

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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

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

Joint Advocacy Strategy 2023 - 2026

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

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

**What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.**

This is the second Strategic Advocacy Plan for the reconfigured Six Health and Social Care Partnerships covering the Greater Glasgow and Clyde (GGC) area. It builds on the earlier Advocacy Plans developed by NHS Greater Glasgow Health Board. It has been developed in consultation with stakeholders who have an interest in the delivery of independent advocacy services including staff and voluntary organisations.

The Plan covers Adult Mental Health, Older People's Mental Health, Learning Disability, Forensic Mental Health and Child and Adolescent Mental Health services (CAMHS). Forensic services and The Child and Adolescent Inpatient Units are both regional services hosted by NHSGG&C.

The purpose of the Strategy is to provide a universal strategic document, as each HSCP has in place Local Commissioning arrangements for the provision of Advocacy Services, however there is no single lead for commissioning advocacy services covering the GGC area. It has been agreed that Glasgow City HSCP will be responsible for the co-ordination and preparation of a Joint Advocacy Strategy covering the GGC area. This reflects the different requirements across each HSCP with the focus on joint planning between NHSGGC and Local Authorities and local Advocacy Services.

**Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.**

The HSCPs and NHSGGC have a statutory responsibility to provide access to independent advocacy for specific groups of people. As part of the Mental Welfare Commission's The right to advocacy, a review of how health and social care partnerships, local authorities and NHS boards are discharging their responsibilities under the Mental Health (Care and Treatment) (Scotland) Act 2003. One specific recommendation is that Equality impact assessments (EQIA) must be undertaken when developing and finalising strategic advocacy plans and signed off by senior management from all key partners, e.g. health and social care partnerships, health boards and local authorities.

Independent advocacy covering the GGC area is currently provided by a number of organisations who cover specific geographical locations and specific care groups. The care groups currently covered include:

- Adults with Mental Ill Health
- Learning Disability
- Children
- Physical Disability
- Dementia
- Prison Healthcare
- Alcohol and Drug Addictions
- Forensic Mental Health
- Regional Child & Adolescent Inpatient Units

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

<b>Name:</b> Janice Mitchell	<b>Date of Lead Reviewer Training:</b>
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**Please list the staff involved in carrying out this EQIA**

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

Kelly Gainty  
 Andy Bonner  
 Margaret Phelps  
 Vanessa Campbell  
 Adam Smith  
 Jason McLaughlin  
 Lesley Boyd

	<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<b>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an</b>	Equality information is recorded by the commissioned organisations as part of their contracted obligations. This data covers the protected characteristics - namely: age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex.	Further work required on the recording of pregnancy and maternity and sexual orientation from some HSCP commissioned services, this is now part of their action plan.

	<b>explanation for any protected characteristic data omitted.</b>			
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	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p><b>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></b></p> <p><b>2) Promote equality of opportunity <input checked="" type="checkbox"/></b></p> <p><b>3) Foster good relations between protected characteristics. <input type="checkbox"/></b></p> <p><b>4) Not applicable <input type="checkbox"/></b></p>		<p>The data gathered has identified gaps in service provision which is detailed within the revised strategy document Executive Summary, which will be used to inform contract monitoring arrangements, to ensure these identified gaps are being addressed.</p>	<p>Within the Glasgow service user data it was identified that there was very low uptake by BME (Black and Minority Ethnic) the project looked at their promotional material and also employed a specific worker to meet with local BME groups. Continuous monitoring will take place as part of monthly contract monitoring.</p>

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p><b>3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>		<p>Advocacy Services and people who use their services across the Board area were asked to identify any gaps in service provision. This is detailed within the revised Board Wide Advocacy Strategy.</p> <p>In particular the Glasgow commissioned service identified a gap in their quarterly reporting around sexual orientation and gender re-assignment. This was addressed at monthly contract monitoring meetings and has now been resolved. LGBT+ training was facilitated and staff now feel more confident in asking the question and reporting on same. (Promote equality of opportunity)</p> <p>The revised strategy is in response to the Mental Welfare Commission Report – The Right to Advocacy 2022.</p> <p><a href="#">TheRightToAdvocacy2022_April2023.pdf (SECURED) (mwcscot.org.uk)</a></p>	<p>This will be taken forward board wide across all HSCPs</p>

