

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:

Alcohol Drug Recovery Service – Shared Care

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 2024.

This proposal includes the removal of social care staff from shared care practices and replacing with third sector resources. The removal of staff from Shared Care would not impact on the way that GP's initiate and review patients on Opioid Substitute Treatment. If approved, service users would no longer have a care management relationship with Alcohol and Drug Recovery Services and service would be provided by third sector provision.

Service users assessed as low risk would be moved into the STARS model of care. STARS is a recently developed third sector recovery oriented model whereby treatment is provided by the Alcohol and Drug Recovery Service and care is provided by an experienced third sector organisation. Service users who were deemed medium or high risk, would transfer to ADRS but it is expected that these would be of a low volume. It is anticipated that this will have limited impact on service users, who would continue to receive treatment, but the support would be transitioned from statutory ADRS to third sector and from a clinic setting to community based for some. There is a risk that GPs would withdraw from the Shared Care contract, without ADRS staff to support delivery, and service users would be transferred back to the ADRS community teams, impacting on demand. Further work is required to engage with GP's to minimise impact.

A commissioning process will be required to commission a third sector provider and this eqia will be utilised to inform the service specification.

This proposal includes a reduction of 4.8 FTE. Potential equality impacts would relate to the workforce profile.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

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

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Kelda Gaffney	Date of Lead Reviewer Training: No training
-------------------------------	---

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.	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.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	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. 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.	The service specification will include the requirement to collect and report on the equality data of service users.
	<i>Example</i>	Service Evidence Provided	Possible negative impact and	

				Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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><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>Data capture will be utilised to support service users on a case by case basis.</p>	<p>The service specification will include the requirement to collect and report on the equality data of service users and reviewed to better understand any anomalies in service uptake or patterning by protected characteristic.</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show</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</i></p>	<p>The STARS model is a recently developed third sector recovery oriented model whereby treatment is provided by the Alcohol and Drug Recovery Service and care is provided by an experienced third sector organisation.</p> <p>The STARS model has recently been evaluated on the first 6 months of operation, and highlights positive outcomes for service users. The outcome of this evaluation will inform the</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 checked="" type="checkbox"/></p>	<p><i>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>tendering of the community based service.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p>	<p><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>If this proposal is approved, engagement will be undertaken with GPs to discuss the moving of this service and to minimise any impact. In the event that some GPs decided to withdraw from the Shared Care scheme, service users assessed as low risk would be moved into the STARS model of care. Third sector provision for the STARS model will be commissioned and this eqia will be utilised to inform the service specification.</p> <p>Service user feedback was collected in relation to the STARS third sector model, which provides a similar model to the one proposed. If this proposal is approved then further targeted engagement with service users will be required. This will be a requirement within the commissioning service specification.</p>	<p>If the proposal is approved, engagement will be undertaken with GPs to discuss the moving of this service and to minimise any impact.</p> <p>Third sector provision for the STARS model will be commissioned and the Service Specification and ITT, along with the scoring process will require providers to evidence how engagement will be undertaken with service users.</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>(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><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination,</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.</i></p> <p><i>(Due regard to remove discrimination, harassment and</i></p>	<p>Current provision is in GP Surgeries, which are encouraged to meet DDA compliance.</p> <p>Consideration of the physical accessibility of locations will be included in the tendering process, to minimise any impact and support access to the service.</p> <p>For any current service users relocating to a community setting, consideration will need to be given on an individual basis around the accessibility of any locations and proximity for the service user, to minimise any impact.</p>	<p>Consideration of the physical accessibility of locations will be included in the tendering process, to minimise any impact.</p>

	<p>harassment and 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><i>victimisation).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected</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>The Service Specification will be explicit in the need for clear communication for the service users.</p> <p>There will be clear processes outlining how the Services will be delivered to service users with additional needs, such as, physical, sensory or learning disabilities and service users who do not speak or read English, including access to interpreting services when required. The Service Specification will clearly advocate the use of interpreters as being essential in certain circumstances.</p> <p>Service users will be supported on an individual basis, via current care managers and GPs to support the handover of care from ADRS to the Third Sector Provider.</p> <p>Communication will also be required with Primary Care who currently deliver treatment through the Shared Care scheme. Alternative languages and formats will be available in line with business as usual and the NHS GG& C Clear for All Policy.</p>	<p>The Service Specification will be explicit in the need for clear communication for the service users.</p> <p>There will be clear processes outlining how the Services will be delivered to service users with additional needs, such as, physical, sensory or learning disabilities and service users who do not speak or read English, including access to interpreting services when required. The Service Specification will clearly advocate the use of interpreters as being essential in certain circumstances.</p>

