

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:

Reduction in Care at Home and Mainstream Home Care Services

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

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

This EQIA aligns with the IJB Financial Allocations and Budgets 2023-24 paper, presented to IJB members in March 2023. In particular, it relates to the proposed reduction in Care at Home and Mainstream Home Care Services of £0.901m in 2023/24, as set out in paragraph 6.9 of the aforementioned paper.

Glasgow City Care at Home service delivers approximately 93,000 visits every week. The service operates 7 days a week, 365 days a year. During these visits the 2,800 highly trained and skilled home carers deliver a range of support services to ensure people are enabled to live well at home and manage the daily tasks of living whilst maximising their independence and personal choices. Tasks include supporting people to wash and dress, have meals and take their medication, or more complex like supporting people to care for their stoma or catheter, using equipment to enable people to get in and out of bed or the toilet and administering medication when people cannot manage these tasks alone. The saving will be delivered by introducing, where required, a capacity based model which may cause a waiting list for those with substantial need which would directly impact on this frail elderly vulnerable group. This may impact on hospital discharge activity whereby patients may be delayed before returning home.

The waiting list will be covered under the HSCP Eligibility Criteria. This criteria will give priority to people who are assessed as being within the critical and substantial categories. The waiting list will only apply to those under the substantial category. Eligible social care needs are those which your assessment has identified as not already being met through your existing supports including family, friends and carers.

Staff will provide information, advice, guidance and signposting to support those people assessed as within the moderate or low risk categories including information about alternative sources of support and how to access them.

People in these lower categories may qualify for help from a range of other services including welfare benefit, health, housing, transport and leisure. Local voluntary and community services may be able to assist.

The rolling waiting list would require a one in one out approach for a package of care, 62% of this list would be from hospital discharges, this would detrimentally impact on the current discharge model in place with GGC NHS Acute facilitating 4 hr discharge.

Care at Home services are also forecasting a 7% increase in service users from October 2022 to March 2023 this increase would not be accommodated and shall further impact on any waiting lists for unmet need.

This proposal has the potential to have a significant negative impact on equality as the service is directly targeted at vulnerable groups including frail elderly, Care at home is a statutory service. The service is currently provided to those that are assessed as having substantial or critical need. 68%* of the service users are discharged directly from hospital to the service. Introducing a capacity-based model of provision and a waiting list for those with substantial need would directly impact on this frail elderly vulnerable group. This will impact on hospital discharge activity whereby patients may be delayed before returning home.

Further associated work is required to assess the impact of reducing the capacity in this area of Home care service in relation to staffing. Redesign will be required in relation to hospital discharge pathways and the current reablement model.

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: Gordon Bryan Jill Scoular Afton Hill	Date of Lead Reviewer Training: 26 January 2023 7 February 2023
--	--

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):

--

<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
----------------	---------------------------	--

1.	<p>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>Assessments and reviews through Carefirst routinely record equalities information, covering all the protected characteristics listed in section 7 of this EQIA. Information collected forms part of an individual's outcome based support plan. Information is also drawn from caresafe.</p>	<p>Work is currently taking place to improve data input quality in Carefirst. This will in turn help to improve recording and analysis of information by protected characteristics.</p>
		<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
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 type="checkbox"/></p> <p>3) Foster good relations <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>Analysis of current social work case management systems by protected characteristic will help to ensure an equalities sensitive approach is taken as part of the assessment of service users and support with wait listing, with an aim of minimising the impact, wherever possible.</p>	<p>As per above, work is underway to improve data quality, including information by protected characteristics. However, if necessary a sample audit of caseloads may also have to be undertaken.</p>

	between protected characteristics. 4) Not applicable <input type="checkbox"/>			
	<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>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>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)</p> <p>Delivering CAH and HSS during the COVID-19 pandemic - FINAL 22092020.pdf (careinspectorate.com)</p> <p>The service is a statutory service that delivers services in line with the Health and Social Care Standards, this is monitored by the Care Inspectorate who use the A quality framework for support services (care at home, including supporting living models of support) draft.pdf (careinspectorate.com) to inspect services. Services are rated on their quality and compliance. Failure to score above average would be a significant risk to the people of Glasgow, GCC and GCHSCP only commission services who score average to excellent. Poor inspections lead to requirements, where these cannot be met the Care Inspectorate may have no choice but to issue a moratorium. The following quality indicators and examples of weak care provision are listed below:</p> <p><u>Quality Indication 1.2 People get the most out of life</u></p> <ul style="list-style-type: none"> • People make decisions and choices about their care and support • People are supported to achieve their wishes and aspirations 	

- People feel safe and are protected and are enabled to maintain their skills

Provided evidence of 'weak' inspection in this area would be

People experience care and support at a basic level, that does not treat them as individuals entitled to personalised care.

