NHS Greater Glasgow & Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in 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 ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:
STEP Forward Review of Dementia Services

Please tick the relevant box:

- Current Service ☐
- Service Development ☐
- Service Redesign ☒
- New Service ☐
- New Policy ☐
- Policy Review ☐

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

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The Dementia Service Review sits within the Older People's directorate and covers three distinct services:

- **Post Diagnostic Support (PDS):** provides structured, one-year support to people over 65 following a dementia diagnosis. Input is delivered via 5 pillars model.3. What we will do now: our commitments - National dementia strategy: 2017-2020 - gov.scot
- **Glasgow City Young Onset Dementia Service (GCYOD):** offers flexible, person-centred support through outreach, group activities, PDS and counselling for people (under 65) with dementia
- **Community Support Service (CSS):** provides personal and practical support to clients with advanced dementia (over 65) in their own homes and the community. This can include admission avoidance and early supported discharge work.

No service within this review, holds a specific HSCP statutory requirement. However, PDS has been a Scottish Government (SG) commitment since 2013 Dementia post-diagnostic support - NHS Scotland performance against LDP standards - gov.scot. This policy is now widely celebrated as a flagship element of Scotland's National dementia strategy and has been in place for over a decade. Embedded in national performance monitoring and HSCP commissioning expectations.

Summary of the review findings

Post Diagnostic Support (PDS):
PDS and GCYOD PDS fulfil a Scottish Government commitment of offering up to one-year PDS after diagnosis. The SG provide national proportionate funding for this and is currently delivered by Alzheimer's Scotland (AS)
Referral numbers for PDS are high ~1000 per annum.
Average caseload 70 clients.
Staffing is 10 WTE, 9 are AS staff, x1 staff member is NHS

Glasgow City Young Onset Dementia Service (GCYOD):
GCYOD service provides tailored support and counselling to those residents in GC under 65 who receive a dementia diagnosis. The service is delivered by AS.
No other HSCP of the 6 in NHSGGC provide this service.
Referral numbers are significantly lower ~ 52 per annum compared to PDS, with

Aspects of the service (day opportunities) underutilised.
Staffing is ~10 WTE. (this is in addition to older adults PDS AS staff)

Community Support Service (CSS)
CSS was created to provide more responsive and tailored approach to care at home for patients with advanced dementia.
Referral numbers are ~80 in 2025
Staffing 26 staff/-24 WTE.
Aspects such as purchasing budget are underutilised.

The service was reviewed using the HM Treasury's Green Book method. A group of planning staff have been trained in this approach, with the aim of applying a consistent and transparent approach across all reviews.

Proposal would be:

1) Older adult PDS and YOD PDS would be a combined commissioned service, recognising the need for a small percentage of link workers to be specialist in YOD ~1WTE.
2) YOD service delivery will be reviewed operationally before next financial year to determine most cost effective service delivery. This could be brought in house or remain a commissioned service. Will be subject to own EQIA if required.
3) The HSCP Community Support Service (CSS) would cease.

Delivery:

1) Combined PDS would still deliver the same service to patients but with a combined management structure and shared staffing, ensuring a percentage of staff are specialist in YOD. During 2025 YOD link workers moved under older adult managers within Alzheimer's Scotland (AS).
2) GSYOD service delivery will be reviewed before next financial year with regards to client group requirements and cost effective delivery.
3) CSS would no longer be delivered.

Staffing Implications

Post Diagnostic Support (PDS)
PDS is currently provided by x9 AS link workers and x1 NHS band 4 for Older adult PDS. An additional x2, 0.5WTE would be added for YOD and both older adult PDS and YOD PDS would be commissioned together. Cost of additional worker £45K.

Glasgow City Young Onset Dementia Service (GCYOD)
YOD ongoing support is currently commissioned to be delivered until March 2027. Service delivery for 2027/8 will be reviewed as per normal operational procedures.
Current staffing within AS for YOD:

Grade 7: 0.34 WTE

Grade 5: 2.20 WTE (3 staff)
Grade 4: 1 WTE
Grade 3: 3.21 WTE (6 staff), 0.77 WTE (OT/Flexible)
Vacancy: Grade 5 1.69 WTE (2 staff), Grade 3 0.66 WTE
Total WTE: 9.87

Community Support Service (CSS)
Community Support Service, 26 HSCP staff (24fte) are structured across three locality teams:

