



NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Disability Resource Centre – Vacancy Management in line with Occupancy
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1. Is this a: **Current Service** Service Development Service Redesign New Service New Policy Policy Review

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

<p><i>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.</i></p> <p>Older People’s Day Support – Current Service Arrangements The Disability Resource Centre is based in the centre of Paisley, providing outcome focussed care and support to people affected by physical disability in the Renfrewshire area. The Disability Resource Centre is used as a building base, where a number of groups and activities take place, with community support being provided throughout the area, as small focus groups engage in community-based activities, supported by the Disability Resource Centre staff team.</p> <p>The following table provides an overview of current service user volumes, percentage of allocation of placements, attendance rates and care inspectorate registrations. It highlights the reduction in occupancy levels which have been observed since the beginning of the pandemic:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Disability Resource Centre</th> <th style="width: 30%;">Pre-Pandemic</th> <th style="width: 40%;">Current</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>			Disability Resource Centre	Pre-Pandemic	Current			
Disability Resource Centre	Pre-Pandemic	Current						

Clients attending (approx.)	96	87
Allocation of placements	91%	82%
Attendance rate	85%	84% (167 of 200 weekly)
Care Inspectorate registrations	40 per day	40 per day

Staffing volumes within the service have been maintained whilst attendance rates have reduced. An overview of the current staffing establishment is detailed below:

Post	Grade	FTE
Manager	GR9	1.0
Senior Day Centre Officer	GR7	1.0
Adult Service Coordinator	GR6	1.5
Day Centre Officer	GR5	8.22
Care Assistant	GR2	1.62
Bus Escort	GR1	1.9

Details of proposed changes

This proposed service change is the deletion of three existing posts within the Disability Resource Centre Service. This proposed change would be managed through the deletion of vacancies as they arise and aims to align staffing capacity with prolonged decreased service user occupancy levels, thus achieving necessary financial efficiencies without significant reduction in service provision. The described changes both

pre and post pandemic in demand and occupancy levels provides an opportunity to modernise and stabilise provision, aligning our staffing and building establishment appropriately.

The development of this proposal reflects:

- Changes in demand and preferences for support via varied means including outreach and within the community, which are also mirrored in national policy for day services.
- The changing demand for building based services, reflected in occupancy levels within the service.

Rationale for proposed changes

Due to financial pressures facing the Renfrewshire Integration Joint Board (IJB) and Renfrewshire HSCP (which delivers the services delegated to the IJB), the IJB approved the establishment and scope of the 'Sustainable Futures' programme in June 2023. This programme is intended to support the delivery of sustainable services through the achievement of savings and service change, to ensure that the IJB's costs are within the available budget within 2024/25 and future years. Options across all services are subject to ongoing review and shortlist, with an initial shortlist being agreed by the IJB in June 2023 for further development and consideration. All options developed are subject to robust options appraisals, impact assessments and equalities impact assessments where required and appropriate, to inform IJB decision-making.

At a meeting of Renfrewshire IJB on 24 November 2023, approval was given to proceed to develop detailed options appraisals and an impact assessment on the proposed change which includes criteria set out within the Equalities impact assessment. The Equalities impact assessment considers the potential impact of the proposed changes to all relevant stakeholders and any specific identified impacts to each protected characteristic group. Following the completion of the impact assessment and options appraisal, updated options will be submitted to the IJB in March 2024 for their decision on whether to approve or reject the proposal.

In June 2021, based on the submission of a paper on Developing Models of Care, the IJB approved a proposed direction of travel and development of day care models which enhance the opportunity for individuals to exercise choice, control and flexibility over the services they access, and to ensure services are flexible and fit for the future. The proposal including the following core features:

- Further develop the HSCP's approach to enabling choice, control and flexibility for individuals and deliver upon the recommendations of the Independent Review of Adult Social Care and the National Self-directed Support Framework.
- Services will focus on enabling people to live as independently as possible, for as long as possible, within their own homes.

