delivered to people with a learning disability, it is anticipated that impact on service users will be minimal as the posts have been vacant for some time and work is currently being accommodated within the existing team structures. During the time the posts have been vacant, there has been work within Learning Disability Services to integrated structures and workstreams have supported a more consistent approach to service delivery across the three localities. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. The posts are currently vacant, so no redeployment is required.	Only Screening Required
Maximising Independence/Access to Social Care – Self Directed Support/Purchased Services Budget	In September 2024 the IJB approved the review of access to social care. The review did not propose any changes to existing relevant policies. It was to ensure that SDS resources are allocated to meet assessed need in a consistent way. It set out that the HSCP will update how we consistently apply our eligibility criteria; refresh our signposting to alternative supports within local communities; update our social work assessments to be strength-based and apply a more consistent allocation of resources where people's needs are equivalent. As there is no change in policy an EQIA is not required. However, this EQIA has been undertaken on the implementation of the approach as good practice and to ensure equality impacts and opportunities for further mitigation are a core consideration throughout implementation. An equality impact assessment has been undertaken and can be found here.	Full EQIA done
Cessation of Funding of Care and Repair Service	Glasgow Care & Repair is jointly funded by Glasgow City Health and Social Care Partnership and Glasgow City Council as part of a two year funding agreement and currently delivered by Southside Housing Association. This funding is in place until 31st March 2025. There are 3 main areas of service, offering practical handyperson assistance, advice and information to older and/or disabled people who are home owners or private tenants living in Glasgow and a home from hospital service.	Full EQIA done

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Proposal	Outcome of Assessment	EQIA Status
	This proposal includes withdrawal from current arrangement and absorb majority of elements in-house. The majority of the work (80%) is the installation of key safes, this is already provided as part of the telecare installation service, by bolstering this provision you can meet demand more efficiently. £32,500 per annum of the budget will be retained to sustain key safe installation to support Hospital Discharge. Handyperson tasks make up about 20% of all referrals there is potential that there will still be provision of a main handyman service from Southside Housing Association but talks are ongoing and hasn't been confirmed at present. Any provision of advice and support would be better met by the Maximising Independence Hubs at no or minimal additional costs. At this stage it is unknown if there will be TUPE requirements for the staff. Due to the nature of the service provision the cessation of the service will impact on older people and more likely disabled people. As the installation of a key safe will become a chargeable service provision this will have an impact on people who are on lower incomes or experiencing poverty. An equality impact assessment has been undertaken and can be found here.	
Closure of Dementia Resource Centre	This saving relates to the closure of the Alzheimer Scotland run Day Care Service, designed for people living with a diagnosis of dementia. A maximum of eight service users can attend per day over 5 days per week. Pre-March 2020 the service supported 16 individuals who each attended 1-3 times weekly to the building-based service. However following the pandemic, the service has not recovered in numbers of attendees and is becoming unsustainable. The equality groups most affected by this change will be older people due to the nature of the service provision. As an alternative redesign Alzheimer's Scotland proposed a community outreach and group work model with further investment from GC HSCP however they were not deemed feasible. Moreover, alternatives for the service users affected are available via existing Framework providers and the directly provided HSCP Day Services, therefore it is not expected that this proposal will have a significant impact on equality. Alzheimers have indicated that they may give notice on the centre should the proposal not be endorsed. The current contractual arrangement with Alzheimers Day Care (2019 Framework) will expire in 2026. An equality impact assessment has been undertaken and can be found here.	Full EQIA done
Removing the provision of a	The Supported Living Service was designed to support individuals who need social support along with personal care assistance but wish to live as independently as possible. These services of personal care and	Full EQIA done

