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:

Transition of Glasgow Residential Harm Reduction Services

Please tick the relevant box:-

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

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

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

Background

The existing contracts for the Crisis Service and Stabilisation Service are due to expire in October 2026. The current provider advised that it was unable to extend the contracts without satisfactory resolution of the significant property-related and financial issues it had raised. The HSCP therefore had to consider urgently how these essential services could be sustained beyond the existing contract periods. This was not a planned decision and was not prompted by concerns about service delivery or value. The immediate issue was the provider's position that it could not renew the contracts due to financial uncertainty.

The central consideration was the continuity of care and treatment for a high-risk cohort of individuals and the preservation of essential alcohol and drug services. Once the provider confirmed that it was unable to renew the contracts, an operational decision was required within a compressed timescale.

Current Service Overview

Stabilisation Service

The Stabilisation service was developed to provide an additional service that primarily supported individuals to focus on stabilising alcohol and/or illicit drug use by optimizing Opiate Substitute Treatment (OST), managing benzodiazepine use, detoxing from illicit street drug use and medicated assisted detoxification from alcohol.

The aim of the service is to provide a safe and supportive environment, where service users will have the opportunity to explore the reasons for their substance use (drugs and alcohol) and to identify what personal changes they require to enable them to maintain a substance free lifestyle post programme.

The service works in an integrated approach with an NHS visiting medical officer and pharmacist. Offering an innovative model to deliver safe medicated treatment plans in community resources.

The Stabilisation Service was developed to be person centred, with an integrated and holistic approach that responded to a range of support needs whilst working in partnership with local recovery hubs and recovery communities and other agencies as part of a recovery orientated system of care, with the aim to reduce drug-related deaths and promote recovery. Aftercare consists of continued supports within the recovery hubs to provide continued engagement during the period of re-integration back into the community.

Glasgow Alcohol & Drug Crisis Service (GADCS)

The Glasgow Alcohol & Drug Crisis Service (GADCS) offers low threshold, direct access services for people experiencing a crisis due to alcohol and/or other drug use. As well as a crisis residential unit, the service also offers 24-hour Injecting Equipment Provision (IEP - needle exchange and foil provision), wound care, dry blood spot testing (DBST), harm reduction advice, signposting and naloxone training and provision. Staff provide information required to reduce harm and give a space to reflect and consider the next steps towards recovery on return to the community.

The GADCS plays a key role in Glasgow's response to the problems caused by drug and alcohol use. They support individuals who require a harm reduction approach to detox and require support on reducing use of illicit drugs and/or alcohol and stabilisation of prescribed medication including Opioid Substitution Treatment (OST i.e. Methadone titration / Espranor / Buvidal) and alcohol antagonists (Antabuse / Disulfiram).

The medical and prescribing is input delivered by GADRS Visiting Medical Officer (VMO) and Visiting Prescribing Pharmacist (VPP), who provide a Monday- Friday 9-5pm supporting service, with no public holiday, weekend or out of hours cover.

Proposal

Following a review of all available options, the intention is that the Glasgow Alcohol and Drug Crisis Service and Stabilisation Service will continue as Glasgow Residential Harm Reduction Services, delivered directly by the HSCP on a substantially like-for-like basis. The HSCP will maintain the core purpose and function of both services, minimise disruption, and retain the skills and experience of the existing workforce.

The decision should be understood as a necessary mitigation response to the withdrawal of the existing provider at the end of the contract period. It was not a pre-planned commissioning decision, nor was it based on an assumption that bringing services in-house would be less costly or less complex. It is the course of action that gives the HSCP the clearest basis for protecting service continuity, clinical oversight and workforce stability.

There are well established governance, professional leadership, workforce supervision and quality-assurance arrangements for the delivery of complex and high-risk services, across the HSCP. Existing clinical leadership, commissioning knowledge and governance arrangements therefore provide a strong foundation for safe transition and future delivery.

Staff implications

This proposal included the transfer of a total of 79 staff currently with the provider to Glasgow City Council under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). A full consultation with staff and Trade Unions has been undertaken as part of the transfer.

Next Steps

This EQIA has been undertaken as a live document throughout the transition planning, to consider the transition and interim arrangements, with an aim of minimising any impacts on service users. Both the Glasgow Residential Harm Reduction Services will be subject to review under the STEP Forward programme, in line with all provided and commissioned services. Further consideration and an EQIA will be undertaken in line with the review and any resulting recommendations.