- Services focus on the needs of individuals rather than providing group support and recognise the importance of supporting existing relationships and friendships and enabling the development of new relationships within communities (both geographic and interest-based).
- The support provided by the HSCP and within communities will focus on supporting meaningful activity for each person.
- In meeting the needs of individuals, the need for and use of buildings will be assessed and will change in the most appropriate way to reflect changing demand.
- The learning and feedback gathered from the interim models implemented due to the pandemic will be assessed and used to guide further development of day support models, reflecting the importance of community outreach alongside support provided within buildings.
- Day support will be provided in partnership, reflecting, and maximising the use of the assets within Renfrewshire's communities and the skills, expertise and breadth of provision available within the third sector.
- Enhanced communication and information provision will support staff and service users, carers and families to understand and access the breadth of community-based support available, providing opportunity to meet individual needs.
- People will be supported through a range of means, including further development of the use of digital technology as an additional strand of support and to enhance opportunities for engagement.

The paper outlined several supporting aspects for this direction including:

National and Local Policy/Drivers

The current policy context for integrated health and social care services, driven through the Independent Review of Adult Social Care (Feeley Review) and the recently published national Self-Directed Support framework alongside service remobilisation, focusses on the enablement of choice flexibility and control in service provision. Enabling individuals to have choice, control and flexibility over the services and support they access has been at the centre of national policy for several years. This is also reflected within the IJB's Strategic Plan, specifically within the theme of empowered futures which aims to ensure people are empowered to shape their support at every stage of life, and within key national policies including 'A Fairer Scotland for Older People'; 'A Fairer Scotland for Disabled People'; the 'See Hear' strategic framework for people with a sensory impairment; 'The Keys to Life'; and the 'Shared Vision for Independent Living'.

Reflecting good practice in the development of models of care

The paper outlined that the development of future models of care will reflect the current and emerging policy environment and will draw upon leading policy and practice from across Scotland and more widely throughout to ensure that day support is flexible and fit for the future. The HSCP undertook a literature review to determine the key components of successful day support models. In summary, the key findings from this review of existing evidence include:

- Community-based approaches to providing support can improve outcomes by promoting equity and increasing people's choice and control (Source: Public Health England, Community-centred approaches to Health and Wellbeing, 2015).
- Community-centred approaches can improve the health and wellbeing of individuals by (i) building on existing community resources, assets and capacity; (ii) enhancing community capability for improving advice and support; and (iii) delivering collaboratively and in partnership (Source: Public Health England, 2015).
- The move towards greater personalisation is focused on the empowerment of individuals. For older people, centre attendance and participation in interventions within them impact positively on their mental health, social contacts, physical function, and quality of life as well as contribute towards sustaining health. However, some attendees can experience better outcomes than others (such as the isolated, those lacking mobility, on low incomes or younger), suggesting that day centres do not maximise outcomes for some individuals and broader choice would be beneficial (Source: Cambridge University: Day centres for older people: a systematically conducted scoping review of literature about their benefits, purposes and how they are perceived, 2018).
- While traditional public health models are important, they could and should be complemented by considering available community assets, whose factors can help develop resilience and promote positive health and wellbeing within the community (Source: BMJ: Open Assets in a global context, 2019).
- The disability experience is multi-factorial and people with disabilities face significant attitudinal, physical and communication barriers that hinder their full participation in communities. However, access to and use of community assets (including services, places, businesses, and people) can increase the participation of people with disabilities (Source: BMC Public Health, Columbia 2020).

Equalities Impact Assessment and Options Appraisal Approach

This Equalities Impact Assessment will sit alongside, and inform, an Options Appraisal and wider impact assessment. The data captured within this Equalities Impact Assessment will inform the Renfrewshire IJB on the potential impact of this decision and any mitigating actions that may be required if the decision is made to proceed to implementation.

