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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:

Self Directed Support : Non Funding Demographics : Wait List for Services – Budget 2024/25

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 March and May 2024.

It is acknowledged that this programme is at an early stage and this assessment reflects the current position. Work will continue to refine the EQIA as necessary and as options develop and undertake a review of progress and impact after 6 months, in line with usual practice, with the findings / updated EQIA published as an addendum to the original EQIA.

Self-directed support (SDS) is a way of providing support that means people are given more choice and control over what kind of support they get. It means that people can choose and arrange some or all of their own support instead of having it chosen and arranged by other people. Following a social work assessment if the person is eligible for support the Social Care (Self-directed Support) (Scotland) Act 2013 requires the local authority to provide support to the person under the 4 SDS options. These options are

1. direct payment – where the person is given their budget which they use to arrange their own support.
2. Service User Selected Direct Award in this option the person is given a budget and they choose their support and this is arranged for you by the HSCP
3. Council selected direct award – in this option the person ask the HSCP to identify the support that they believe will meet the person's needs.
4. Any combination of the above- the person has the option of choosing a mix of all the above options to get the support they require

Services that are delivered under SDS range from support from personal assistants with activities of daily living, or support from providers with some or all aspects of personal care including washing, dressing, support with medication, support with tenancy management and activities of daily living such as shopping, paying bills, managing finances. These services can be provided on the basis of very small amounts of hours to people requiring support 24 hours per day.

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Day services that provide opportunities for people to get access to social support and structured activity and also services that support people to have short breaks in their communities and respite services are also delivered under SDS. Technology enabled care and support (TECS) where people are supported remotely technology often supplemented are also delivered under SDS

This assessment aligns with the IJB Financial Allocations and Budgets 2024-25 paper, this requires SDS to manage demand within the budgets that are available and, in some cases, may require waiting lists to be operated for access to care. This will have a direct impact on the provision of care to vulnerable adults and older people. People who have been assessed in critical need may need to be waitlisted to receive a social care package of support if demand is higher than the budget available.

It is difficult to predict what impact demographics will have on need in 2024-25. In addition, not all requests for care will materialise on 1st April and instead will be staggered throughout the year depending on when the need arises. It is proposed that this budget is closely monitored during 2024-25 as part of the financial reporting process and any pressures reported to the IJB, along with the wider context of the IJB financial position. This will allow decisions in relation to wait listing to be considered in conjunction with the wider context.

Given the stage of this programme of work, this EQIA can only provide a general overview. The equality impact assessment will continue to be refined as necessary and as options develop with an aim of minimising the impact, wherever possible. However, given the scale of the reduction it is not anticipated that this can be achieved without having an impact on protected groups.

Next Steps

- Continue engagement activity with service user representatives, community organisations and providers, in line with the review of access to social care support and explore measures that could further mitigate risk and guide implementation.
- Explore any additional measures that may be necessary to support service users, including development of supporting toolkits for frontline staff.
- Continue to refine the EQIA as necessary and as options develop and undertake a review of progress and impact after 6 months, with the findings / updated EQIA published as an addendum to the original EQIA.

Self-Directed Support, Maximising Independence and the Review of Access to Social Care Support are interconnected. If all proposals are approved, this may result in cumulative impact for those accessing multiple services. Mitigations and monitoring of impacts are outlined within each of the proposals.

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: Lynn MacPherson	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>Assessments and reviews through Carefirst 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. It has been highlighted that there are challenges with the availability of data recorded on reporting systems and steps will be taken to improve equality data capture.</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>
	<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 boxes).</p> <p>1) Remove discrimination, harassment and victimisation <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</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 development of the options to implement this saving 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>

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	<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>monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
	<p><i>Example</i></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, 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><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>Qualitative information on the experience of service users receiving Self Directed Support in Glasgow was gathered by Self Direct Support Scotland and The Alliance (September 2021 Report). While only a relatively small number of people were able to participate in this study (in the context of the c3500 people in Glasgow in receipt of SDS), it nonetheless identified areas for improvement. This included the timing, quality and accessibility of information received by some service users to inform choices and care planning decisions. Although there were areas for improvement identified, the engagement generally reported that SDS had improved their social care experience.</p> <p>My support my choice report</p> <p>My Support My Choice: Peoples Experiences of SDS and Social Care in Scotland also created Thematic Reports specifically for:</p> <ul style="list-style-type: none"> • Women’s Experience • People with mental Health Problem’s Experiences • People with Learning Disabilities’ Experiences 	<p>Given the relatively small sample size of service users who were interviewed to inform the SDSS / The Alliance report, it will be necessary to undertake further engagement with service users, families and carers.</p>