- 3 x Project Leads GCC Grade 6
- 3 x Project Leads GCC Grade 5
- 20 x Support Workers GCC Grade 3 (1 current vacancy)

Ceasing CSS equates to a reduction of 26 staff/ 24 FTE council employees. The FTE is not an overall workforce reduction and will be achieved by removing long-term vacant posts, supporting planned attrition and redeploying staff to other areas of the organisation. Potential equality impacts would relate to the workforce profile. If proposals are approved, there will be appropriate consultation with Trade Unions and staff as proposals are developed and implemented and the workforce will be supported through Organisational change processes, ensuring all appropriate workforce supports.

YOD ongoing support is currently delivered by AS until March 2027. Service delivery for 2027/8 will be reviewed as per normal operational procedures.

This EQIA is at an early stage, with an aim of providing an overview of the vulnerability of service users and key equality considerations, to inform initial decision making. Further activity will be undertaken to explore the impacts and opportunity for mitigating action, in particular consultation with service users and carers. The EQIA will be updated in line with and brought back to the IJB for further consideration.

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 Haughey
Date of Lead Reviewer Training:

Head of Service: Anne Mitchell

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)

Name: Keira Flanagan, Glasgow HSCP

Name: Gordon Stevenson, Glasgow HSCP

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 below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Service Evidence Provided:
Age of the Service User, Sex, Religion, Disability and Race are protected Characteristics routinely collected form this group of service users. Collection of this data would continue under reviewed service.

Possible negative impact and additional mitigating action required:
Incomplete equality monitoring data may limit understanding of service access and outcomes for some protected groups. Mitigation: Work with commissioned providers to ensure consistent collection and reporting of equality data where appropriate.

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

Service Evidence Provided:
Annual performance reports are received each year for Older Adult PDS and a review of GCYOD service in 2025 was available. Sample case notes, Care Inspectorate reports, service user feedback were received from the CSS.

Performance, activities and demographic data were reviewed as part of the Dementia Services Review. This included service utilisation, referral numbers, workforce information, service user feedback, waiting times and demand across Older Adult PDS, Young Onset Dementia services and Community Support Services.

The information helped identify differences in service activity levels, geographical coverage and service utilisation. This evidence informed consideration of future service models and highlighted the importance of maintaining accessible support for people with dementia and their carers following diagnosis.

Equality information will continue to inform future service design, workforce planning and performance monitoring to ensure fair and equitable access to dementia support services across Glasgow City. This will largely be provided through annual performance reports.

OP PDS The service is predominantly accessed by older adults. Around 83.1% of referrals are aged 75+, and around 53.2% are aged 80+.

YOD is entirely used by people under 65 years old.

Possible negative impact and additional mitigating action required:
Implementation will require the review of the CSS caseload and waiting list for alternative supports. Some protected groups may be underrepresented within available datasets.