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: Afton Hill. Lead for Equalities and Fairer Scotland

Glasgow Residential Harm Reduction Services Oversight Group

Date of Lead Reviewer Training:

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)

1. What equalities information is routinely collected from people currently using the service or affected by the policy?
If this is a new service proposal what data do you have on proposed service user groups. Please note below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted. **Service Evidence Provided:** To help understand the level of support required information on the needs of the target group is collected. Monitoring of the uptake of specific groups of service users will be in line with the requirements of the Equality Act 2010 for all characteristics. **Possible negative impact and additional mitigating action required:** Equality data collection will continue via internal collection methods, in particular Emis.

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Data relating to service activity, outcomes, service-user demographics, referral patterns, and occupancy levels, length of stay, discharge outcomes, and stakeholder feedback has been analysed to inform the decision-making process regarding the transition of the services.

The data has been used to identify the characteristics and needs of individuals accessing the service, including consideration of protected characteristics and potential inequalities.

Possible negative impact and additional mitigating action required:

The data will continue to be used to provide an understanding of service-user pathways and to consider service needs and ongoing community-based, treatment, harm reduction, housing, health, and recovery support services.

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

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

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☒

4) Not applicable ☐

Service Evidence Provided:

Research evidence, national policy, local needs assessments, public health data, and stakeholder engagement findings have been considered throughout the consideration of options for transitioning this service.

The evidence highlights that people affected by substance use often experience multiple inequalities and poorer health outcomes, particularly those with protected characteristics and those facing socio-economic disadvantage.

Consideration has, therefore, been given to the impact of service changes on people with disabilities, mental health conditions, older individuals, women affected by trauma and gender-based violence, and people experiencing homelessness or multiple disadvantage.

Key pieces of Strategies and Policies that are most relevant to Alcohol and Drug Recovery services are:

- National Drugs Mission Plan 2022–2026: Expanded to include alcohol focus in 2023, focuses on reducing drug-related deaths and harms.
- MAT Standards
- Alcohol Framework 2018: Emphasizes prevention, harm reduction, and changing Scotland's relationship with alcohol.
- Stigma Strategy for Drug Death Taskforce: Tackles stigma associated with drug and alcohol use.
- The Health and Social Care Standards – “Health and Social Care Standards: my support, my life” The Scottish Government, June 2017 (with addendum

31/03/2022) (https://www.gov.scot/publications/health-social-care-standards-support-life/)

- The Scottish Government's Whole Family Approach set out in "Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice" (Scottish Government, December 2021) which can be found at https://www.gov.scot/publications/improving-holistic-family-support-towards-whole-family-approach-family-inclusive-practice-drug-alcohol-services
- Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026 – 2035
- A Caring, Compassionate, Human Rights-Informed Drug Policy for Scotland: Promotes compassionate, rights-based approaches.
- Charter of Rights for People Affected by Substance Use https://www.gov.scot/news/charter-of-rights-for-people-affected-by-substance-use/
- Glasgow City Council Strategic Priorities
- NHS GGC Framework for Addressing the Health Harms Associated with Drug Use in Greater Glasgow and Clyde

Adults with and increased level of Alcohol – Glasgow City:

- Male – 22%
- Female – 13%

Adults with hazardous/harmful levels of alcohol consumption – Glasgow City:

- Male – 29%
- Female – 16%

17.8% of all Glasgow adults have an increased level of alcohol risk with the rate for Glasgow adult males (22.0%) being far higher than rate for Glasgow adult females (13.0%). This rate for all adults is lowest for South locality, 13.9%, compared to 19.3% for North East and 20.4% for North West localities.

The rates of adults with hazardous/harmful alcohol use are similar for Glasgow and Scotland with the rates for males (Glasgow 29.0%; Scotland 31.0%) being almost double the rates for females (Glasgow and Scotland 16.0%).