All projects will evaluate their respective options using the same consistent application of a pre-defined set of criteria across a number of areas which are weighted accordingly. These were agreed by the Sustainable Futures Programme Board, which included CSWO, Chief Nurse, HR, Staff-side and Trade Union representation among others. The criteria includes 1) viability and the value of savings achievable, 2) desirability and the impact on service quality and outcomes, and alignment to the IJB's Strategic Plan and 3) feasibility, which looks at inherent risk, reputational impact and also the time and ease of implementation. The updated option for this proposal will form the basis of a submission to Renfrewshire IJB in March 2024 for their formal review and decision-making.

The service user data included within this Equalities Impact Assessment reflects the data available as held on the HSCP's information systems in January 2024. Each individual service user of the Older People's Day Services has a formal record on ECLIPSE Case Management System and a number of their protected characteristics and demographic information is captured as part of this. However, the available dataset does not include structured fields for all categories. This includes pregnancy and maternity where data will be captured in supporting narrative on an individual's care record. Such data is more challenging to collate and analyse and therefore may not be included in the analysis.

Gaps in the available data for some protected characteristics, and in particular for sexual orientation, gender reassignment, religion and disability categories were identified. This may be as a result of this data not being mandated for collection through specific assessment and care management processes, or where individuals have chosen not to provide a response in these areas. Where this is the case, a response of 'not recorded/unknown' should be used, in line with the Scottish Government's national data return processes. In addition, no additional data cleansing has been undertaken on the available dataset over and above processes and procedures in place as part of business and usual assessment and case management requirements.

Where gaps in available data have been identified, effort has been made to gather further relevant information from service files locally. Aspects such as understanding relationships between service users is one such example.

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: Carron O'Byrne Email: carron.obyrne@renfrewshire.gov.uk	Date of Lead Reviewer Training: Bespoke via EQIA review and previous training
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**Please list the staff involved in carrying out this EQIA
(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):**

Individuals involved in the EQHRIA process

Name	Title	Role in Process
Carron O'Byrne	Head of Health and Social Care	Lead Reviewer
Jamie Robertson	Senior Change and Improvement Officer	Development of EQIA
Sarah Jane McCready	Change and Improvement Officer	Development of EQIA
Laureen McElroy	Change and Improvement Officer	Development of EQIA
Phil MacDonald	Service Manager	Development of EQIA
Mark Lilley	Day Service Manager	Development of EQIA
Debra Allen	Senior Planning and Policy Development Officer	Internal review and input
Angela McCarthy	Programme Management Office	Internal review and input
David Fogg	Programme Management Office	Internal review and input
Bernadette Reilly	Senior Community Partnerships Officer	Internal review and input
Joe Deary	Data Assurance Service Manager	Data assurance
Fiona McLaren	Finance Operational Manager	Finance support

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Each individual service user of the disability Resource Centre (DRC) has a formal record on ECLIPSE Case Management System and a detailed care plan and a number of their protected characteristics and demographic information is captured as part of this.</p> <p>To gather this information for all potentially impacted service users currently accessing the service, a data request was submitted to Renfrewshire HSCPs Data Assurance Team in January 2024. The data was extracted and analysed and is summarised under each characteristic section below.</p> <p>Additional broader demographical information (from 2021 National Records of Scotland data):</p> <ul style="list-style-type: none"> The most recent census data notes that there are 12,593 people in Renfrewshire with a physical disability – 7.2% of the population compared to 6.7% across Scotland. Older people are more likely to have a physical disability. Only 1.1% of 16–24-year-olds have a physical disability, but this rises to 34.6% of those over 85 having a disability. In addition, 	<p>Consider and resolve identified gaps in data recording and collection relating to equalities information, both for service users and staff.</p>

			<p>6.9% of Renfrewshire's population are deaf or have partial hearing loss, and 2.4% are blind or have partial sight loss.</p> <ul style="list-style-type: none"> For these individuals, physical disability is a broad term which encompasses a range of disabilities of differing complexity, of individual experience, and in age. <p>It is therefore essential that support for those people who require it is flexible, person-centred and built around the specific needs and desired outcome of each person.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were</i></p>	<p>The above outlined data will be considered as part of this Equalities Impact Assessment, to understand the potential impacts of the proposed change, both broadly to stakeholders and specifically to each protected characteristic group. The Equalities Impact Assessment will inform a fully costed options appraisal which will fully outline the options relating to the proposal.</p> <p>This detail will then be submitted to Renfrewshire IJB in March 2024 for their formal review and consideration as to the potential impacts of the proposal.</p>	<p>Consider and resolve identified gaps in data recording and collection relating to equalities information, both for service users and staff.</p>