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p><b>4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b>      <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b>      <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b>      <input type="checkbox"/></p> <p><b>4) Not applicable</b>      <input type="checkbox"/></p>		<p>Consultation on the revised document was facilitated by each HSCP.</p> <p>There were face to face consultations with 34 people being asked about the strategy</p> <p>Feedback identified various gaps in service provision across the board area:</p> <ul style="list-style-type: none"> <li>• Children with additional support needs</li> <li>• Children who are non-care experienced</li> <li>• Young People transitioning from Children to Adult Services</li> <li>• Children who fall out with the remit of 'Who Cares' and the Children's Hearing Advocacy system</li> <li>• Asylum Seekers</li> <li>• People with Sensory impairment (particular emphasis on interpreting access)</li> <li>• Prisons in particular access to advocacy services within the prison estate</li> <li>• BAME ( particular emphasis on interpreting access)</li> <li>• LGBT Communities in particular as numbers accessing are low</li> </ul> <p>(Promote equality of opportunity, Remove discrimination and victimisation)</p>	<p>Each HSCP will continue to include plans to identify specific gaps in their area in partnership with local stakeholders.</p> <p>The actions identified within the strategy are:</p> <ul style="list-style-type: none"> <li>• Involve service users, carers and voluntary organisations in service redesign.</li> <li>• Allocate resources in line with care group and population needs.</li> <li>• Ensure all service users have appropriate access to high quality information on how to access an appropriate advocacy service.</li> <li>• Ensure that staff are appropriately trained to recognise the need to refer an individual to an advocacy service.</li> <li>• Work is progressing with the LGBT+ wellbeing commissioned service to ensure awareness of advocacy services board wide.</li> <li>• Work is progressing with each commissioned service to ensure that they are targeting all communities and protected characteristics</li> </ul>
	Example	Service Evidence Provided	Possible negative impact and

				<b>Additional Mitigating Action Required</b>
5.	<p><b>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><b>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</b></p>	<p>Emphasis on outreach for the commissioned services were identified as good practice in particular around physical disabilities and also service user choice.</p> <p>Each HSCP has its own commissioned service which is based locally and accessed locally. The services use their own offices or meet service users out with.</p> <p>(Promote equality of opportunity)</p>	

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p><b>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p><b>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service</b></p>	<p><b>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</b></p> <p><b>Written materials were offered in other languages and formats.</b></p> <p><b>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</b></p>	<p>This was identified as a GAP in particular around people with Sensory impairment (particular emphasis on interpreting access) and will be addressed as part of contract monitoring and ensure that gaps are identified in any future tendering process.</p> <p>Each commissioned service have their own literature and are available in other languages on request.</p> <p>(Promote equality of opportunity)</p>	



	<b>review or policy has taken note of this.</b>			
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p><b>Age</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>The age profile is in the main 18 +, however as this revised strategy also includes Child and Adolescent Mental Health this area within the strategy 0+</p> <p>Advocacy Strategy take cognisance of young people in CAMHs and has also identified areas within Children’s services where there are gaps of provision.</p> <p>Each HSCP will continue to include plans to identify specific gaps in their area in partnership with local stakeholders and ensure they are actioned upon.</p> <p>(Remove discrimination, harassment and victimisation, Promote equality of opportunity)</p> <p>The following were recognised as GAPS from engagement that would fall under age.</p> <ul style="list-style-type: none"> <li>• Children with additional support needs</li> <li>• Children who are non-care experienced</li> <li>• Young People transitioning from Children to Adult Services</li> <li>• Children who fall out with the remit of ‘Who Cares’ and the Children’s Hearing Advocacy system</li> </ul>	<p>As part of identified GAPs future tendering processes will address any service Gaps</p> <p>Each HSCP will ensure that identified gaps as detailed, will be included in future tendering processes.</p>
(b)	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p>	<p>Work is progressing with services re recording of disability stats. The main aim of the services is to support people with Mental Health issues &amp; in some areas Addictions</p> <p>Outreach for the commissioned services was identified as good practice in particular around physical disabilities and also service user choice.</p> <p>Remove discrimination, harassment and victimisation, Promote equality of opportunity)</p>	<p>Work is progressing with commissioned services and Interpreting services board wide to ensure access to service is available timeously.</p> <p>Communication was identified as a GAP in particular around people with Sensory impairment (particular emphasis on interpreting access) and</p>

