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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

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

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

Maximising Independence: Adult & Older People's Purchased Services

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

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

This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in March 2024.

Maximising Independence means supporting people, who can and want to remain living at home safely for as long as possible with the right support in place. We know that the best health and care outcomes happen when people can self-manage and enjoy their independence.

GCHSCP's Maximising Independence (MI) programme is aiming to deliver transformational change to better support and facilitate more independent living and minimise the need for escalation to higher levels of formal care.

As part of delivering on the aspirations of MI, it is necessary to ensure that our assessment, care management and review processes are aligned fully to MI principles, specifically taking an asset based approach to communities and a strengths based approach to individuals when assessing care needs. Our MI programme aims to ensure this is undertaken systematically, consistently and in a structured way that supports staff, service users and carers. Taking into account the national Self Directed Support Standards (2021), this work will aim to ensure the conversation between frontline practitioner, service user, family and carer is well informed, timely and accessible in order to facilitate informed choices. Work is underway to design and implement a strengths based, trauma informed training programme for our workforce as part of this wider culture shift towards maximising the opportunities for people to live as independent a life as they possibly can.

As is currently the case our assessment and review processes will take the opportunity to explore whether innovative care arrangements should be considered to better meet an individual's needs and support independent living. (For example, through the increased use of technological supports and taking a reablement approach). The opportunity will also be taken to explore whether alternative models of care could be developed and commissioned, designed in ways that maximise the potential for independent living. As well as improving outcomes for individuals, it is anticipated that there may also be scope for savings, particularly as there are a sizeable number of service users whose arrangements will be subject to review in line with routine practice. Although this programme will contribute to the savings identified in the IJB Financial Allocations and Budget 2024 – 25 paper, this programme of work is not a cost-driven exercise; it will ultimately be guided by the output from assessments, reviews, and

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managing risk, as well as the scope to commission alternative models of care.

Included as part of the overarching MI programme of work there will be a focus on ensuring care packages are cost effective to ensure the most appropriate levels of care are in place.

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

All Maximising Independence projects are designed with input from community partners, including representatives of groups with protected characteristics and key stakeholder partners from council and independent sector. We have commissioned research about how to communicate most effectively about Maximising Independence, with a specific emphasis on groups who are traditionally hard to reach/easy to ignore.

Self-Directed Support, Maximising Independence and the Review of Access to Social Care Support are interconnected. If all proposals are approved, this may result in cumulative impact for those accessing multiple services. Mitigations and monitoring of impacts are outlined within each of the proposals.

This option includes a reduction of 20 posts. As a result of work to minimise the need for escalation to higher levels of formal care, there is scope for a reduction in staff in line with demand. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 64 years and 38% are aged 30 – 49 years.

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

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

Name: Allison Noonan	Date of Lead Reviewer Training:
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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):

Liam Herbert

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Assessments and reviews through Carefirst record equalities information, covering all the protected characteristics listed in section 7 of this EQIA. Information collected forms part of an individual's outcome based support plan. It has been highlighted that there are challenges with the availability of data recorded on reporting systems and steps will be taken to improve equality data capture.	Work is currently taking place to improve data input quality in Carefirst. This will in turn help to improve recording and analysis of information by protected characteristics. There is a commitment to Improve equality data capture and reporting across our services. Data will be embedded into reporting and utilised as part of service design and delivery, ensuring service users are representative of the population. This will be progressed and monitored as part of the action plan supporting the HSCP Equality Outcomes 2024 to 2028.
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been	<i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement</i>	Analysis of current social work case management systems by protected characteristic will help to ensure an equalities sensitive approach is taken in the further implementation of this work programme. HSCP careFirst referrals have increased by 17.5 % in total since 2018/19 and represents an increase of over 4 % year on year reflecting a significant increase in demand.	As per above, it is anticipated that the introduction of Eclipse will see improved data quality, including information by protected characteristics. However, if necessary a sample adult of caseloads may also have to be undertaken.