Estimated prevalence of problem drug users (no. of people aged 15-64)

Definition 1: Opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines = 11,869 = Glasgow number is 20.7% of Scottish total
Definition 2: As definition 1, plus illicit use of cocaine and amphetamines / amphetamine type substances = 13,840 = Glasgow number is 20.5% of Scottish total
Definition 3: As definition 2, plus illicit use of cannabis / synthetic cannabinoids = 18,060 = Glasgow number is 20.3% of Scottish total

Drug related hospital admissions (all people, age/sex standardised rate per 100,000 population) - 387.1 - Glasgow locality rates - NE 456.3; NW 403.5; S 324.1
GCHSCP demographics and needs profile full report_0.pdf

Depending on the definition used, it is estimated that there are between 11,869 and 18,060 problem drug users (aged 15-64) in Glasgow. Whichever definition is used, the number of Glasgow problem drug users represents 20% of the Scottish total. This is disproportionately high when compared to Glasgow's 12.8% share of Scotland's 15-64 population.

The Glasgow rate of drug related hospital stays for all people of 387.1 per 100,000 population is 70% higher than the Scotland rate of 228.3 per 100,000 population. This varies between localities, ranging from 324.1 per 100,000 population in South to 403.5 in North West and 456.3 per 100,000 in North East.

As well as overall demographics captured by the annual Glasgow City HSCP Needs Profile there are some sources of drug and alcohol specific data sets that can be broken down by gender and SIMD data:

Drug Related Death Data:
Drug-related deaths in Scotland, 2025 - National Records of Scotland (NRS)

Alcohol Specific Death Data:
Alcohol-specific deaths 2025 - National Records of Scotland (NRS)

Possible negative impact and additional mitigating action required:

Following a review of all available options and clear evidence of need, the intention is that the Glasgow Alcohol and Drug Crisis Service and Stabilisation Service will continue as residential services, delivered directly by the HSCP on a substantially like-for-like basis. The HSCP will maintain the core purpose and function of both services, minimise disruption, and retain the skills and experience of the existing workforce.

The decision should be understood as a necessary mitigation response to the withdrawal of the existing provider at the end of the contract period. It was not a pre-planned commissioning decision, nor was it based on an assumption that bringing services in-house would be less costly or less complex. It is the course of action that gives the HSCP the clearest basis for protecting service continuity, clinical oversight and workforce stability.

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 Stabilisation Service Glasgow Alcohol Drug Recovery Services (GADRS) work in partnership with local Recovery Hubs, Recovery Communities, Mutual Aid partnerships and other agencies as part of a recovery orientated system of care (ROSC), aiming to reduce drug-related deaths and promote recovery in line with the Glasgow City Alcohol and Drug Partnership (ADP) Strategy 2023-2026 and Medically Assisted Treatment (MAT) Standards.

Current Provider

The HSCP was in active communication with Turning Point Scotland (TPS) from February 2026, including two meetings with its Chief Executive. All options have been subject to detailed consideration, including whether there was a route to modify the existing TPS contracts. A competent solution that satisfies HSCP duties around Best Value and compliance with procurement regulations has not been identified. Discussions have been ongoing with the incumbent provider, including linking for staffing implications and site visits to support the transition of the services.

Staff engagement

The staff are a total of 79 transferring to the Council the Crisis service on 5th October and Stabilisation service on 26th October.

The HSCP undertook formal written consultation with Unite, TPS's recognised Trade Union, regarding the proposed changes to the terms and conditions of transferring employees. Any changes were limited in scope and implemented only where there were economic, technological or organisational reasons for doing so. Transferring employees did not experience any detriment to their terms and conditions as a result of the transfer.

One example was the proposed transition from a monthly pay cycle to a four-weekly pay cycle. This change was necessary for both technological and economic reasons, as the existing payroll system was unable to accommodate monthly payments. To mitigate any financial impact arising from the change in pay cycle and payment date, a loan facility was made available to employees who experienced financial hardship.

Three information sessions were held with staff from the Crisis and Stabilisation Services. Copies of the presentation, accompanying slides and frequently asked questions were circulated following these sessions.

A comprehensive information pack outlining the benefits of employment with GCC was prepared. While certain non-contractual benefits did not apply following the transfer, pension benefits improved significantly under GCC arrangements. TPS employer pension contributions were 4%, compared with 17.5% under GCC arrangements.

Individual one-to-one meetings were held with staff from both services in September A meeting with Unite Trade Union was held, in addition to a further joint meeting involving Unite and Crisis Service staff. The purpose of these meetings was to provide reassurance, address any outstanding concerns, and respond to any remaining questions.

