NHS Greater Glasgow and Clyde

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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. Please refer to the EQIA Guidance Document while completing this form. 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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Ongoing transition of homeless services into the multidisciplinary complex needs service

Is this a: Current Service ☐ Service Development x 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).

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

Glasgow City HSCP is committed to improving outcomes for people experiencing homelessness and severe multiple deprivation with several reports made available to IJB in recent years setting out detailed responses to COVID public health pandemic and investment proposals. During the period of the public health emergency the HSCP has been reviewing how it meets the needs of our most vulnerable citizens. In March 2022 most staff at Hunter Street were reorganised into the Complex Needs Service (CNS) following a period of engagement with key stakeholders including those with lived experience. The new CNS model consolidated the structure of Health and Social Care which operated within Hunter Street during COVID with key learning placing greater emphasis on the requirement to disband traditional models of engagement in favour of out-reach flexible service user engagement that has proven to improve outcomes for multiply excluded households. This is the approach to provision that was developed via engagement with homeless service users using the GHIFT (Glasgow Homeless involvement and Feedback Team). This service ensured those with greatest need and complexity were provided with targeted face to face support during the height of the COVID pandemic especially with regards the increase in homeless persons residing in hotel accommodation. As a consequence of this review and service realignment a decision was made to transfer the routine provision of GP services for the general homeless population from Hunter Street Homeless Health Centre to mainstream community GP services. The approach is in line with the Scottish Government's Health and Homelessness Standards. This aspect of the service redesign was aimed at improving access to locality GP services for homeless households with non-complex case presentation. Those with ongoing complexity would receive their GP services within the community, but would continue to be case-managed by the complex needs service. This comprised around 30 people out of a total of 133 current identified fully registered patients. Those with less complex needs will be supported by community services and will receive support and signposting from the complex needs team and the third sector. We are also working to improve routes of professional to professional communication between community general practice and the Complex Needs Teams. We continue to monitor access and review the reach and effectiveness of our services for Homeless people.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

It is well understood that there is a structural relationship between the experiences of people with protected characteristics and homelessness, and that people with protected characteristics are over-represented within the homeless population. In order to understand the impact of the revised service model on people with protected characteristics within the homelessness population an EQIA was required to be completed.

The purpose of the CNS was to focus our resources on the people who are further from engagement and at highest risk of premature mortality in Glasgow. There will still be some GP expertise in CNS, but the service will work in multidisciplinary teams. The previous GP service did not have access to other disciplines without referral and did not benefit from recent expansion of community services under the primary care improvement plan.

The practice had 133 fully registered patients, and all were risk assessed and contacted, including those without fixed addresses. We allocated them to local practices and transferred their care and notes. Arrangements were put in place to make sure that patients had bridging prescriptions and outreach from our staff and a specialist community link worker to help with engagement.

The vast majority of patients who attended the GPs at Hunter Street were already registered in the city. We contacted this group (who did not have full registration at Hunter Street) to ensure they knew and can access their GP. Where they did not have a GP we supported them to register. In line with the NICE guidance on commissioning health and social care services for homeless people and people with significant multiple deprivation, Hunter Street will contain an urgent care and bridging service. This ensures people can access care in urgent circumstances and we can ensure their registration and access. The temporary resident notes which had been retained for some time were transferred to NSS Practitioner Services to permit them to be associated with patients' main GP notes. Commissioned Housing Support Services will also support people resident within the Community and supported accommodation services to access mainstream health Services.

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: Gary Quinn	**Date of Lead Reviewer Training: May 2020**

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):

Lisa Ross Service Manager, Jim McBride Head of Service (HSCP) John O'Dowd Clinical Director