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	considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<i>activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i>		There is a commitment to Improve equality data capture and reporting across our services. Data will be embedded into reporting and utilised as part of service design and delivery, ensuring service users are representative of the population. This will be progressed and monitored as part of the action plan supporting the HSCP Equality Outcomes 2024 to 2028
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐	<i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to</i>	Qualitative information on the experience of service users receiving Self Directed Support in Glasgow was gathered by Self Direct Support Scotland and The Alliance (September 2021 Report). While only a relatively small number of people were able to participate in this study (in the context of the c3500 people in Glasgow in receipt of SDS), it nonetheless identified areas for improvement. This included the timing, quality and accessibility of information received by some service users to inform choices and care planning decisions. We commissioned Snook to carry out qualitative research in 2023 about communications barriers that people faced around Maximising Independence, specifically among groups with protected characteristics. This built on earlier quantitative research in 2021. The findings have been shared with the Senior Leadership Team, IJB, partners and stakeholders and an action plan will be drawn up on how to implement the recommendations across the organisation	Given the relatively small sample size of service users who were interviewed to inform the SDSS / The Alliance report, it will be necessary to undertake further engagement with service users, families and carers to identify opportunities for improvement. This is necessary as it has not been possible to analyse the findings in the aforementioned report by protected characteristic.

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	2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<i>young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i>	Learning from the Socially Connected Glasgow report (2022) is being applied through a dedicated action plan to implement the findings. The themes of the report have been picked up by the Health Improvement Team and also included in the Community Interface Group of partners who interact directly with service users, to take forward actions The recommendations and learning from all of the above will be taken into account as part of this programme to improve assessment, care management and review processes. An internal study of Maximising Independence evidence was undertaken, with support from NHS GGC library services. The results of this study were presented to the SMT. The study concluded that the emerging evidence reaffirms the underpinning principles of Maximising Independence, but we remain early adopters. Research utilised includes; • Implementing Asset-Based Integrated Care: A Tale of Two Localities - PubMed (nih.gov) • Assured-SROI-Report-for-Local-Area-Coordination-in-Derby-March-2016.pdf (thinklocalactpersonal.org.uk) • Derby-local-area-coordination-report-18-21.pdf (housinglin.org.uk) • evidence-review-economic-impact.pdf (socialprescribingacademy.org.uk) • Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a Social Prescribing pathway - Juliet Ruth Helen Wakefield, Blerina Kellezi, Clifford Stevenson, Niamh McNamara, Mhairi Bowe, Iain Wilson, Moon Moon Halder, Elizabeth Mair, 2022 (sagepub.com) • Impact of social prescribing to address loneliness: a mixed methods evaluation of a national social prescribing programme - White Rose Research Online	
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			• <u>Can Social Prescribing Foster Individual and Community Well-Being? A Systematic Review of the Evidence - PMC (nih.gov)</u> • <u>Does a social prescribing 'holistic' link-worker for older people with complex, multimorbidity improve well-being and frailty and reduce health and social care use and costs? A 12-month before-and-after evaluation - PMC (nih.gov)</u> • <u>The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision - PMC (nih.gov)</u> • <u>Critical components of social prescribing programmes with a focus on older adults - a systematic review (tandfonline.com)</u> • <u>Self-management interventions to reduce healthcare use and improve quality of life among patients with asthma: systematic review and network meta-analysis The BMJ eval-doncaster-social-prescribing-service.pdf (shu.ac.uk)</u> • <u>Relationships and reciprocity; where next for strengths-based social work in adult social care?: Journal of Social Work Practice: Vol 36, No 4 (tandfonline.com)</u> • <u>Strengths-Based Approaches in Social Work and Social Care: Reviewing the Evidence - Journal of Long-Term Care (ilpnetwork.org)</u> • <u>Technology use and the mental health of children and young people (CR225) Royal College of Psychiatrists (rcpsych.ac.uk)</u> • <u>Journal of Medical Internet Research - Evaluation of the Effectiveness of Digital Technology Interventions to Reduce Loneliness in Older Adults: Systematic Review and Meta-analysis (jmir.org)</u> • <u>Journal of Medical Internet Research - Interventions Including Smart Technology Compared With Face-to-face Physical Activity Interventions in Older Adults: Systematic Review and Meta-analysis (jmir.org)</u> • <u>Effectiveness of Technology Interventions in Addressing Social Isolation, Connectedness, and Loneliness in Older Adults: Systematic Umbrella Review - PMC (nih.gov)</u>	
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			• Effectiveness of Technology Interventions in Addressing Social Isolation, Connectedness, and Loneliness in Older Adults: Systematic Umbrella Review - PMC (nih.gov) • Activating and Guiding the Engagement of Seniors With Online Social Networking: Experimental Findings From the AGES 2.0 Project - Thomas A. Morton, Neil Wilson, Catherine Haslam, Megan Birney, Rosemary Kingston, Lauren-Grace McCloskey, 2018 (sagepub.com) • Interventions Associated With Reduced Loneliness and Social Isolation in Older Adults: A Systematic Review and Meta-analysis - PubMed (nih.gov)	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	<i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i> <i>(Due regard to promoting equality of opportunity)</i> <i>* The Child Poverty</i>	This programme of work will endeavour to develop a coproduction approach with service user and carer representative groups and in doing so, will seek to ensure the views of those with protected characteristics are taken into account and have the opportunity to participate fully. Maximising Independence (MI) has facilitated 13 events throughout the year, engaging with 425 individuals. We commissioned Snook to carry out qualitative research in 2023 about communications barriers that people faced around Maximising Independence, specifically among groups with protected characteristics. This built on earlier quantitative research in 2021. The findings have been shared with the Senior Leadership Team, IJB, partners and stakeholders and an action plan will be drawn up on how to implement the recommendations across the organisation Learning from the Socially Connected Glasgow report (2022) is being applied through a dedicated action plan to implement the findings. The themes of the report have been picked up by the	It is the intention to discuss and develop the stakeholder engagement process aligned to MI. Given the cross-over of this work with other transformational change programmes, engagement will also take place with care group stakeholder groups already in place.

