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:
Older People Clustered Supported Living (OPCSL) focused service review
Chosen redesign option assessed: BJC Option 3 - Cessation of HOOP Service and Continuation of Provider 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).

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.

Older People Clustered Supported Living (OPCSL) provides secure tenancies in sheltered or supported housing with integrated housing support, telecare, personal care and non-personal care. It is intended for older people who need assistance to remain independent in the community but do not require residential or nursing care. Access requires a Social Work Support Needs Assessment. The service supports around 267 residents city-wide and is delivered principally with Bield and Trust Housing.

Housing Options for Older people (HOOP) is part of the Wheatley Group and funded by GCHSCP - this service coordinates referrals, waiting lists, vacancies, tenancy arrangements and housing advice for service users in Clustered Supported Living.

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.

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

The preferred option was identified to cease the service. Under the Business Justification Case (BJC) proposal outlines ceasing the Housing Options for Older People (HOOP) service while continuing Older People Clustered Supported Living provider services:

- Tenancy and welfare-rights functions would transfer to housing providers
- Coordination of vacancies and waiting lists would be managed internally within the HSCP
- Provider care and support arrangements would continue in line with business as usual.

It is not anticipated that this change will impact on service users as changes are to back office function and will continue to be available. This assessment therefore concentrates on continuity, accessibility and accountability during transition, and on avoiding unequal impacts in referral, assessment, vacancy matching, tenancy support and housing advice.

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: Alan Gilmour
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)

Alan Gilmour, Review Lead. Additional EQIA contributors, including Social Work and Commissioning.

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.

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided:

The BJC provides aggregate operational information including average age (77.7 years), resident numbers, length of stay, support hours, admissions, overnight needs and hospital admissions. It identifies a population experiencing frailty, dementia, disability, multiple long-term conditions, unsuitable housing and social isolation. The BJC does not provide a complete breakdown across all protected characteristics.

Possible negative impact and additional mitigating action required:

For the future service, there will be a proportionate equality monitoring dataset for referrals, waiting lists, offers, allocations, care-package reviews, outcomes and complaints. This will record and explain data gaps, particularly disability, race, religion or belief, sex, gender reassignment and sexual orientation.

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:

Operational data has informed the identification of assessment delays, unfilled vacancies, overdue reviews and variation in support packages. The redesign should use equality-disaggregated data to test whether referral, assessment, allocation, review and any savings measures affect groups differently.

Possible negative impact and additional mitigating action required:

Include equality measures in the performance framework and review them during implementation.

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 ☐

Selected: General Duty parts 1, 2 and 3
2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:
The BJC applies established policy learning that older people should be supported to live independently in homely, community settings and that prevention, early intervention and less restrictive alternatives can improve wellbeing and reduce reliance on institutional care. The evidence base cited in the BJC is mainly strategic and operational rather than equality-specific research.

It is not anticipated that this change will impact on service users as changes are to back office function and will continue to be available. This assessment therefore concentrates on continuity, accessibility and accountability during transition, and on avoiding unequal impacts in referral, assessment, vacancy matching, tenancy support and housing advice.

Possible negative impact and additional mitigating action required:

Supplement the BJC with relevant evidence on older people, disability, dementia, communication needs, digital exclusion, poverty and intersectionality. Record how this evidence changes the final design.

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:

The BJC records provider workshop input that tenancy agreements and welfare-rights activity could be undertaken within providers' existing capacity following an appropriate notice period. It does not evidence direct, targeted engagement with residents, applicants, carers or equality groups on the cessation of HOOP or the proposed replacement arrangements. Providers were engaged in a workshop where this function was confirmed as part of their normal work processes.

Service user/lived experience engagement has not been undertaken. The proposed change is a back office function, with no anticipated impact on the services and supports available to service users. As outlined in section 5, communications will be required to alleviate any concerns by service users and their carers and families on the change. There should be a minimum of 3 months notice to the HOOPs service of the proposed change once a final decision has been made. Commissioning has been engaged in the level of capacity required to provide the support due to the change in the process.

Possible negative impact and Additional Mitigating Action Required:

Before implementation, undertake accessible engagement specifically on the loss of the HOOP single point of contact, the transfer of tenancy and welfare-rights functions, and the new route for waiting-list and vacancy coordination. Include current residents, applicants, carers and equality organisations, and publish how feedback changed the transition plan.

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:
OPCSL offers individual flats with kitchen and wet-room facilities in sheltered or supported developments as a standard and is intended to provide a more accessible environment. Suitability is considered through assessment and matching. The BJC does not provide site-by-site access audits.

Possible negative impact and additional mitigating action required:
Ensure no applicant is disadvantaged by an unsuitable match.

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.

Service Evidence Provided:
The selected option changes who communicates about referrals, waiting lists, vacancies, tenancies and welfare rights. The BJC proposes provider delivery of tenancy and welfare-rights functions and internal coordination of vacancies and the waiting list, but does not specify accessible-information standards or how people will be supported to navigate the new arrangements. There is a potential to add this into a future contract framework

Possible negative impact and additional mitigating action required :

Issue accessible transition communications before change, with named telephone, paper and face-to-face alternatives. Provide BSL, interpreting, Easy Read, large print and advocacy where required. Avoid requiring residents or applicants to repeat information across organisations, and test that the replacement contact routes work before HOOP closes.