		Example	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.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	Currently data is collected on age, sex and ethnicity. Data is also collected on family situation (i.e. single, couples or families with children). In the future we would wish to collect further data on protected characteristics. Of the 6995 homelessness applications 5241households were between the ages of 26 and 59 (75%). 20% of the homeless population is between the ages of 18 and 25. Young people are therefore disproportionately represented within the homeless population in Glasgow. Of the 6995 homeless applicants, 73% are single (5115). 15% are from single parents, 89% of whom are women. Approximately 32% of homelessness applicants were recorded as coming from a BAME community. This disproportionate level of homeless applications is as a consequence of the route into settled accommodation for households receiving refugee status in the City. The changes to the GP service represent a very small part of a wider strategy to provide proportionate universal support to people experiencing homelessness. This includes the commissioning of significant third sector resources to provide hub-based support for people and the ongoing multiagency and multidisciplinary resource within the complex needs team. All of these services are designed so that we seek wherever possible to reduce barriers to services and use a proportionate response for the needs identified. All staff work in a way that is based on	We will review the impact of the changes by working with other stakeholders to seek evidence of effectiveness of the changes. Audit carried out in September of 2023, more than 4 months after the closure of the practice, showed that the registration with community practices had increased over this period. We continue to work with services to audit the impact of the changes on access for homeless people.

			an understanding of equality and diversity and take a UNCHR informed approach.	
		Example	**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 X** **2) Promote equality of opportunity X** **3) Foster good relations between protected characteristics. X** **4) Not applicable ☐**	***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)***	The understanding that the HSCP services a diverse population has led to the development of a range of policy and processes to ensure that service users are treated with dignity and respect and people access services appropriate to their needs. These measures include the provision of translation services, provision of gender and culturally aware sensitive services. There has been significant work at Hunter Street with the lived experience community in order to identify barriers to access and a focus on UNCHR to promote dignity and access.	Whilst work has been done in these 3 areas, in the future we will record it to provide better evidence around protected characteristics in line with the Equality Act. This will be the responsibility of the complex needs steering group which works with the governance group.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research**	***Looked after and accommodated care***	A number of documents were reviewed to inform the approach being adopted by the HSCP:-	We will continue to work with Lived Experience Networks across

	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 X** **4) Not applicable** ☐	***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).***	• Rapid Rehousing Transition Plan Guidance and National Principles June 2019 • Tackling Homelessness in Scotland following the Coronavirus Pandemic – Recommendations from HARSAG • The Interim Code of Guidance on Homelessness • Ending Homelessness Together – Scottish Government • Preventing Homelessness in Scotland • Homeless Persons (Unsuitable Accommodation) Amendment Order 2020/2021 • Glasgow City RRTP 2019 - 2024 • SHR Review – GCHSCP Key Actions • SHR - Homelessness services in Scotland: A thematic review - February 2023 • NICE Guidance Integrated health and social care for people experiencing homelessness • HSCP Temporary Accommodation Strategy We have used these documents to support the strategic direction. We have also taken account of the NICE guidance on the commissioning of services for homeless people. Our model is built of advice from people with lived experience, taking a housing first approach in line with Scottish Government policy. As previously mentioned our approach is to focus in a proportionate way on people who are furthers from engagement with services and for whom we believe the risk of premature death is highest. This group is identified via referral and outreach by staff. For people who have housing insecurity but are considered to be at lower risk, we provide information and support about how to access health and social care services including registering with a GP practice and we commission significant services via the 3rd sector who run drop in hubs on our behalf.	Homelessness, Alcohol & Drug Recovery and Mental Health to ensure that people's lived experience of temporary accommodation provision is reflected in service development. As previously mentioned our approach is to focus in a proportionate way on people who are furthers from engagement with services and for whom we believe the risk of premature death is highest. This group is identified via referral and outreach by staff. For people who have housing insecurity but are considered to be at lower risk, we provide information and support about how to access health and social care services including registering with a GP practice and we commission significant services via the 3rd sector who run drop in hubs on our behalf. The NICE guidance makes reference to outreach, supporting GP registration. We will be commissioning a strategic needs assessment for homeless people in 24/25.