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	1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	<i>(Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i>	Community Interface Group of partners who interact directly with service users, to take forward actions. Ongoing engagement is embedded in the approach, recent activity includes; • Community Interface Network - partner agency network • GCVS Events – specific subjects, themes and issues, identify gaps • Localities of Interest - Haghill and Carntyne ‘what the community thinks will make a difference to them’ • Communities of Interest – Empowering Women for Change, LGBTQ+ partnering to improve understanding and learning • Community Hub & Spoke ‘keep it local’ partners session to listen, learn and build positive working relationships • GCVS Health & Social Care Network – MI updates and testing ideas • HSCP staff survey – what does MI mean to them This option includes a reduction of 20 posts. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that	<i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to</i>	Individual’s assessment of need will take into account any measures necessary to improve the physical accessibility of services. Including consideration of accessibility of the home and any adaptations that may be required. Assessments are usually be undertaken in the service user’s current care setting, whether that be at home, supported living,	The output of further service user and carer engagement may identify barriers to access that have not been fully addressed. A sample audit of current caseloads

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	need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<i>access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i>	residential care or in hospital.	by protected characteristic may be necessary to determine if the profile of service users is consistent with demographics and projected demand. This results of this may identify barriers to access for some protected characteristics to be addressed.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	<i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i> <i>Written materials were</i>	The programme of work will be undertaken in line with the principles set out in GCHSCP's Participation and Engagement Strategy to ensure information is provided in an accessible way and format appropriate to individuals' needs. This includes access to an interpreter and translations, where appropriate and support with understanding of the assessment process. The Support Needs Assessment includes capturing language and communication needs and involvement of an advocate, Guardian or Legal representative. An example of tailoring the approach includes the use of printed	At an individual level, it may be necessary to bring in Independent Advocacy Services to support understanding and participation.

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	1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐ The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.	<i>offered in other languages and formats.</i> <i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i>	leaflets for those using our Helpful Hints for Home Technology clinics, as the clinics are targeted at those who are less likely to be digitally included.	
7	Protected Characteristic	Service Evidence Provided		Possible negative impact and Additional Mitigating Action Required
(a)	Age Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the	No disproportionate impact envisaged. Approximate Service user profile: 6-24 years - 5% 25-44 years - 22% 45-54 years - 14% 55-64 years - 17%		It is noted that some service users may not be digitally included. The support clinics are available to support digital inclusion and Telecare will continue to be available for those that are unable to or would prefer not to use digital options.