7. Protected Characteristic

(a) Age

No direct impact is anticipated because OPCSL is an older people's service. Indirect impacts should be considered where residents or carers have responsibilities for children or where service change affects family life. Avoid discrimination in any indirect effect.

No direct impact identified. Where a child is indirectly affected, their best interests should be considered in care, housing and transition planning.

Could the service design or policy content have a disproportionate impact on people due to differences in age?

No direct impact identified. Consider any indirect effect on a child's health, stability, family contact or development.

(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).

No direct impact identified. Where children are materially affected, seek and consider their views in an age-appropriate way.

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

The service is specifically designed for older people and the average resident age is 77.7 years. Its positive purpose is to maintain independence and avoid unnecessary

institutional care. Age-based eligibility must be objectively justified and applied consistently, with individual need remaining central.

Possible negative impact and additional mitigating action required:

Monitor whether age thresholds or assumptions delay access or exclude people whose needs could appropriately be met. Record signposting to alternative services.

Under the Business Justification Case (BJC) proposal outlines ceasing the Housing Options for Older People (HOOP) service while continuing Older People Clustered Supported Living provider services:

- Tenancy and welfare-rights functions would transfer to housing providers
- Coordination of vacancies and waiting lists would be managed internally within the HSCP
- Provider care and support arrangements would continue in line with business as usual.

It is not anticipated that this change will impact on service users as changes are to back office function and will continue to be available. This assessment therefore concentrates on continuity, accessibility and accountability during transition, and on avoiding unequal impacts in referral, assessment, vacancy matching, tenancy support and housing advice. This will be undertaken as part of the new commissioning capacity

(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:

Disability is central to the service population, including frailty, dementia, physical disability, sensory or communication needs and multiple long-term conditions. Accessible housing, telecare and flexible support may create positive impacts. Risks include inaccessible sites, unsuitable placements, reduced support hours or delayed assessments.

Possible negative impact and additional mitigating action required:

Mitigation as outlined under age section

Make reasonable adjustments throughout referral, assessment, allocation and review. Use person-centred assessments, accessible communication, advocacy and site matching. Monitor changes in need and avoid cost-led reductions that compromise safety or independence. This will be driven by social work assessments and liaison with the new commissioning capacity

(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 ☐

Selected: General Duty parts 1, 2 and 3
2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:
The BJC contains no evidence of a different impact identified for people with this protected characteristic.

Possible negative impact and additional mitigating action required:

Apply inclusive, confidential and respectful assessment, tenancy and care practices. Monitor complaints and ensure staff training and policies protect privacy, dignity and freedom from harassment.

(d) Marriage and Civil Partnership

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No disproportionate impact is identified in the BJC. The model may affect couples where only one person meets eligibility or where accommodation and support options differ.

Possible negative impact and additional mitigating action required:

Assess household and relationship circumstances individually and avoid assumptions about a spouse or civil partner providing unpaid care. Consider suitable one- or two-bedroom provision where assessed as appropriate.

(e) Pregnancy and Maternity

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:
No direct impact is identified because the service is for older people. However, staff and family carers may be affected by implementation arrangements.

Possible negative impact and additional mitigating action required:
Apply workforce and carer policies consistently and keep the position under review if eligibility or service scope changes.

(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 ☐

Selected: General Duty parts 1, 2 and 3
2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:
The BJC does not provide ethnicity data or targeted evidence on racialised barriers. Multi-agency referral, information and tenancy processes may create barriers where English is not a first language and services will be culturally responsive. There is access to social work interpreting services to support this.

Possible negative impact and additional mitigating action required:

Mitigation as outlined under age section

Collect and review ethnicity data; provide professional interpreting and translated information; engage minority ethnic older people and community organisations; monitor access, waiting times, offers, refusals and outcomes.

(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:

The BJC does not identify specific impacts. Individual flats and community living may support observance, but care delivery, meals, personal care and social activities should respect religion and belief.

Possible negative impact and additional mitigating action required:

Mitigation as outlined under age section

Record and accommodate religious or belief needs, including diet, personal care preferences, worship and significant dates, where reasonably practicable. Engage faith communities if evidence suggests unequal access. These supports will continue to be available.

(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:

Gender is a routinely collected data item. Potential issues include different patterns of longevity, disability, poverty, unpaid caring, personal care preferences and risk of harassment or abuse.

Possible negative impact and additional mitigating action required:

Mitigation as outlined under age section

Analyse access and outcomes by sex; respect same-sex personal care preferences where practicable; include safeguarding and domestic-abuse awareness; avoid assumptions about family members providing care. This will continue as previously with no change required

(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:

The BJC contains no sexual-orientation data or targeted engagement evidence. Older LGBT+ people may have concerns about disclosure, privacy, safety or inclusive care.