		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?** **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 x** **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***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 childcare issues. As a result, the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)*** *** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	Homelessness Services routinely engage with service users with lived experience to discuss some of the issues related to the provision of emergency accommodation, such as barriers faced by service users, services provided, staff attitudes etc. In working with SUs in developing our approach to the provision of temporary accommodation we have sought to understand how we remove discrimination, harassment and victimisation alongside promoting equality of opportunity. Set alongside the complaints and elected members enquiries system the service is able to adapt its approach to service provision where barriers are identified. Particularly in relation to working with households to secure accommodation that meets their particular needs. No specific group is operational to look at specific equality groups, but this approach is the basis for the culture in operation across our complex needs service and those commissioned from our stakeholders. Engagement with existing service users focused on several areas including service configuration and access. This was done collectively as part of the change at Hunter Street and was led by GHIFT –Glasgow Homeless Involvement and Feedback Team – part of the Homeless Network Scotland. Case manager communication via care reviews. Specific priority on developing a dialogue with female service users on ways to improve how their treatment & care is delivered. Service user contribution from the service user lead from Scottish Govt. Homelessness Division at CNS Development sessions. Engagement with Homelessness Involvement & Feedback Team (Homeless Network Scotland) to look at improvements to engagement and reception layout. The CNS is now formalising	We will continue to seek feedback from GHIFT and other stakeholders to seek to improve the care we provide and mitigate impacts that are identified via evidence. We will consider if specific discussions and feedback around protected characteristics can be identified via work with GHIFT.

			mandatory service engagement and exit feedback from service users.	
		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 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 x** **2) Promote equality of opportunity x** **3) Foster good relations between protected Characteristics.** ☐ **4) Not applicable** ☐	***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).***	The service redesign process does not impact on issues regarding the physical accessibility of buildings for disabled people. Hunter Street site was/is fully accessible and compliant with DDA. This is a matter for individual GP practices who are obliged to meet the requirements of the Disability Discrimination Act. Changes to the fabric of the building at Hunter Street to accommodate other services will of course also be DDA compliant.	
		Example	Allocations Policy	**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).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity x** **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**	***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.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	HSCP currently ensures that all written material can be accessed by people where English is not their first language. The service uses interpreting services to allow provide translations of all written material. In addition, staff have access to equalities training that sets out what adjustments should be made to support people who may require supports to engage with the service. This will assist the HSCP in addressing its responsibilities in relation to removing discrimination, harassment and victimisation alongside promoting equality of opportunity. The HSCP has robust operational and strategic inter-faces with a range of third sector organisations alongside web-based information and advice regarding homelessness access points in order that people can access the service at the point of need. The practice had 133 fully registered patients, and all have been risk assessed and contacted, including those without fixed addresses. We have allocated them to local practices and transferred their care and notes. Arrangements have been put in place to make sure that patients had bridging prescriptions and outreach from our staff and a specialist community link worker to help with engagement. This approach was designed to take account of additional support needs, substance misuse, and literacy issue and to overcome other barriers. The service and National Services who manage GP registration, wrote to registered patients and provided FAQs, contact details for our service and the details of their future GP practice as allocated. The vast majority of patients who attended the GPs at Hunter Street were already registered in the city. We are also contacting this group (who did not have full registration at Hunter Street) to ensure they know and can access their GP. Where they do not have a GP we will support them to register. In line with the NICE guidance on commissioning health and social care services for homeless people and people with significant multiple	We will continue to seek opportunities to engage with service users and lived experience groups and ask them to provide both general feedback and specific issues so that we can investigate and seek to overcome as yet unidentified barriers.

<table>
<tr><td></td><td>review or policy has taken note of this.</td><td></td><td>deprivation, Hunter Street will contain an urgent care and bridging service. This ensures people can access care in urgent circumstances and we can ensure their registration and access.

Communication to people without a fixed address - This was done through staff outreach, and communication with other partner agencies that work with this group. We often hold information about 3rd sector contact with patients.</td><td></td></tr>
<tr><td>7</td><td colspan="2">Protected Characteristic</td><td></td><td>Possible negative impact and Additional Mitigating Action Required</td></tr>
<tr><td>(a)</td><td colspan="2">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 x

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐</td><td>The practice amendments do not have a disproportionate impact on differences due to age.

Table 1 Age Profile of Homeless Applicants 21/22<table><tr><td>16 - 17</td><td>104</td></tr><tr><td>18 - 25</td><td>1394</td></tr><tr><td>26 - 59</td><td>5241</td></tr><tr><td>60+</td><td>256</td></tr><tr><td></td><td>6995</td></tr></table>
The vast majority of people who are homeless can and do get primary care services within our community. There is no longer a need for proof of residency or ID to register with a GP. We know that in some cases this can be a challenge and so we have an urgent care service to support this group. We are working with Scottish Government to help with education for practice staff who are responsible for responding to registration requests.