3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

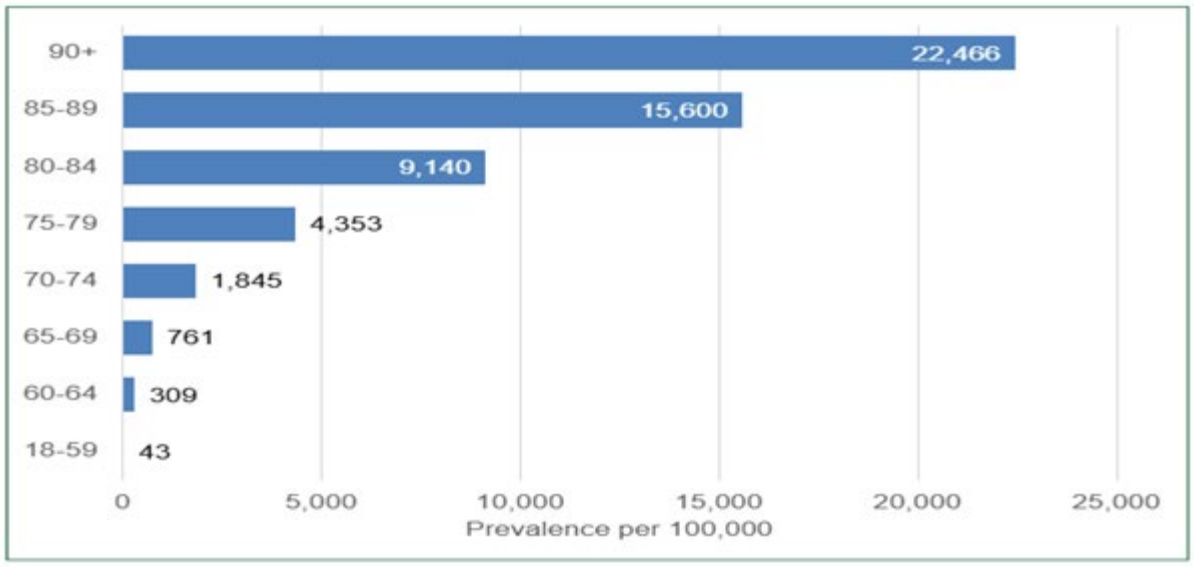
Service Evidence Provided:
Local service evidence demonstrates that Post Diagnostic Support provides significant practical and emotional support to people living with dementia and their carers. During 2025/26 the Older People PDS received 970 referrals and the Young Onset Dementia PDS supported individuals through a range of interventions including peer support, community connections, future care planning and welfare advice. CSS service user feedback is positive as is care inspectorate report. Service feedback consistently highlights the importance of maintaining independence, reducing social isolation, supporting carers and helping people access wider community resources. These findings are consistent with national evidence regarding the benefits of post diagnostic dementia support and informed consideration of future service models. Maintaining access to specialist support following diagnosis was identified as an important mitigating factor when considering service redesign options.

3. What we will do now: our commitments - National dementia strategy: 2017-2020 - gov.scot
PDS has been a Scottish Government (SG) commitment since 2013 Dementia post-diagnostic support - NHS Scotland performance against LDP standards - gov.scot.

National Dementia Data
Dementia prevalence in Scotland is projected to increase by more than 50% by 2044, soaring from the current baseline of over 90,000 people to add up to 53,800 additional cases. This substantial rise is driven by an aging demographic and will place mounting pressure on health and social care. Around 3,000 of these individuals were diagnosed as young onset (under 65 years old). Dementia rise estimate should be “wake up call ”Dementia - Mental health - gov.scot.

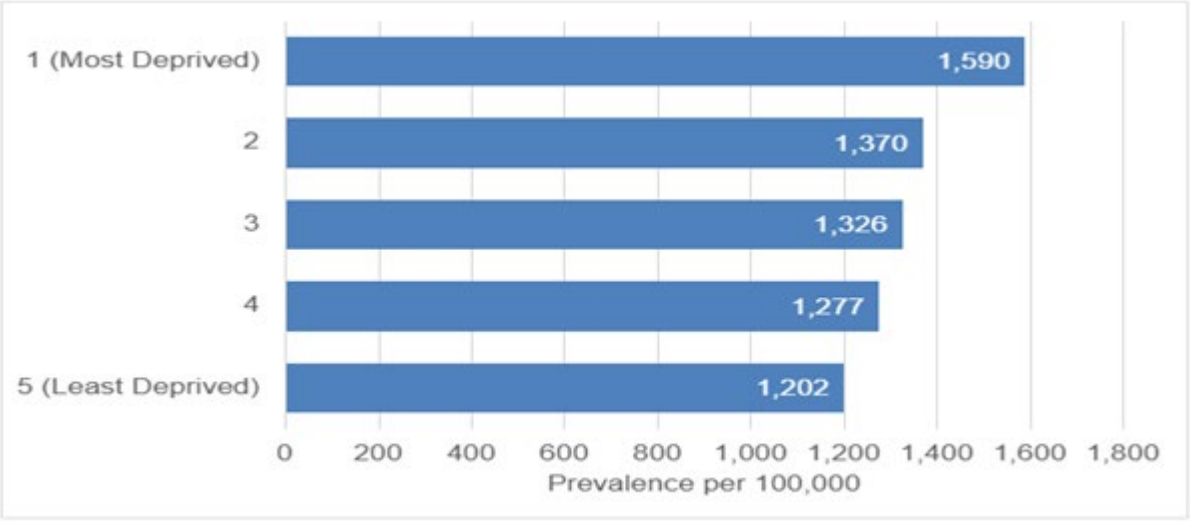
The estimated prevalence of dementia increases with age. Age 18-59 age has an estimated prevalence of 43 per 100,000 and the 90 plus age group had an estimated prevalence of 22,466 per 100,000 in 2024/25.2026-03-24-publication-tables.xlsx. See Table 1

