

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 for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/Newbuild

North East Health and Social Care HUB

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).*

The North East Health and Social Care Centre represents a £60m investment in the east end of Glasgow due for completion in 2024. The service delivery model covers services to children, adult community care groups, mental health, addictions, criminal justice, homelessness and health improvement activity, delivered by a range of public and third sector organisations.

Health and social care services in North East Locality are currently delivered from a varied portfolio of properties. Many of these properties are no longer fit for purpose due to poor condition, a lack of space, restrictive internal layouts and poor ventilation and do not provide accommodation that is suitable for the provision of 21st century services. The constraints imposed by our existing property infrastructure is preventing the creation of new forms of community based care through integration of acute and primary care health services, and health and social care services.

Across all services, the model of care being proposed will allow for better integrated services as a result of colocation, and will improve access for families who attend multiple services. Professionals will also accrue the benefits of colocation, through increased professional dialogue with other services, and a greater understanding of the landscape of services and supports available to families. This will minimise the reliance on traditional signposting methods, and allow more proactive matching of families' specific needs with appropriate sources of support. Families will also be able to access a range of community resources, library groups and services, and meet other local residents through community café initiatives

The North East Locality has a population of over 176,000 and is larger in size than most other cities and large towns in Scotland. Across a breadth of domains, the North East area of Glasgow compares unfavourably with the rest of Scotland.

Demographic and economic data published in 2020 indicates that people living in North East Glasgow generally experience poorer outcomes in comparison to the rest of Scotland. For example, 22.5% of the population living in North-East Glasgow are income deprived, as compared to 12.1% across the rest of Scotland, whilst 22.7% of the North-East population of working age have no qualifications, as compared to 13.1% of adults across Scotland. Life expectancy is lower than the Scottish average: For Glaswegian men, life expectancy at birth is 3.7 years less than in Scotland as a whole and Glaswegian women are predicted to live for 2.4 years less on average (in period 2016-18). These figures emphasise the need for state-of-the-art, collocated, multi-agency health and social care services

The new service delivery model will be crucial to improving health and wellbeing outcomes for all groups within the population and is therefore subject to the EQIA process

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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: Margaret Walker	Date of Lead Reviewer Training: GCC Traning September 2021
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Please list the staff involved in carrying out this EQIA

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

Margaret Walker Planning Manager NE Locality Dominique Harvey Head of Planning and Children's Services NE Locality

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.		<p>Going forward, any service delivery models designed or commissioned will capture equality information on service users to ensure equality of access to services.</p> <p>A wide range of patient data is collected across the care groups. This will be reviewed to ensure adherence with NHS GG&C equalities monitoring data collection policies and procedures. This will be undertaken as part of a broader review of service processes.</p> <p>Waiting lists for mental health services are being analysed to inform the development of alternative services to reduce waiting lists and inform future delivery and design of the service model</p> <p>Each hosted service will be required to capture data against protected characteristics to help inform service development as per historical practice</p>	<p>Large amount of data</p> <p>Identify additional resource through MH monies</p>
	<i>Example</i>	Service Evidence Provided HSCP Children's Services capture protected characteristics within the Carefirst and EMIS systems, to allow monitoring of the uptake of health and social care services. This also allows targeted delivery of services to specific groups. There are	<p>Possible negative impact and Additional Mitigating Action Required</p> <p>Increased demand for services</p>

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		<p>currently over 11,500 individuals receiving support from social work services within Glasgow, for whom protected characteristics are recorded.</p> <p>Autism Spectrum Disorder (ASD) Test of Change</p> <p>The Core purpose of the work is to identify and implement best practice that will provide a more appropriate, efficient and inclusive process of autism assessment and support to children and their families in the North East of Glasgow.</p> <p>The Test of Change outcomes will be implemented across the Glasgow HSCP and shared with the NHSGGC HSCTs as a model of good practice.</p>					
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>The GGCNHS 2018 Health and Wellbeing survey indicated that patients with some health, social and financial difficulties may be more likely to fail to attend appointments at the HUB</p> <p>Services will proactively manage these issues on a case by case basis by, for example, referring patients to income maximisation services which can be based on site in the community space on a rota basis with other community and third sector services, including interpreting services for clients who have a preferred language which is not English.</p> <p>The new HUB will offer improved provision for the communities it serves, many of which experience health inequalities.</p> <p>Evidence shows that less affluent groups such as those in the NE are particularly affected by late diagnosis and survival deficit.</p> <p>The new centre will improve access to services and earlier treatment and will improve health outcomes and increase life expectancy for the population</p> <p>:</p> <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Embedding money Advice within Family Nurse Partnership</p>					<p>The relatively poor return on demographic data has led to the development of a more robust approach to capturing equalities data, for example, as part of the recent family support tender for Children's services.</p>

