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:

Discharge to Assess Service to be Re named as Discharge and Review Service

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).

Explore options to introduce a change in charging policy for the Discharge and Review Pathway (formerly D2A)

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 key outcome of Discharge to Review is to optimise patients having their needs assessed in their usual place of residence, or own home, as soon as they are medically fit and safe to leave hospital.

What does the Service Provide

The Discharge and Review Service pathway flow to care home for patients deemed medically fit who require support to ensure robust decision making regarding longer term place of care. Data suggests approximately 555 placements per year at an average of 40 days per placement (average 2024/2025) via the National Care Home contract largely using care homes who are on the Glasgow HSCP service framework and are contract managed via Glasgow HSCP's Commissioning Team. A smaller number of placements are made out with the Glasgow HSCP area. This proposal does not seek to change existing provision but will introduce a charging policy from day one whereas the current charging policy takes effect from day 28.

To whom

Residents of Glasgow who are deemed medically fit for discharge (FFD) in a hospital bed for whom returning home would carry significant risk.

What are the Service outputs

Provides outputs by facilitating the discharge from Acute services mostly into a care home setting for further assessment. Introducing a charging model before the first 28 days of care had elapsed would result in significant cost savings for the Health and Social Care Partnership.

The introduction of a charging policy could also encourage families and carers to work with the individual to explore home based and community solutions upon discharge from the Hospital Setting as an alternative to another stay in an unfamiliar environment.

Evidence illustrates the benefits of returning to a familiar home environment on improving long term outcomes and maximising independence.

The service name will be changed as a result of the introduction of the Charging Policy to reflect that the process will now be about discharging people for further review. This is essential to separate this from D2A and the aligned criteria of up to 28 days or time of assessment completion whichever is completed first. Via this pathway patients will have their future care needs reviewed with onward movement to the most appropriate destination which could be home or long term care.

Who Provides the Service

This remains as current process. Shared Multi-Disciplinary Team (MDT) approach regards FFD decision making and patient outcomes. Glasgow HSCP hospital discharge team have the responsibility of triggering and sourcing the Discharge to Review Bed if required using the National Care Home Contract supported by the HSCP Commissioning Team.

How would this be funded

Through Glasgow HSCP care home budget and via client contributions from those assessed as being financially able to pay for the service from Day 1 of transfer to placement. This requires a change to the Council's charging policy – to apply from first day of person's stay not after 28 days.

The policy must distinguish temporary residential care placements from genuine intermediate care, rehabilitation, re-ablement or NHS-funded pathways.

No individual should be denied necessary care because of inability to pay.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

This Service requires an EQIA to be undertaken as it is being reviewed as part of the Glasgow City HSCP Step Forward Programme which requires every one of the HSCP's 400 budget lines to be reviewed over a 3- year timeframe. Facilitating timely discharges from Acute Hospital settings to Community settings is a key priority for Glasgow City HSCP, NHS Scotland and the Scottish Government. (Glasgow City HSCP

This Service Redesign introduces a financial contribution at a potentially sensitive point in the discharge pathway. It may disproportionately affect older people, disabled people, people with cognitive impairment, unpaid carers and people experiencing socio-economic disadvantage. The assessment supports due regard to the Public Sector Equality Duty by identifying likely impacts, safeguards and monitoring arrangements before implementation.

Relevant evidence considered includes Glasgow City Council care home charging guidance, Glasgow City HSCP charging policy, Scottish Government hospital discharge and care home choice guidance, local pathway discussions and prior internal discussion on recovery bed charging.

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)

EQIA Lead Reviewer: Jacqui McGoldrick Head of OP Service North East Older Peoples Services, Glasgow City HSCP
Supported pre implementation by STEP Forward Review Lead: Kim Campbell Change and Development Manager Older Peoples Glasgow City HSCP

Operational Service Lead: Jacqui McGolkdrick Head of Service North East OP Services

Date of Lead Reviewer Training: July 2026

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)
Kim Campbell – Change and Development Manager OP Services
Chris Furse – Senior Officer OP Services
Jacqui McGoldrick - Head of Service North East OP Services

Additional Staff involved in EQIA Implementation may include:

To be confirmed as part of policy development. Suggested contributors: Social Work; Finance / FAIT; Welfare Rights; Hospital Discharge Team; Older People Services; Legal / Governance; Communications; Commissioning; Advocacy / Carers Representation; and Equality and Human Rights advice.

