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NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool

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

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

Glasgow City Health and Social Partnership – Technology Enabled Care (TEC) service

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

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

New service -Purpose/reasons for introducing/benefits

This test of change proposal in conjunction with the Scottish Association for Mental Health (SAMH) is to deliver a Technology Enabled Care service (TECs) within mental health supported accommodation. The test of change is to assist with the redesign of mental health supported accommodation models of support and is based on the key findings of a review of supported accommodation models of support. The key findings are:

- The models are outdated and offer a limit to flexibility or scope for people to manage their own finances
- the models of supports need to change from care homes to care and support models
- efficiencies could be achieved through de-registration
- the current model needs to change to offer more personalised direct support delivery
- the promotion of independence and move on needs to be primary focus

The benefits of introducing of TECs are :

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- Support can be tailored more to individual needs because of the use of the technology; the foresight of information gathered will also allow for earlier interventions of crisis development.
- The use of technology can support early intervention and prevent re / admission to hospital with early identification that a service user is disengaging with their service.
- The development of the test of change will enable consideration of how to re-invest and improve resilience within the care and support market in Glasgow HSCP. This will improve and target the allocation of resources/staffing to where it is most needed.
- The technology enabled service will compliment support and initially support 8 services users within the SAMH Wayforward Service.
- Upon evaluation of the service, it is anticipated that this model can be embedded across appropriate Mental Health Services across the city.
- It offers alternative models of support and importantly a more responsive and targeted way to support mental wellbeing and recovery.

Just Checking are the specialist TECs provider who offer the “**Just Roaming**” service that is the fundamental Technology to be used in this test of change for people with severe and enduring mental health.

The introduction of the Just Roaming TECs is a personalised, real-time monitoring and alert system, which will support adults with complex needs, including mental health, to live more independently and safely within their supported living home. The new JR technology is being used for the current Test of Change model with SAMH.

Just Roaming is suitable for adults with complex needs as it does not specifically rely on the individual themselves calling for assistance however a pendant can be made available if required. The design of Just Roaming/Just Checking offers a response to a range of factors such as: noise, movement, activation of home safety equipment, door activation and changes in environmental situations. There is the possibility to build an increasing number of telehealth responses over time. The factors requiring a response are reflective of the support needs assessment and identified risks.

Just Roaming uses digital data from sensors and specialist technology installed in the Service Users property to send live alerts to a handset device that is managed by on site responder care staff. The care staff respond to the activation of sensors. Alerts to the activation of sensors are set up on an individualised basis. Alerts can be set based on a RAG system and can be changed and be responsive to the supported person’s specific needs and presenting risks, at any time.

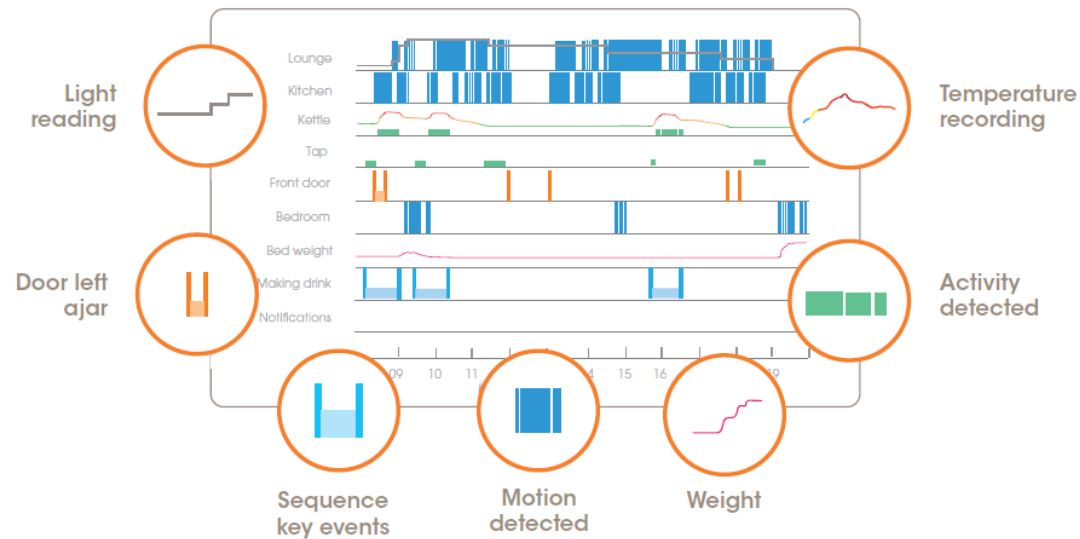
The sensors are small flat white discs (10cm in diameter) that can be attached temporarily to surfaces, based on support plan needs. These are non-intrusive and are sensitively placed in a person’s home. An example of the use would be: if the supported person had concern around their door/home safety and/or leaving the home. There would be door sensor installed to indicate when door is opening – closing and times this is happening. An alert system can then be setup to monitor this and information can be available. If necessary an alert can prompt specific actions by staff eg . phone call, visit. The process of Alerts will be discussed and set up with directly with the supported person and be able to offer them safety and confidence to live independently but with the additional safety of TECS supporting them.