Possible negative impact and additional mitigating action required:

Ensure confidential, inclusive assessment and care; provide staff learning; monitor complaints and engage LGBT+ older people or representative organisations as part of consultation.

(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:
The service supports independence through secure tenancies and provides a lower-cost alternative to residential or nursing care. Residents may experience low income and may rely on benefits or SDS. Welfare rights support will move to the housing provider but will continue to be available to service users.

Possible negative impact and additional mitigating action required:
Provision of welfare-rights support, assess affordability and client contributions, retain non-digital access, and monitor impacts by deprivation, locality and access to unpaid support – through provider services.

(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:
The BJC notes people transitioning from specialist services and people delayed in hospital because accommodation is a factor. It does not provide specific evidence on homelessness, justice experience, addictions, asylum or refugee status, veterans or Gypsy/Traveller communities.

Possible negative impact and additional mitigating action required:
Include these groups in equality monitoring where relevant, ensure no blanket exclusions, and coordinate with homelessness, addictions, justice, refugee and veterans services when individual needs require this.

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 selected option ceases the £244,000 HOOP service contribution, invests £57,250 in 1 whole time equivalent, Grade 6 internal capacity from HSCP staff, and identifies a net saving of £186,750, with the SDS provider budget continuing.

The principal equality risk is disruption or reduced accessibility in referral, waiting-list, vacancy, tenancy and welfare-rights functions during transfer. The BJC identifies the need for clear ownership, capacity and transition arrangements before change.

Possible negative impact and additional mitigating action required:

Agree and publish a detailed transition plan before HOOP ceases. Name the owner of each function, confirm provider and internal capacity, transfer records securely, communicate directly with residents and applicants in accessible formats, preserve welfare-rights and housing-advice access, provide a clear escalation route, and monitor waiting times, vacancies, unsuccessful contacts, complaints and outcomes by protected characteristic and socioeconomic status.

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:** All HSCP staff and commissioned services have access to and are encouraged to complete equality and diversity training **Possible negative impact and additional mitigating action required:** Ensure statutory and mandatory learning completion rates across provider services and internal stakeholders. Add role-specific learning on dementia, disability, accessible communication, BSL awareness, cultural competence, LGBT+ inclusion, trauma-informed practice, Adult Support and Protection and human-rights-based care.

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.

Potential rights engaged include respect for private and family life, dignity, autonomy, non-discrimination and participation in decisions. OPCSL provider services and tenancies continue under the selected option. The main risks arise from loss of the existing HOOP coordination route, unclear accountability, inaccessible communication, transfer of personal information, interrupted welfare-rights or tenancy support, and delays in matching applicants to vacancies during transition.

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).

Apply PANEL: involve residents and carers in decisions; assign clear accountability for referral, assessment, allocation, review and transition; monitor non-discrimination

and equality; provide accessible information, advocacy and complaints routes; empower people through choice and control; and document the legal basis and proportionality of decisions. Use FAIR for individual cases and review implementation evidence regularly.

*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 direct impact is anticipated because OPCSL is an older people's service. Indirect impacts should be considered where residents or carers have responsibilities for children or where service change affects family life. Avoid discrimination in any indirect effect.

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.

No direct impact identified. Where a child is indirectly affected, their best interests should be considered in care, housing and transition planning.

No direct impact identified. Consider any indirect effect on a child's health, stability, family contact or development.
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.

No direct impact identified. Where children are materially affected, seek and consider their views in an age-appropriate way.

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.

Potential good practice includes the tenancy-based, community model; integrated accessible housing, telecare and flexible support; and use of a less restrictive alternative to institutional care. Confirmation should be supported by resident experience and equality monitoring.

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. Map every HOOP function and assign a named receiving owner before cessation.
2. Confirm capacity, training and accessible service standards for providers and the proposed internal post.
3. Undertake accessible engagement with residents, applicants, carers and equality groups on the replacement model.
4. Produce an accessible communication and handover plan, including BSL, interpreting, Easy Read, large print, advocacy and non-digital routes.
5. Protect existing continuity of tenancy, welfare-rights, referral, waiting-list and vacancy functions, with a documented escalation and complaints route.
6. Establish an equality baseline and monitor access, waiting times, vacancies, contact failures, complaints and outcomes during transition and at six months.
7. Complete a data-protection and records-transfer plan covering information shared among HOOP, HSCP and providers.

To be agreed before implementation; monitoring reviewed at six months.
Lead Reviewer / OPCSL programme governance, with named operational leads to be confirmed.

No actions identified ☐

Date for completion
Who is responsible? (initials) EL

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

Lead Reviewer: Alan Gilmour
Job Title: Planning Manager
Signature/Date: 28/10/26

EQIA Sign Off:
Name Elizabeth Lochrie
Job Title
Interim Head of Service, Older People and Primary Care, North West Locality, Glasgow City HSCP



Signature
Date 28/10/2026

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



Signature
Date 29/10/26

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
6 monthly review sheet

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

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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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