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, Gender, Disability and Ethnicity would be protected Characteristics routinely collected form this group of Service Users. Collection of this data would continue under reviewed service.

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:
Data collected would be used assist with the discharge process to determine specific supports required such as homecare to enable a person to return home and to build a picture of the support options available via families and or cares of the Service user.

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:
Research evidence* and interaction with families, service users and carers highlights that there are a number of benefits for individuals to recuperate in a setting out with an acute bed/hospital setting. Evidence suggests this should reduce de- conditioning and improve outcomes significantly since 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80. This service development continues with that pathway.
Reference: *Kortebein P, Symons TB, Ferrando A, et al. (2008) Functional impact of 10 days of bed rest in healthy older adults. J Gerontol A Biol Sci Med Sci. 2;63:1076-1081.

Other related areas as per section 1 - Relevant evidence considered includes Glasgow City Council care home charging guidance, Glasgow City HSCP charging policy, Scottish Government hospital discharge and care home choice guidance, local pathway discussions and prior internal discussion on recovery bed charging.

https://www.glasgow.gov.uk/media/3457/A-Guide-to-Paying-for-your-care-home/pdf/Guide_to_paying_for_your_care_home_2024_to_2025.pdf?m=1716464968407

https://staffupdates.glasgow.gov.uk/media/2326/Social-Care-Charging-Policy/pdf/HSCP_Charging_Policy_2026.pdf?m=1777460114177

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:

Engagement so far has included those who attended the D2A workshop, local SW teams who support policy, Financial Assessment and Income Team (FAIT). NHS work with several HSCP's who have varying policies.

Wider discussion will take place now that the preferred options has been agreed with action to progress to plan implementation and include;

- people with experience of hospital discharge to care home placements,
- unpaid carers,
- advocacy organisations,
- care home providers
- hospital discharge teams,
- social work teams, FAIT,
- Welfare Rights and equality advisory input.

Engagement should specifically test whether people understand the trigger for charging, what remains free, how financial assessment works and what support is available if they cannot pay.

Work is underway, with Finance, to update the Charging Policy and associated eqia.

Possible negative impact and Additional Mitigating Action Required:

Risk that affected people have limited opportunity to influence implementation before policy change.
Mitigation: complete focused engagement or targeted feedback before final approval, document themes, and adapt communications and safeguards in response.

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:
Yes, the Care Homes utilised for Discharge to Assess are compliant with Equalities legislation and the HSCP Older People's Commissioning Team promotes Equal Opportunities training opportunities to the Care Homes we commission beds from.

This policy does not directly change the physical accessibility of buildings. However, it affects movement of service users through hospital discharge and care home placement pathways. Accessibility should therefore include the practical ability to attend meetings, understand written materials, access advocacy, communicate needs and participate in decisions about temporary and long-term placement.

If the agreed most appropriate discharge destination following a temporary care placement is an individual's own home, any adaptations required will be made in advance of discharge home, following financial assessment. This is in line with current policies.

Possible negative impact and additional mitigating action required:

Any adaptations required to an individual's own home to support safe discharge, costs may be incurred while works are completed. However these are likely to be noted early in the assessment. This should help to minimise waiting time for discharge home.

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.

Example

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.
Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).

Service Evidence Provided:
A clear Communications plan will be developed and implemented to explain the change to the service and the implementation of a Charging Policy. This will also outline support available for those who have income levels that are below the charging threshold.

For those who wish to return home the range of Community supports and options will also be outlined.

Possible negative impact and additional mitigating action required :
The current D2A leaflet which outlines the benefits of home or temporary stay in a care home can be updated to reflect the changes in charging as fully as possible. This information leaflet explain all the options when medically fit for discharge available for Service Users and Carers when being discharged from hospital

Risk that disabled people or people with sensory, cognitive or communication needs are disadvantaged in discharge and financial assessment discussions.
Mitigation: reasonable adjustments, accessible formats, interpreter / BSL support, advocacy, involvement of Power of Attorney or Guardian where appropriate, and clear documentation of communication needs.

