

OFFICIAL 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:

Mental Health Employability 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 2025-26 paper, being presented to IJB members in March 2025. These services align with the Glasgow City HSCP boundaries.

Overview of service

Employability has been a core activity of GCHSCP Commissioned Employability services for several years. Glasgow City Health and Social Care Partnership currently fund a range of mental health and employability services. The main aims of the funded services are:

- to promote and facilitate recovery
- to increase access to employability opportunities including paid employment
- to create voluntary work opportunities
- to facilitate access to further education
- to provide access to local community services for people with mental health conditions through collaborative working with a range of voluntary and statutory organisations

Table 1: Overview of Mental Health Services

Treatment and Recovery		Employability Pathway				
In- patient Treatment and Activities	Community Based Treatment and Activities	Positive Activity	Work Preparation Initial	Work Preparation Later Stages	In Work Early Post	In Work Long Term

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			Stages		Recruitment	Support
Mental health inpatient services connecting to community mental health and social care services →			← Connecting CMHT/PCMHT/social care providers →	← Connecting to mainstream employability services →		
Mental Health Employability Service Provision						
Restart Service Structured Day Activity and Recovery						
			Flourish House Clubhouse Model			
			Work Development Network Coordinators Case Management Approach			
			SAMH Individual Placement and Support (IPS)			

Employability Pathway Definitions

Positive Activity: Social contact, social support, a sense of structure

Work Preparation Initial Stages: Helping individuals to address personal circumstances, Confidence building, literacy and numeracy, cores skills

Work Preparation Later Stages: Creating a greater job focus CV Preparation, Job Search, Volunteering, Work Experience

In Work Early Post Recruitment: Post-employment support services sometimes referred to as 'after-care.' Active Support for employee and employer

In Work Long Term Support: Monitoring and supporting employees and employers to retain jobs, supporting individuals at risk of losing jobs

Glasgow HSCP currently commission 2 providers to deliver on aspects of the mental health employability pathway.

This provision comprises:

- **Individual Placement Support (IPS).** This is currently delivered by the Scottish Association for Mental Health (SAMH). This service applies the principles of the IPS model in partnership with mental health services. The aim is to build capacity and integrates employment support within the Community Mental Health Teams across Glasgow City HSCP, increasing employment outcomes for patients with long term mental health conditions. The service works with individuals to achieve their employment goals including pre work and in work support to individuals and employers. Patients have access to financial inclusion advice on welfare benefits and in work financial advice. The service works closely with

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employers and other relevant partners and organisations. SAMH received funding to deliver a test of change for Job Retention in North East Glasgow as part of the original contract.

- **Flourish House** offer a comprehensive range of day service provision of Meaningful Activity. The service promotes recovery, social inclusion and self-determination. The focus is on reducing isolation, maximising service user independence and delivering a set of outcomes that enable service users to achieve and maintain recovery. The approach is person centred with patients having access to a range of different activities to meet individual social, employment, learning and leisure needs. Key aims include: to develop confidence, self-esteem and positive personal goals; to build resilience and personal social development; provide core skills such as numeracy, literacy, problem solving and communication; access to financial inclusion including welfare benefit and in work financial advice. The service provides a safe, non-threatening environment with aspects of peer support and strong links with communities.

Review

In 2018 the Adult Core Leadership Group commissioned a review of in-house Mental Health Employability Services within Glasgow City HSCP. An Employability Steering Group was subsequently established and an SBAR outlining the aim and scope of the review was developed. The Covid-19 pandemic paused progress with the review however this was refreshed in late 2022 and a newly formed Employability Steering Group was set up and chaired by the Head of Planning. A short life working group was formed to progress the review of in-house services. The outcome of this review and the recommendations was shared with the Employability Steering Group and Adult Core Leadership Group.

Whilst this review recognised the value that combined in-house and commissioned provision can provide it also acknowledges the challenge in demonstrating the return on investment and the overlap between aspects of the current service.

