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NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. 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 [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Maximising Independence: Adult & Older People's Purchased Services (incl SDS and Direct Payments)

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

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

This EQIA aligns with the IJB Financial Allocations and Budgets 2022-23 paper, being presented to IJB members in March 2022.

GCHSCP's Maximising Independence (MI) programme is aiming to deliver transformational change to better support and facilitate more independent living and minimize the need for escalation to higher levels of formal care.

As part of delivering on the aspirations of MI, it is necessary to ensure that our assessment, care management and review processes are aligned fully to MI principles. Our MI programme aims to ensure this is undertaken systematically, consistently and in a structured way that supports staff, service users and carers. Taking into account the national Self Directed Support Standards (2021), this work will aim to ensure the conversation between frontline practitioner, service user, family and carer is well informed, timely and accessible in order to facilitate informed choices. This work will also dovetail with the roll out of the new Eclipse care management system and the development of Locality Review Teams, working in partnership with area social work teams.

As is currently the case our assessment and review processes will take the opportunity to explore whether innovative care arrangements should be considered to better meet an individual's needs and support independent living. (For example, through the increased use of technological supports). The opportunity will also be taken to explore whether alternative models of care could be developed and commissioned, designed in ways that maximise the potential for independent living. As well as improving outcomes for individuals, it is anticipated that there may also be scope for savings, particularly as there are a sizeable number of service users whose arrangements have not been reviewed for some time. An efficiency savings target of circa £2m has been allocated to this programme of work for 2022-23. However, this programme of work is not a cost-driven exercise; it will ultimately be guided by the output from assessments, reviews, and managing risk, as well as the scope to commission alternative models of care.

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The scale of implementing this programme will span the next 3 years and effectively cover all care packages to ensure the most appropriate levels of care are in place. However, as a first stage there will be a focus in 2022/23 on the following areas (relevant to the service user care groups of Learning Disability, Mental Health, Physical Disability and Frail Elderly):

- Short-term interventions
- Direct payments
- Purchased residential services

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

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

**Name:** Isobel Paterson, Head of Adult Services, NE

**Date of Lead Reviewer Training:** 2018

**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):**

Isobel Paterson, Head of Adult Services, NE  
Jacqui McGoldrick, Head of Older People's & Primary Care, South  
Lynn MacPherson, Service Manager  
Gareth Greenaway, Planning Manager

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		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<p><b>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</b></p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Assessments and reviews (through Carefirst and moving forward, the Eclipse case management information system) routinely record equalities information, covering all the protected characteristics listed in section 7 of this EQIA. Information collected forms part of an individual's outcome based support plan.</p>	<p>Work is currently taking place to improve data input quality in Carefirst in preparation for the migration to Eclipse. The Eclipse system also includes additional validation to help support better data input quality. This will in turn help to improve recording and analysis of information by protected characteristics.</p>
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p><b>Please provide details of how data captured has been/will be used to inform policy content or service design.</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not</i></p>	<p>Analysis of current social work case management systems by protected characteristic will help to ensure an equalities sensitive approach is taken in the implementation of this work programme.</p>	<p>As per above, it is anticipated that the introduction of Eclipse will see improved data quality, including information by protected characteristics. However, if necessary a sample audit of caseloads may also have to be undertaken.</p>

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	<p>1) Remove discrimination, <input type="checkbox"/></p> <p>2) harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>3.</p>	<p><b>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.</i></p>	<p>Qualitative information on the experience of service users receiving Self Directed Support in Glasgow was gathered by Self Direct Support Scotland and The Alliance (September 2021 Report). While only a relatively small number of people were able to participate in this study (in the context of the c3500 people in Glasgow in receipt of SDS), it nonetheless identified areas for improvement. This included the timing, quality and accessibility of information received by some service users to inform choices and care planning decisions.</p> <p>The recommendations from the above Report will be taken into account as part of this programme to improve assessment, care management and review processes.</p>	<p>Given the relatively small sample size of service users who were interviewed to inform the SDSS / The Alliance report, it will be necessary to undertake further engagement with service users, families and carers to identify opportunities for improvement. This is necessary as it has not been possible to analyse the findings in the aforementioned report by protected characteristic.</p>

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	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>		
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>4.</p>	<p><b>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?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations</i></p>	<p>This programme of work will endeavour to develop a co-production approach with service user and carer representative groups and in doing so, will seek to ensure the views of those with protected characteristics are taken into account and have the opportunity to participate fully.</p>	<p>It is the intention to discuss and develop the stakeholder engagement process with the stakeholder reference group aligned to MI. Given the cross-over of this work with other transformational change programmes, engagement will also take place with care group stakeholder groups already in place.</p>

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	<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>to take actions to reduce poverty for children in households at risk of low incomes.</i></p>		
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>5.</p>	<p><b>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Individual's assessment of need will take into account any measures necessary to improve the physical accessibility of services. Assessments are usually be undertaken in the service user's current care setting, whether that be at home, supported living, residential care or in hospital.</p>	<p>The output of further service user and carer engagement may identify barriers to access that have not been fully addressed.</p> <p>A sample audit of current caseloads by protected characteristic may be necessary to determine if the profile of service users is consistent with demographics and projected demand. This results of this may identify barriers to access for some protected characteristics to be addressed.</p>