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			<p>A pilot project to embed money advice within the Family Nurse Partnership (FNP) was implemented in April to December 2019. This work was enabled by Scottish Government Child Poverty funding of £11k.</p> <p>The work was developed to improve families' access to potential grants and benefits that they may be eligible through working in partnership with GEMAP Scotland Ltd.</p> <p>An advisor was embedded within the Family Nurse Partnership Programme at Cairnbrook Centre half a day a week to provide a bespoke Money Advice Service for service users and to provide capacity building for staff on Financial Inclusion.</p> <p>Key components of service delivery going forward:</p> <p>Activities include:</p> <ul style="list-style-type: none"> • Assessment carried out by Family Nurses • Collaborative work with advisor where appropriate • Advice on income maximisation and support to apply for benefits, challenge benefit decisions or sanctions • Debts managed and financial gains appraised 	
		Example	<p>Service Evidence Provided</p> <p>The Health and Wellbeing/Neighbourhood survey highlighted many patients often present with co morbidities like addictions, mental health issues and social issues.</p> <p>It is widely accepted that people who have health problems which do not easily fit into one category, or are related to life circumstances, are often unintentionally discriminated against in health services.</p> <p>Staff members are aware of this and endeavour to minimise the impact other health and social issues have on the patient's ability to access services.</p> <p>Patient outcomes will be improved by easy access to integrated mental health and addiction services and a wide range of co-produced services including early intervention, in partnership with the third sector in one easily accessible location.</p>	<p>Possible negative impact and Additional Mitigating Action Required</p> <p>No negative impact</p>

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		Within the new HUB Addictions mental health and homelessness will be located in one building facilitating easy access and improved care pathways for patients.	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation x <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>It's clear from the Health and Wellbeing survey/ NRS Population data that previous delivery models have not achieved sufficient improvement to reduce the health inequalities of the population.</p> <p>The prospect of an integrated service model delivered from a health and social care hub will offer the opportunity to address these inequalities by focusing on key themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Focus on prevention and early intervention. <input type="checkbox"/> Equitable access to services through the availability of a wider range of services in community based settings. <input type="checkbox"/> The high priority attached to the improvement of people's health and improvement of community services. <input type="checkbox"/> Significant and sustained improvements in health and well-being are achieved through supported self-management of care. <input type="checkbox"/> Tackling health and social inequalities as a result of poverty and/or discrimination because of people's ethnicity, disability, gender or sexual orientation. <input type="checkbox"/> The creation of sustainable and flexible services and facilities that can absorb rising expectations and demand, especially to meet needs for increased programmed care for chronic disease. <p>Community and public participation in service design and provision.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Working with communities to build their assets and capacity to enable those who experience poverty and health related inequalities to access and participate in life changing opportunities which builds skills, confidence and aspirations <p>Parental Employability Support Fund: project up and running. Delivery is impacted by traditional engagement spaces (community centres, libraries etc) being closed but recruiting new staff and hope to roll out further within current modes of operation</p>	No negative impact

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		<i>Example</i>	<p>Service Evidence Provided</p> <p>To ensure community involvement in the design and planning process since pre covid a wide range of consultation events were held in conjunction with community groups. These events were well attended. These sessions were facilitated through attendance at groups, meetings and via video link</p> <p>Based on the feedback received, the following elements have been built into the development and proposed design for the Hub:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bright, welcoming, secure layout <input type="checkbox"/> Community space, including library, café, and public meeting rooms <input type="checkbox"/> Potential to open the building out with normal working hours <input type="checkbox"/> Continuation of health centre, Anvil Centre and Sandyford clinic services during Hub construction <input type="checkbox"/> Community benefits and opportunities for local people linked to the Hub development through the Community Investment fund <p>A survey of service users was carried out over three days at Parkhead Health Centre and Parkhead Social Work locality office, and engagement sessions with service users attending including: mental health, adult learning, addiction, carers, recovery, and Asylum Refugee groups and services.</p> <p>Consultation continued online after the pandemic through virtual meetings, facebook, twitter, telephone contact, surveys, newsletters and a dedicated HUB website where the community could contribute to the design of the new build</p>	<p>Possible negative impact and Additional Mitigating Action Required</p> <p>Unable to reach as many groups due to digital exclusion</p> <p>Develop a hybrid communications strategy which includes face to face consultation in safe environments</p>
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?		<p>Through the Community Investment fund and responding to the consultation feedback priority was given to community projects supporting :</p> <ul style="list-style-type: none"> • Mental health groups • Care experienced young people • People with substance abuse issues <p>The funding will enable the upgrading of existing community resources with the provision of labour and materials</p>	Limited funding available not all groups can access