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:
94% of Service Users are over the age of 65 so this policy impacts primarily on older people. Service users and families/carers are fully involved in decision making relating to the discharge pathway from the Acute hospital setting in line with the current GGC D2A Policy

Introducing a charging policy from Day one of stay will have a likely impact on a number of Glasgow City residents (555 people on average per year follow this pathway). However, introducing a charging policy would be consistent with other HSCP Care and Support Services such as Elderly Day Care. Charges would be applied in line with the Glasgow City HSCP Charging Policy, which means tests people's ability to pay in line with Department for Work and Pensions Thresholds. The service is directly delivered to vulnerable service users. The way that the service is being delivered will continue, with continued positive impact on service users. Introducing a charge from the first day of admittance to a care home is likely to impact on patients and carers living in poverty, some of whom may feel pressured to support a patient in the community without access to appropriate support. This may result in service users self-excluding from services, due to the cost. This may result in risk of vulnerable patients being readmitted to hospital or delay in discharge from hospital, due to the associated costs.

The service will aim to encourage Carers and Family to support a discharge to home rather than a care home placement. This may support the individual to maximise their independence for longer in their own environment, with support provided by HSCP Care@Home, Red Cross Support Home, Rehabilitation & Enablement Service (RES) and District Nurses or accessing Third sector support.

There is potential for impact on carers and also potential for impact on those living in poverty, linked to charges for placement and location of placement, where travel costs may be prohibitive.

Possible negative impact and additional mitigating action required:
The negative impact could be that people and families who are just above the reduced or no charges thresholds will be adversely impacted financially.

mitigating actions:

- Equality data may be incomplete or inconsistently recorded across hospital discharge, social work and finance systems.
- Action to review the charging policy to ensure it is fit for purpose prior to implementation.
- Mitigation: agree a minimum monitoring dataset for the first 6 to 12 months, including age, disability, ethnicity where available, complaints, appeals, hardship applications, delayed discharge impacts and placement refusals.
- Support from the Glasgow HSCP Welfare Rights Team and/or the Glasgow Advice and Information Network to maximise service users benefits income.
- Enhanced support to assist Service Users, Families and Carers to access Community based services both from the HSCP and the Third Sector that could assist with Discharge from hospital to home.
- Should individuals and families choose to go directly home, support will be provided from Care@Home, British Red Cross Support Home, Rehabilitation & Enablement Service (RES) and District Nurses or accessing Third sector support
- Support for families and Carers to access Carers Centre's and Carers Services.
- In line with the SW Charging Policy eqia, steps can be taken to mitigate the impact of the increase through the financial assessment. The charging policy and associated eqia, would require to be updated to reflect this change.

The review of best destination will be carried out at the earliest opportunity to reduce impact on individuals finances. Individuals assessed as requiring a temporary placement for review around long term care needs destination will be appropriately placed in line with criteria.

The current D2A leaflet which outlines the benefits of home or temporary stay in a care home can be updated to reflect the changes in charging as fully as possible. This information leaflet explain all the options when medically fit for discharge available for Service Users and Carers when being discharged from hospital

Early explanation during discharge planning; financial assessment and welfare rights input; accessible written information; advocacy where required; monitoring of age profile, complaints and hardship requests.

(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:
The service is predominantly targeted at older people, with 94% over 65 years. The service supports those who are most complex and/or frail and considered to require assessment in a supported environment. A high proportion of this cohort both patients and carers are likely to have a disability and therefore require additional support to return home or take on a caring role.

The proposed introduction of a charging policy will impact older people and people with a disability. In addition, there is potential for impact on carers and also potential for impact on those living in poverty, linked to charges for placement and location of placement, where travel costs may be prohibitive.

Risk that disabled people or people with sensory, cognitive or communication needs are disadvantaged in discharge and financial assessment discussions.
Mitigation: reasonable adjustments, accessible formats, interpreter / BSL support, advocacy, involvement of Power of Attorney or Guardian where appropriate, and clear documentation of communication needs.