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	policy or included in the service design). Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	65-74 years - 14% 75-84 years - 12% 85-94 years - 5% 95+ - 0.4% Prefer not to say - 12% It should be noted that it is recognised that improvements are required for the quality of equality data. Best practice guidance in Health and Social Care services has significantly evolved to recognise people's strengths and their assessment of 'what will make a difference to them' as experts in their own lives. The HSCP's Maximising Independence Programme includes a significant investment in staff training and development in strengths based, trauma informed practice to ensure that the conversations and the processes that we engage in with all people are designed to identify their strengths and capabilities and that this is evidenced in the language and the tools that we use to support our practice. Our objective is to ensure that we build positive relationships with individuals, carers and their families, working in partnership with them to identify their care and support needs to achieve the best possible outcomes and wherever possible enabling them to remain independent. The HSCP's strategic focus on prevention and early intervention is designed to reduce demand and escalation of crisis. The approach seeks to leverage the strengths of individuals and their communities building on the knowledge and expertise in local third sector organisations to provide effective community-based health and wellbeing services. It recognises that experience of providing services within communities and also those that are owned and delivered by community resources can often be more effective in meeting the needs of the population while reducing the cost burden of traditional health and social care services	Through a set of shared values that includes the need for collaboration and to be respectful of individuals, choice and diversity we will seek and respond to feedback through engagement with lived experience, partners and through the opportunity to coproduce.
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		One example of the approach includes savings to be delivered raising awareness of commercial alternative devices to suitable service users. This refers to an early intervention approach linked to Smart Cities, which would redirect to commercially suitable alternatives eg Alexa and Google devices and other home technologies. Telecare will continue to be available for those with significant need or based on choice. Commercial options may be a preferable option for some, especially at an intervention stage and limit recurring fees for the service user. Support will be available to support the use of home technologies through community based locations including Glasgow Life and Community Hubs. This option includes a reduction of 20 posts. As a result of work to minimise the need for escalation to higher levels of formal care, there is scope for a reduction in staff in line with demand. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 64 years and 38% and are aged 30 – 49 years. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment, although ER/VR may be required in some instances to support the level of change. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.	
(b)	Disability	No disproportionate impact envisaged.	Additional communication supports

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	Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	Approximate 40% of Service Users identified themselves as Disabled. It should be noted that it is recognised that improvements are required for the quality of equality data. There is a direct correlation between disability and low income or reliance on state benefits. Accordingly there is a higher proportion of people with a disability living in areas of deprivation. Care assessments and reviews will continue to be based on meeting an individual's assessed needs. Service Users individual needs will be gathered using the Support Needs Assessment. This assessment includes capturing any adaptations required to their home and needs related to conditions including Dementia. The Assessment also captures needs around language and communication and any required involvement of an advocate, Guardian or Legal representative. The proposal includes savings to be delivered through reduction in spend in the Telecare budget, through raising awareness of commercial alternative devices to suitable service users. This refers to an early intervention approach linked to Smart Cities, which would redirect to commercially suitable alternatives eg Alexa and Google devices and other home technologies. Telecare will continue to be available for those with significant need or based on choice. Commercial options may be a preferable option for some, especially at an intervention stage and limit recurring fees for the service user. Support will be available to support the use of home technologies through community based locations including Glasgow Life and Community Hubs.	may be required for some individuals as part of the assessment and review process or to participate fully in service redesign work. Opportunities are taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies.
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		To mitigate barriers to access, including digital exclusion. BSL Interpreter support is available and Contact Scotland is proactively offered for initial contact, with access to in house BSL interpreters for appointments. There is also a link to a directory of local offices where staff can make arrangements to support individual's needs.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☒	No disproportionate impact envisaged. Approximate 2% of Service Users identified themselves as Trans. It should be noted that it is recognised that improvements are required for the quality of equality data.	There may be wider considerations for trans people in accessing care packages given a higher risk of social isolation and lack familial care support combined with possible apprehension of moving into care settings.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☒	No disproportionate impact envisaged.	
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐	No disproportionate impact envisaged.	