Multidisciplinary Transition Group

A multidisciplinary transition group, chaired by the Assistant Chief Officer for Adults Services, is overseeing the work required to bring both services into the HSCP. The work includes:

- detailed operational planning for both services
- confirmation of the future management and accountability structure
- review of workforce information and staffing requirements
- consultation and communication with affected employees and trade union representatives
- assessment and implementation of TUPE requirements

- property surveys, lease arrangements and any required works
- continuity arrangements for admissions, treatment, prescribing and clinical support, including application for a Home Office licence
- engagement with the Care Inspectorate and other relevant professional or regulatory bodies
- accessible communication with people using the services, families and partner organisations
- review of contracts, information governance, insurance, health and safety, business continuity and supplier arrangements
- financial modelling as workforce, premises and operating information is confirmed

The transition group will monitor progress against a detailed implementation plan, with risks and dependencies escalated through existing HSCP governance arrangements. TPS have committed to working with the HSCP to ensure smooth transition. The Lead for Equalities and Fairer Scotland was also in attendance to support live equalities considerations.

Service users

Direct engagement with service users was not undertaken as service is substantially like for like. Discussions were undertaken with service users receiving treatment and those on the waiting list to minimise any anxieties with the publicity around the service, as outlined in the communications section below.

There was also engagement with the Alcohol Drug Partnership Lived Experience Reference groups to capture feedback and any concerns raised. Many of the Reference group members have experienced the TPS Crisis and Stabilisation services when still suing alcohol/drugs. All members were very aware of the services and very concerned about the impact of their potential loss on the most vulnerable people who use substances. They were very keen that the residential aspect of the services be maintained and the services continue as uninterrupted as possible. The ADP Staff Reference group was similarly concerned about the continuation of the residential services and uninterrupted pathways into further support for physical and mental health, homelessness, justice issues for a particularly vulnerable cohort of service users.

Possible negative impact and Additional Mitigating Action Required:

As part of the planned review, service user feedback and further engagement will be undertaken to inform future recommendations.

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:

Stabilisation

The building accommodates 16 service users: six upstairs (en-suite) and twelve individual rooms on the lower floor with shared / communal toilet, showers and bathroom. Meeting rooms and communal space are located in the upper level of the building. Access to these areas is by a stairwell and internal lift. The building is suitable for the Stabilisation. It provides a central location for people to access, with good transport links and amenities in the surrounding area. It is in area that was familiar to people as other services supporting people with addiction is located nearby. The lift was recently repaired to support access to people with mobility issues.

A site visit has also been undertaken to review the location.

The location will remain the same during the review period, with no anticipated impact on physical accessibility.

Crisis

Service provision is accessible to everyone in terms of building / (public) transport and transport links. Alternative online/telephone support is available, as well as alternative, flexible provision where the person requiring support can access and feel safe.

A site visit has also been undertaken to review the location.

The location will remain the same during the review period, with no anticipated impact on physical accessibility.

Specific considerations were given to ensuring the lift was certified and operational and a phased approach to replacing furnishings, to support access to areas within the service.

Possible negative impact and additional mitigating action required:
None anticipated

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 ☐

Service Evidence Provided:

Discussions and communications were undertaken with service users receiving treatment and those on the waiting list to minimise any anxieties with the publicity around the service.

As outlined under the engagement section, there was regular ongoing engagement with staff who were transitioning to the service.

Targeted ongoing communications with ADRS staff to support referrals and concerns by staff and service users.

Regular communications with wider partners across the HSCP and third sector are planned to update all, as the transitions bed in and referral processes are streamlined to align with the HSCP and GADRS.

Communications were shared with partners to outline the transition of the service and to reassure service users would continue to be admitted.

Service users will have access to SW Interpreting Services, Sensory Services and alternative formats.

Possible negative impact and additional mitigating action required :

None identified.

7. Protected Characteristic

(a) Age

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

(Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).

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

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

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

The service has Care Inspectorate registration age conditions that mean only people Aged 18 years and over can access the service.
This age restriction will be monitored to identify if this discriminates. For individuals under 18 access to the Recovery Hub is available to meet their needs as the Hub is for 16+
The needs of this population are monitored and reviewed through social work/hospital discharge planning meetings and the level of unmet need recorded. This information is then applied to inform future recommendations.