<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The demographic detail of service users helps to inform service provision. The service provides a variety of methods of provision and engagement including outreach, group work, digital and welfare calls.</p> <p>An options appraisal process has been adopted to inform a robust assessment of the impact of the proposal subject to a decision from the Integration Joint Board (IJB).</p> <p>This Options Appraisal process will reflect both operational data and any feedback received from relevant stakeholders. It will consider the following aspects:</p> <ul style="list-style-type: none"> - Contribution to budget sustainability - Impact on service quality / outcomes - Alignment with Strategic Plan, Workforce Plan and relevant policy and legislation - Risk impact - Reputational impact 	
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			<p>- Ability to implement</p> <p>This Equalities Impact Assessment will support assessment of scoring within the Options Appraisal.</p> <p>In doing so, this approach considers all aspects of the General Duty.</p> <p>While this process considers only one option, it is helpful to use the same criteria to ensure consistency in approach across all Sustainable Futures proposals.'</p> <p>Service users The data utilised represented 79 service users who attend the day centre.</p> <p>Staff The data utilised represents 15.24 FTEs supporting the service in scope of this proposal.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy?	<i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care</i>	The development of the Sustainable Futures programme aligns with the IJB's Strategic Plan for 2024-25, which is focused on delivery of five key themes. This includes 'Sustainable Futures' itself which is focused on maximising the impact of available	Ensuring stakeholders can participate and contribute in a meaningful way and feel they are really being listened to and can have their say.

<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</p>	<p>resources whilst recognising that services must be financial sustainable and provide value for money. In doing so, the Strategic Plan recognised that difficult decisions would be required to ensure that resources are effectively targeted. This includes both service transformation and the delivery of savings.</p> <p>More widely, the Strategic Plan includes four additional core themes, which were developed to align with national policy and guide the shape of services during the life of the Plan and beyond. These are:</p> <ul style="list-style-type: none"> • Healthier Futures: People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need. • Connected Futures: People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible. • Enabled Futures: Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible. 	<p>Ensuring that complex information is presented in a clear and accessible format for all participants involved.</p> <p>Continue to ensure service planning and delivery aligns and is informed by relevant national policy.</p>
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			<ul style="list-style-type: none"> • Empowered Futures: People access the right care at the right time and place and are empowered to shape their support at every stage of life. <p>The current policy context for integrated health and social care services, driven through the Independent Review of Adult Social Care (Feeley Review) and the recently published national Self-Directed Support framework alongside service remobilisation, focusses on the enablement of choice flexibility and control in service provision. Enabling individuals to have choice, control and flexibility over the services and support they access has been at the centre of national policy for several years. This is also reflected within the IJB's Strategic Plan, specifically within the theme of empowered futures which aims to ensure people are empowered to shape their support at every stage of life, and within key national policies including 'A Fairer Scotland for Older People'; 'A Fairer Scotland for Disabled People'; the 'See Hear' strategic framework for people with a sensory impairment; 'The Keys to Life'; and the 'Shared Vision for Independent Living'.</p> <p>In June 2021, based on the submission of a paper on Developing Models of Care, the</p>	
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			<p>IJB approved a proposed direction of travel and development of day care models which enhance the opportunity for individuals to exercise choice, control and flexibility over the services they access, and to ensure services are flexible and fit for the future. This aligned with national policy to enabling choice, control and flexibility for individuals.</p> <p>This aligns with the direction taken by other HSCP areas, to reduce building-based day centre provision.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>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.</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p>	<p>Renfrewshire IJB in November 2023 approved the approach to develop proposed options further, supported by an extensive engagement process with potentially impacted stakeholders.</p> <p>As this proposed change relates to vacancy management, with minor changes to service provision, less intensive specific engagement was deemed to be required compared with other proposals. However, the following engagement took place with stakeholders:</p> <p>Staff engagement sessions – 07 & 08 December 2023</p>	