Table 1 – Dementia Prevalence by Age



People living in the 20% most deprived communities (as measured using the Scottish Index of Multiple Deprivation) also have a higher prevalence of 1,590 per 100,000, compared to 1,202 per 100,000 for people living in the 20% least deprived communities. Data is from 2024/5.2026-03-24-publication-tables.xlsx. See Table 2

Table 2 - Dementia Prevalence – SIMD



Glasgow Context

Glasgow City has a population of approximately 650,000 people and is Scotland's largest local authority area. Glasgow City - National Records of Scotland (NRS)
Around 91,000 residents are aged 65 and over, representing approximately 14% of the population. Glasgow (Glasgow City, Scotland, United Kingdom) - Population Statistics, Charts, Map, Location, Weather and Web Information (2022)

Approximately 37,500 residents are aged 75 and over. Glasgow City - National Records of Scotland (NRS) (2024).
The city's population is projected to continue growing over the coming decades. Population, Projections and Population Characteristics - Glasgow City Council **With 65+ population projected to increase by around 27.3% by 2043. This is above the Scottish average of 22.7%**
Population, Projections and Population Characteristics - Glasgow City Council

	Glasgow City			Scotland		
Age-band	**2024 to 2029**	**2024 to 2034**	**2024 to 2043**	**2024 to 2029**	**2024 to 2034**	**2024 to 2043**
Older people 65+	11.50%	22.30%	27.30%	10.10%	19.00%	22.70%

Source: NRS population projections 2018, © Crown based Copyright

In addition, within Glasgow, approximately 44% of data zones fall within the 20% most deprived SIMD areas in the country. Scottish Index of Multiple Deprivation: data and resources - gov.scot

Current Glasgow City Data and Predictions

Currently it is estimated that between 6,000 and 9,000 people in Glasgow are living with dementia. This is based on prevalence rates per 100,000.

HSCP	2020/21	2021/22	2022/23	2023/24	2024/25
Glasgow City	1,414	1,458	1,501	1,519	1,490
Scotland	**1,293**	**1,305**	**1,307**	**1,316**	**1,286**

With a 50% increase predicted and prevalence rates doubling every decade after age 65. Glasgow city may have 20,000 residents with a dementia diagnosis. In Glasgow City, it is already the most common underlying cause of death for women, accounting for nearly 12% of female registrations.
Glasgow About dementia | Alzheimer Scotland Dementia Research Centre

Possible negative impact and additional mitigating action required:
Reduced access to specialist dementia support may disproportionately affect vulnerable groups and would need to monitor impact on carers and people living alone.

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 and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

Service Evidence Provided:
All three services provided service user and carer feedback, gathered routinely through service delivery and by commissioned providers. This has highlighted the importance of:

- Timely access to post diagnostic support
- Continuity of relationships with staff
- Specialist support for people with Young Onset Dementia
- Practical and emotional support for carers
- Access to community-based support that helps people remain independent for longer

Feedback consistently identifies the value of dementia-specific knowledge, navigation support and assistance to access wider health, social care and community resources.

Possible negative impact and additional mitigating action required:

This EQIA is at an early stage, with an aim of providing an overview of the vulnerability of service users and key equality considerations, to inform initial decision making. Further activity will be undertaken to explore the impacts and opportunity for mitigating action, in particular consultation with service users and carers. The EQIA will be updated in line with and brought back to the IJB for further consideration.

5. 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?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Many of the service users are elderly with all 3 services offering home visits as required. OP PDS groupwork sessions are offered in Locality Day Care centres across the city which are custom designed to assist accessibility. Home visits will continue to be available, where required.

Possible negative impact and additional mitigating action required:

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

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.

Service Evidence Provided:
NHS interpreting services are available for use for commissioned services and leaflets/ information sheets have been converted in 6 most commonly used languages using NHS resources. Additionally, OPPDS leaflets have been translated into 5 languages by Alzheimer's Scotland.

Possible negative impact and additional mitigating action required:
Service change will be communicated to any affected service users and families, carers with alternate formats made available.