17.8% of all Glasgow adults have an increased level of alcohol risk with the rate for Glasgow adult males (22.0%) being far higher than rate for Glasgow adult females (13.0%). This rate for all adults is lowest for South locality, 13.9%, compared to 19.3% for North East and 20.4% for North West localities.

The rates of adults with hazardous/harmful alcohol use are similar for Glasgow and Scotland with the rates for males (Glasgow 29.0%; Scotland 31.0%) being almost double the rates for females (Glasgow and Scotland 16.0%).

Estimated prevalence of problem drug users (no. of people aged 15-64)

Definition 1: Opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines = 11,869 = 20.7% of Glaswegians
Definition 2: As definition 1, plus illicit use of cocaine and amphetamines / amphetamine type substances = 13,840 = 20.5% of Glaswegians
Definition 3: As definition 2, plus illicit use of cannabis / synthetic cannabinoids = 387.1 - Glasgow locality rates - NE 456.3; NW 403.5; S 324.1

Depending on the definition used, it is estimated that there are between 11,869 and 18,060 problem drug users (aged 15-64) in Glasgow. Whichever definition is used, the number of Glasgow problem drug users represents 20% of the Scottish total. This is disproportionately high when compared to Glasgow's 12.8% share of Scotland's 15-64 population.

The Glasgow rate of drug related hospital stays for all people of 387.1 per 100,000 population is 70% higher than the Scotland rate of 228.3 per 100,000 population. This varies between localities, ranging from 324.1 per 100,000 population in South to 403.5 in North West and 456.3 per 100,000 in North East.
https://www.glasgow.gov.uk/article/6030/GCHSCP-Demographics-and-Needs-Profile

As well as overall demographics captured by the annual Glasgow City HSCP Needs Profile there are some sources of drug and alcohol specific data sets that can be broken down by gender and SIMD data:

Drug Related Death Data:
https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2024/

Alcohol Specific Death Data:
https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2024/

Possible negative impact and additional mitigating action required:

Overview

Following a review of all available options, the intention is that the Glasgow Alcohol and Drug Crisis Service and Stabilisation Service will continue as residential services, delivered directly by the HSCP on a substantially like-for-like basis. The HSCP will maintain the core purpose and function of both services, minimise disruption, and retain the skills and experience of the existing workforce.

The decision should be understood as a necessary mitigation response to the withdrawal of the existing provider at the end of the contract period. It was not a pre-planned commissioning decision, nor was it based on an assumption that bringing services in-house would be less costly or less complex. It is the course of action that gives the HSCP the clearest basis for protecting service continuity, clinical oversight and workforce stability.

There are well established governance, professional leadership, workforce supervision and quality-assurance arrangements for the delivery of complex and high-risk services, across the HSCP. Existing clinical leadership, commissioning knowledge and governance arrangements therefore provide a strong foundation for safe transition and future delivery.

This EQIA has been undertaken to consider the transition and interim arrangements, with an aim of minimising any impacts on service users. Both the Crisis Service and Stabilisation Service will be subject to review under the STEP Forward programme, in line with all provided and commissioned services. Further consideration and an EQIA will be undertaken in line with the review and any resulting recommendations.

Extensive activity has been undertaken by staff involved in the transition of the service, with an aim of minimising impact on service users. Due factors outwith our control in terms of the timescale and wind down of the service commissioned currently some interim arrangements are required to mitigate potential impacts. These include;

Considerations and interim arrangements

Limited impact on current service users is anticipated. There will be no change in location, service delivery, access to medications and no cost to the service user.

Extensive activity has been undertaken by staff involved in the transition of the service, with an aim of minimising impact on service users. Due factors outwith our control in terms of the timescale and wind down of the service commissioned currently some interim arrangements are required to mitigate potential impacts. These include;