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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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>Online courses in construction have been provided to pupils in Parkhill School.</p> <p>Online engagement with mental health forums, asylum seekers, recovery groups and community groups as outlined above</p>	
		<i>Example</i>	<p>Service Evidence Provided</p> <p>Through the CI fund BAM contractors will be supporting young people in deprived areas including working with the criminal justice team and addictions services to support young people to take up apprenticeships over the course of the build.</p> <p>12 young people have taken up this opportunity to date</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>		<p>The building will be fully DDA compliant, clearly signposted with access to open spaces. The building will meet all legislative requirements for disability access</p> <p>Access to services on upper floors will be via lifts.</p> <p>All areas will be wheelchair accessible</p> <p>Consultation was facilitated by the Public Involvement Officer with the Disability Access Panel and will be ongoing</p>	<p align="center"><u>None</u></p>

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	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" 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>			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation x <input type="checkbox"/></p> <p>2) Promote equality of opportunity x <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics x <input type="checkbox"/></p>		<p>Consultation with staff has been ongoing through governance structures including the HUB Delivery Group where staff members were represented and consulted on all aspects of the design of the HUB.</p> <p>This has continued online since the onset of the pandemic and staff have been fully involved in the process.</p> <p>Online consultation as well as other consultation methods continue as outlined above, with local community groups, service users including; community councils, mental health forums, local engagement forums as construction progresses.</p> <p>The building will be equipped with BSL technology in accordance with the BSL (Scotland) Act 2017</p> <p>HUB Governance Structure</p> <p>Regular meetings of the Project Board, Executive Group, Community Investment Group and the HUB Delivery Group including online.</p>	<p>Staff apprehensive of change</p> <p>Provide support to staff to adjust to different ways of working and address issues arising from the pandemic</p>

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	<p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity x <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>The design of the new Health and Care Centre will support better anticipatory care and more integrated working between community health, social work, and GP practices which should have a positive impact on reducing hospital admissions for older people and supporting them at home.</p> <p>Co location of children's services will ensure support for young people at the point of transition from children's to adult services.</p>	No negative impact

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	<p>4) Not applicable <input type="checkbox"/></p>		
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" 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>Extensive consultation has taken place and is ongoing re the design of the building, including with: the Disability Access Panel, Mental Health networks, Homeless networks, Children's Services and Service Users to ensure there is no disproportionate impact on people due to the protected characteristic of disability</p>	
	Protected Characteristic	<p>Service Evidence Provided</p> <p>Building will be fully compliant with Legislative requirements for disability access</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</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>The HUB should have a positive impact in terms of easy access to support and services in relation to gender identity.</p> <p>Sexual Health Services will be hosted in the Building accessible to Trans People and anyone requiring the service</p>	

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	2) Promote equality of opportunity x <input type="checkbox"/> 3) Foster good relations between protected characteristics x <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>	Not applicable.	
(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?	The new HUB will enable maternity services to provide an improved service There will also be more space to enable health visitors, family nurse practitioners and health improvement staff to organise mother and baby sessions, promote breast feeding, support sessions, parenting skills etc.	No negative impact

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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 x <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. x <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Support groups parent groups can access the community space and bookable rooms.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics x <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Glasgow currently has a significant and growing asylum seeking population settling into the city. Some of these children, young people and their families will have experienced significant trauma. In addition poverty will present a significant challenge to these families who have no recourse to public funds and are unable to access employment opportunities. Further work is required in relation to fully explore the needs and experiences of asylum seeking children, young people and families, and work is underway to develop a 'community connectors' programme to support families into appropriate supports.</p> <p>Services are accessible to families for whom English is not their first language through interpreting support.</p>	<p>Scottish Refugee Council via the Third Sector Forum supported the consultation to collect the views of asylum seekers and refugees. Engagement with the Scottish Refugee Council will continue to inform of the needs of refugees and asylum seekers in Glasgow.</p>
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p>	<p>In line with the HSCP code of conduct, and the code of conduct of partner agencies, all services and supports are designed and delivered to respect the beliefs of all individuals and groups of children and young people.</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 checked="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>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="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 Health and Care Centre will have positive impact with easily accessible services which support women who have suffered domestic abuse and have associated substance misuse and/or mental health issues</p>	<p>No negative impact</p>
(i)	Sexual Orientation	<p>Services produced, improved and delivered under the Integrated will take into account the protected characteristic of sexual</p>	