People may not be safe, or may not feel safe and staff are unclear of their role in identifying and reporting concerns about the safety and wellbeing of people. Appropriate assessments, supports and referrals may not be made. Harm may be ignored or not identified.

Quality Indicator 1.3 People's health benefits from their care and support

Key area: care and support based on relevant evidence, guidance, best practice and standards

Weak practice would include

People's wellbeing may be compromised because they are not supported to obtain appropriate health assessments. The support that people receive, and how they spend their time has limited links to health promotion, recovery and/or harm reduction.

Support to enable people to access appropriate healthcare in their community may be limited. People miss appointments or reablement opportunities because support is inflexible or late. This may result in people experiencing reactive or disjointed care and support, which could impact on their physical and emotional health.

Quality Indicator 1.4: People are getting the right service for them

Weak Practice - *People's choices about their care*

and support are limited or undermined by pressure on resources.

There may be significant delays in responding to people's changing needs.

Quality Indicator 2.2 Quality Assurance and Leadership

Weak practice There is insufficient capacity and skill to support improvement activities effectively and to embed changes in practice. The pace of change may be too slow because leaders focus on responding to day-to[1]day issues.

Quality Indicator 3.3 Staffing Arrangements

Weak practice would look like

The numbers of staff are minimal and sometimes insufficient to meet outcomes for people using the service.

Staff work under pressure and some aspects of care and support may be skipped or missed, affecting outcomes for people.

People experiencing the service perceive staff to be rushed, and visit times may be cut short. When matching staff to work with individuals using the service, limited importance is placed on staff skills, experience and personality to help people build successful relationships and work well together.

[National Strategy for Older People - Independent living - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Vision that older people in Scotland are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting.

Hospital Care / Leaving Hospital

			<p>As far as possible, hospitals should not be places where people live - even those with on-going clinical needs. They are places to go for short-term episodes of treatment that cannot be provided in the community</p> <p>Spending too long in hospital can lead to:</p> <ul style="list-style-type: none"> • a sense of disconnection from family, friends and usual social networks leading to boredom, loneliness and loss of confidence • risk of healthcare associated infection, and delirium • distress for family and carers who have to spend time and money on regular visits to a hospital that may be some distance from home <p>Age, Home and Community: next phase - gov.scot (www.gov.scot)</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<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</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>These changes will affect new service users who wish to access the service via a community referral or discharge from hospital. As these people have not been identified as requiring a service as yet no consultation with them is possible.</p> <p>Consultation with existing Care at Home service users (50% of which are over the age of 80) would induce a degree of anxiety and worry that their service was going to be affected by service transformation as the budget position and planned reductions in expenditure are in the public domain and have been featured by news outlets. There has already been an increase in unease and upset that the level of service current service users are receiving may change as a result of financial pressures. This was felt to be unfair and wouldn't</p>	

	<p>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>(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>lead to insight regarding the proposed changes. However, the output from the services annual consultation with all service users and staff and this feedback was used to inform the assessment. The feedback for the service is generally positive and will be used as a baseline to monitor the implementation of this saving.</p> <p>Key findings;</p> <ul style="list-style-type: none"> • 78% of service users always or usually receive a service at a time that suits them. • 53% of service users feel they are always or usually kept informed of changes to their home care service e.g that the home carer will be late. • 93% of service users feel that the Personal Support Plan is a good way of letting their home carer know about the care/support they require and how this is to be delivered. • 96% of service users feel that having a home care service makes them feel safe at home. • 95% of service users feel the contact they have with home carers improves their quality of life. • 93% of service users feel they are listened to and their wishes respected. • 94% of service users feel the service enables them to maintain the standard of personal care that they want. • 93% of service users are satisfied with the service. 	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
5.	Is your service physically accessible to everyone? If this is a policy that impacts	<i>An access audit of an outpatient physiotherapy department found that</i>	Individual's assessment of need will continue to take into account any measures necessary to improve the physical accessibility of services. Assessments are	The output of further service user and carer engagement may identify barriers to access