- Acknowledging the impact that a break in service would have on service users, options were scoped for a short-term break in service to support transition, but significant effort was undertaken to ensure that there could be a seamless transition preventing interrupting treatment or pausing admissions, with referrals and intake continuing throughout.
- The Crisis Service transitioned on 5th October, with 7 service users in residence and Stabilisation Service transitioned on 26th October, also with 7 service users in residence. There was regular ongoing communications with patients on the waiting list and triaging, while reassurances were being sought that no short break was required.
- Post-transfer workforce capacity remains an active operational risk. Recruitment is under way alongside temporary use of bank, agency and wider workforce arrangements. Occupancy and admissions are being increased on a phased basis, informed by safe staffing, available clinical and prescribing support and individual service-user risk.
- Significant work undertaken to support transition within the physical environment. A programme of property, health and safety and regulatory assurance has been undertaken across both sites, including accessibility, fire safety, electrical and environmental checks and required remedial works. Outstanding property actions continue to be monitored through the oversight and risk-management arrangements.
- A temporary registration with the Care Inspectorate was established to prevent a temporary break
- The 24/7 Crisis service one stop shop, continues to be available
- ADRS staff have been briefed on the transition arrangements and every referral continues to be assessed.
- Alternative out of hours and on call support has been established
- It is anticipated that the transition of both stabilisation and crisis services to inhouse during the interim period may support smoother transition between acute and community services, to the positive impact of service users and to test ways of working as part of a wider review.
- Due to the timescales for transition, there was not enough time to receive a Home Office License for Controlled Drugs, an essential requirement to enable the service to purchase, possess and supply Controlled Drugs for those using the service.

- Clinical and medicines governance remain under active review during the implementation period. Interim arrangements are in place for prescribing and access to medication while permanent arrangements, including the controlled-drug licence and associated medicines governance processes, are completed. These risks are being monitored through the service risk register and multidisciplinary oversight arrangements.

Staff implications

A total of 79 staff transferred to Glasgow City Council, under the TUPE regulations on the 5th and 26th October respectively. The changes associated with the transfer were limited in scope and mitigations were put in place to ensure that staff did not suffer any detriment. An induction programme for staff is now underway, and staff are being supported as whilst their day to day role remains same there are new IT systems and governance procedures that have changed.

Next Steps

Transition of the service is now complete, with both services operation in house under Glasgow Residential Harm Reduction Services. Post-transfer workforce capacity remains an active operational risk. Recruitment is under way alongside temporary use of bank, agency and wider workforce arrangements. Occupancy and admissions are being increased on a phased basis, informed by safe staffing, available clinical and prescribing support and individual service-user risk.

To support implementation and monitor capacity, the Multidisciplinary Transition Group will continue to meet on a fortnightly basis to monitor and respond to any emerging issues, moving to monthly meetings in the new year, with a risk assessment under development.

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

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

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

The evidence points to a high occurrence of comorbid mental health problems and substance use disorders; it is also noted that people experiencing both often struggle to access the most appropriate service. Policy to tackle this inequality is set out by rapid review recommendations from the Scottish Parliament: https://www.gov.scot/publications/way-ahead-recommendations-scottish-government-rapid-review-co-occurring-substance-use-mental-health-conditions-scotland/pages/2/ As well as a report from the Mental Welfare Commission for Scotland on Ending the Exclusion: https://www.mwcscot.org.uk/sites/default/files/2022-09/EndingTheExclusion_September2022.pdf

GADRS is also seeing an increase in those with physical disabilities, i.e. people who are dependent on wheelchair access.

Many service users have restrictions under the Community Care and Health (Scotland) Act 2002, these include people with a recognised MH Diagnoses that would be deemed unmanageable without Mental Health Nursing staff being available. They can also be restricted if refusing to take their MH medication. All referrals are screened at the MDT process and if deemed as not suitable an alternative referral is made to them MH SARA process to seek an alternative placement.

Possible negative impact and additional mitigating action required:

As above outlined under age.

In addition;

The physical accessibility of the locations is as outlined in section 5. The locations will remain the same during the review period, with no anticipated impact on physical accessibility.

The services will continue to have proactive communication with ADRS staff in these situations and refer to ADRS MH nurses / CMHT to provide coordinated care. Encourage service users to adopt healthy lifestyle habits, adhere to prescribed treatments and engage in integrated care plans that address all coexisting conditions by developing a comprehensive treatment plan and utilise lifestyle changes to manage multiple chronic conditions.

(c) Gender Reassignment

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No disproportionate impacts identified. This is a mixed sex service assessed on individuals' substance use. The service will not discriminate against those who have been through gender reassignment and has experience of working with trans people. Each person has their own bedrooms and if requested would be offered a room with ensuite.

Possible negative impact and additional mitigating action required:

As above outlined under age.

(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 impacts identified.

Possible negative impact and additional mitigating action required:

As above outlined under age.