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	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☒		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	No disproportionate impact envisaged. Approximate 24% of Service Users identified themselves as being from black and Minority Ethnic backgrounds. It should be noted that it is recognised that improvements are required for the quality of equality data. Service Users individual needs will be gathered using the Support Needs Assessment. This assessment includes capturing language and communication needs and if an interpreter is required. Interpreter support is available for people who do not have English as their first language. This is proactively offered with the contact details. Including a statement, asking of preferred language and we will arrange to contact an interpreter for you. There is also a link to a directory of local offices where staff can make arrangements to support individual's needs.	Notwithstanding that no disproportionate impact is envisaged, is acknowledged that within this protected characteristic, there may be individuals whose first language is not English and who require additional communication support.
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant	No disproportionate impact envisaged.	

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	boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☒		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	Approximate 57% of Service Users identified themselves as Female and 30% as Male. It should be noted that it is recognised that improvements are required for the quality of equality data. Cognisance will be taken of the fact that a disproportionate number of carers are female, potentially on low incomes. Opportunities will therefore be taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies. The Support Needs Assessment undertaken with service users includes a question on identifying unpaid carers and a prompt to refer for a Carer's Assessment. Approximately 7% of service users identified themselves as Carers. The Assessment also includes capturing any parenting support needs for children. This option includes a reduction of 20 posts. As a result of work to minimise the need for escalation to higher levels of formal care, there is scope for a reduction in staff in line with	

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		demand. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 64 years and 38% and are aged 30 – 49 years. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment, although ER/VR may be required in some instances to support the level of change. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.	
(i)	Sexual Orientation Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☒	No disproportionate impact envisaged.	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	Socio – Economic Status & Social Class Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socioeconomic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socioeconomic disadvantage?	There is a direct correlation between disability and low income or reliance on state benefits. Accordingly there is a higher proportion of people with a disability living in areas of deprivation. It is also recognised that carers are likely to experience significant financial challenges that may have a negative impact on their health and wellbeing. It therefore follows that any potential reduction to a care package budget may 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. *Beyond the level to which the individual has been assessed as requiring.	Care assessments and reviews will continue to be based on meeting an individual’s assessed needs. Opportunities are taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies. As more specific service change proposals emerge, consideration will be given to undertaking a separate Fairer Scotland Duty assessment (given the possible detriment experienced on the grounds of socioeconomic status and disproportionate impact on other protected characteristics).

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	4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(k)	Other marginalised groups How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?	The particular needs of marginalised will be taken into account during individual assessments and reviews.	It will be important to ensure people with lived experience within marginalised groups are involved and engaged in any service changes that may affect them.
8.	Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?	It is anticipated that there may be savings arising from a greater use of technology and / or the commissioning of alternative models of care designed to support and maximise independent living.	There is a risk to the achievement of savings due to the increased level of new demand currently being experienced and / or potentially through identifying unmet need.

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	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☒	This option includes a reduction of 20 posts. As a result of work to minimise the need for escalation to higher levels of formal care, there is scope for a reduction in staff in line with demand. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 64 years and 38% are aged 30 – 49 years. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment, although ER/VR may be required in some instances to support the level of change. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.	
	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	All staff have access to equality e-learning modules. EQIAs are embedded as a routine part of policy and service change programme. Work is underway to design and implement a strengths based training programme for our workforce as part of this wider culture shift towards maximising the opportunities for people to live as independent a life as they possibly can.	

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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.

While this programme of work is not considered to carry a risk that could impact on people's human rights, the fact that people with a complex needs, vulnerability or poverty experience a disproportionate risk of health inequalities means there is an ongoing requirement to take action to mitigate and address that risk.

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* .

Compliance with GCHSCP's Participation and Engagement Strategy will meet PANEL principles

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

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

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

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

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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)
1. Update the communication and engagement plan to reflect the findings of the Snook research. 2. Improve equality data capture and reporting across our services. Data will be embedded into reporting and utilised as part of service design and delivery, ensuring service users are representative of the population. 3. Ensure that the programme approach to this work is equalities sensitive and that any specific service change proposals that emerge are also underpinned by an EQIA and Fairer Scotland Duty assessment.	Ongoing	Lead Reviewer will identify leads for each action as part of developing work programme
	Ongoing	

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

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Lead Reviewer:	Name	Alison Noonan
EQIA Sign Off:	Job Title	UCC Improvement & Development Manager
	Signature	
	Date	07/03/24

Quality Assurance Sign Off:	Name	Alastair Low
	Job Title	Planning Manager
	Signature	Alastair Low
	Date	13/03/24

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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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

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