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Proposal	Outcome of Assessment	EQIA Status
Supported Living Service within Glasgow HSCP Care at Home Services	non-personal care are tailored to the individual's needs and would not be available within the mainstream home care service. The proposal is to remove the Supported Living Service from HSCP Care Services. The intention would then be for a planned transition of service users who are currently supported by the Supported Living Service to transfer to the mainstream Home Care Service. This has the potential for significant negative impact on equality as the service is directly targeted at the frail vulnerable service users. The service offers a flexible, person-centred approach which includes social care support (non-personal care) and is currently provided to 39 people, 95% of whom are aged 70+, the service delivers 1000 hours of care and support of which 40 hours is non personal care. The service profile for Home Care services indicates that older people, frail elderly and often disabled who are predominantly female will be affected by these changes. Although they will continue to have their care needs met by the mainstream home care provision, or Self Directed Support they will not have the range of choice and social support that was provided by the Supported Living Service. The existing service user group would be assessed via our new strength-based assessment approach to ensure their current care and support needs can be met, either from mainstream Care at Home Services (personal Care task only) or, if their needs exceed care at home, then alternative care and support will need to be considered with the service user and their family to support their individual care needs. There will be no impact on delayed discharges. This proposal includes 59.3 WTE, of which 75 are Home Carers and 4 supervisor staff, and 3 SCWs that will be integrated into the mainstream Home Care service. All staff will be transitioned into the mainstream service provision with no change to pay and grading or required skills. If this proposal is approved, there will be normal continued consultation with Trade Unions as proposals are developed and implemented. An equality impact assessment has been undertaken and can be found here.	
Cease Funding of Independent Sector Lead Funding – Scottish Care	It is not anticipated that this proposal will have a significant impact on equality or poverty. The Scottish Care through its Partners for Integration team endeavour to create the conditions for transformational change in how services are commissioned and delivered by embedding a culture of improvement and the implementation of good practice through partnership working with the independent sector. While the availability of the Independent Sector Lead has supplemented the wider relationship management aspect of Contract Management with the independent sector providers in the city, it is not critical and will have limited operational impact for the HSCP if not continued. There is not a specific equality element to this partnership programme.	Only Screening Required
Reduction in Aids and	This proposal includes applying a tightening of criteria and reinforced clinical reasoning in relation to	Full EQIA done

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Proposal	Outcome of Assessment	EQIA Status
Adaptation Equipment Spend	equipment provision to meet critical need only. This will apply in the main to low-cost items (less than £50, where commercially available) and products of low clinical value. The proposal also intends to improve cost effectiveness of ordering processes with a view to reducing delivery costs and ensuring best practice and value for money when prescribing equipment. All services will continue to provide aids and adaptations to individuals where clinical need is assessed as being critical. However, for items under £50 or with low clinical value. Individuals will be encouraged to purchase items themselves or be placed on a waiting list to prioritise priority items. Exceptions will apply to reduce the impact of this change. Professional assessment and clinical judgement will be a key component of this, and consideration will be given on a case-by-case basis, including any impact or change to an individual's care package or an impact on a person's ability to live independently and prevent an unnecessary hospital admission. The proposal has the potential to impact on equality and poverty. Although the approach would be universal, it is recognised that due to those most likely to utilise the service, it may be more likely to be an impact on Older People and Disabled People. There is also potential for this proposal to have a greater impact on people on lower incomes who are unable to supplement their support by other financial means, if they wished to do so. To mitigate this, provision of equipment will be dependent on patients' individual health and social circumstances and will be issued regardless of cost if deemed clinically critical to health and well being This proposal applies across NHS and Social Work aids and adaptations. Equality impact assessment have been undertaken and can be found here.	
Older People Community Mental Health Team – Removal of Vacant OT Post	The proposal includes a reduction of 1 FTE. This post relates to Occupational Therapy compliment of staff within the wider Older Peoples' Mental Health multidisciplinary team. Although it is recognised that the service is delivered to over 65s with mental ill health in the community, it is anticipated that impact on service users will be minimal as this reduction is currently being accommodated within the existing team structures as there continues to be Occupational Therapy staff within the team and the service will continue to be available within existing resources. There is currently no waiting list for the service. Work will be ongoing, to monitor any change in waiting lists. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. The posts	Only Screening Required

