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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:

Psychosis Clinical Information Service Data Team : Closure of Service

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

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

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

This is a small team of nursing and admin staff who work across the mental health system and primary care (GP practices) to ensure that critical patient data is accurate and correctly correlated in both information systems. This applies to diagnosis and medication – especially where there is a need for monitoring of high dose medications or other medications where there are associated metabolic risks. The service ensures that patients are flagged and none ‘fall between two stools’. There is a benefit of the creation of accurate datasets for research and planning purposes.

The service is one that could be described as ‘under the radar’ for many practitioners as the service operates in the background to keep patient data accurate. It has been in place for many years and has improved data accuracy from very poor levels of around 50% - 70% to close on 100% - and has maintained these levels. Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data.

The remit of the team is as outlined below, closure of the service has potential to impact on patient care as no other system monitors in the same in-depth detail.

- Audit examining reasons behind referral closures for patients on the system.
- Reconciliation of PsyCIS register with GP held registers for patients with schizophrenia, bipolar affective disorder and other psychoses.
- Audit of care for patients where the cause of death was not ascertained.
- Assisted PMG-MH with an audit of compliance with the NHS GG&C High Dose Antipsychotic Guidelines.
- Alerted caseload holders as to their patients prescribed Citalopram in conjunction with an antipsychotic as per clinical practice change due QTc prolongation cardiac risk.
- Assisted PMG-MH to alert medical staff of women of childbearing potential under their care who were prescribed Valproate Salts, with follow up actions in line with updated guidance.
- Numerous data requests to support local audits at teams including planning of physical health check clinics in line with patients on PsyCIS not currently on GP QOF

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psychosis registers.

This service directly supports people with significant mental health conditions. PsyCIS produce a high level of information around the clinical and demographic information recorded against each patient. Information recorded regarding risk, clinical circumstances, demographics, filterable medications to quickly identify all patients on case load on any particular psychotropic drug, top 5 prescribed medications on single line, antipsychotic prescribing and if above BNF maximum daily dose including percentage over. Information on medication side effects and what drugs have been stopped. Care input from additional services and if physical health check has been carried out and where done. With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.

This proposal includes a reduction of 4.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% are aged 50 – 64 years. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. In line with business as usual, this will include the organisational change process with staff side. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

It is recognised there are also implications wider than Glasgow Community Mental Health Teams as reports are also provided to Homeless Mental Health, First Clyde Leven Valley, Riverview Resource Centre, Helensburgh, Forensic CMHT's, Renfrewshire CMHT's, Inverclyde and Paisley CMHT's.

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

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: Tracy Buchanan Service Manager Adult Community Mental Health	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

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

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>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.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Equalities information is collected across equality groups, In addition information is collected relating to; risk, clinical circumstances, filterable medications to quickly identify all patients on case load on any particular psychotropic drug, top 5 prescribed medications on single line, antipsychotic prescribing and if above BNF maximum daily dose including percentage over. Information on medication side effects and what drugs have been stopped.</p> <p>Equality data captured and reported includes;</p> <ul style="list-style-type: none"> • Sex • Ethnicity • Marriage/Civil Partnership • Female age ranges • Male age ranges • Severity of illness • SIMD Decile 	<p>Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.</p> <p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation.</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. 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</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</i></p>	<p>PsyCIS produce a high level of information around the all the clinical and demographic information recorded against each patient.</p> <p>Reports are sent every 2 months to lead medics and wider team if appropriate. Broken down to individual medics and team. Including collated PsyCIS data for their patients and is compared with the combined team data and the Health Board area. Also patient identifiable information for the caseload holder on all patients on their caseload.</p>	<p>Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.</p>

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	<p>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>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>Information recorded regarding risk, clinical circumstances, demographics, filterable medications to quickly identify all patients on case load on any particular psychotropic drug, top 5 prescribed medications on single line, antipsychotic prescribing and if above BNF maximum daily dose including percentage over. Information on medication side effects and what drugs have been stopped. Care input from additional services and if physical health check has been carried out and where done.</p> <p>Equality related reporting includes;</p> <ul style="list-style-type: none"> • Sex • Ethnicity • Marriage/Civil Partnership • Female age ranges • Male age ranges • Severity of illness • SIMD Decile 	<p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation.</p>
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</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,</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in</i></p>	<p>The service is one that could be described as ‘under the radar’ for many practitioners as the service operates in the background to keep patient data accurate. It has been in place for many years and has improved data accuracy from very poor levels of around 50% - 70% to close on 100% - and has maintained these levels. Closure of the service is likely to impact on the improved accuracy levels.</p>	<p>Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.</p> <p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation.</p>



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	<p>harassment and victimisation</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>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><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 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</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 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>This service is not directly accessed by service user, no planned engagement with service users.</p> <p>Communication and engagement with Mental Health Services and Primary Care will be required to raise awareness of the closure of the service and implications.</p>	<p>Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.</p> <p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation.</p>

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	<p>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>* 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><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>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 <input type="checkbox"/></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 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>Service is not physically accessed by service user. If redeployment is required for the reduction in staff, accessibility needs of staff will be considered on a case by case basis.</p>	

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	<p>opportunity</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></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>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>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 languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>This proposal includes a reduction of 4.2 FTE. In line with business as usual, this will include the organisational change process with staff side. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.</p> <p>Communication and engagement with Mental Health Services and Primary Care will be required to raise awareness of the closure of the service and implications.</p> <p>Access to alternative languages and formats are available on request in line with the Clear for All Policy.</p>	