Possible negative impact
The negative impact could be that people and families who are just above the reduced or no charges thresholds will be adversely impacted financially.

- Equality data may be incomplete or inconsistently recorded across hospital discharge, social work and finance systems.
- Potential for patients to incur costs from care home placements, while waiting for assessment, who may not require care home services?

Additional mitigating action required:

- Action to review the charging policy to ensure it is fit for purpose prior to implementation.

- Agree a minimum monitoring dataset for the first 6 to 12 months, including age, disability, ethnicity where available, complaints, appeals, hardship applications, delayed discharge impacts and placement refusals.
- Support from the Glasgow HSCP Welfare Rights Team and/or the Glasgow Advice and Information Network to maximise service users benefits income.
- Enhanced support to assist Service Users, Families and Carers to access Community based services both from the HSCP and the Third Sector that could assist with Discharge from hospital to home.
- Should individuals and families choose to go directly home, support will be provided from Care@Home, British Red Cross Support Home, Rehabilitation & Enablement Service (RES) and District Nurses or accessing Third sector support
- Support for families and Carers to access Carers Centre's and Carers Services.
- In line with the SW Charging Policy eqia, steps can be taken to mitigate the impact of the increase through the financial assessment. The charging policy and associated EQIA, would require to be updated to reflect this change.

(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 impact identified at this time.
Care home providers are encouraged to participate in Equalities training provided by the HSCP via the Older People's Commissioning team. HSCP staff based in the Community undertake equalities training with all services subject to an EQIA.

Complaints and feedback will continue to be monitored.

Possible negative impact and additional mitigating action required:
There may be wider considerations for trans people in accessing care packages given a higher risk of social isolation and lack familial care support.

Mitigating actions

- Action to review the charging policy to ensure it is fit for purpose prior to implementation.
- Agree a minimum monitoring dataset for the first 6 to 12 months, including age, disability, ethnicity where available, complaints, appeals, hardship applications, delayed discharge impacts and placement refusals.
- Support from the Glasgow HSCP Welfare Rights Team and/or the Glasgow Advice and Information Network to maximise service users benefits income.

- Enhanced support to assist Service Users, Families and Carers to access Community based services both from the HSCP and the Third Sector that could assist with Discharge from hospital to home.
- Should individuals and families choose to go directly home, support will be provided from Care@Home, British Red Cross Support Home, Rehabilitation & Enablement Service (RES) and District Nurses or accessing Third sector support
- Support for families and Carers to access Carers Centre's and Carers Services.
- In line with the SW Charging Policy eqia, steps can be taken to mitigate the impact of the increase through the financial assessment. The charging policy and associated eqia, would not require to be updated as Charges applied are consistent with those set out in the charging policy.

(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:
Partners of the patient/service user are involved in decision making prior to a person being discharged from the hospital/acute setting. Options such as a care home setting or a return home and the expected costs and support available are/will be clearly explained to them.

Financial circumstances of partners/spouses should be taken into account as part of any assessment and is included in the SW Charging Policy

Possible negative impact and additional mitigating action required:

Mitigating actions

- Action to review the charging policy to ensure it is fit for purpose prior to implementation.
- Agree a minimum monitoring dataset for the first 6 to 12 months, including age, disability, ethnicity where available, complaints, appeals, hardship applications, delayed discharge impacts and placement refusals.
- Support from the Glasgow HSCP Welfare Rights Team and/or the Glasgow Advice and Information Network to maximise service users benefits income.
- Enhanced support to assist Service Users, Families and Carers to access Community based services both from the HSCP and the Third Sector that could assist with Discharge from hospital to home.

- Should individuals and families choose to go directly home, support will be provided from Care@Home, British Red Cross Support Home, Rehabilitation & Enablement Service (RES) and District Nurses or accessing Third sector support
- Support for families and Carers to access Carers Centre's and Carers Services.
- In line with the SW Charging Policy eqia, steps can be taken to mitigate the impact of the increase through the financial assessment. The charging policy and associated eqia, would require to be updated to reflect this change.