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Proposal	Outcome of Assessment	EQIA Status
Acute Hospital Liaison Psychology - Removal of Vacant Psychology Post	are currently vacant, so no redeployment is required. The proposal includes a reduction of 0.5 FTE. This post relates to a psychologist post for the Older Peoples' Psychology Service that responds to referrals from acute services for psychological intervention and treatment of Older Peoples' Mental Health inpatients. It is anticipated that impact on service users will be minimal as this reduction is currently being accommodated within the existing team structures and the service will continue to be available within existing resources. It is noted that this proposal has reduced capacity and flexibility within the system. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. This post is currently vacant, so no redeployment is required. Work will be ongoing with staffside as proposals are implemented.	Only Screening Required
Cessation of Wellbeing for Longer Fund	The Wellbeing for Longer Programme provides funding to third sector organisations to design and deliver services to support Adults (16+) in Glasgow who are at risk of social isolation and loneliness. The proposal is to stop funding the Wellbeing for Longer Programme when current funding comes to an end 30th June 2025. The cessation of this funding will have a negative impact on equality groups, as it is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be affected by the discontinuation of this funding. This includes factors associated with age - young people, people who are digitally excluded, older people and retirement, People with a Disability - low perceived social support and social isolation at significantly higher rates than people without a disability. LGBTI+ people, race, linked to little or no spoken English, women and people living in poverty. An equality impact assessment has been undertaken and can be found here.	Full EQIA done
Home First Response Service	The proposal includes a reduction of 1 FTE. This service is a multi-disciplinary team composed of community staff working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours post-admission. This work aligns with preventative measures such as the development of HSCP Frailty Pathways to support prevention/early intervention activity and future care planning to maintain individuals at home for longer, reducing risk of admission to hospital. Although this service is targeted at Older and Disabled People, it is anticipated that impact on service users will be minimal as this reduction is currently being accommodated within the existing team structures and the	Only Screening Required

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Proposal	Outcome of Assessment	EQIA Status
	service will continue to be available within existing resources. Monitoring has been in place while the post has been vacant during staff moves, and patients seen has been consistent. This will continue to be monitored. It is noted that this proposal has reduced capacity and flexibility within the system. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. This post is currently vacant, so no redeployment is required. Work will be ongoing with staffside as proposals are implemented.	
Cessation of Huntington' Service	NHSGGC has contracted with Scottish Huntington's Association to provide support to people with Huntington's Disease and their families. The proposal is that from 1st October 2025 service users with Huntington's will have their needs met via existing services within the HSCP. This means that patients will continue to receive the right care, at the right time with established mental health, neurological and social care pathways. This supports a consistency of service and delivery, improved accountability and governance and a more sustainable service. The HSCP currently contracts with the Scottish Huntington's Association (SHA) to provide support to this population. This includes holistic assessment, care planning and coordination, assisting individuals to navigate the health and social care system, emotional support and provision of information and advice about HD to patients and those involved in caring for them. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6 month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. There are a range of HSCP services that are already providing services and support to people with Huntington's disease. While there is no planned reduction in service provision, the transition represents a shift in how individuals access care and how specialist care and advice is delivered. Due to the nature of the service provision some protected characteristics are more likely to be disproportionately affected. Individuals with HD are likely to experience significant and progressive physical, cognitive, and mental health challenges, which means that making disability inclusion will be a core consideration in service planning. HD impacts mobility, coordination, speech, cognition, and emotional wellbeing, often leading to increasing care needs as the disease progresses.	Full EQIA done