We are aware that all health and care services are currently under pressure, but there is good access to practices, even in our city centre. In G1 there is coverage from 11 practices, there are 4 covering G2, 14 covering G3, and 5 covering G4. All of</td><td>This proposal is driven by the need to deliver improved access for people with complex case histories to robust care and treatment, alongside ensuring that people who are able to access mainstream GP services can do so. The HSCP has reviewed the Hunter Street GP caseload prior to transfer to ensure that service users access the appropriate support to access mainstream GP services.

The HSCP carried out an audit of all those who were allocated to practices in September 2023. This found high levels of sustained registration, and that patients had moved practice but had remained registered. This is a common feature where allocation takes place following the closure of a practice.

The HSCP continues to monitor the impact of the change through routine</td></tr>
</table>

		these practices have open lists for people not currently registered in the area.	and bespoke data collected via audit and will commission a health needs assessment with neighbouring HSCPs.
(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 x** **2) Promote equality of opportunity x** **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The practice does not have a disproportionate impact on people with a disability – The transfer process is aimed at ensuring that people secured appropriate support to access mainstream GP services. This will assist the HSCP in addressing its responsibilities in relation to removing discrimination, harassment and victimisation alongside promoting equality of opportunity. As mentioned previously, each fully registered patient had their needs assessed through a review of their clinical notes, including secondary and mental health care and addictions records and were classified in terms of vulnerability. This formed the basis for proportionate transfer based upon need, with practices being contacted, emailed and patients being lettered, telephoned and in some cases followed up by a community link worker directly. During 2021/22 there were 3633 incidences where households seeking assistance from Homelessness Services identified as having a concern for their physical or mental well-being.	As Above
	Protected Characteristic		**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Identity** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?**	We understand that homelessness has a different impact on women from men. Whilst we have developed services responses to reflect the gendered needs of the homeless population the policy is not have a disproportionate impact on people with gender identity – The transfer process is aimed at ensuring that people secured appropriate support to access mainstream GP services.	We will review the impact on gender identity via the needs assessment being developed, the recording of protected characteristics of service users and the engagement we have with GHIFT around lived experience.

	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 x** **2) Promote equality of opportunity x** **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	Where gender identity is a factor in a household's application the service will seek to meet the household's needs. This will assist the HSCP in addressing its responsibilities in relation to removing discrimination, harassment and victimisation alongside promoting equality of opportunity.	
	Protected Characteristic		**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 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** ☐	The practice changes identified does not have a disproportionate impact on people who are married or in a civil partnership –The transfer process is aimed at ensuring that people secured appropriate support to access mainstream GP services. This will assist the HSCP in addressing its responsibilities in relation to removing discrimination, harassment and victimisation alongside promoting equality of opportunity.	As above

	4) Not applicable x		
(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** x **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	We understand that being homeless impacts on pregnant women differently. The HSCP seeks to meet the particular needs of households with pregnant women, However, the practice amendments do not have a disproportionate impact on pregnant women – The transfer process is aimed at ensuring that people secured appropriate support to access mainstream GP services. GP service regularly liaise with the Special Needs in Pregnancy Service (SNIPS) to meet the needs of people with vulnerabilities.	We will work with SNIPS, and other stakeholders to review what impact the changes might have for pregnant women. We will ensure that pregnancy is covered in our forthcoming needs assessment and feedback from the GHIFT group.
	Protected Characteristic		**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).**	See Appendix 1 for BAME Data. It is noted that 32% of applicants are from black and minority ethnic backgrounds, therefore any change or pressures on the service are more likely to have a disproportionate impact. Evidence indicates that Race can impact on people from BAME household experience of homelessness. The HSCP and the Council has a range of policies and procedures to address inequality and discrimination. The transfer process is aimed at	We will work with stakeholders to identify how changes might adversely affect equalities groups. We will include the issue of ethnicity and race in the forthcoming needs assessment.