	<p>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 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>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>usually undertaken in the service user's current care setting at home.</p> <p>Equipment and small aids are provided for people to assist with their provision of care or to enable their independence with tasks.</p>	<p>that have not been fully addressed.</p> <p>A sample audit of current caseloads by protected characteristic may be necessary to determine if the profile of service users is consistent with demographics and projected demand. This results of this may identify barriers to access for some protected characteristics to be addressed.</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</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>The programme of work will be undertaken in line with the principles set out in GCHSCP's Participation and Engagement Strategy to ensure information is provided in an accessible way and format appropriate to individuals' needs.</p> <p>These savings will apply to new service users, however communication will be required with existing service users. Home care arrangements are subject to regular reviews which may result in increases or</p>	<p>At an individual level, it may be necessary to bring in Independent Advocacy Services to support understanding and participation.</p>

	<p>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>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>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>decreases to a care plan or movement within the service. Given the publicity around the savings plans, then communication with existing service users will be required to support them through the normal review activity.</p> <p>A Service User Information Leaflet is in place that explains the assessment and review process and can be utilised to prevent anxiety amongst existing service users. Alternative languages and formats will be available in line with usual process.</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</p>	<p><u>Age Profile</u></p> <p>0 – 50 years – 2%</p> <p>51 – 60 years – 6%</p> <p>61 – 64 years – 4%</p> <p>65 – 70 years – 9%</p>	<p>There are limited opportunities to mitigate the impact as the overall capacity for Care at home shall be reduced whilst demand is anticipated to grow by 7% by 2023.</p>	

	<p>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>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>71 – 80 years – 28% Over 80 – 51%</p> <p>This proposal has the potential to have a significant negative impact on older people as the service is directly targeted at vulnerable groups including frail elderly, Care at home is a statutory service. The service currently provides 88,350 visits a week to support 5000 people with daily care and support tasks to enable them to live well at home. The service users are predominantly Older People and 51% are over 80 years old.</p> <p>The service is currently provided to those that are assessed as having substantial or critical need. 68%* of the service users are discharged directly from hospital to the service.</p> <p>Introducing a capacity-based model of provision and a waiting list for those with substantial need would directly impact on this frail elderly vulnerable group. This will impact on hospital discharge activity whereby patients may be delayed before returning home.</p>	<p>New Service users will be provided assessment for support through the reablement approach and screened, by a team of qualified staff, for the potential of improving independence with activities of daily living or to streamline care plans, whilst engaging service users with other sources of supports within the community such as technology enabled care, equipment provision, 3rd sector, or other statutory services such as supports for unpaid carers.</p> <p>As outlined in section 5, support will; be required for existing service users to prevent anxiety around the business as usual assessment and review process.</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><u>Disability profile</u></p> <p>Learning disability – 2% Physical disability – 27% Multiple disability – 2% Mental health - 5% Dementia - 2% Blind/partially sighted - 4% Deaf/heard of hearing - 2% Limiting short term illness - 1% Limiting long term illness - 4% Progressive illness - 2%</p>	<p>Mitigation, as outlined above.</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>Physical frailty - 42% Head injuries - 1%</p> <p>A significant proportion of service users have identified themselves as having 1 or more disability or long term condition.</p> <p>This proposal has the potential to have a significant negative impact on equality as the service is directly targeted at vulnerable groups including frail elderly, Care at home is a statutory service. The service currently provides 88,350 visits a week to support 5000 people with daily care and support tasks to enable them to live well at home. The service is currently provided to those that are assessed as having substantial or critical need. 68%* of the service users are discharged directly from hospital to the service.</p> <p>Introducing a capacity-based model of provision and a waiting list for those with substantial need would directly impact on this frail vulnerable group. This will impact on hospital discharge activity whereby patients may be delayed before returning home.</p>	
	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>	No disproportionate impact envisaged.	There may be wider considerations for trans people in accessing care packages given a higher risk of social isolation and lack familial care support.