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	Ensuring that services remain fully accessible, adaptable, and responsive is essential to supporting individuals with HD at all stages of the condition. It is also recognised that socioeconomic disadvantage can create additional barriers to accessing health and social care services, particularly for individuals with HD, who may experience financial hardship due to a loss of employment, increasing care costs, or any additional support needs. The transition of HD services will ensure that individuals from all socioeconomic backgrounds continue to receive equitable access to specialist care, financial support pathways, and carer assistance, reducing the risk of financial exclusion impacting their health outcomes and personal goals throughout their care journey. An equality impact assessment has been undertaken and can be found here.	
Reduction in Dementia Post-Diagnostic Support Link Workers	Alzheimer's Scotland (AS) are currently commissioned to provide Post Diagnostic Support (PDS) following a dementia diagnosis. Currently Alzheimer's Scotland employ 15.4 WTE workers to deliver this within Glasgow HSCP. 6 WTE staff are retained on permanent contracts. 9.4 WTE staff are on temporary contract due to end March 2025. This proposal would be no longer retain these temporary PDS workers into next financial year. 6 WTE will be retained on a permanent contract. Due to the nature of the service provided any change is more likely to impact on Older People, Women and Disabled People. PDS would continue to be delivered by the existing PDS Link Worker model and will be supported via increased input and collaboration from mental health staff within this HSCP. Primarily this will be the Community Older People Mental Health teams, in line with business as usual. PDS will move from entirely one to one intervention to incorporate more group work supported within HSCP buildings by both HSCP and AS staff working in collaboration. Further collaboration between HSCP will be required to monitor waiting lists, adhere to the NHS 'referral to treatment' standard of 18 weeks, and prioritise patient need. An equality impact assessment has been undertaken and can be found here.	Full EQIA done
Removal of Practice Development Nursing Post	It is anticipated that this option will have limited direct impact on service users. However, it is noted that this proposal has reduced capacity and flexibility within the system, with less resources available to invest in future nursing staff and service development It is recognised that the Associate Practice Nurse post is within Older People Services, with community nurses providing services to Older People. Practice Development Nurses' form part of the professional	Only Screening Required

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	nursing infrastructure and their key responsibilities include governance, professional development of the workforce through provision of education and training and expert professional clinical leadership for all levels of registered and non-registered community nurses across Older People Services. This proposal has been risk assessed against future service delivery by the HSCP's Professional Nurse Lead. This proposal includes a reduction of 0.8 WTE. 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.	
Review of Commissioned Services in Homelessness	This proposal includes commissioned homelessness services, including; • Outreach services • Underspend • Accommodation based services <u>Outreach Services</u> A review and redesign of homelessness outreach services was undertaken as part of 'All in for Glasgow'. In line with business as usual an eqia was undertaken and is available here. It is not anticipated that there will be an impact from this programme and a number of equality considerations were identified and included in the tender specification. <u>Underspend</u> It is not anticipated that this proposal will have a significant impact on equality or poverty as saving is identified from underspend. <u>Accommodation based services</u> As part of the planning for a redesign of services under the All In For Glasgow programme, consideration will be given to whether building based services registered as a Care Home with the regulator, the Care Inspectorate, are aligned to the strategy for the provision of homelessness services in the City. The All In For Glasgow programme, in partnership with Homeless Network Scotland, has embarked on an ambitious programme of redesign of homeless services in the City and the second phase of the All In For Glasgow programme will focus on accommodation based services, which currently includes services operating under	Full EQIA done Screening Done, full EQIA to be done and published on conclusion of review

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	the Care Inspectorate Care Home registration category. The opportunity will be taken during this next phase of redesigning and modernising homeless services to consider the future model of building based provision, in full consultation with people using services and our partner providers. Potential impacts are not known at this time. However, any change in service is more likely to impact on equality groups who are more at risk of homelessness, including; people aged 35 – 64 years, disabled people, men, LGBTI+ people and Black, Asian and Minority Ethnic background are disproportionately represented in the homeless population in Glasgow, this will be taken into careful consideration as part of the review. An EQIA is being developed as part of this review and will be published in line with business as usual.	
Reduction in GP Engagement Budgets	Funding is provided to support GPs to attend meetings as part of the engagement activity to promote collaborative working between HSCP services and general practice. It is not anticipated that this proposal will have an immediate direct impact on equality or poverty, however, savings to this budget were made in previous years and, therefore, there is the potential that over time reduced collaborative working may lead to poorer quality of care for patients in the future that there will be impacts on the most vulnerable groups. Attendance at locality primary care meetings and the use of webinars will continue to be supported to encourage engagement and information sharing. It is noted that this proposal has reduced capacity and flexibility within the system.	Only Screening Required
Review of Health Improvement Services	This proposal includes; • Review and Redesign of Health Improvement Staffing Structure • Reduction in expenditure that supports Partner prevention activity • Cessation of Financial Advice Patient Referral Service • Reduction in Health Improvement Funding Contribution to the Lifelink Counselling Contract • Discontinuation of funding for Urban Roots <u>Review and Redesign of Health Improvement Staffing Structure</u> This proposal will require a review, redesign and reduction across a range of workstreams and specific services are not known at this stage. Due to the scale of the saving and the services delivered by Health Improvement, there is likely to be an impact on equality and poverty. A health impact assessment will be used to identify those aspects of the service that will be reduced and which posts removed. An EQIA will be	Screening Done, full EQIA to be done and published on conclusion of review Full EQIA's done