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	4) Not applicable		<ul style="list-style-type: none"> • Black and Minority Ethnic Peoples’ Experiences • Blind and Partially Sighted Peoples’ Experiences <p>Some of the specific recommended actions related to protected characteristics have been included below.</p> <p>Given the reduction in budget, it will be challenging to respond to all the recommendations of the report. However the recommendations and priorities will be taken into considerations when developing the options for reducing spend of the service.</p> <ul style="list-style-type: none"> • The Social Care (Self-directed Support) (Scotland) Act 2013 and detailed Practitioner Guidance • Glasgow City HSCP Self-directed Support: Framework of Standards Self-Evaluation Report • Staff Engagement on Self-Directed Support (SDS) Processes and Practice 	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen	<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</i>	<p>The budget proposals for Self-Directed Support and the Review of Access to Social Care Support are interconnected. Engagement for the Self Directed Support option is a key part of the engagement plan for the Review of Access to Social Care Support, as outlined below. In addition, if a wait list applies for a service user the most important engagement activity will be through the individual interactions with each service user at future care assessments and case reviews.</p> <p>A communications and engagement plan is in place</p>	Moving forward, we will engage with service user representatives, community organisations and providers over the implementation of the options and the development of approaches or procedures that can best mitigate risk to service users and carers. The commitment also remains to continue to explore measures to improve people’s overall

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<p>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 checked="" 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><i>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>to support the review. Communication and engagement activity took place during the course of the review and there will be further activity to support implementation. The aims are to;</p> <ol style="list-style-type: none"> 1. raise awareness and understanding of the review 2. raise awareness and understanding of proposed changes 3. inform key stakeholders on proposed changes and seek their views to inform implementation 4. support implementation of approved changes. <p>The communications and Engagement plan includes:</p> <ul style="list-style-type: none"> • Direct Communication with Key Third Sector Partners • Direct communication with Service Users and Carers (Face to Face and Teams) • Briefing for all GCHSCP Staff • Targeted face to face staff briefing for managers • Targeted face to face staff briefing for front line staff responsible for delivery of SDS • Face to Face briefing at Locality Engagement Forums • Information session for Third and Independent Sector <p>Communication and engagement activity will be informed by standards set out within the HSCP's Communications Strategy and IJB's Consultation and Engagement Good Practice Guidelines.</p> <p>We will engage with carers and supported persons organisations to understand the wider impacts of</p>	<p>experience of Self Directed Support, despite the financial challenges.</p>
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			reductions in service capacity will have on services users and their families. Individuals will also have the opportunity as part of the assessment process to work through what these changes may mean for them and to raise concerns about how they will impact on their own individual circumstances and needs.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<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 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>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>Individual's assessment of need will continue to take into account any measures necessary to improve the physical accessibility of services. Assessments are usually undertaken in the service user's current care setting, whether that be at home, supported living, residential care or in hospital.</p> <p>During the development of options consideration will be given to physical access, it is not anticipated that the assessment process will change.</p>	<p>The output of further service user and carer engagement may identify barriers to access 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>

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<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 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</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>Ongoing engagement with service users 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>It is also noted that communicating this message will have an impact on staff, particularly as they are the ones engaging with service users and their families. The vast majority of Social Care staff are female, 82%.</p>	<p>At an individual level, it may be necessary to bring in Independent Advocacy Services to support understanding and participation.</p>

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	using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.															
7	Protected Characteristic	Service Evidence Provided		Possible negative impact and Additional Mitigating Action Required												
(a)	<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>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><u>Age Profile</u></p> <table border="1"> <thead> <tr> <th></th> <th>Personalisation</th> <th>Direct Payments</th> </tr> </thead> <tbody> <tr> <td>0 – 18 Years</td> <td>4%</td> <td>34%</td> </tr> <tr> <td>19 – 64 Years</td> <td>70%</td> <td>53%</td> </tr> <tr> <td>65+ Years</td> <td>26%</td> <td>13%</td> </tr> </tbody> </table> <p>The Service is delivered across all age groups and would be impacted by introducing a reduced provision. A waiting list for those with substantial need would directly impact on vulnerable service users and their ability to live well at home.</p> <p>It is also noted that 34% of service users are children and families.</p> <p>The My support my choice report identified specific actions relating to age, including; work to dismantle communication barriers faced by older people. People in specific ethnic minority communities would benefit from targeted initiatives on information.</p>			Personalisation	Direct Payments	0 – 18 Years	4%	34%	19 – 64 Years	70%	53%	65+ Years	26%	13%	<p>It is difficult to predict what impact demographics will have on need in 2024-25. In addition, not all requests for care will materialise on 1st April and instead will be staggered throughout the year depending on when the need arises. This budget will be closely monitored during 2024-25 as part of the financial reporting process and any pressures reported to the IJB, along with the wider context of the IJB financial position. This will allow decisions in relation to wait listing to be considered in conjunction with the wider context.</p>
	Personalisation	Direct Payments														
0 – 18 Years	4%	34%														
19 – 64 Years	70%	53%														
65+ Years	26%	13%														
(b)	Disability	Disability profile		Steps to mitigate, as outlined												