	<p>1) Remove discrimination, harassment and victimisation <b>X</b></p> <p>2) Promote equality of opportunity <b>X</b></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The following were recognised as GAPS from engagement that would fall under disability.</p> <ul style="list-style-type: none"> <li>• Children with additional support needs</li> <li>• People with Sensory impairment (particular emphasis on interpreting access)</li> </ul>	<p>will be addressed as part of contract monitoring and ensure that gaps are identified in any future tendering process.</p> <p>Further work will be progressed by each HSCP to ensure engagement of children with additional support needs as part of re-tendering process.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <b>X</b></p> <p>2) Promote equality of opportunity <b>X</b></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Profile of service users is not available and is part of the work progressing with commissioned contracts.</p> <p>As detailed in Section 3 further work/training was required around LGBT+, including Gender Reassignment</p> <p>The engagement identified that LGBT Communities, including Gender Reassignment, in particular as numbers accessing are low.</p> <p>(Remove discrimination, harassment and victimisation, Promote equality of opportunity)</p>	<p>Work has progressed with each HSCP commissioned service to ensure this information is recorded.</p> <p>Work is progressing with the LGBT+ wellbeing commissioned service to ensure awareness of advocacy services board wide, this will also include Gender Reassignment.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This was not identified as a GAP within the consultation, although will be addressed as part of all Equality data collection at contract monitoring meetings.</p>	
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>This was not identified as a GAP within the consultation, although will be addressed as part of all Equality data collection at contract monitoring meetings.</p>	

	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>As detailed in Section 4 GAPs and also within Section 2. Measures put in place within Glasgow City.</p> <p>For black and minority ethnic people, interpreting service was identified as a particular area for improvement. This will be addressed as part of contract monitoring and ensure that gaps are identified in any future tendering process.</p> <p>Each commissioned service have their own literature and are available in other languages on request.</p> <p>Details of service user data was not available. This will be progressed at each individual HSCP area as part of contract monitoring.</p> <p>(Remove discrimination, harassment and victimisation, Promote equality of opportunity)</p>	<p>Within the Glasgow service user data it was identified that there was very low uptake by BME (Black and Minority Ethnic) the project looked at their promotional material and also employed a specific worker to meet with local BME groups. Continuous monitoring will take place as part of monthly contract monitoring.</p> <p>This learning be applied to the HSCP's will also be applied across other HSCPs.</p>
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p>	<p>This was not identified as a GAP within the consultation, although will be addressed as part of all Equality data collection at contract monitoring meetings.</p>	

	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h)	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Details of service user data was not available. This will be progressed at each individual HSCP area as part of contract monitoring.</p>	
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the</b></p>	<p>As detailed in Section 3 further work/training was required around LGBT+ sexual orientation</p> <p>The engagement identified that LGBT Communities in particular</p>	<p>Work is progressing with the LGBT+ wellbeing commissioned service to ensure awareness of advocacy services board wide.</p>

	<p><b>protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>as numbers accessing are low.</p> <p>Details of service user data was not available. This will be progressed at each individual HSCP area as part of contract monitoring.</p> <p>As per information in Section 3 re Glasgow service. Learning will be applied board wide.</p> <p>(Remove discrimination, harassment and victimisation, Promote equality of opportunity)</p>	<p>This learning will be applied board wide.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(j)</p>	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p>	<p>Work progressed in Glasgow City around areas of deprivation looking at uptake. Recognising that people may not be able to travel into their offices due to financial constraints, this has been addressed by outreach services and service user choice.</p>	<p>Monitor as part of contact meetings. Learning has been applied board wide.</p>

	<p>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</p> <p>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</p> <p>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision</p>		
(k)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with</b></p>	<p>As per section 4 detail</p> <p>Prisoners were identified as a group that requires further work in some HSCP areas however work is progressing with Prison Health care to address this Gap. This is detailed in the Gaps</p>	<p>Work has progressed with HMP Barlinnie, HMP Greenock and HMP Low Moss via Prison Health Care to ensure advocacy services are available to prisoners</p>