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Below is an example of the data collected by Just Roaming



### Example Chart



It must be noted this Just Roaming TECs is already in place in Glasgow City HSCP in the Adult Learning Disability (LD) services. This LD project has demonstrated the effectiveness of the Just Roaming technology. It has shown to promote greater independence and reducing risks, while offering valuable insight to help shape and improve support planning

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)

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<b>Name:</b>  Lorraine Taylor	<b>Date of Lead Reviewer Training:</b> 19/11/24
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**Please list the staff involved in carrying out this EQIA**

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

Maureen McMaster, Principal Officer  Sandra Blair-Senior Officer
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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<p><b>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.</b></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>Monitoring of the uptake of specific groups of service users will be in line with the requirements of the Equality Act 2010 for all characteristics.</p> <p>On accessing the technology enabled care service the provider will collect all Equalities through a monitoring form to capture all relevant information.</p> <p>Data on all 9 protected characteristics will be collected. This will help shape the Providers staffing profile and be able to support people appropriately. To help support the continuing development of the service, information on the support needs of the target group will be collected. The information helps in the support and training of staff required to deliver this service.</p> <p>There is no age restriction for using the service. The EQIA will be updated as the test of change progresses.</p>	<p>People may not wish to share information on protected characteristics. People suffering with severe /enduring mental health issues may suffer paranoia or related psychological issues and this may present as a barrier to collecting information.</p> <p>The provider should endeavour to support a person to understand the importance of the data collection and how this may help to provide a better service.</p> <p>Cognisance of Care Inspectorate registration requirements for adult</p>

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				services. All services are registered for individuals age 18years and over
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake.</i></p> <p><i>(Due regard promoting equality of opportunity)</i></p>	<p>The service is part of a test of change across Glasgow City HSCP and the learning will be used to inform future models of support that are needed for this specific group with mental health needs.</p> <p>The information collected will help the HSCP understand and effect future service design. It will tell us:</p> <ul style="list-style-type: none"> <li>• How we can respond more flexibly to the changing needs of service users within our mental health services.</li> <li>• Help and support the sustainment of placements for individuals who are at risk of re admission to hospital.</li> <li>• Identify early on any changes to patterns of behaviours i.e. person has disturbed sleep, are leaving their home during the night that has the potential to impact their placement.</li> <li>• Inform the design of future services and how best to harness technology to support individuals effectively.</li> <li>• Inform the Provider and HSCP if there are particular requirements for people with specific characteristics.</li> </ul>	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
3.	How have you applied learning	<i>Looked after and</i>	The test of change is to assist with the redesign of mental	The introduction of using TEC

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<p>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 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>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.</i></p> <p><i>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>health supported accommodation models of support based on the key findings of a review of supported accommodation models of support.</p> <p>There has been very limited use of how modern digital technology can successfully support the needs of people who have mental health needs.</p> <p>The introduction will help support the national and local outcomes</p> <p>Mental Health and Wellbeing Strategy 2023, Mental Health Wellbeing First Delivery Plan</p> <ul style="list-style-type: none"> <li>• Outcome 1- Improvements in mental and support out with a hospital environment</li> <li>• Outcome 2- Supported and cared in an environment free from stigma and discrimination.</li> <li>• Outcome 6 – Increase availability of effective support to support mental health</li> </ul> <p>Glasgow City Health and Social Care Partnership Strategic Plan 2023-26</p> <ul style="list-style-type: none"> <li>• Prevention, early intervention and harm reduction</li> <li>• Shifting the balance of care.</li> <li>• Enabling independent living for longer</li> </ul> <p>Learning from previous technology enabled care projects both with the local authorities and external authorities has been considered.</p> <p>People with MH often have co-morbidities that affect their daily living and need to be considered in support.</p> <p>Evidence shows that prevalence of:</p>	<p>The data</p>
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			<ul style="list-style-type: none"> <li>• Physical disability</li> <li>• Addictions</li> <li>• Poor health outcomes</li> <li>• Poor socio-economic conditions</li> </ul> <p>By collecting this information helps the Provider to target support to meet these needs.</p>	
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
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 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 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 childcare issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to</i></p>	<p>Consultation has been undertaken with the HSCP and SAMH. Service users who will participate in the test of change have a full programme of engagement to help explain the project and understand the benefits. The technology provider has also consulted with the HSCP and SAMH.</p> <p>Service users and staff have attended demonstrations of the technology and how it will work. User friendly leaflets were shared and the communications were specific to this client group.</p> <p>Feedback was sought from both service users and staff about the technology and what they liked or did not like. It was also explained to the service users that they could opt out and anytime and the equipment would be removed immediately.</p> <p>The service is being developed and will be the opportunity to provide the least restrictive intervention that's allows for the tailoring of support according to individual need.</p> <p>As the service develops there will be ongoing consultation and review. Information can be shared with service users</p>	