<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Visit to the service to engage with Service Users and Staff – 12 February 2024</p> <p>Staff and service user participants all emphasised the positive impact of the service and its importance to those who attend. The risk of too drastic a reduction in staff compared with the complexities of service users was highlighted, and the possibility of less contingency if demand was to increase.</p> <p>The impact of the service in reducing isolation and loneliness, and therefore improving health and reducing pressure on other parts of the system was highlighted by some participants.</p> <p>Additionally, all stakeholders including service users, families, carers and staff can share their views on the proposal through various means including through participation in relevant Care Planning Groups, an online feedback form or by email via the Sustainable Futures email inbox.</p> <p>Individual service users who may be impacted by any reduction or changes in provision due to the proposed changes, will be supported on an individual basis to</p>	
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			ensure they receive the most appropriate support based on their needs.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The Disability Resource Centre is physically accessible to all, including those who attend frequently with a physical disability. This proposal does not involve any changes to the existing centre which has been designed to support those with physical disabilities, ensuring there are no barriers or challenges to access or mobility. The centre has accessible ramps, automatic door entry, and internal wheelchair accessible doors.</p> <p>5% of staff currently working at the centre are recorded to have a disability. The service will continue to support those with a disability and ensure any potential impact of the proposed changes is considered and mitigated where possible.</p> <p>Accessible transport which is currently provided to those service users who require it, will continue to be provided.</p>	<p>Continue to engage and listen to service users and carers with any concerns or suggestions for improvements relating to the accessibility and suitability of the centre.</p> <p>The service will continue to support staff with a disability and ensure any potential impact of the proposed changes is considered and mitigated where possible through existing policies.</p>

	4) Not applicable <input type="checkbox"/>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>
<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Programme communication channels have been established/utilised to ensure appropriate, clear and timeous messaging relating to the changes to all relevant stakeholders.</p> <p>The proposed changes do not impact current methods of communication with service users, families, carers and staff. The service will continue to utilise various methods of communication to ensure there is no disparity, inequality or discrimination. This is already in practice as service users have a range of different physical disabilities and support needs.</p> <p>If necessary, interpreters or British Sign Language support will be arranged via the relevant bodies. All staff are aware of the interpreting protocols and how to arrange services.</p>	<p>The mechanisms set out in the evidence provided will mitigate against any risks to communication, however it is noted that this proposal it is not expected to impact on existing communication methods. In addition, additional opportunities to engage have been put in place to support the assessment of this proposal's impact.</p>		

	<p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>The proposed service change does not present a risk of differential deficit experienced by people because of their age.</p> <p>Day services currently support individuals across a broadening age range (18–70+), consideration has been given with regards to individual support requirement and the ability to meet outcomes. Under current service delivery formats, it is recognised that a ‘one size fits all’ approach will limit the ability for individuals to shape their service and potentially reduce the opportunity for greater choice, control, and flexibility.</p>	<p>Ensure appropriate engagement and consultation with any impacted employees with HR and trade union support.</p>

<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p>The following information relating to current service user age has been extracted:</p>	
<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>Age Distribution</p>	
<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<ul style="list-style-type: none"> - Total Count: 74 individuals - Mean Age: Approximately 54.43 years - Minimum Age: 24 years - Median Age: 56.5 years - Maximum Age: 73 years 	
<p>4) Not applicable <input type="checkbox"/></p>	<p>All planned service redesign seeks to enable choice, control and flexibility which reflects the broad range of needs and experiences across all age groups and understands this will be achieved by taking a person-centred and inequality sensitive approach to implementation and delivery.</p> <p>It is recognised that a reduced capacity means that in future, there may be less opportunity for people to access the service. However, the proposed reduction in staffing will still allow demand to be met, alongside continued community supports. Additionally, with change in people's preferences, it is expected that there will be less demand for day support as people's primary service.</p>	