(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:

There is no anticipated impact as this service has successfully supported Pregnant women by working in partnership with HSCP health Colleagues and taking a multi-agency protection approach, which would continue.

Pregnant Women accessing addiction services may be affected by stigma. Pregnancy stigma has been highlighted as a priority and refers to negative attitudes, biases, and discrimination directed towards pregnant individuals, encompassing issues like weight gain, age, substance use, and perceived maternal competence. This can manifest as interpersonal judgment, institutional bias, and self-blame, leading to stress, isolation, and compromised health outcomes for pregnant people and their children.

Although the services do not provide specific support to women during pregnancy / post-partum, this does not prevent women accessing the service. Women will receive support to meet their needs, and the service will offer some family skill support and signpost women in order to benefit from this.

Possible negative impact and additional mitigating action required:

As above outlined under age.

(f) Race

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

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

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

No disproportionate impacts identified.

The recent review highlighted the low number of referrals from BME people. Glasgow Alcohol and Recovery service who make all referrals have been targeting specific groups to encourage more referrals. They have attended several events in the Govanhill area where they are able to use appropriate communication support to understand any cultural barriers to attending recovery services.

Services providing residential settings also have established links with community groups who can offer specific volunteers and activities unique to a person's culture and beliefs.

Services will have access to the Council interpreting service to support anyone who may need it.

The service will operates a 'no wrong door' approach which will reduce opportunities for a disproportionate impact on Black, Asian, and Minority Ethnic individuals through difficulty accessing services.

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

(g) Religion and Belief

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☒

Service Evidence Provided:

No disproportionate impacts identified.
Service users can attend Church or are given Prayer mats to pray within the unit.

Possible negative impact and additional mitigating action required:

As above outlined under age.

(h) Sex

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

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

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

The service is open to all. During the past 4 years males' admissions have been significantly higher. This coincides with the male to female ratio attending ADRS who are the Stabilisations referrers.

Adults with and increased level of Alcohol – Glasgow City:

- Male – 22%
- Female – 13%

Adults with hazardous/harmful levels of alcohol consumption – Glasgow City:

- Male – 29%
- Female – 16%

In 2023 there were 1,172 drug misuse deaths registered in Scotland, an increase of 12% (121 deaths) compared with 2022.

In 2023, males were twice as likely to have a drug misuse death as females. Most of the increase in the past year was due to male deaths. Male deaths continue to account for around two thirds of alcohol-specific deaths.

https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/

There were a total of 1,017 drug misuse deaths in 2024, according to latest statistics published by National Records of Scotland.
In 2024, males were more than twice as likely to have a drug misuse death as females. Both male and female deaths decreased from 2023.

The service facilitates Gender based group work and link in with the Glasgow Violence against women service.

Possible negative impact and additional mitigating action required:

As above outlined under age.

A key area is to ensure a sex-based approach is taken to promote equal access. The service model ensures the promotion of sex specific group work and activities are available. This approach has been evidenced, as a success factor, to increase women accessing and participating in services.

(i) Sexual Orientation

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☒

Service Evidence Provided:

No disproportionate impacts identified.

There is not strong local data available on the sexual orientation of people accessing services, and national Drug related death date / alcohol specific death data is not broken down for sexual orientation.

A health needs assessment of the LGBT+ population was carried out across the NHS GGC board area, with many respondents reporting excessive or problematic alcohol use, and the prevalence of drug use and its links to poor mental health.

Possible negative impact and additional mitigating action required:

As above outlined under age.

(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:
No disproportionate impacts identified from the transfer of the service, however noted that socio economic circumstance is a consideration in service delivery and was considered to minimise impact during the transition process.

There is clear evidence that people from poor economic backgrounds are at an increased risk of suffering from alcohol and drug harms. Many individuals who access residential harm reduction services are affected by multiple forms of disadvantage, including low income, unemployment, homelessness, insecure housing, poor physical and mental health, trauma, social exclusion, and limited social support networks. These factors can make it more difficult for individuals to access and sustain engagement with alternative community-based services.

People who die of an alcohol specific deaths in Scotland are 4.5 x more likely to be from the lowest Scottish Index of Multiple Deprivation (SIMD) areas. In Glasgow City 72.2% of people who died of a drug related death in 2024 were from Quintile 1 of the SIMD.