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	<p>2) Promote equality of opportunity x <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>take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>and can be used to evidence why specific support/interventions are needed.</p>	
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>5.</p>	<p><b>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are their potential barriers that need to be addressed?</b></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><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 victimisation).</i></p>	<p>Access and use of TEC is not restrictive to any protected group. The response service by SAMH will provide a real time action.</p> <p>Service users are not required to interact or operate the technology. TheTECS can be personalised appropriate to the supported person and does not require the person to interact. It can be passive.</p> <p>The technology will be based in their homes/supported accommodation which is physically accessible. The introduction describes the TECs and how it works .</p> <p>The response to the TECS is via a staff mobile device. The staff are located in a centralised office location and are able to repsond directly if required.</p>	

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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
6.	<p><b>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</b></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>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>There will be information available on the service for service users. This will be in accessible formats. SAMH will prepare guideline and operating processes for staff.</p> <p>Where required the service would arrange interpreter services for service user who requires this.</p> <p>User friendly leaflets were shared, and the communications were specific to this client group.</p> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p> <p>A peer support group is being established to assist service users.</p>	<p>The service outlines the need for clear communication between stakeholders/partners. Provider must evidence in how they will work with service users and partners continuously develop the service and how they will gather the views and feedback.</p>

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	<p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p><b>Age</b></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 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>This service is being set up to improve and promote independence. The supported mental health accommodation services are specific for adults over 18 years old. The service can be available for person over 65 living in mental health services.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>The use of technology can support early intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</li> </ul> <p>Mental Ill Health is a disability, and it is recognised this TECs will have a positive impact in supporting this group. The system will help shape and inform improve care planning. It will promote greater</p>	<p>Cognisance of Care Inspectorate registration requirements for adult services. All services are registered for individuals age 18years and over</p> <p>There will be ongoing discussions and information sharing with people who have the TECS. This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>	

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		<p>independence and build self-confidence for individuals to maintain community living.</p> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	
<p><b>(b)</b></p>	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change. There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p> <p>It is anticipated that this will support people with mental health disability the right to live independently and support the right to private personal and family life by preventative action and reducing need for out of hours support.</p> <p>Service users will not be required to interact with the technology.</p> <p>People with Mental Health disability often have co-morbidities that affect their daily living, including prevalence of physical disabilities and need to be considered in support. The TECs can help support these conditions too.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>• Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>• The use of technology can support early</li> </ul>	<p>There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>

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		<p>intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</p> <p>Mental Ill Health is a disability, and it is recognised this TECs will have a positive impact in supporting this group. The system will help shape and inform improve care planning. It will promote greater independence and build self-confidence for individuals to maintain community living.</p> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<p><b>Gender Reassignment</b></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</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>The use of technology can support early intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</li> </ul> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	<p>There will be ongoing discussions and information sharing with people who have the TECs. This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>

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	4) Not applicable <input type="checkbox"/>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>• Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>• The use of technology can support early intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</li> </ul> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	<p>There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>
(e)	<p><b>Pregnancy and Maternity</b></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 impacts identified. This will be subject to review during the test of change.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>• Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>• The use of technology can support early intervention and prevent re/admission to hospital</li> </ul>	<p>There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>

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	<p>1) Remove discrimination, harassment and <input type="checkbox"/> 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>with early identification that a service use is disengaging with their service.</p> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
(f)	<p><b>Race</b></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</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p> <p>An interpreter service will be made available to support this project, if required.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>The use of technology can support early intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</li> </ul> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	<p>There will be ongoing discussions and information sharing with people who have the TECS. This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>
(g)	<p><b>Religion and Belief</b></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p>	<p>There will be ongoing discussions and information</p>