7. Protected Characteristic

(a) Age

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).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

Service Evidence Provided:
The Dementia Services Review affects people across different age groups, with Older Adult PDS predominantly accessed by older adults with 83.1% of referrals aged 75+, and 53.2% aged 80+, whilst the Community Support Service primarily supports people aged over 65, and the Young Onset Dementia Service solely supports people under 65 who receive a dementia diagnosis.

Referral numbers for PDS are high ~1000 per annum.
Referral numbers for GCYOD are significantly lower ~ 52 per annum compared to PDS, with Aspects of the service (day opportunities) underutilised.

Possible negative impact and additional mitigating action required:

1. **Older adult PDS and YOD PDS would be a combined commissioned service, recognising the need for a small percentage of link workers to be specialist in YOD ~1WTE.**
   Impact - The proposed redesign retains access to post diagnostic support, including specialist capacity for Young Onset Dementia, while changing how some services are commissioned or delivered. Future delivery of YOD will be reviewed as per normal operational procedures when contract is due for renewal in March 2026. Age-related eligibility and service pathways should therefore remain clear, transparent and consistently communicated to service users, families and carers.

2. **YOD service delivery will be reviewed operationally before next financial year to determine most cost effective service delivery.**
   Impact - This could be brought in house or remain a commissioned service. Will be subject to own EQIA if required.

3. **The HSCP Community Support Service (CSS) would cease.**
   Impact - The cessation of CSS is likely to have a significant negative impact for both people with dementia and their wider family and carer support network. It has potential to impact on disabled people's right to live independently and potential earlier reliance on formal care.
   Mitigation - PDS input for older adult and YOD will continue as is. All current CSS clients on caseload and waiting list will be offered alternative support via e.g/ home care, day care, carers, social work and 3rd sector. Depending on individual needs.
   HSCP supports for carers will continue to be available

Staffing implications

Ceasing CSS equates to a reduction of 24 FTE council employees. The FTE is not an overall workforce reduction and will be achieved by removing long-term vacant posts, supporting planned attrition and redeploying staff to other areas of the organisation. Potential equality impacts would relate to the workforce profile. If proposals are approved, there will be appropriate consultation with Trade Unions and staff as proposals are developed and implemented and the workforce will be supported through Organisational change processes, ensuring all appropriate workforce supports.

There is potential for cumulative impact for people living with Dementia, their wider families and carers and also third sector organisations. In the last 2 years, there were budget proposals related to aligned services, the 'reduction in Dementia Post-Diagnostic Support Link Workers' and the 'Closure of Dementia Resource Centre' eqia links have been included for reference.

(b) Disability

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. Please tick the relevant box:

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

Service Evidence Provided:
This service is directly targeted at people with a disability, as a result, any change or reduction will have an impact on disabled people and may impact on their carers.

Dementia is a disability for many people using these services, and may be associated with cognitive, communication, sensory, mobility or mental health needs. The services provide dementia-specific support, including home visits where required, post diagnostic support, counselling, community connections, groupwork and carer support. The proposed changes should continue to promote equality of opportunity by ensuring reasonable adjustments, accessible communication and continuity planning for people whose disability affects their ability to understand, engage with or access support.

Referral numbers for PDS are high ~1000 per annum.
Referral numbers for GCYOD are significantly lower ~ 52 per annum compared to PDS, with Aspects of the service (day opportunities) underutilised.

National Dementia Data
Dementia prevalence in Scotland is projected to increase by more than 50% by 2044, soaring from the current baseline of over 90,000 people to add up to 53,800 additional cases. This substantial rise is driven by an aging demographic and will place mounting pressure on health and social care. Around 3,000 of these individuals were diagnosed as young onset (under 65 years old).Dementia rise estimate should be “wake up call”Dementia - Mental health - gov.scot.

The estimated prevalence of dementia increases with age. Age 18-59 age has an estimated prevalence of 43 per 100,000 and the 90 plus age group had an estimated prevalence of 22,466 per 100,000 in 2024/25.2026-03-24-publication-tables.xlsx.

Possible negative impact and additional mitigating action required:

As outlined under age above.

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box-

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

Service Evidence Provided:
No direct adverse impact has been identified at this time. Dementia services should continue to be delivered in a way that respects gender identity, privacy, dignity and individual choice. Staff and commissioned providers should apply equality, diversity and human rights principles when supporting service users and carers.

