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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

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

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

Glasgow City Health and Social Partnership - Procurement of a specialist complex mental health nursing care service for 12 individuals

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).

Procurement of a specialist complex mental health nursing care service, from a current Care Home provider within Glasgow City, to meet the needs of people being discharged from hospital who have complex mental health support needs and who require specialist nursing care.

This group of patients, who have been assessed as no longer in need of clinical care, have complex mental health needs that have been unable to be met within current care home models within Glasgow. A new service model is required within Glasgow to sustain community-based nursing/social care living for individuals with complex mental health support needs.

The rationale for this development is based on the strategic direction and to meet the needs of Glasgow City citizens:

- a) The GG&CNHS Mental Health Strategy supports the reinvestment of resources in alternative and enhanced community services through a significant reduction in mental health inpatient bed capacity
- b) A Mental Health Strategy Group was established in 2018 to take forward planning and develop recommendations on how best to achieve a comprehensive bed reduction and community re-investment plan.
- c) The discharge of patients to a Complex Mental Health Nursing Care service will, therefore, support the plan to reduce mental health hospital beds and to re-invest in the community as recommended within the GG&CNHS Mental Health Strategy refresh 2023-2028.
- d) The development of this service is a proof of concept approach and the first steps to consider how to re-invest and improve resilience within the care home market in Glasgow HSCP. This will test the ability of the Care Home in Glasgow to meet the growing challenges and the needs of the individuals who no longer require in-patient care but require social care that can meet the complex mental health needs within a nursing care environment.
- e) To support the shift in the balance of care, as part of the wider Mental Health Strategy an inpatient review group was established for all patients who are designated as a delayed discharge, as well as all current inpatients, to support the reduction in delays in transfer

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of care.

- f) As part of this review, consideration has been given to the current care settings available and has identified that there are insufficient services to meet this patient group needs. A scoping exercise has been undertaken to identify options for an enhanced service model that can meet more complex care needs within the community which has led to the identification of the current service as a model, to take forward as a proof of concept to then inform future procurement of specialist mental health nursing care services.
- g) As this is a test of change prior to future procurement of services a fuller EQIA will be undertaken, which will take into consideration the learning from this service
- h) This service promotes mental health recovery and looks to maximise independence.
- i) The service offers people, who are currently in hospital local service models and ensures local connections with family, social work and health services is maintained.

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: Lorraine Taylor	Date of Lead Reviewer Training: 21 st February 2024
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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):

Maureen McMaster, Principal Officer

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Monitoring of the uptake of specific groups of service users will be in line with the requirements of the Equality Act 2010 for all characteristics. To help support the development of the service, information on the needs of the target group was collected. The information helps in the support and training of staff required to deliver this service. The service has specific access criteria: Functional mental health needs.	This service is for functional needs and does meet the need of individuals suffering from organic mental health. There is specific services in GCHSCP to meet this need.

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	<p>explanation for any protected characteristic data omitted.</p>		<p>The service has Care Inspectorate registration age conditions that mean only people Aged 55 years and over can access the service.</p> <p>This age restriction will be monitored to identify if this discriminates access. The EQIA will be updated as the test of change progresses. This information will help support the development of services that do not have age restrictions. 85% of the initial group of patients identified for the service that were over the age of 55. For those under 55 there continues to be searches for appropriate services to meet their needs.</p> <p>Information on all protected characteristics was collected to build an understanding of the service group and how this group dynamic will be managed in a community resource.</p> <p>The focus on this care group is in response to unmet need in Glasgow HSCP. This care group has limited opportunities to access community social care services due to the need for specialist complex mental health support.</p> <p>Evidence indicates Individuals have had failed placements and returned to hospital care or have to move out of Glasgow to other area care homes.</p> <p>Collecting specific data and monitoring service outcomes builds evidence on the effectiveness of the service and will demonstrate if development of similar models is required.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action</p>	

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			Required	
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><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></p>	<p>This service is part of a test of change across Glasgow City HSCP and the learning will be used to inform the future models of support that are needed for this specific group with complex mental health care needs.</p> <p>The information collected will help the HSCP understand effective service design. It will tell us:</p> <ul style="list-style-type: none"> • what is the right staff mix • what environment is best, • what training do staff need, • how are people managed in the community • the partnerships with community mental health teams, GP, allied health professionals and district nursing effective • what factors need to be enhanced • lessons learned from the project <p>This information will help support sustainment of community placements for individuals who have spent significant periods in hospital services.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research</i></p>	<p>Mental Health and Wellbeing Strategy 2023 Mental Health and Wellbeing First Delivery Plan</p> <ul style="list-style-type: none"> • Outcome 1 - Improvements in mental wellbeing and support out with a hospital environment • Outcome 2 - Supported and cared in a environment free from stigma and 	