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	undertaken as part of the review to identify any potential mitigating actions and will be published when available. 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. At this stage the total number of posts that will be removed is not known, but due to the scale, it is likely that redeployment will also be required. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% are aged 50 – 65 years. An assessment will be undertaken when plans for implementation are more fully developed in line with the change management policy. <u>Reduction in expenditure that supports Partner prevention activity</u> There will be a rationalisation and reduction in non-pay expenditure. Where an impact on service delivery is identified that will have a significant impact on equality groups then an EQIA will be undertaken. Supplies budget supports the delivery of the health improvement and early intervention programmes including resources, resource developments, facilitating partnership working, training and capacity building for community and 3rd sector partners, alongside development budgets for new initiatives. Loss of this funding will impact on what can be delivered across a range of our programmes – primarily impacting on those in SIMD 1 and 2, people with poor mental health, children & young people, BME populations, asylum seekers.	

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	<u>Reduction in Health Improvement Funding to the Lifelink Counselling Contract</u> Lifelink is commissioned to deliver the Adult Stress Service for Glasgow city HSCP. The service includes the provision of short-term 1:1 counselling for individuals and a programme of wellbeing classes. It is proposed that the funding is reduced by between 14 – 18%. The service will continue to be available to service users and patients who require it but, they will experience longer waiting times for appointments. As of 31 January 2025, the waiting list was 2419 people. These are people who have been screened and assessed as suitable for counselling. Those requiring an interpreter make up approximately 10% of waiting list. Potential equality impacts have been identified from the profile of patients currently accessing the service. The reduction in service and increase in waiting times is more likely to impact on those aged 25 – 44 years, Women, Disability, in particular mental health, 51% of people who have used the service have identified as having a long term physical or mental health condition. A higher proportion of Trans people have accessed the service than the population demographic implying that there will be an impact on this group. The majority of people accessing the service are from SIMD 1 and 2, therefore any increase in waiting times are more likely to impact on people living in poverty. An equality impact assessment has been undertaken and can be found here. <u>Discontinuation of funding for Urban Roots</u> The proposal includes the discontinuation of the Urban Roots – Therapeutic Gardening & Food Activity Contract. The current contract comes to an end March 2025. This has the potential to have a negative impact on equality as the majority of participants are Women from Black and Minority Ethnic Backgrounds, living in areas in the 5% to 30% most deprived where access to quality, useable greenspace and green health activity is limited. The focus of the service is on reducing isolation and loneliness, therefore any reduction in service is likely to have an impact on mental health. Formal advice was issued to Urban Roots on the potential end of contract in October 2024. Work was ongoing in the months previous to this to prepare them for the potential end of contract, including support	