		<p>The staff group supporting at the service is made up of a varied age demographic as follows:</p> <p>30-30 years – 5% 40-44 years – 10% 45-49 years – 20% 50-54 years – 20% 55-59 years – 20% 60-64 years – 15% 65-69 years – 10%</p> <p>The average age of staff is 53.</p> <p>The proposed service change does not present a risk of differential deficit experienced by staff because of their age.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p>There are no limitations for people with a disability in accessing and utilising the facility. There is appropriate equipment and accessibility. The service is designed to meet the needs of people affected by physical disabilities.</p> <p>Information relating to disability is not explicitly included in the dataset from Eclipse, however all service users attending the service have a physical disability.</p> <p>The proposed change does not disproportionately impact staff with a</p>	<p>Ensure appropriate engagement and consultation with any impacted employees with HR and trade union support.</p> <p>If approved, any individuals impacted by any reduction or changes in provision will be individually supported to ensure any impact is minimised and appropriate support is provided.</p>

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>disability. 5% of staff are recorded as having a disability. It is recognised that some staff may not wish to disclose that they have a disability.</p> <p>The proposed change has been identified as the least impactful on all stakeholders, whilst achieving required financial efficiencies and aligning with current occupancy levels.</p> <p>It is recognised that there may be some impacts to service provision if the proposed posts are removed:</p> <ul style="list-style-type: none"> • Outreach and Group work is undertaken by staff members aligned to a small number of clients undertaking activities; therefore the maximum placements available at the centre would require to be reduced to ensure the continued safety and wellbeing of clients • Adult Service Coordinators undertake assessments of need for DRC clients, create core action plans for all clients, undertake moving and assistance risk assessments for people with physical disabilities to ensure the wellbeing of clients and staff, as well as personal emergency evacuation plans for clients. The deletion of this post may require other roles to undertake 	
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		<p>additional tasks to ensure adequate cover, impacting on the support provided to the centre manager.</p> <p>If approved, any individuals impacted by any reduction or changes in provision will be individually supported to ensure any impact is minimised and appropriate support is provided.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p>Service redesign does not present a risk of differential deficit experienced by people because of gender reassignment.</p> <p>Staff members are aware of the sensitivities around gender reassignment and information on trans status can be recorded using the adult information system (ECLIPSE) of our database management system. However, information specific to gender assignment is not explicitly included in the dataset.</p>	

	4) Not applicable		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Service redesign does not present a risk of differential deficit experienced by people in relation to Marriage and Civil Partnership.</p> <p>Information on marriage and civil partnership is not included in the dataset extracted from adult information system (ECLIPSE).</p> <p>5% of staff are recorded as being married, with 10% not married, and 85% with nothing recorded against marriage and civil partnership. The propose is not deemed to have a risk of differential deficit experienced by staff in relation to Marriage and Civil Partnership.</p>	<p>Continue to support friendship and family relationships where possible as part of service provision.</p>

(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This proposal does not present a risk of differential deficit experienced by people with the protected characteristics of pregnancy and maternity.</p> <p>Information relating to pregnancy and maternity does not require to be specifically recorded therefore is not included in the dataset extracted from the adult information system (ECLIPSE).</p> <p><u>Staff</u> As per our standard policy the Health and Safety risk assessments for pregnant workers and those returning from pregnancy would be undertaken as normal and any relevant reflected within this proposal.</p>	<p>Ensure any staff on maternity/paternity leave are considered to avoid any instances of isolation or feeling uninformed.</p> <p>Keep in regular contact with pregnant employees and those on maternity/paternity leave to ensure they are kept up to date.</p> <p>Arrange keeping in touch days for those on mat leave where appropriate.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p>	<p>The proposal does not present a risk of differential deficit experienced on the grounds of Race. The service will continue to ensure services are fully accessible and as such promotes the use of appropriate</p>	<p>Where English is not a first language, for staff or service users, the service will ensure all information is clearly delivered and understood.</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>communication support, including use of interpreting and translation services.</p> <p>Race information is collected on the adult information system (ECLIPSE) and the following data has been extracted in relation to current service users:</p> <p>Ethnicity Breakdown - White - Scottish: 55 individuals (74.32%) - Other white origin: 15 individuals (20.27%)</p> <p>Categories with low numbers have not been included to ensure individuals cannot be identified.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p>The proposal does not present a risk of disproportionate differential impact on the grounds of Religion and Belief.</p> <p>Religion and Belief information is collected on the adult information system (ECLIPSE). The following data relating to current service users has been extracted:</p> <p>Religion Distribution - Other Religion: 24 individuals (51.06%) - No Religion: 13 individuals (27.66%)</p>	<p>Any potential impact of any changes on routine and practices, work patterns, holidays/days of worship, diet will be considered and supported.</p>