Due to the budgetary constraints the proposal is to stop funding the Flourish House provision, which it was felt could be mitigated to some extent by an in house model. Commissioned services are in the final year of their current contract, waiver to contracts are in place. An agreement was reached in to extend their contracts by one year, with a further waiver to tender in place. This allows ongoing commissioned provision until end July 2025, to support transition.

It was identified that the loss of the SAMH IPS would not be able to be mitigated. A revised contract will be developed with the scope informed by the Technical User Group with a reduction in budget.

Subject to future commissioning decisions, an exit plan from any existing contracts will be required including assessment and identification of ongoing need and options for current patients using these services.

In response to findings of the review and to help to mitigate the reduction of service, it was proposed that the in house provision is an opportunity to establish a standardised approach with a refreshed structure, staffing model and, in turn, efficient use of resource and enhanced outcomes for service users. The preferred recovery model due to the opportunity to streamline service provision, pathways, management and structure. This option will bring all in house provision under the one team, would be improved by a uniform approach and consistent communication and engagement. This would also lead to more appropriate referrals, screening that is provided by the team with options for informed signposting to alternative community based options as appropriate.

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Further work is required to explore this model and work is underway to initiate Workforce Change processes to support individual staff and transition to refreshed staffing structure. This EQIA will be updated in line with the 6 month review process to monitor the development and implementation of the revised model.

Given the stage of this programme of work, this EQIA can only provide a general overview. The EQIA will be reviewed and updated in line with the 6 month review process.

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: Steven Krausen	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):

Steven Krausen, Pamela McGoldrick , Janice Mitchell

		<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	<i>A sexual health service collects service user data covering all 9 protected</i>	Age Sex Sexual orientation Race Veteran status	Equality data capture will continue for both the revised in house model and for ongoing commissioned contracts.

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	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>characteristics to enable them to monitor patterns of use.</i>		
		<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 considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐	<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 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>	Relevant information contained within reporting framework allows for specific outreach activity across all CMHTS and inpatient facilities in Glasgow Service user engagement and feedback have informed service design. Principals of a club house model determine co production and equality of staff and members.	

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	4) Not applicable ☐			
		<i>Example</i>	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 ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<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 young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i>	In 2018 the Adult Core Leadership Group commissioned a review of in-house Mental Health Employability Services within Glasgow City HSCP. An Employability Steering Group was subsequently established and an SBAR outlining the aim and scope of the review was developed. The Covid-19 pandemic paused progress with the review however this was refreshed in late 2022 and a newly formed Employability Steering Group was set up and chaired by the Head of Planning. A short life working group was formed to progress the review of in-house services. The SBAR outlined the scope of the review as follows: • The in-house services up to that point – Restart and Work Development • Current role and remit of the services • Pathways in and out of services • Referral processes • Interface with commissioned services • Staffing and skills mix • Potential duplication of role across the 3 services • Outcomes and impact for service users • Operational management of the services • Governance arrangements • Potential future service models to be appraised The outcome of this review and the recommendations was shared with the Employability Steering Group and Adult Core Leadership Group. Options Appraisal The SLWG have considered options in relation to the in-house service provision and the commissioned external	

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			contracts <u>SAMH</u> SAMH is the current Glasgow City HSCP provider of commissioned IPS services that operate across all community mental health teams in our areas. SAMH report higher than the national average for employment rates. SAMH reports good levels of sustained employment outcomes for those engaged with IPS. We know that vocational activity for individuals contributes to purpose, structure and routine, meaningful relationships, social engagement and has positive impact on recovery. This in turn, supports individuals with mental wellbeing and reduces the risk of deterioration in mental health. The current IPS contract with SAMH provides an interface with mental health services and services working in partnership to support individuals on their recovery. Currently there is no alternative provision available through mainstream employability services which offer this crucial working interface with clinical mental health services <u>Flourish House</u> The Flourish House contract have been in place for some years. It has been more challenging to describe hard outcomes for those attending Flourish House. Reporting for all aspects of external contracts has thus far focused on outcomes as patients exit their services. Flourish House provides a service which undoubtedly offers structure and core skills. There are, however, no quantitative outcomes captured or reported. Levels of attendance for individual vary over time. Data on current service users attending Flourish House demonstrates that the majority remain active on CMHT caseloads suggesting a vulnerability without the ongoing support of	
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			the service. There is overlap in provision between Flourish House and Restart.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected ☐	<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 (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i>	Service User Engagement The service and this review have been supported by the Mental Health Network who have undertaken engagement with patients to gain insight into their views on the service and the difference it has made to them. To inform the review, the Mental Health Network agreed to undertake distinct pieces of engagement with people who use the Employability Services. Themes that have emerged include the overwhelming positive impact the services have had on those who received them and the view that these services should be more widely available with improved geographical access across the city. From a patient perspective there is evidence of highly positive experiences and perceived value for individuals. Focus groups and powerful case studies demonstrate this.	Further work is required to engage with commissioned partners around discontinuing funding for Flourish House and the reduction in funding of the IPS service. A revised contract for will be developed and informed by the Technical User Group.