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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></p>	<p>discrimination</p> <ul style="list-style-type: none"> • Outcome 4 - Equipping communities to support people’s mental health • Outcome 6 - Increases availability of effective support to support mental health • Outcome 9 - The development of a diverse, skilled and sustainable workforce <p>Glasgow City Health and Social Care Partnership Strategic Plan 2023-26</p> <ul style="list-style-type: none"> • Prevention, early intervention and harm reduction • Providing greater self-determination and choice • Shifting the balance of care • Enabling independent living for longer • Public Protection <p>Greater Glasgow and Clyde NHS Strategy for Mental Health Services 2023-2028. The primary aims of this strategy are to increase community-based responses and increasing access to services</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>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</p>	<p><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</i></p>	<p>Consultation has been undertaken and is ongoing linked to the Mental Health Strategy, including engagement with patient groups.</p> <p>As service users move into the service there will be ongoing consultation. This will provide information on the experience of the move and how well they are settled in their new home.</p>	

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	<p>Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><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></p>	<p>The service has been developed with the potential of people making a recovery in their mental health and begin the process of building or learning independent life skills to be able to move on to a less supported environment or into their own tenancy with outreach support. There will be a range of therapeutic support and activities to support this process.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>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?</p>	<p><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</i></p>	<p>The service is within an already established Older People care home which is subject to National Care Home contract. Accessibility is an important element of the service to meet both mental health and physical health needs of service users.</p> <p>The unit is based in separate wing of the care home.</p>	<p>Ensure the requirements of DDA are being met</p>

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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></p>	<p>It has its own access arrangement, separate communal areas and garden area. There is no access to the other units. There may be potential some times where there could be interaction within the wider service eg during social events. This will be risk assessed on a case by case basis.</p> <p>The unit is registered with the Care Inspectorate and meets Care Home standards. All rooms are on the ground floor with no accessibility issues. The rooms can accommodate wheelchair use and have level access shower rooms. Any specific requirements for moving and handling can be met from trained staff using care home equipment.</p> <p>The outdoor space can be accessed and has adapted options to support people with physical disabilities.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><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></p> <p><i>Written materials were offered in other</i></p>	<p>The service specification details the requirements of the provider to meet the communication needs of service users.</p> <p>The Contract ensures there is clear communication and notification process to ensure staff are kept up to date on the service.</p> <p>The service will be communicated to the appropriate patients on an individual basis.</p> <p>Where required the service would arrange interpreter services for service user who requires this.</p>	<p>The Service Specification will outline the need for clear communication between the various stakeholders / partners involved. Provider(s) must evidence in how they will work with service users and partners to continuously develop the service and how they will gather the views and feedback</p>

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>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</p>	<p>This service is being set up to improve access to services for people with complex mental health needs who are over the age of 55. This age group have been specifically targeted as it is recognised that there is currently a lack of resources for this group of service users. Social Work gather information on needs and unmet needs of patients/service users and this is gathered and</p>		

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	<p>policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>reported through social work/health hospital discharge meetings. It was identified that there is limited nursing care resource for under 65, Current nursing care will continue to meet the needs of the over 65 population</p> <p>The service has the ability to meet the needs of a wide range of age groups and support extends beyond 65 years category. This allows for continuation of support and maintaining community living in the one resource.</p> <p>The needs of this population are monitored and reviewed through social work/hospital discharge planning meetings and the level of unmet need recorded. This information is then applied to future commissioning of services</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>May have restrictions on liberty under Mental Health (Care and Treatment) Act 2015</p> <p>This service will meet the needs of service users under the age of 65 who have complex mental health needs.</p> <p>It increases the resources available to this group of service users, who previously may have had to move out with the Glasgow area to have their needs met.</p> <p>The service is within an already established Older People care home which is subject to National Care Home contract. Accessibility is an important element of the service to meet both mental health and physical health needs of service users</p> <p>The unit is registered with the Care Inspectorate and meets Care Home standards. All rooms are on the</p>	<p>Ensure the legal status of service users and their specific legal requirements are understood by staff.</p>