	<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>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<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 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 impact envisaged.</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 type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p>													
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>												
(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><u>Race Profile</u></p> <p>No disproportionate impact envisaged due to the proportion of service users. However it is noted that a significant proportion of service users have not disclosed their race.</p> <table border="1" data-bbox="887 1203 1395 1453"> <thead> <tr> <th>Category</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>A.O Asian Background</td> <td>0.18%</td> </tr> <tr> <td>A.O Ethnic Background</td> <td>0.22%</td> </tr> <tr> <td>A.O White Background</td> <td>0.55%</td> </tr> <tr> <td>Any Mixed Background</td> <td>0.04%</td> </tr> <tr> <td>Black African</td> <td>0.07%</td> </tr> </tbody> </table>	Category	%	A.O Asian Background	0.18%	A.O Ethnic Background	0.22%	A.O White Background	0.55%	Any Mixed Background	0.04%	Black African	0.07%	<p>Notwithstanding that no disproportionate impact is envisaged, is acknowledged that within this protected characteristic, there may be individuals whose first language is not English and who require additional communication support</p>
Category	%														
A.O Asian Background	0.18%														
A.O Ethnic Background	0.22%														
A.O White Background	0.55%														
Any Mixed Background	0.04%														
Black African	0.07%														

	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<table border="1"> <tr><td>Chinese</td><td>0.15%</td></tr> <tr><td>Indian</td><td>0.22%</td></tr> <tr><td>Not Known</td><td>37.64%</td></tr> <tr><td>Other</td><td>0.07%</td></tr> <tr><td>Pakistani</td><td>0.73%</td></tr> <tr><td>White</td><td>0.40%</td></tr> <tr><td>White Irish</td><td>0.95%</td></tr> <tr><td>White Other British</td><td>1.39%</td></tr> <tr><td>White Scottish</td><td>57.40%</td></tr> <tr><td>Grand Total</td><td>100.00%</td></tr> </table>	Chinese	0.15%	Indian	0.22%	Not Known	37.64%	Other	0.07%	Pakistani	0.73%	White	0.40%	White Irish	0.95%	White Other British	1.39%	White Scottish	57.40%	Grand Total	100.00%		
Chinese	0.15%																							
Indian	0.22%																							
Not Known	37.64%																							
Other	0.07%																							
Pakistani	0.73%																							
White	0.40%																							
White Irish	0.95%																							
White Other British	1.39%																							
White Scottish	57.40%																							
Grand Total	100.00%																							
(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>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p>																						
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>																					
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the</p>	<p><u>Sex Profile</u></p> <p>Female – 64%</p> <p>Male – 36%</p>	<p>Cognizance will be taken of the fact that a disproportionate number of carers are female, potentially on low incomes.</p>																					

	<p>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>Introducing a capacity-based model of provision and a waiting list for those with substantial need would directly impact on vulnerable service users and their ability to live well at home. Given the current profile of service users, there is more likely to be an impact on females.</p> <p>It is also recognised that a disproportionate number of carers are female, potentially on low incomes. A reduction in provision or increase in waiting list will have an impact on service users as well as carers.</p>	<p>Opportunities will therefore be taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies.</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 impact envisaged.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action</p>

			Required
(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 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 socioeconomic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socioeconomic disadvantage? 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 socioeconomic disadvantage experienced 	<p>There is a direct correlation between disability and low income or reliance on state benefits. Accordingly there is a higher proportion of people with a disability living in areas of deprivation.</p> <p>It is also recognised that carers are likely to experience significant financial challenges that may have a negative impact on their health and wellbeing.</p> <ul style="list-style-type: none"> • Over half of single pensioner households and nearly half of pensioner couples in Scotland live in fuel poverty • 15% of pensioners in Scotland were living in relative poverty in 2013-2014 (12% after housing costs are factored in) • Female pensioners are more likely to live in poverty than male pensioners, largely a result of having fewer years of employment due to caring responsibilities. <p>Source: Public Health Scotland</p> <p>It therefore follows that any potential reduction to a care package budget may have a greater impact on people on lower incomes who are unable to supplement their support* by other financial means if they wished to do so. *Beyond the level to which the individual has been assessed as requiring.</p>	<p>Care assessments and reviews will continue to be based on meeting an individual’s assessed needs.</p> <p>Opportunities are taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies.</p>