	<p><b>addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>section of the Strategy.</p> <p>Specific emphasis has been raised at contract meetings to ensure that the services are meeting the needs of all marginalised groups.</p> <p>Work is progressing around veterans and access to Advocacy Services in Glasgow City.</p> <p>All commissioned advocacy services work with people who are homeless and support them when necessary.</p> <p>Asylum seekers were identified as a particular gap in section 4.</p>	<p>Learning will be applied board wide.</p> <p>Work is progressing with asylum seeking communities to ensure ease of access. This will also be within any future tendering process</p>
8.	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No cost saving at this time, however if needed re-tendering or extension of contracts should ensure that any cost savings will not disproportionately impact on protected characteristic groups.</p> <p>(Remove discrimination, harassment and victimisation, Promote equality of opportunity, Foster good relations between protected characteristics.)</p>	
	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
9.	<p><b>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic</b></p>		<p>SWS commissioning colleagues Glasgow City are working on a programme to include NES equality</p>

<p><b>groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b></p>		<p>training for commissioned services. Plans to share with other GGC HSCPs</p>
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**10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.**

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

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

None that is identified

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

\*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake

- Identify responsibilities: Identify what needs to be done and who is responsible for doing it
- Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

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

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

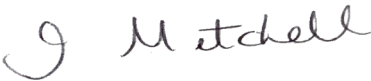
**Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.**

	Date for completion	Who is responsible?(initials)
<p>Various strands of work are progressing board wide or in each individual HSCP as per detail. These pieces of work will be addressed as part of each HSCPs contract monitoring process and will also be included within any future tendering process. A number of these actions outlined in section 4 are included within the Strategy.</p> <p>In addition to the actions identified within the strategy, there will be specific action to;</p> <ul style="list-style-type: none"> <li>• Improve equality data capture and monitoring.</li> </ul>	July 2024	Each HSCP Contract Manager

<ul style="list-style-type: none"> <li>• Within the Glasgow service user the project looked at their promotional material and also employed a specific worker to meet with local BME groups. Continuous monitoring will take place as part of monthly contract monitoring.</li> <li>• Each HSCP will ensure that identified gaps as detailed, will be included in future tendering processes.</li> <li>• Work is progressing with commissioned services and Interpreting services board wide to ensure access to service is available timeously.</li> <li>• Further work will be progressed by each HSCP to ensure engagement of children with additional support needs as part of re-tendering process.</li> <li>• Progress work with HMP Barlinnie, HMP Greenock and HMP Low Moss via Prison Health Care to ensure advocacy services are available to prisoners</li> <li>• Progress work with asylum seeking communities to ensure ease of access. This will also be within any future tendering process</li> </ul>	<table> <tr> <td>April 2024</td> <td>JM</td> </tr> <tr> <td>End of current tenders</td> <td>Each HSCP Contract Manager</td> </tr> <tr> <td>July 2024</td> <td>Each HSCP Contract Manager</td> </tr> <tr> <td>End of current tenders</td> <td>Each HSCP Contract Manager</td> </tr> <tr> <td>July 2024</td> <td>JM (Barlinnie) Each HSCP Contract Manager</td> </tr> <tr> <td>July 2024</td> <td>Each HSCP Contract Manager</td> </tr> </table>	April 2024	JM	End of current tenders	Each HSCP Contract Manager	July 2024	Each HSCP Contract Manager	End of current tenders	Each HSCP Contract Manager	July 2024	JM (Barlinnie) Each HSCP Contract Manager	July 2024	Each HSCP Contract Manager
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July 2024	JM (Barlinnie) Each HSCP Contract Manager												
July 2024	Each HSCP Contract Manager												

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

July 2024
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<b>Lead Reviewer:</b>	<b>Name</b>	Janice Mitchell
<b>EQIA Sign Off:</b>	<b>Job Title</b>	Planning & Performance Officer
	<b>Signature</b>	
	<b>Date</b>	15.11.23
<b>Quality Assurance Sign Off:</b>	<b>Name</b>	Alastair low
	<b>Job Title</b>	Planning Manager
	<b>Signature</b>	Alastair Low
	<b>Date</b>	15/11/23

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

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

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

		Completed	
		Date	Initials
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

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

		To be Completed by	
		Date	Initials
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)