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	characteristics 4) Not applicable ☐			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<i>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).</i>	SAMH utilise CMHT's and a variety of community locations to support physical access. Flourish House is a physically accessible building.	New contract would have physical accessibility as a consideration of the tendering process.
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action

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6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 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	<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 offered in other languages and formats.</i> <i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i>	Further work is required, with procurement and support communication with service providers around the ending of contracts. Meeting arranged for 25th February with both providers to discuss ending of contracts as of end of July 2025. A comms plan will be developed to for referral partners on change of service provision. An offer of access to advocacy will be made to current service users. Service users will have access to interpreting and translations, where needed.	A needs led assessment will be developed for current client group to identify needs of individual users, including any vulnerabilities. This will include an assessment process for individuals currently accessing the service. This may include signposting to alternative services, referring to internal service provision Interpreting and translation will be a consideration of the revised service specification.

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	show how the service review or policy has taken note of this.			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	Age Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design). 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 ☐	The service is available to people aged 16+, however it is recognised that referrals are mainly from Adult CMHT's. Flourish house (Data provided by Flourish House) Total Unique Members engaged = 167 Average Daily Attendees = 35 From April to September 2024, 28 new members registered: Age group 16-18 years - 0 19-25 years - 2 26-49 years - 11 50-65+ years - 15 SAMH (Data provided by SAMH) From April to December 2024, 89 new members registered: 16-18 years - 1 19-25 years - 11 26-49 years - 65 50-65+ years – 12	The cessation of existing service provision, is expected to be mitigated to some degree by the revised in house model and the tendering of a future service. A revised contract for the remaining employability funding would be developed informed by the Technical User Group. This EQIA will inform the tendering of the future service. An agreement was reached to extend their contracts by one year with a waiver to tender in place. This allows ongoing commissioned provision until end July 2025, to support transition. Future activity to mitigate will include: • A needs led assessment will be developed for current client group to identify needs of individual users, including needs and vulnerabilities. • An assessment process for individuals currently accessing the service. • Signposting to alternative services, referring to internal service provision	

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			• Explore collaborative working with employability providers • Comms & Engagement plan with wider stakeholders. In response to findings of the review and to help to mitigate the reduction of service, options for the future delivery of contracted and in house provision. A revised staffing/service model that includes a consistent management proposal across the city. Streamlined process/pathway for referrals and agreed criteria for accessing the service is an opportunity to streamline service provision, This EQIA will be updated in line with the 6 month review process to monitor the development and implementation of the revised model.
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐	This service is targeted at people with severe and enduring mental health challenges, therefore any reduction is more likely to impact upon these groups.	As above

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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
(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 direct impact identified at this time.	As above
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the	No direct impact identified at this time.	As above

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	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 ☐		
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐	No direct impact identified at this time.	As above