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	<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>			
7	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
(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 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><u>Female age ranges:</u> 16 to 19 years – 0% 20 to 24 years – 0.5% 25 to 29 years – 2.2% 30 to 44 years – 19.8% 45 to 59 years – 41.2% 60 to 64 years – 18.2% 65 to 74 years – 16.3% 75 years and over – 1.8%</p> <p><u>Male age ranges:</u> 16 to 19 years - 0% 20 to 24 years – 1.1% 25 to 29 years – 3.1% 30 to 44 years – 25.4% 45 to 59 years – 43.5%</p>	<p>There is an expectation that GP's are responsible for updating their system if they are notified of any medications prescribed by CMHT's. If this is not done then there is a risk for those who may be prescribed another antipsychotic.</p> <p>Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by</p>	

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	<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>60 to 64 years – 14.1% 65 to 74 years - 11.7% 75 years and over – 1.2%</p> <p>Majority of patients are aged 45 to 59 years.</p> <p>This proposal includes a reduction of 4.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly aged 30 – 49 years and 33% and are aged 50 – 64 years.</p>	<p>PsyCIS.</p> <p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation. The service does not replace the role of the Community Mental Health Team in monitoring patients' conditions and treatment but is a supplementary to service planning and delivery. Medical staff who prescribe the medication will continue to be vigilant when reviewing them.</p>
<p>(b)</p>	<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>This service directly supports people with significant mental health conditions. PsyCIS produce a high level of information around the clinical and demographic information recorded against each patient.</p> <p>Information recorded regarding risk, clinical circumstances, demographics, filterable medications to quickly identify all patients on case load on any particular psychotropic drug, top 5 prescribed medications on single line, antipsychotic prescribing and if above BNF maximum daily dose including percentage over. Information on medication side effects and what drugs have been stopped. Care input from additional services and if physical health check has been carried out and where done.</p> <p>With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.</p> <p>People with additional disabilities may be receiving support from this services, and would be impacted by poorer accuracy levels. In particular people with long term conditions are more likely to</p>	<p>Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.</p> <p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation. The service does not replace the role of the Community Mental Health Team in monitoring patients' conditions and treatment but is a supplementary to service planning and delivery. Medical staff who prescribe the medication will</p>

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		be in receipt of other medications.	continue to be vigilant when reviewing them.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No specific impact identified. Although people from this protected group may be receiving support from this services.</p>	
	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>No specific impact identified. Although people from this protected group may be receiving support from this services.</p> <p><u>Patient Profile</u> Civil Partnership – 0.3% Divorced – 10.5% Married – 14.9%</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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Not specified - 0 Other – 5.9% Separated – 5.6% Single – 60.2% Widower – 2.7%</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 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 checked="" type="checkbox"/></p>	<p>No specific impact identified. Although people from this protected group may be receiving support from this services.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and</p>

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			Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</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 specific impact identified. Although people from this protected group may be receiving support from this services.</p> <p><u>Patient Profile</u> Ethnic Minority – 8.5% White – 91.5%</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the 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 type="checkbox"/></p>	<p>No specific impact identified. Although people from this protected group may be receiving support from this services.</p>	

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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" 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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This proposal includes a reduction of 4.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly Female (84%).</p> <p>As part of the service provided, the team highlights childbearing women prescribed Valproate Salts, with follow up actions in line with updated guidance. To ensure safe practice.</p> <p><u>Patient profile</u> Female – 43% Male – 57%</p>	<p>Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.</p> <p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation. The service does not replace the role of the Community Mental Health Team in monitoring patients' conditions and treatment but is a supplementary to service planning and delivery. Medical staff who prescribe the medication will continue to be vigilant when reviewing them.</p>
<p>(i)</p>	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the</p>	<p>No specific impact identified. Although people from this protected group may be receiving support from this services.</p>	

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	<p>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 checked="" type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(j)</p>	<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 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>No specific impact identified. Although people from poorer socio economic backgrounds may be receiving support from this services.</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 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		
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	<p>into the final decision.</p>		
<p>(k)</p>	<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>No specific impact identified. Although people from marginalised groups may be receiving support from this services. It is recognised that homeless people and ex service personnel are more likely to also have mental health conditions.</p>	
<p>8.</p>	<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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in May 2024.</p> <p>Closure of the service is likely to impact on the improved accuracy levels. It is challenging to predict the longer term impact on services and the potential for error in patient data. With the closure of this service there is risk that these areas may not be met as compliance is audited by PsyCIS.</p> <p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation.</p>	<p>Currently no other system monitors in the same in-depth detail, further work is required to explore opportunities for mitigation. The service does not replace the role of the Community Mental Health Team in monitoring patients' conditions and treatment but is a supplementary to service planning and delivery. Medical staff who prescribe the medication will continue to be vigilant when reviewing them.</p>

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	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	All staff are encouraged to complete equality and human rights training, available on Learnpro and TURAS.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

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

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

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

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*

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

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

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

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

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

Lead Reviewer:

EQIA Sign Off:

Name Tracy Buchanan
Job Title Service Manager Adult Community Mental Health
Signature
Date 26/04/24

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature A Low
Date 30/04/2024

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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

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