The service is accessible by public transport and supports families to visit without significant financial impact.
Bus passes are given to allow the service users to build up Community supports. No client contribution is taken during their stay which helps them to save whilst in rehab.

Service users accessing the service are introduced to Community recovery Support and introduced to the Prehab service who will buddy them on discharge, this means the location maintains local community connections to family and supports.

The service signposts to Welfare Rights / Citizen Advice Bureau as required

In addition to building based access, service users are able to access for assessment either in-person, telephone online to reduce barrier for access.

Possible negative impact and additional mitigating action required:

As above outlined under age.

The service signposts to Welfare Rights / Citizen Advice Bureau as required and this will continue.

Staffing impacts

The HSCP has been undertaking formal written consultation with Unite, TPS's recognised Trade Union, regarding the proposed changes to the terms and conditions of transferring employees. Any changes will be limited in scope and implemented only where there are economic, technological, or organisational reasons for doing so. Transferring employees will not experience any detriment to their terms and conditions as a result of the transfer.

There has been ongoing engagement with staff throughout, as outlined under the engagement section, in order to respond to any staff concerns.
One example is the proposed transition from a monthly pay cycle to a four-weekly pay cycle. To mitigate any financial impact arising from the change in pay cycle and payment date, a loan facility will be made available to employees who experience financial hardship. Any such loan will be repayable over two pay periods.

A comprehensive information pack outlining the benefits of employment with GCC is currently being prepared. While certain non-contractual benefits will not apply following transfer, pension benefits will improve significantly. Current TPS employer pension contributions are 4%, compared with 17.5% under GCC arrangements.

(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 services were developed to be person centred, with an integrated and holistic approach that responded to a range of support needs whilst working in partnership with local recovery hubs and recovery communities and other agencies as part of a recovery orientated system of care, with the aim to reduce drug related deaths and promote recovery.

People with problematic drug and/or alcohol use are more likely to experience homelessness, be involved in the justice system, transactional sex, or be ex-service personnel. The current ADP strategy (2023 – 2026) has partnership membership from homelessness and Asylum services, the Scottish Prison Service, Community Justice, and the Routes Out team (support for routes out of prostitution). This ensures that multiple complex needs are considered in the strategic planning process for marginalised groups.

Possible negative impact and additional mitigating action required:

As above.

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:

There are no savings attached to this proposal

The funding available under the previous contract value for the Crisis and Stabilisation services in 2026/27 is £3.9 million. Transfer of services to the HSCP once the existing contracts expire will be funded from within this financial envelope. This will include all relevant property related costs. There is no additional budget allocation currently being sought. Should any additional funding be required, this would need to be met from existing resources.

Both services will be included in the STEP Forward programme, consistent with the approach with all HSCP directly provided and commissioned services. This will include consideration of the funding and costs associated with these services, and the IJB's duty to secure Best Value. Any future consideration of material service change will be undertaken through the appropriate governance, financial, equality, consultation and regulatory processes.

Possible negative impact and additional mitigating action required:

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 Council staff are encouraged to complete the equality GOLD module. This will include TUPE staff. **Possible negative impact and additional mitigating action required:**

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.

The service aims to support the Charter of Rights for People Affected by Substance Use.
Key rights:

- Right to life
- Right to the highest attainable standard of physical and mental health
- Right to an adequate standard of living
- Right to private and family life
- Right to a healthy environment
- Freedom from torture and other cruel, inhuman or degrading treatment or punishment
- Freedom from arbitrary arrest or detention

These rights align with work undertaken as part of the transition plan. In particular the standard of living and healthy environment, linked to building checks undertaken as part of transition and ensuring that adequate furniture in private and communal areas

is available to support treatment and right to private and family life, with a focus on the location to maintain connections to family and supports.
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).

*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.

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

Option 1: No major change (where no impact or potential for improvement is found, no action is required) ☐

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) ☒

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes) ☐

Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here) ☐

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) ☐

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

Actions.

From the additional mitigating action requirements sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

- Ongoing monitoring of capacity levels
- Recruitment to increase staff capacity
- Regular meetings of Multidisciplinary Transition Group to monitor implementation and capacity.

No actions identified ☐

Date for completion
Who is responsible? (initials)

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

EQIA Sign Off:
Name Karen Lockhart
Job Title Assistant Chief Officer, Adult Services
Signature 
Date 16.11.26

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

Date 16/11/26

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