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		<p>ground floor with no accessibility issues. The rooms can accommodate wheelchair use and have level access shower rooms. Any specific requirements for moving and handling can be met from trained staff using care home equipment.</p> <p>The outdoor space can be accessed and has adapted options to support people with physical disabilities.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p>	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p>	
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p>	<p>There is no impact as this service is not designed to meet the needs of service users where this would apply.</p> <p>Service users who are pregnant would continue to have their needs met through an alternative service model.</p>	<p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of people.</p>

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	victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input checked="" type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
	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 <input type="checkbox"/> 2) Promote equality of opportunity <input checked="" type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>	No disproportionate impacts identified. This will be subject to review during the test of change. Within the service specification the provider is asked to support the service user with communication where required, which would include access to an interpreter. In residential settings the care home, where possible, may employ staff appropriate to race and cultural beliefs. Services providing residential settings also have established links with community groups who can offer specific volunteers and activities unique to a person's race and culture.	
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the	No disproportionate impacts identified. This will be subject to review during the test of change.	

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	<p>protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p> <p>Where there is a requirement for gender specific support this will be included within the individual care plan and the service will meet this need, which is detailed within the service specification</p>	

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	<p>4) Not applicable <input type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(j)	<p>Socio – Economic Status & Social Class</p> <p>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?</p>	<p>The development of this service protects socio-economic groups and social class.</p> <p>The service within Glasgow will positively impact on those who may be experiencing poverty. Previously family may have been restricted in travelling to see their family member when placed outwith Glasgow.</p>	<p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of people.</p>

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<p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:</p> <ol style="list-style-type: none">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-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	<p>Service users accessing the service are predominantly from the north east of Glasgow, this means the location maintains local community connections to family and place.</p> <p>The service is accessible by public transport and supports families to visit without significant financial impact that out of area placements may have. The impact of having to require vehicles or the use of private taxi arrangements is reduced.</p>	
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	<p>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.</p>		
(k)	<p>Other marginalised groups</p> <p>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?</p>	<p>This service is specifically targeted at supporting a group of people who have been marginalised as result of the mental ill health including ex-offenders.</p> <p>The aim of the service is to sustain community living for people who have complex mental health needs and improve mental health and wellbeing. People accessing the service may have had multiple failed placements and/or who have been in hospital for a long period of time as a suitable resource is not available that can meet their needs. The service will deliver a high quality and specialist support model to meet the challenges this group may present. The Provider will work collaboratively with different members of Multi-disciplinary Teams dependent on the needs of the support required for the person.</p>	
8.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>There are no cost savings related to this service. It is anticipated this service will support the redesign of mental health services with a shift in resources from hospital settings to community based nursing social care models of support.</p>	

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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
		<p align="center">Service Evidence Provided</p>	<p align="center">Possible negative impact and Additional Mitigating Action Required</p>
<p>9.</p>	<p>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.</p>	<p>Training requirements are defined in the Service Specification and Contract</p>	

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.

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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.

This service meets all national and local policy/strategy. The shift towards community living and maximising independence promotes human rights of the service users.

The service is designed to be a step down from a medical model of support. The people moving, have been assessed as being no longer in need of hospital care but would benefit from community living with specialist support from nurses and well-trained staff. This is supplemented with the services of the community mental health teams. Each person will have a strengths-based support plan with recovery goals. This is a live plan and is developed in partnership with the person, their family and team around the person. Independent Advocacy services will be involved with the people moving to the service.

Additionally, people moving from hospital to the care home will have consented to this move. If they do not have capacity to consent, then the decision would be reached by their guardian under Adult with Incapacity legislation. Any restrictions to liberty will be legally applied via the Compulsory Treatment Order or the guardianship in place.

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* .

This service meets all national policy/strategy. PANEL and FAIR duties were applied during the development of the Service Specification. A full understanding of these principles and the progress being made to achieve these will be measured through the review and evaluation of the service.

*

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

OFFICIAL - SENSITIVE: Operational

OFFICIAL - SENSITIVE: Operational

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)

OFFICIAL - SENSITIVE: Operational

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)
The care provider will implement a process to capture equalities data. This data will be used to provide information on <ul style="list-style-type: none">• Gender• Age• Sex• Race• Religion• Disability• Sexual orientation• Married /Civil partnership status	6 monthly collection	Senior Officer

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

30th October 2024

Lead Reviewer: Name **Maureen McMaster**

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EQIA Sign Off:

**Job Title
Signature
Date**

**Principal Officer
M McMaster
21/05/24**

Quality Assurance Sign Off:

**Name
Job Title
Signature
Date**

**Alastair Low
Planning Manager
A Low
30/05/24**

**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

--

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