(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 ☒

I don't think this characteristic is applicable to this specific service review.

Service Evidence Provided:

No direct impact identified.

Possible negative impact and additional mitigating action required:

If a younger adult with pregnancy or maternity-related circumstances is affected, consider individual hardship, family circumstances, carer impacts and reasonable adjustments through case-by-case review.

(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:
Need to ensure support is provided re appropriate communications material to explain the changes to the Charging policy for those who do not have English as a first language.
This applies to both written material and support with discussions in the acute setting pre discharge including the use of interpreters.

Possible negative impact and additional mitigating action required:

Mitigating actions

- Action to review the charging policy to ensure it is fit for purpose prior to implementation.
- Agree a minimum monitoring dataset for the first 6 to 12 months, including age, disability, and ethnicity where available, complaints, appeals, hardship applications, delayed discharge impacts and placement refusals.
- Support from the Glasgow HSCP Welfare Rights Team and/or the Glasgow Advice and Information Network to maximise service users' benefits income.
- Enhanced support to assist Service Users, Families and Carers to access Community based services both from the HSCP and the Third Sector that could assist with Discharge from hospital to home.
- Should individuals and families choose to go directly home, support will be provided from Care@Home, British Red Cross Support Home, Rehabilitation &

Enablement Service (RES) and District Nurses or accessing Third sector support

- Support for families and Carers to access Carers Centre's and Carers Services.
- In line with the SW Charging Policy eqia, steps can be taken to mitigate the impact of the increase through the financial assessment. The charging policy and associated eqia, would require to be updated to reflect this change.

(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 identified. Some individuals may have faith or belief-related preferences affecting care home choice, family involvement or end-of-life considerations.

Ensure care planning respects religion and belief; provide sensitive communication; consider faith-related needs in placement planning where relevant and feasible.

(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
Partners of the patient/service user are involved in decision making prior to a person being discharged from the hospital/acute setting. Options such as a care home setting or a return home and the expected costs and support available are/will be clearly explained to them.

Financial circumstances of partners/spouses should be taken into account as part of any assessment and is included in the SW Charging Policy

Possible negative impact and additional mitigating action required:
Potential negative impact on families and carers as historically the majority of caring work and roles are undertaken by Women. Potential negative impact if Service Users and families choose not to pay or can't afford the Care home charges thus resulting in families and caring having to take on caring roles in the service users home.
Potential knock-on impact if family members/carers have to give up or reduce paid employment hours to take on caring responsibilities.

Some mitigating actions:

- Action to review the charging policy to ensure it is fit for purpose prior to implementation.
- Publicise as soon as is possible information about the introduction of the charging policy from day one for acute discharge to care home settings.

- Provide as much financial as possible as soon as possible to include the charging policy thresholds and information about Carer's Allowances and short breaks etc.
- Provide information and signposting to community based services including HSCP ones, Community Services and Carer's Centre support and provision.

(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 impact identified at this time.

Possible negative impact and additional mitigating action required:
None

(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:
Glasgow City Council/HSCP Charging Policy Glasgow City HSCP Charging Policy, makes provision for those in receipt of less than £208 a week not to be charged for care services so the application of this threshold to a revised Discharge to Review charging policy would ensure that those who are most financially disadvantaged will not be impacted.

Possible negative impact

- There may be wider considerations for trans people in accessing care packages given a higher risk of social isolation and lack familial care support.
- Additional negative impact could be that people and families who are just above the reduced or no charges thresholds will be adversely impacted financially.
- Equality data may be incomplete or inconsistently recorded across hospital discharge, social work and finance systems.

Mitigating actions required

- Proposed action to review the Charging Policy to ensure it is for purpose prior to implementation.
- Agree a minimum monitoring dataset for the first 6 to 12 months, including age, disability, ethnicity where available, complaints, appeals, hardship applications, delayed discharge impacts and placement refusals.