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Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

	Personalisation	Direct Payments
Children & Families	4%	34%
Learning Disability	47%	31%
Mental Health	15%	3%
Older People with a Physical Disability	22%	12%
Under 65 with a Physical Disability	12%	20%

A significant proportion of service users have identified themselves as having 1 or more disability or long term condition.

As people with learning disabilities make up the largest proportion of those accessing support services (47% and 31%), they are therefore more likely to be impacted by any efficiencies.

The [My support my choice report](#) identified specific actions relating to disability, including;

- Support people with lived experience of mental health problems to access good quality information in a range of accessible and tailored formats about the different SDS options.
- Blind and partially sighted people should be promptly provided with all information – in

above.

At an individual basis Legal Guardians and Carers will be fully involved and it may be necessary to bring in Independent Advocacy Services to support understanding and participation, particularly those with a learning disability.

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		<p>accessible formats – pertaining to their SDS, including Personal Outcome Plans, budget agreements, and decisions about their support package</p> <p>This proposal has the potential to have a significant negative impact on equality as the service is directly targeted at people who have been assessed as having a critical need for support and is a statutory obligation. Introducing a reduced 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.</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 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 disproportionate impact envisaged.</p>	<p>There may be wider considerations for trans people in accessing care packages given a higher risk of social isolation and lack familial care support combined with possible apprehension of moving into care settings.</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 <input checked="" type="checkbox"/> 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 checked="" 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>No disproportionate impact envisaged.</p>	

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	<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>(f)</p>	<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 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><u>Race Profile</u></p> <table border="1"> <thead> <tr> <th></th> <th>Personalisation</th> <th>Direct Payments</th> </tr> </thead> <tbody> <tr> <td>White Scottish</td> <td>85.49%</td> <td>68.95%</td> </tr> <tr> <td>White Irish</td> <td>0.54%</td> <td>0.38%</td> </tr> <tr> <td>White Other British</td> <td>2.55%</td> <td>1.77%</td> </tr> <tr> <td>Any Other White Background</td> <td>1.01%</td> <td>1.01%</td> </tr> <tr> <td>Any Mixed Background</td> <td>0.57%</td> <td>1.52%</td> </tr> <tr> <td>Indian</td> <td>0.61%</td> <td>0.25%</td> </tr> <tr> <td>Pakistani</td> <td>2.76%</td> <td>7.35%</td> </tr> <tr> <td>Chinese</td> <td>0.57%</td> <td>0.63%</td> </tr> <tr> <td>Any Other Asian Background</td> <td>0.50%</td> <td>0.89%</td> </tr> <tr> <td>Black Caribbean</td> <td>0.04%</td> <td>0.13%</td> </tr> <tr> <td>Black African</td> <td>0.97%</td> <td>2.41%</td> </tr> </tbody> </table>		Personalisation	Direct Payments	White Scottish	85.49%	68.95%	White Irish	0.54%	0.38%	White Other British	2.55%	1.77%	Any Other White Background	1.01%	1.01%	Any Mixed Background	0.57%	1.52%	Indian	0.61%	0.25%	Pakistani	2.76%	7.35%	Chinese	0.57%	0.63%	Any Other Asian Background	0.50%	0.89%	Black Caribbean	0.04%	0.13%	Black African	0.97%	2.41%	<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>
	Personalisation	Direct Payments																																					
White Scottish	85.49%	68.95%																																					
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Pakistani	2.76%	7.35%																																					
Chinese	0.57%	0.63%																																					
Any Other Asian Background	0.50%	0.89%																																					
Black Caribbean	0.04%	0.13%																																					
Black African	0.97%	2.41%																																					

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Any Other Black Background	0.25%	0.63%
Any Other Ethnic Background	0.83%	1.39%
Not known	2.59%	8.11%

No disproportionate impact envisaged due to the proportion of service users, however, The [My support my choice report](#) identified specific actions relating to race, including;

- To work to dismantle communication barriers faced by Black and minority ethnic people and older people. People in specific ethnic minority communities would benefit from targeted initiatives on information.
- Targeted initiatives are required to ensure that Black and minority ethnic people have access to culturally appropriate SDS/ social care.