Possible negative impact and additional mitigating action required:

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

Service Evidence Provided:
No direct adverse impact has been identified at this time. Partners, spouses and civil partners may be involved in care planning, post diagnostic support and future planning where the person wishes this or where legal authority is in place. The redesign should continue to recognise and support the role of spouses, partners and civil partners as carers and sources of support.

Possible negative impact and additional mitigating action required:

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

Service Evidence Provided:
No direct impact has been identified. The services primarily support adults diagnosed with dementia, including older adults and people with Young Onset Dementia. Pregnancy and maternity are unlikely to be directly relevant to the main service user group, but may be relevant to carers, family members or a younger adult affected by dementia in individual circumstances.

Possible negative impact and additional mitigating action required:

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

Service Evidence Provided:
Dementia services must ensure that people whose first language is not English, or who require culturally appropriate communication, can access information and support. NHS interpreting services are available for commissioned services and leaflets / information sheets have been converted into the six most commonly used languages using NHS resources. OP PDS through AS have separately translated the PDS leaflet into: Arabic, Urdu, Polish, Punjabi and Mandarin versions.

Race and ethnicity data should continue to be reviewed where available to understand whether access is equitable across Glasgow City

Alzheimer's Research UK notes that people from some South Asian, African and Caribbean communities may be at higher risk of developing dementia, largely because conditions such as diabetes, hypertension and stroke are more common, and because of wider social determinants of health.

Possible negative impact and additional mitigating action required:

As outlined under age above.

(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. Please tick the relevant box:

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

Service Evidence Provided:
No direct adverse impact has been identified. Some individuals may have faith or belief-related preferences that affect care planning, family involvement, end-of-life planning, community support or how they wish to receive information. Dementia services should continue to support person-centred planning that respects religion and belief where relevant.

Possible negative impact and additional mitigating action required:

(h) Sex

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

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

Service Evidence Provided:
The available evidence indicates that during 2025/26, 61.5% of referrals to the Young Person PDS were female (16 referrals) and 38.5% were male (10 referrals). OP PDS referrals were split 60.4% (586) female to 39.6% (384) male.

Women have a greater risk of developing dementia during their lifetime. In fact, around twice as many women have Alzheimer's disease compared to men. The main reason for this is because women live longer than men, and old age is the biggest risk factor for this disease. Population data shows that life expectancy of women in Glasgow is higher and therefore the likelihood of accessing service is also higher. https://glasgowcity.hscp.scot/performance-anddemographics.

In Glasgow City, it is already the most common underlying cause of death for women, accounting for nearly 12% of female registrations. Glasgow About dementia | Alzheimer Scotland Dementia Research Centre

It is also recognised that a disproportionate number of carers are female.

Possible negative impact and additional mitigating action required:

As outlined under age above. HSCP supports for carers will continue to be available.

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☒

Service Evidence Provided:

No direct adverse impact has been identified at this time. Dementia services should continue to be inclusive of lesbian, gay and bisexual people and should recognise that some people may have different family, carer or support networks. Person-centred support should avoid assumptions about relationships, carers or next of kin.

Possible negative impact and additional mitigating action required:

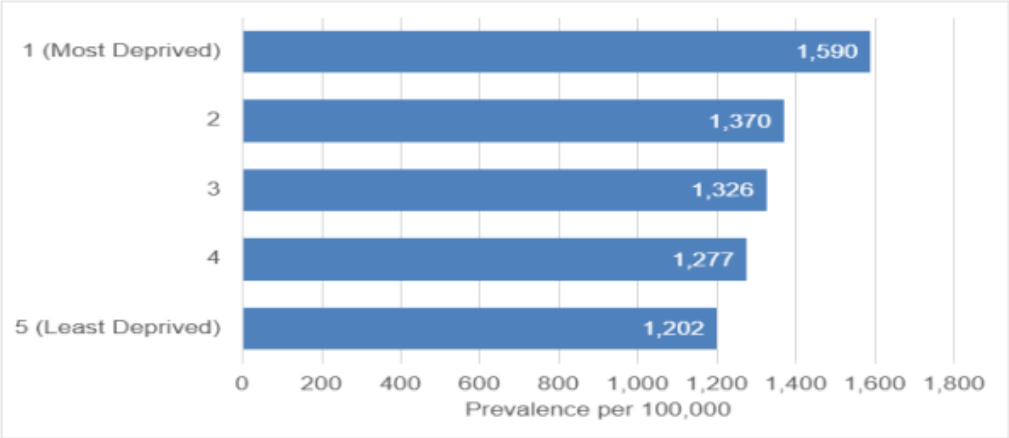
(j) Socio – Economic Status & Social Class