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	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity x <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>orientation. All services will provide support to children of all genders and sexual orientations on the basis of need irrespective of sexual orientation.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>The proposed service hub is designed to have a major impact on the lives of the people living in North East Glasgow, whilst also delivering on a wide range of Scottish Government, NHS Scotland and local government priorities. This includes the contribution that the service and the new community facility will have on the Government's aspiration for an inclusive net zero carbon economy – as defined through the National Performance Framework and its 11 National Outcomes relating to tackling poverty; protecting human rights; empowering communities; sustaining the economy; fair work and thriving businesses; enhancing the environment; international connection; creating nurturing environments</p> <p>The NHS Greater Glasgow and Clyde Health and Wellbeing Survey 2017/18 was published in December 2018 The original aims of the survey were: to provide intelligence to inform the public health approaches to explore the different experiences of health and wellbeing in our most deprived communities compared to other areas to provide information that would be useful for monitoring health promotion interventions</p>	<p>No negative impact</p>

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Evidence from the H&W Survey as well the Neighbourhood Profiles Glasgow Centre for Population and Health inform the development of services in the new HUB. The evidence clearly shows the residents in the NE of Glasgow have poorer health outcomes and are less likely to access services

Demographic and economic data published in 2020 indicates that people living in North East Glasgow generally experience poorer outcomes in comparison to the rest of Scotland. For example, 22.5% of the population living in North-East Glasgow are income deprived, as compared to 12.1% across the rest of Scotland, whilst 22.7% of the North-East population of working age have no qualifications, as compared to 13.1% of adults across Scotland. Life expectancy is lower than the Scottish average: For Glaswegian men, life expectancy at birth is 3.7 years less than in Scotland as a whole and Glaswegian women are predicted to live for 2.4 years less on average (in period 2016-18). These figures emphasise the need for state-of-the-art, colocated, multi-agency health and social care services

The new service delivery model will be crucial to improving health and wellbeing outcomes for all groups within the population.

Extensive consultation has taken place and is ongoing re the design of the building, including with: the Disability Access Panel, Mental Health networks, Homeless networks, Children's Services and Service Users to ensure there is no disproportionate impact on people due to the protected characteristic of sex race or disability.

In hosting a range of colocated health and social care services, with improved access for service users, the hub also addresses NHS Scotland's strategic capital investment priorities, by facilitating the delivery of person-centred, effective, high quality care to improve population and ensure value and sustainability, as well as a number of local plans developed to address health inequalities

Across all services, the Hub will allow for better integrated services as a result of colocation, and will make it easier for

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		<p>families who attend multiple services, potentially saving time and money, as compared to the current arrangements where different family's members are attending various services across the North-East.</p> <p>This will minimise the reliance on traditional signposting 'methods, and allow more proactive matching of families' specific needs with appropriate sources of support, including community resources, library groups and services, and other local residents, through community café initiatives.</p> <p>The range of third sector services available in the HUB including health improvement services, income maximisation and early intervention will help to reduce inequalities and secure better outcomes for people in areas of socioeconomic disadvantage</p> <p>The HUB Evaluation Framework and Cost Benefit Analysis will be utilised to measure outcomes in terms of improved health, access to income maximisation services, access to community services, including the Library on site etc in the first year and onwards from the opening of the new HUB..</p> <p>Information regarding social economic status will be collated as above via Neighbourhood Profiles, Health and Wellbeing Survey and the GGNHS Strategic Plan.</p>	
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>Services will be available for all of these groups in the new facility including addictions and mental health. All services have good links with the Homeless Team.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p>	<p>No this represents an investment of £60million contributing to regeneration of the the North East of the city and improving health outcomes for the population</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 x <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. x <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>All staff are required to attend Equalities training courses and are aware of the impact discrimination and the requirement to ensure equality of access to support and services. .</p>	

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

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

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

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Delay in completion of construction due to the pandemic and/or Brexit

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* .

The design and development of the HUB fully embraces participation, accountability, non-discrimination, equity, empowerment and legality.

*

- **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)
- X ☒ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

--

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

Date for completion

Who is responsible?(initials)

--	--

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

September 2021

Lead Reviewer:

EQIA Sign Off:

Name Margaret Walker

Job Title Planning Manager

Signature Margaret Walker

Date 11.03.2021

Quality Assurance Sign Off:

Name

Job Title

Signature

Date

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

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

--

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

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

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

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

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

		To be completed by	
		Date	Initials

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Action:			
Reason:			
Action:			
Reason:			

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

--

Name of completing officer:

Date submitted:

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

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