	1) Remove discrimination, harassment and victimisation x **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	ensuring that people secured appropriate support to access mainstream GP services. .	
(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 boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** x	The policy does not have a disproportionate impact on differences due to religion or belief – The transfer process is aimed at ensuring that people secured appropriate support to access mainstream GP services.	As above
	Protected Characteristic		**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex**	Appendix 2 provides an overview of homelessness application by age and household type.	We will seek feedback via GHIFT and will include the issue of 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** ☐	It is noted that in 2021/22 74% of applicants were men, therefore any change or pressures on the services are more likely to impact upon men. The HSCP and Council understand that gender impacts and sex impacts on a household's experience of homelessness. We have developed a range of services to meet the distinct needs of men and women. The practice amendment does not have a disproportionate impact on differences due to their sex – The transfer process is aimed at ensuring that people secured appropriate support to access mainstream GP services. This will assist the HSCP in addressing its responsibilities in relation to removing discrimination, harassment and victimisation alongside promoting equality of opportunity.	within our forthcoming needs assessment.
(l)	**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** **x** **2) Promote equality of opportunity** ☐	Homelessness Services does not routinely collect data on sexual orientation. However, a recent study indicated that 1 in 8 LGBT+ people have experienced homelessness. Source LGBT+ Health Needs Assessment 2022. The HSCP and Council understand that sexual orientation can both lead to an increased risk of homelessness and impact on a household's experience of homelessness. The HSCP/Council has worked with commissioned and provided services to ensure that services responses are sensitive to the needs of LGBQTI communities. The practice amendment does not have a disproportionate impact on differences due to their sexual orientation. The transfer process is aimed at ensuring that people secured appropriate support to access mainstream GP services.	This issue will be monitored via better data, and the forthcoming needs assessment as well as feedback from GHIFT.

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐		
	Protected Characteristic		**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 the 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 in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.**	There is a clear relationship between socio and economic hardship and homelessness. Poverty in essence is a key driver of homelessness. The Council/HSCP will work to prevent homelessness wherever possible. Where this is not possible, the Council/HSCP will mitigate its impact by offering appropriate support and accommodation in line with the Council's duties and powers set out in Part II of the Housing (Scotland) Act 1987.In so doing the Council/HSCP will have regard to the Code of Guidance on Homelessness Interim Update 2019. Homelessness Services commission and provide a range of services including access to money and debt advice; support to access crisis loans and wider welfare support to mitigate the impact of poverty.	Further information will be gleaned from the forthcoming needs assessment and via feedback from GHIFT.
(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?**	This service is specifically targeted at homeless people. During 2021/22 69 households reported having been a member of the armed forces prior to making a homelessness application. The service also reported that 111 homeless applicants reported having been looked after by a Local Authority at some time prior to seeking assistance. The Complex Needs Service (CNS) provides an urgent and bridging care service to support individuals to access Primary Care:	The forthcoming needs assessment will improve our understanding of other marginalising factors and help us to remedy any issues. We also seek regular advice from GHIFT in terms of lived experience.

		If someone is not registered with a GP including those who are homeless/prison release for example the following process will occur. 1. Initial assessment undertaken by CNS team. 2. Business support team will establish where they are staying which would include temporary emergency accommodation. 3. CNS would contact practitioner services on their behalf who would confirm their new GP practice (this process can take up to 24 hours). 4. CNS would appoint community link worker to assist the person to attend their GP to complete registration paperwork if required. 5. If emergency prescription or treatment is required during the intervening period (or until appointment with new GP is available) this will be provided by ANP overseen by the Clinical Director. Community Link Workers are in place to support registration to and engagement with locality Primary Care services.	
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 victimisation** ☐ **2) Promote equality of opportunity x** **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The service realignment does not deliver cost savings overall, but transfers the care of those with lower levels of complexity to the community services in order to focus targeted resources at those with more complex needs.	

			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.**	Staff have access to a range of online equality and anti-discriminatory practice training in relation to the care and welfare of people with protected characteristics. In addition, there is an expectation that any practice-based learning and development is delivered through an equality's lens. 80% of front-line homelessness staff have undertaken the National Housing Options Training within the last six months. This programme is delivered through an equality and trauma lens. Complex Needs Service staff have over 90% completion rate for mandatory and role specific training. All staff have completed Trauma and Safety & Stabilisation training. The CNS is a developmental service and workforce learning development remains subject to ongoing review. Previous audit has been completed including for the female caseload. Staff working within this part of the service have completed GBV training. CNS also works in partnership with Sexual Health Services and are located with staff who have access to Gender & Sexuality in-house training. All staff have completed Adult Support & Protection training.	