	<p>disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</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>The particular needs of marginalised will be taken into account during individual assessments and reviews.</p> <p>Currently service user profile includes;</p> <p>Addiction – 6%</p> <p>Vulnerable Homeless – less than 1%</p> <p>Offenders/Victims – 1%</p>	<p>It will be important to ensure people with lived experience within marginalised groups are involved and engaged in any service changes that may affect them.</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>This EQIA aligns with the IJB Financial Allocations and Budgets 2023-24 paper, presented to IJB members in March 2023. This proposal will reduce the Care at Home and Mainstream Home Care Services by £0.901m in 2023/24.</p> <p>Highly trained and skilled home carers deliver a range of support services to ensure people are enabled to live well at home and manage the daily tasks of living whilst maximising their independence and personal choices. The saving will be delivered</p>	<p>Ongoing work will be required to monitor the equality and socioeconomic impact of this reduction.</p> <p>There are limited opportunities to mitigate the impact as the overall capacity for Care at home shall be reduced whilst demand is anticipated to grow by 7% by 2023.</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>by introducing where required a capacity based model which may cause a waiting list for those with substantial need which would directly impact on this frail elderly vulnerable group. This may impact on hospital discharge activity whereby patients may be delayed before returning home.</p> <p>The waiting list will be covered under the HSCP Eligibility Criteria. This criteria will give priority to people who are assessed as being within the critical and substantial categories. The waiting list will only apply to those under the substantial category. Eligible social care needs are those which your assessment has identified as not already being met through your existing supports including family, friends and carers.</p> <p>The waiting list will be covered under the HSCP Eligibility Criteria. This criteria will give priority to people who are assessed as being within the critical and substantial categories. The waiting list will only apply to those under the substantial category. Eligible social care needs are those which your assessment has identified as not already being met through your existing supports including family, friends and carers.</p> <p>Staff will provide information, advice, guidance and signposting to support those people assessed as within the moderate or low risk categories including information about alternative sources of support and how to access them.</p> <p>People in these lower categories may qualify for help from a range of other services including welfare benefit, health, housing, transport and leisure. Local voluntary and community services may be able to assist.</p>	<p>New Service users will be assessed for support through the reablement approach and screened, by a team of qualified staff, for the potential of improving independence with activities of daily living or to streamline care plans, whilst engaging service users with other sources of supports within the community such as technology enabled care, equipment provision, 3rd sector, or other statutory services such as supports for unpaid carers.</p>
--	---	---

		<p>The waiting list would require a one in one out approach for a package of care, 62% of this list would be from hospital discharges, this would detrimentally impact on the current discharge model in place with GGC NHS Acute facilitating 4 hr discharge.</p> <p>It is anticipated that there will be a natural turnover, which will allow for new service users to be accommodated into the service, as hours fluctuate on a monthly basis through reablement and reassessment.</p> <p>The assessment is based on the current practice, it is recognised that mitigation is dependent upon other supports and services and any changes or reductions in these interrelated services should be considered as part of the ongoing review process.</p>	
		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 HSCP staff are encouraged to complete the Equality Training on GOLD (Council Staff) and Learnpro (NHS Staff) there are also monthly emails promoting current equality training to all staff.	

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.

This programme of work is targeted at people with complex needs, vulnerability or poverty who experience a disproportionate risk of health inequalities means there is an ongoing requirement to take action to mitigate and address any risk of impacting on people's human rights.

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

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

- **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.

**note that this has been updated from previous reporting of 38% to reflect current service provision.*

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)

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)
---------------------	-------------------------------

<p>A Service User Information Leaflet is in place that explains the assessment and review process and can be utilised to prevent anxiety amongst existing service users. Alternative languages and formats will be available in line with usual process.</p> <p>Ongoing work will be required to monitor the equality and socioeconomic impact of this reduction.</p> <p>Ongoing Monitoring of the wait list to access services</p>	<p>October 2023</p>
---	---------------------

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

**Lead Reviewer:
EQIA Sign Off:**

Name Gordon Bryan
Job Title Head of Care services
Signature 
Date 05/05/2023

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature
Date 05/05/23

**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:			

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