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	4) Not applicable <input type="checkbox"/>			
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
6.	<p><b>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>The programme of work will be undertaken in line with the principles set out in GCHSCP's Participation and Engagement Strategy to ensure information is provided in an accessible way and format appropriate to individuals' needs.</p>	<p>At an individual level, it may be necessary to bring in Independent Advocacy Services to support understanding and participation.</p>

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	<p>access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p><b>Age</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p> <p>The Maximising Independence aspiration, (of better supporting and facilitating independent living and minimizing the need for escalation to higher levels of formal care), applies across the age spectrum.</p>		



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<p><b>(b)</b></p>	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p>	<p>Additional communication supports may be required for some individuals as part of the assessment and review process or to participate fully in service redesign work.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p><b>(c)</b></p>	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p>	<p>No disproportionate impact envisaged.</p>	<p>There may be wider considerations for trans people in accessing care packages given a higher risk of social isolation and lack familial care support combined with possible apprehension of moving into care settings.</p>

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(d)</p>	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p>	

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<p><b>(e)</b></p>	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p><b>(f)</b></p>	<p><b>Race</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p>	<p>Notwithstanding that no disproportionate impact is envisaged, is acknowledged that within this protected characteristic, there may be individuals whose first language is not English and who require additional communication support.</p>

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	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
(h)	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p>	<p>No disproportionate impact envisaged.</p>	<p>Notwithstanding that no disproportionate impact is envisaged, it will be important to ensure service models, for example access to same-sex shared living accommodation, is equitable.</p>

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<p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Cognizance will be taken of the fact that a disproportionate number of carers are female, potentially on low incomes. Opportunities will therefore be taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies.</p>
<p><b>(i) Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No disproportionate impact envisaged.</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p><b>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic decisions</u>. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></b></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</li> <li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</li> </ol>	<p>There is a direct correlation between disability and low income or reliance on state benefits. Accordingly there is a higher proportion of people with a disability living in areas of deprivation.</p> <p>It is also recognised that carers are likely to experience significant financial challenges that may have a negative impact on their health and wellbeing.</p> <p>It therefore follows that any potential reduction to a care package budget may have a greater impact on people on lower incomes who are unable to supplement their support* by other financial means if they wished to do so. *Beyond the level to which the individual has been assessed as requiring.</p>	<p>Care assessments and reviews will continue to be based on meeting an individual’s assessed needs.</p> <p>Opportunities are taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies.</p> <p>As more specific service change proposals emerge, consideration will be given to undertaking a separate Fairer Scotland Duty assessment (given the possible detriment experienced on the grounds of socio-economic status and disproportionate impact on other protected characteristics).</p>

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	<p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
<p><b>(k)</b></p>	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>The particular needs of marginalised will be taken into account during individual assessments and reviews.</p>	<p>It will be important to ensure people with lived experience within marginalised groups are involved and engaged in any service changes that may affect them.</p>
<p><b>8.</b></p>	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p>	<p>It is anticipated that there may be savings arising from a greater use of technology and / or the commissioning of alternative models of care designed to support and maximise independent living.</p>	<p>There is a risk to the achievement of savings due to the increased level of new demand currently being</p>

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>experienced and / or potentially through identifying unmet need.</p>
		<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>9.</p>	<p><b>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b></p>	<p>All staff have access to equality e-learning modules.</p> <p>EQIAs are embedded as a routine part of policy and service change programme.</p>	

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

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

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of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

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

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

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

Compliance with GCHSCP's Participation and Engagement Strategy will meet PANEL principles

\*

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

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

**Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.**

<b>Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<ol style="list-style-type: none"><li>1. Develop an inclusive stakeholder engagement plan for engagement with service users, families and carers to identify opportunities for improvement in gathering evidence of the experience of equality groups.</li><li>2. Ensure stakeholder engagement meets the standards set out within GCHSCPs Participation and Engagement Strategy</li><li>3. Identify how the introduction of Eclipse has improved data quality on service users by protected characteristics and if necessary, undertake a sample caseload audits.</li><li>4. Ensure that the programme approach to this work is equalities sensitive and that any specific service change proposals that emerge are also underpinned by an EQIA and Fairer Scotland Duty assessment.</li></ol>	By May 2022  By June 2022  By September 2022  Ongoing	Lead Reviewer will identify leads for each action as part of developing work programme

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

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**Lead Reviewer:  
EQIA Sign Off:**

**Name** Isobel Paterson  
**Job Title** Head of Adult Services, NE  
**Signature**



**Date** 1/3/22

**Quality Assurance Sign Off:**

**Name** Alastair Low  
**Job Title** Planning Manager  
**Signature**  
**Date** 09/03/22

**OFFICIAL**

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

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