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.

Routine operational monitoring is undertaken to support the delivery of the Council's statutory duties in relation to the provision of temporary accommodation and minimise any breaches to the Equality Act 2010.

The UNCHR and UK policy embeds the right to access to healthcare. There are limits to personal choice in the way in which such services are provided. Having explored the literature our approach is to strengthen community services and provide enhanced support to those at higher risk of premature mortality and morbidity, in particular where this is underpinned by poor engagement with services.

Homeless people and those with significant multiple deprivation will have access to community GP practices. We are working with practices and Scottish Government to ensure that barriers to registration for those who are housing insecure or who lack ID, can register and gain access to community practice. Patient will still have a choice of practice. We will continue to fund housing support services to assist people to access mainstream GP services and ensure equitable access to community based services.

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* .

Homelessness Services routinely engages with Homelessness Network Scotland's Glasgow Homelessness Information Feedback Team in order that service development & provision reflects the views of people with lived experience of homelessness. Policies are also reviewed by our Legal Section prior to implementation.

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?

- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview actions: Make recommendations for action and later recall and evaluate what has happened as a result.

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

☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required) √

X Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Risk assessment and management was used to reallocate patients to local practices, information and support was provided on a basis that was proportionate to need. Local practices were informed, as were the Local Medical Committee. Audit has confirmed continued registration and choice or practice being exerted by patients. Urgent care and registration support has been introduced into the complex needs service. We will soon add GP and pharmacist input to the complex needs team. We are in the process of establishing a SCI gateway link to improve professional to professional liaison to support practices to meet the needs of homeless of complex needs patients.	Summer 2024.	Jim McBride and John O'Dowd

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

July 2024

Lead Reviewer: **Name** Gary Quinn
EQIA Sign Off: **Job Title Service Manager, Homelessness**
Signature
Date **June 2024**

Quality Assurance Sign Off:
Name **Alastair Low**
Job Title **Programme Manager**
Signature **A Low**
Date **13/06/24**

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.

NHS Greater Glasgow and Clyde

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:

Complex Needs Service

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

		Completed	
		Date	**Initials**
Action:	Seek SMT agreement to establish a 2 session GP presence within the complex needs team to support MDT working and professional liaison with community and primary care	August 2024	JOD
Status:	Agreement in place. In the process of commissioning this support.		
Action:	Develop a SCI gateway request for support form for primary care to seek support and advice from CNS team	August 2024	JOD
Status:	Agreed in August 2024 and being developed by CNS and eHealth team		
Action:	Embed 4 sessions of advanced pharmacist time within the CNS team to support MDT working and professional liaison.	August 2024	JOD
Status:	Commission an evaluation of the functioning of the CNS	November 2024	JOD
Action:	Working with the University of Strathclyde Health and Social care workstream to establish this review.		
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:			

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

Name of completing officer: John O'Dowd

Date submitted: 18 November 2024

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

Appendix 1 Homelessness Applications 2021/22 BAME Communities

	2021/2022 N
White Scottish	3447
Other British	221
Irish	23
Other white ethnic group	127
African, African Scottish or African British	138
Caribbean, Caribbean Scottish or Caribbean British	*
Other Caribbean or Black	10
Indian, Indian Scottish or Indian British	31
Pakistani, Pakistani Scottish or Pakistani British	132
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	*
Chinese, Chinese Scottish or Chinese British	16
Other Asian, Asian Scottish or Asian British	70
Mixed or multiple ethnic group	17
Other ethnic group	1557
Not Known	1074
Refused	11
Gypsy/ Traveller	*
Polish	40

Other African	12
Black, Black Scottish or Black British	14
Arab, Arab Scottish or Arab British	46
All	6995

- Value of less than 5

Appendix 2 Applications by household type and sex

	2020/2021 N	2021/2022 N
Single Person Male	3627	3799
Female	1180	1316
All	4807	5115
Single Parent Male	116	109
Female	865	948
All	981	1057
Couple Male	138	145
Female	143	135
All	281	280
Couple with Children Male	146	242
Female	158	228
All	304	470
Other Male	11	15
Female	13	13
All	24	28
Other with Children Male	12	20
Female	8	25
All	20	45