	<p>characteristics</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>			
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>It is estimated that Shared Care patients are in line with the ADRS Caseload.</p> <p>Under 35 years – 12%</p> <p>Aged 35 to 54 – 64%</p> <p>Age 55+ - 24%</p>	<p>Service users will be supported on an individual basis, via current care managers and GP's to support the handover of care from ADRS to the Third Sector Provider.</p>	

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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>Consideration of the physical accessibility of locations will be included in the tendering process, to minimise any impact and support access to the service.</p> <p>For any service users relocating to a community setting, consideration will need to be given on an individual basis around the accessibility of any locations and proximity for the service user, to minimise any impact.</p> <p>There will be clear processes outlining how the Services will be delivered to service users with additional needs, such as, physical, sensory or learning disabilities and service users who do not speak or read English, including access to interpreting services when required. The Service Specification will clearly advocate the use of interpreters as being essential in certain circumstances.</p> <p>Service users will be supported on an individual basis, via current care managers and GPs to support the handover of care from ADRS to the Third Sector Provider. Alternative languages and formats will be available in line with business as usual and the NHS GG& C Clear for All Policy.</p>	<p>As above</p> <p>There will be clear processes outlining how the Services will be delivered to service users with additional needs, such as, physical, sensory or learning disabilities and service users who do not speak or read English, including access to interpreting services when required. The Service Specification will clearly advocate the use of interpreters as being essential in certain circumstances.</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>No direct impacts identified.</p>	<p>As above</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(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 checked="" type="checkbox"/></p>	<p>No direct impacts identified.</p>	<p>As above</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 <input checked="" type="checkbox"/> and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	No direct impacts identified.	As above
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>There will be clear processes outlining how the Services will be delivered to service users who do not speak or read English, including access to interpreting services when required. The Service Specification will clearly advocate the use of interpreters as being essential in certain circumstances.</p> <p>Service users will be supported on an individual basis, via current care managers and GPs to support the handover of care from ADRS to the Third Sector Provider. Alternative languages and formats will be available in line with business as usual and the NHS GG& C Clear for All Policy.</p>	<p>As above</p> <p>There will be clear processes outlining how the Services will be delivered to service users who do not speak or read English, including access to interpreting services when required. The Service Specification will clearly advocate the use of interpreters as being essential in certain circumstances.</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>		
(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 checked="" type="checkbox"/></p>	No direct impacts identified.	As above
	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</p>	<p>It is estimated that Shared Care patients are in line with the ADRS Caseload.</p> <p>Male – 66%</p> <p>Female – 33%</p>	As above

	<p>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>		
(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 checked="" type="checkbox"/></p>	No direct impacts identified.	As above
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(j)</p>	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability 	<p>There may be a potential for socio economic impact for service users who may need to travel to an alternative location.</p> <p>Consideration will be given to the location of services within the city and through individual discussions with service users to identify the best location for them, during the handover process.</p>	<p>Service users will be supported on an individual basis, via current care managers and GP’s to support the handover of care from ADRS to the Third Sector Provider.</p>
------------	---	--	---

	<p>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>This service is directly targeted at people with addictions.</p> <p>It is anticipated that this will have limited impact on service users, who would continue to receive treatment, but the support would be transitioned from statutory ADRS to third sector and from a clinic setting to community based for some.</p>	<p>Service users will be supported on an individual basis, via current care managers and GP’s to support the handover of care from ADRS to the Third Sector Provider.</p>

8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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>This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in March 2024.</p> <p>It is anticipated that this will have limited impact on service users, who would continue to receive treatment, but the support would be transitioned from statutory ADRS to third sector and from a clinic setting to community based for some.</p> <p>There is a risk that GPs would withdraw from the Shared Care contract, and service users would be transferred back to the ADRS community teams, impacting on demand. Further work is required to engage with GP's to minimise impact.</p>	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<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>The Invitation to Tender, and the scoring will reflect the need for those providers providing the service to actively address equalities issues, have an ethos that shows understanding of and empathises with, the circumstances and experiences of service users.</p>	

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

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

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

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

*

- **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.

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)
Engagement with Primary Care is required to discuss the change in service and to minimise any impact.	Kelda Gaffney	
Tender for Third Sector Provider, informed by this eqia.	Kelda Gaffney	
Support Service users during the handover process.	Kelda Gaffney	

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

Lead Reviewer:

EQIA Sign Off:

Name Kelda Gaffney
Job Title Head of Adult Services
Signature
Date 24/04/24

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature A Low
Date 26/04/24

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

**NHS GREATER GLASGOW AND CLYDE 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