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?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the Fairer Scotland Duty: guidance for public bodies - gov.scot

Service Evidence Provided:
People living with dementia and their carers may experience socio-economic disadvantage through reduced income, additional caring costs, transport costs, digital exclusion or difficulty navigating welfare and community supports. The reviewed services provide navigation, signposting and support planning that can help people access wider health, social care, welfare and community resources. This will continue to be available.

Table 2 - Dementia Prevalence – SIMD



Possible negative impact and additional mitigating action required:
As outlined under age above.

Mitigation: maintain clear referral and signposting routes; provide accessible information; identify people who may need additional support during transition; and monitor access, complaints, carer impact and unmet need for people experiencing poverty or social disadvantage.

All current CSS clients on caseload and waiting list will be offered alternative support via e.g/ home care, day care, carers, social work and 3rd sector. Depending on individual needs. HSCP carers support remain accessible to all.

HSCP supports for carers will continue to be available

(k) Other marginalised groups

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?

Service Evidence Provided:
Potential impact may arise for people experiencing homelessness, addiction, offending history, asylum / refugee status, travelling communities, veterans or people with limited informal support. These groups may experience additional barriers to diagnosis, engagement, appointments, documentation, trust in services, advocacy or continuity of support.

Possible negative impact and additional mitigating action required:

All current CSS clients on caseload and waiting list will be offered alternative support via e.g/ home care, day care, carers, social work and 3rd sector. Depending on individual needs

8. 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?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:

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

Service Evidence Provided:
Yes. The Dementia Services Review includes an element of cost savings as part of Step forward programme, through proposed changes to commissioning, management arrangements and the future configuration of Community Support Services. The review has considered the need to retain access to post diagnostic support, preserve specialist Young Onset Dementia capacity and maintain clear routes into wider community, health and social care supports.

Possible negative impact and additional mitigating action required:

As outlined under age above.

9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups?

As a minimum include below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:
Staff and commissioned providers are expected to complete statutory and mandatory equality, diversity and human rights learning through relevant NHS, HSCP or provider learning systems. Dementia services also rely on staff awareness of communication needs, capacity, consent, carer involvement, adult support and protection, and person-centred dementia care. Groupwork is at the heart of OP PDS service delivery, fostering networking activities with all participants.

Possible negative impact and additional mitigating action required:

*FAIR is an acronym for the following -

- **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.

11. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the full list of articles to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

The reviewed services primarily support adults. No direct impact on children has been identified. However, some children and young people may be indirectly affected where they are part of a family or caring network for a person living with dementia.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Where children are indirectly affected, their best interests should be considered through family support planning, carer assessment pathways and signposting where appropriate.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

No direct impact on children's right to health, survival or development has been identified. Indirect impacts should be managed by ensuring family members and young carers are identified and signposted to appropriate support where relevant.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

No direct engagement with children has been identified as part of this review. If implementation identifies children or young carers affected by the changes, their views should be considered through appropriate family support, young carer or advocacy routes.

Having completed the EQIA template, please tick the relevant box that you, the 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: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here) ☐

Option 5: 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) ☐

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 space 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 sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

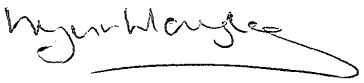
- Undertake consultation with service users and carers – End December 2026 – Anne Mitchell
- EQIA to be reviewed and updated in line with the end of contract of CSS Service – April 2027 – SW Commissioning

No actions identified ☐

Date for completion
Who is responsible

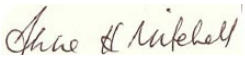
Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date:

Lead Reviewer: Lynn Haughey
Name Change and Development Manager
Job Title



Signature
Date 15.09.2026

Service Reviewer Sign Off:
Name Anne Mitchell
Job Title Head of Older People & Primary Care Services, Glasgow City HSCP – South Locality

Signature 
Date 2/11/26

Quality Assurance Sign Off:
Name Dr Noreen Shields
Job Title Planning Manager

Signature 
Date 8/10/26

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 & 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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date

Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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@nhs.scot