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	with alternative grant funding applications. An equality impact assessment has been undertaken and can be found here. <u>Cessation of Financial Advice Patient Referral Service</u> The NHS Financial Inclusion service enabled community-based NHS staff to refer patients facing financial difficulties to dedicated Money Advice providers, with an aim of mitigating the high level of poverty experienced by our population, and its negative impact on health, by addressing financial instability for patients. The service was closed to new referrals from 1st November 2024, as there was insufficient funding to sustain delivery. This option represents the recurring Health Improvement contribution. An EQIA was carried out as part of the closing down of the overall service and can be found here. The EQIA found that the cessation of this service has the potential to have a significant negative impact on a number of vulnerable groups, in particular; families with children under 5 years old, Disabled People, Pregnancy and Maternity, People from Black and Minority Ethnic Backgrounds, Women and People living in poverty. Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.	
Review of Support Services	This proposal relates to the review of a number of support services within Resources. This is to ensure that support services remain proportionate to the size of the organisation and is in recognition of the financial challenges facing the IJB. This will result in some reduction to services however opportunities for reforming services will be taken where they are available. The proposal includes a reduction of staff across Finance, Business Administration Welfare Rights, HR, Property and Transport. 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 and it is recognised that response times may be impacted. For the majority of the posts, no direct impact on equality has been identified. However the Welfare Rights post has the potential to have an impact on people living in poverty due to reduced capacity and flexibility within the Welfare Rights support system. Further work will be required to consider contingency	Only Screening Required

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	arrangements and identify priority work, within the resources available to continue to progress Income Maximisation. The service will continue to be available within existing resources, however reduced capacity may result in increased waiting times and reduced capacity to support the training of social workers on income maximisation. Ongoing monitoring for potential impact will be in place through existing reporting on Welfare Rights and Money Advice Performance to the IJB. An EQIA was undertaken and shared as part of November 2024 in year budget discussions, the removal of a further post will further compound this impact. The EQIA is available here. The proposal includes a reduction of 4.5 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 65 years and 39% and are aged 30 – 49 years. It is anticipated that the reduction will aim to be achieved through It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. If this proposal is approved, there will be consultation as appropriate with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities and to support staff working in areas affected by the reduction will be identified and given further consideration where required.	
Health Visiting Service	Health Visiting Service is in place to support children younger than 5 years old across Glasgow. Assessments are based on practitioner judgment in line with GIFREC (Getting It Right for Every Child). Families assessed as having additional 'Health Plan Indicators' with a higher level of needs are placed on an additional pathway and will not be affected by the changes in this proposal. As approved in 2024 the work will be monitored and impact assessed via three workstreams: • Improvement of use of data ○ Caseload weighting tool (taking into account birth rate and net migration) ○ Complexity of need ○ Impact of poverty • Reviewing Record Keeping Processes ○ Care planning, chronology practice and coaching support for diary management ○ Aim to reduce recording burden ○ Maximise patient facing time • Analysing arrangements for cross over ○ Avoiding families retelling history to multiple practitioners ○ Reestablishing therapeutic relationships ○ Scoping cluster cover or peripatetic teams	Full EQIA done

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Proposal	Outcome of Assessment	EQIA Status
	○ Key learning will aid review of Baseline Cover document Potential equality impacts for service users have been identified for young people and families, and service users experiencing pregnancy and maternity. Families experiencing pregnancy and maternity may receive merged visits to support their family, however, those with more complex needs will continue to be supported via the 'additional' pathway with no change to service. As lone parents are known to be mostly female, it is more likely that women will be impacted by these changes. This proposal includes a reduction of 7.8 FTE posts across the Health Visiting Service (3.13% of the workforce). Potential equality impacts would also relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly Female (84%); 52% are aged 30 – 49 years and 33% are aged 50 – 65 years. It is anticipated that the reduction will be achieved through natural turnover, vacancies and retirement. If this proposal is approved, there will be continued regular 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. An equality impact assessment has been undertaken and can be found here.	
Review of Central Parenting Team	Potential impacts are not known at this time. The Central Parenting Team deliver Triple PPP, which is an evidence-based parenting programme. A review of the Central Parenting Team is underway. The aim is to review the team's function in line with current data on families' needs based on approaches that are working well for supporting families. The Central Parenting Team is a universal City-wide service. Any change or reduction in service is more likely to impact on children, young people and families, due to the profile of service users accessing the service. An EQIA is being developed as part of this process to review the impact on families and opportunities for mitigating actions. The EQIA will be available with the recommendations.	Screening Done, full EQIA to be done and published on conclusion of review

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