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	<p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>• Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>• The use of technology can support early intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</li> </ul> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	<p>sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(h)</p>	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change. There is a higher proportion of males in Mental health services. Across this project in is expected that approximately 70% males and 30% of females will take part.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>• Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>• The use of technology can support early intervention and prevent re/admission to hospital</li> </ul>	<p>There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>

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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>with early identification that a service use is disengaging with their service.</p> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>• Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>• The use of technology can support early intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</li> </ul> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	<p>There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>



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<p>(j) <b>Socio – Economic Status &amp; Social Class</b></p> <p><b>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?</b></p> <p><b>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: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></b></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"><li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li><li>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)?</li><li>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?</li></ol>	<p>The development of this service protects socio-economic groups and social class.</p> <p>People with MH often have co-morbidities that affect their daily living, including prevalence of socio-economic disadvantage.</p> <p>There is no planned additional charge/cost to the service user for this service.</p> <p>The introduction of TECS can support existing co-morbidities, alleviating some and some the control. An example might be in the control of diabetes or the support of medication.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"><li>• Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li><li>• The use of technology can support early intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</li></ul> <p>The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.</p>	<p>There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>
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	<p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</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)<sup>21</sup> 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 Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p><b>Other marginalised groups</b></p> <p><b>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 &amp; refugees and travellers?</b></p>	<p>No disproportionate impacts identified. This will be subject to review during the test of change.</p> <p>It is anticipated that this technology will have a positive impact.</p> <ul style="list-style-type: none"> <li>• Support can be tailored more to individual needs because of the use of the technology, the foresight of information gathered will also allow for earlier interventions of crisis development.</li> <li>• The use of technology can support early intervention and prevent re/admission to hospital with early identification that a service use is disengaging with their service.</li> </ul>	<p>There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use.</p>

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		The staff will discuss the technology with the service user on a one-to-one basis, going over what technology will do, any concerns they may have and ensuring service users personal preferences are considered and taken into account.	
8.	<p><b>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?</b></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>	It is anticipated that there may be some costs savings as the information we receive will help in redesigning and commissioning future services. However, the purpose of this service is to introduce more responsive and effective services. This meets the preventative and promotion of independence as per the strategic aims of the HSCP .	There will be ongoing discussions and information sharing with people who have the TECS . This will be part of care planning. At all times the person can have TECs removed if they no longer wish to use
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
9.	<p><b>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.</b></p>	Providers will have staff inducted and trained in the Equality Act.	

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

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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.

This service meets all national and local policy/strategy. The aim of the Technology Enabled Care and Support (TECS) test of change is to provide a better understanding of when support is needed and more focus on maximising independence and autonomy without compromising the quality of care and support.

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

This service meets all national policy/strategy. PANEL and FAIR duties were applied during the development of the Service Specification.

A full understanding of these principles and the progress being made to achieve these will be measured through the review and evaluation of the service.?

\*

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

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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)
<p>The care provider will implement a process to capture equalities data. This data will be used to provide information on</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Age</li> <li>• Sex</li> <li>• Race</li> <li>• Religion</li> <li>• Disability</li> <li>• Sexual Orientation</li> <li>• Married/Civil partnership status</li> </ul>		
<ul style="list-style-type: none"> <li>• Monitoring of the test of change will initially be fortnightly</li> <li>• Reports will be produced 6 weekly or as required to analyse the data from the Just Checking/Just roaming system.</li> <li>• Regular meetings with SAMH and Commissioning.</li> </ul>	<p>Ongoing</p> <p>On going</p> <p>8 weekly</p>	<p>Senior Officer/SAMH TECH team</p> <p>Senior Officer/SAMH TECH team</p> <p>Commissioning/SAMH</p>

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<ul style="list-style-type: none"><li>Evaluation report will be produced at the end of the test of change</li></ul>	March 26 Senior Officer
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**Ongoing 6 Monthly Review** please write your 6 monthly EQIA review date:

Aug 2025
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<b>Lead Reviewer:</b>	<b>Name</b>	Lorraine Taylor
<b>EQIA Sign Off:</b>	<b>Job Title</b>	Service Manager
	<b>Signature</b>	L Taylor
	<b>Date</b>	14/3/25

<b>Quality Assurance Sign Off:</b>	Noreen Shields
	Planning Manager
	19/3/25

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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

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		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:	

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<b>Reason:</b>	
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**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](mailto:alastair.low@ggc.scot.nhs.uk)**

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