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	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 ☐	Although the service is open to all, it is recognised that White people are more likely to access the service and therefore more likely to be impacted by the closure and reduction of the commissioned services. Flourish house Total Unique Members engaged = 167 Average Daily Attendees = 35 From April to September 2024, 28 new members registered: 23 - White 1 - Other white ethnic group 1 - Pakistani, Pakistani Scottish or Pakistani British 1 - Chinese, Chinese Scottish, Chinese British 2 - African, African Scottish, African British SAMH From April to December 2024, 89 new members registered: White: 62 Mixed or multiple ethnic groups: 1 Asian, Asian Scottish or Asian British: 8 African, Caribbean or Black: 6 Other ethnic group: 5 Not known: 7	As above Interpreting and translation will be a consideration of the revised service specification. As part of the service specification for new the newly commissioned contract, suppliers must provide an accessible service in line with the Equality and Diversity Act 2010, to ensure goods and services delivered are performed and monitored in full compliance with the relevant policies and legislation set out in the Equalities Act of 2010, the protected characteristics within and be cognisant of the Human Rights agenda in NHSGGC.
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the	No direct impact identified at this time.	As above

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	protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		
	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. ☐	Due to the profile of people accessing the service, the closure of Flourish House, is more likely to impact on Men and the reduction of SAMH IPS is more likely to impact on women. Flourish house Total Unique Members engaged = 167 Average Daily Attendees = 35 From April to September 2024, 28 new members registered: Male - 19 Female - 8 Prefer not to say - 1 SAMH	As above

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	4) Not applicable ☐	From April to December 2024, 89 new members registered: Male - 42 Female - 71 Prefer not to say - 1	
(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 direct impact identified at this time. Flourish house From April to September 2024, 28 new members registered: Heterosexual - 9 Gay - 3 Lesbian - 0 Bisexual - 1 Asexual - 0 Pansexual - 0 Undecided - 0 Prefer not to say - 15 Sexual orientation data not available for SAMH IPS	As above
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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(j)	Socio – Economic Status & Social Class Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-	Current service provision is free for service users and alternative provision will continue to be free. It is recognised that travelling to locations is more likely to have an impact on people experiencing poverty. It is the aim that service provision will be City wide and community based, but travel costs will be a consideration of the future tendering process. One of the aims of the Mental Health Employability commissioned services is to increase access to employability opportunities including paid employment. Stopping the Flourish House provision and reducing the SAMH IPS provision, has the potential to impact on people moving into employment opportunities.	As above The Technical User Group will consider the impact on people experience poverty and the need for travel costs.
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	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?	Veteran status is recorded for both commissioned services, although during 2024, only 1 new person registered with the services.	As above
8.	Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and	This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025. These services align with the Glasgow City HSCP boundaries. Following a review of Mental Health Employability Services, it recognised that although there is value in the combined in-house and commissioned provision, it also acknowledges the challenge in demonstrating the return on investment and the overlap between aspects of the	As above



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	victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	current service. Due to the budgetary constraints the proposal is to stop funding the Flourish House provision, which it was felt could be mitigated to some extent by an in house model. Commissioned services are in the final year of their current contract. An agreement was reached in to extend their contracts by one year, with a further waiver to tender in place. This allows ongoing commissioned provision until end July 2025, to support transition. It was identified that the loss of the SAMH IPS would not be able to be mitigated. A revised contract will be developed with the scope informed by the Technical User Group with a reduction in budget. A revised contract would be developed informed by the Technical User Group. Subject to future commissioning decisions, an exit plan from any existing contracts will be required including assessment and identification of ongoing need and options for current patients using these services. Given the stage of this programme of work, this EQIA can only provide a general overview. The EQIA will be reviewed and updated in line with the 6 month review process.	
		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.		Equality training is included in the service specification and scoring process of contracted services in line with business as usual. For the in house team, equality and diversity training will continue to be accessed through Learnpro

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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.

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

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- 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)

Engage with commissioned partners around discontinuing funding

Communicate with service users impacted by change

Work with the Technical User Group to develop a new contract specification

Undertake a needs led assessment for current client group to identify needs of individual users

July 2025

Steven Krausen

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

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Lead Reviewer:
EQIA Sign Off:

Name Steven Krausen
Job Title Project Manager
Signature *Steven Krausen*
Date 26/2/25

Quality Assurance Sign Off:

Name Noreen Shields
Job Title Planning and Development Manager
Signature 

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Date

5/3/25

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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:

--

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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