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

1) Remove discrimination, harassment and victimisation

2) Promote equality of opportunity

3) Foster good relations between protected

No disproportionate impact envisaged.

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	characteristics. 4) Not applicable <input checked="" type="checkbox"/>														
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required												
(h)	<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>4) Not applicable <input type="checkbox"/></p>	<p><u>Sex Profile</u></p> <table border="1" data-bbox="884 470 1635 662"> <thead> <tr> <th></th> <th>Personalisation</th> <th>Direct Payments</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>43%</td> <td>40%</td> </tr> <tr> <td>Male</td> <td>56%</td> <td>55%</td> </tr> <tr> <td>Unknown</td> <td>0.72%</td> <td>4.6%</td> </tr> </tbody> </table> <p>Introducing a reduced 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 males.</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>The My support my choice report identified specific actions relating to sex, including;</p> <ul style="list-style-type: none"> Action to distinguish between the experiences of women as users of SDS, and women who are unpaid carers for friends and family members who use SDS (as important but distinct experiences). Professionals should ensure that all unpaid carers are offered carers' assessments and have their rights explained to them. 		Personalisation	Direct Payments	Female	43%	40%	Male	56%	55%	Unknown	0.72%	4.6%	<p>Steps to mitigate, as outlined above</p> <p>Cognizance will be taken of the fact that a disproportionate number of carers are female, potentially on low incomes. Opportunities will therefore be taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies.</p>
	Personalisation	Direct Payments													
Female	43%	40%													
Male	56%	55%													
Unknown	0.72%	4.6%													

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		<ul style="list-style-type: none"> Ensuring non-discriminatory attitudes and behaviour and a lack of gender bias in the support offered and provided to disabled parents is essential to ensure parity of support. <p>It is also noted that communicating this message will have an impact on staff, particularly as they are the ones engaging with service users and their families. The vast majority of Social Care staff are female, 82%.</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 checked="" 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 impact envisaged due to the proportion of service users, however, The My support my choice report identified an action to undertake targeted work to ensure that LGBT+ people and people with lived experience of homelessness do not experience discrimination or inequality when accessing SDS.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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<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 decisions</u>. 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- 	<p>Consideration of impact from socioeconomic disadvantage has been considered throughout this assessment, in particular where it may intersect with equality groups, in particular;</p> <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> <p>The My support my choice report identified an action to ensure that SDS budget cuts & tightened eligibility criteria do not negatively affect the physical & mental health of people on low incomes who access or are applying for SDS/social care.</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>Steps to mitigate, as outlined above.</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>
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	<p>economic disadvantage experienced 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>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</p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in March and May 2024.</p> <p>It has not been feasible to fund demographics uplifts this year. This will require services to manage demand within the budgets that are available and, in some cases, may require waiting lists to be operated for access to care. This will have a direct impact on</p>	<p>It is difficult to predict what impact demographics will have on need in 2024-25. In addition, not all requests for care will materialise on 1st April and instead will be staggered throughout the year depending on when the need arises. This budget will be</p>



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	<p>victimisation</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 provision of care to vulnerable adults and older people. People who have been assessed in critical need may not be able to receive a social care package of support if demand is higher than the budget available.</p> <p>Given the stage of this programme of work, this EQIA can only provide a general overview. The equality impact assessment will continue to be refined as necessary and as options develop with an aim of minimising the impact, wherever possible. However, given the scale of the reduction it is not anticipated that this can be achieved without having an impact on protected groups.</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>	<p>closely monitored during 2024-25 as part of the financial reporting process and any pressures reported to the IJB, along with the wider context of the IJB financial position. This will allow decisions in relation to wait listing to be considered in conjunction with the wider context.</p>
	<p>Service Evidence Provided</p>	<p>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>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.</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

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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.

While this programme of work is not considered to carry a risk that could impact on people's human rights, the fact that people with a complex needs, vulnerability or poverty experience a disproportionate risk of health inequalities means there is an ongoing requirement to take action to mitigate and address that risk

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.

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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)
Continue engagement work, in line with the review of Access to Social Care Support.	September 2024	
Explore any additional measures that may be necessary to support service users, including development of supporting toolkits for frontline staff.	September 2024	
Continue to refine the EQIA as necessary and as options develop and undertake a review of progress and impact after 6 months, with the findings.	September 2024	

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

**Lead Reviewer:
EQIA Sign Off:**

Name Lynn MacPherson
Job Title Head of Adult Services (Learning Disability)

Signature 
Date 22 April 2024

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature A Low

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Date

2nd May 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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