- Support from the Glasgow HSCP Welfare Rights Team and/or the Glasgow Advice and Information Network to maximise service users benefits income.
- Enhanced support to assist Service Users, Families and Carers to access Community based services both from the HSCP and the Third Sector that could assist with Discharge from hospital to home.
- Should individuals and families choose to go directly home, support will be provided from Care@Home, British Red Cross Support Home, Rehabilitation & Enablement Service (RES) and District Nurses or accessing Third sector support
- Support for families and Carers to access Carers Centre's and Carers Services.
- In line with the SW Charging Policy eqia, steps can be taken to mitigate the impact of the increase through the financial assessment. The charging policy and associated eqia, would not require to be updated.
- Communication would be undertaken to inform Service users, Families and Carers that the charging policy will be effective from day one of a care home stay after hospital discharge.

(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 on people experiencing homelessness, addiction, offending history, asylum / refugee status, travelling communities, veterans or people with limited informal support. These groups may have difficulties with documentation, representation, finance records or trust in services.

Possible negative impact and additional mitigating action required:
Case-by-case support to gather financial information; advocacy and social work support; trauma-informed communication; liaison with relevant specialist teams; avoid penalising people for lack of documentation where alternative verification is possible.

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 Service is essentially staying the same except that the Charging policy for a temporary care home bed to review the best long term destination will be applied from day one of a stay as opposed to from day 28

Possible negative impact and additional mitigating action required:
The main negative impacts are that those service users whose income is above the £208 a week threshold will be impacted from day one rather than from day 28. This could also have a knock-on effect on Families and Carers if people choose not to go into a Care Home due to cost of travel and return home instead. This was outlined within the Protected Characteristics section.

Risk that the proposal is perceived as savings-led and may disproportionately affect older, disabled or lower-income people.

Mitigating actions:

- Publicise the charging threshold amounts.
- Provide information on welfare rights and benefits advice to patients and carers.
- Promote and explain the community-based supports and options available.
- Monitor complaints and appeals.

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:** Accessible via Human resources department and Team Leaders compiled via records of staff training attended via Learning and Development and the Gold Online Learning Programme. **Possible negative impact and additional mitigating action required:** Risk of inconsistent practice if staff are unclear when Day 1 charging applies. Mitigation: develop staff briefing, FAQs, standard letter / leaflet, decision tree and escalation process before implementation.

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

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

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

Risks Could include

Potential human rights considerations include respect for private and family life, non-discrimination, dignity, participation in decisions, and the need to avoid financial issues delaying or distorting discharge planning. The policy is proportionate only if charges are based on ability to pay, necessary care is not withheld, NHS care remains free, and individuals have access to information, advocacy, welfare rights and review routes.

Please explain 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* (see below).

A PANEL / FAIR approach should be used: identify the facts of each discharge and placement, analyse whether the person's rights and equality needs are engaged, identify responsibilities across NHS, social work, FAIT and advocacy, and review implementation through complaints, appeals, hardship, debt and discharge flow data.

*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.

Not applicable.

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.

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.

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.

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'

1. Develop and approve a Day 1 charging decision tree that distinguishes temporary residential care, permanent care, recovery/ re-ablement and NHS-funded care.
2. Produce patient and family information explaining trigger for charging, financial assessment, interim contribution, welfare rights, hardship and review routes.
3. Agree FAIT referral process at or before placement to reduce backdating, uncertainty and debt risk.
4. Complete targeted engagement with carers / advocacy and hospital discharge / social work / finance staff before final implementation.
5. Set up quarterly monitoring for first year: age, disability, sex, ethnicity where available, SIMD / hardship, complaints, appeals, placement refusals, delayed discharge and debt.
6. Continue to work with Finance, to update the Charging Policy and associated eqia.

No actions identified ☐

Date for completion: 3rd October
Who is responsible? JMcG HoS & Implementation Lead

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

Lead Reviewer:
Name: Jacqui McGoldrick
Job Title: Head of Older People & Primary Care
Signature:
Date: 4.8.26

Operational Service Lead Sign Off:
Name: Jacqui McGoldrick
Job Title: Head of Older People & Primary Care
Signature:
Date: 4.8.26

Quality Assurance Lead Sign Off:
Name: Dr Noreen Shields
Job Title: Planning and Development Manager
Signature 
Date 11.8.26

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