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Categories with low numbers have not been included to ensure individuals cannot be identified.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p>The proposal does not present a risk of disproportionate differential impact on the grounds of Sex. It is noted that there is a slightly higher proportion of female than male attendees at the DRC, however as noted individuals should not experience a change in service provision.</p> <p>Gender/Sex information is collected on the adult information system (ECLIPSE). The following data relating to current service users has been extracted:</p> <p>Gender Distribution - Female: 41 (55.41% of total) - Male: 33 (44.59% of total)</p> <p>The service staff group make up is monitored to ensure appropriate staff are</p>	

	<p>4) Not applicable <input type="checkbox"/></p>	<p>available to support clients and all staff undertake GBV and Diversity and Equality training. Day centres are located within communities to ensure they are accessible and all day centres have a mixture of public and private rooms to ensure that communication with service users on any topic including sensitive enquiry can take place in an appropriate space. Gender information is collected for all service users and is used as a basis for managing staffing levels and activity.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p>The proposal does not present a risk of disproportionate differential impact on the grounds of Sexual Orientation.</p> <p>Sexual Orientation can be recorded on the adult information system (ECLIPSE). However, this is not a mandatory recording requirement. The following data relating to current service users has been extracted:</p> <p>Staff are aware of their legal responsibility to protect vulnerable adults, and this is achieved through training awareness raising and management overview, including dealing with homophobic incidences. Such incidences would be recorded and reported through the existing processes. All staff undertake GVB and diversity and equality training. Information is reviewed on a regular</p>	

	4) Not applicable <input type="checkbox"/>	basis to ensure that it is appropriate and is LGBT inclusive.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</p> <p>2. What are the voices of people and communities telling us, and how has this been determined</p>	<p>The proposal does not present a risk of disproportionate differential impact on the grounds of Socio – Economic Status and Social Class</p> <p>The charging policy in place is means tested and reflects an individual’s ability to pay. These services are based in local communities were there can be areas of deprivation. Postcode data is collected and used to ensure that the service is transparent and open to all members of the community.</p> <p>The proposal aims to achieve financial efficiencies through vacancy management, and redeployment of existing staff if necessary. This ensures that there is no instances of job losses or impact on staff pay or length of service.</p> <p>The proposal does not include any changes to current transport provision or change of</p>	<p>Ensure appropriate engagement and consultation with employees with HR and trade union support.</p>

<p>(particularly those with lived experience of socio-economic disadvantage)?</p> <p>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)²¹ provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>	<p>service location, meaning there will be no additional costs to service users or staff.</p>	
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(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The person-centred planning approach allows any adverse impact of marginalised groups to be considered. The proposal does not present a risk to any other marginalised group.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>Due to financial pressures facing the Renfrewshire Integration Joint Board (IJB) and Renfrewshire HSCP (which delivers the services delegated to the IJB), the IJB approved the establishment and scope of the 'Sustainable Futures' programme in June 2023. This programme is intended to support the delivery of sustainable services through the achievement of savings and service change, to ensure that the IJB's costs are within the available budget within 2024/25 and future years. Options across all services are subject to ongoing review and shortlist, with an initial shortlist being agreed by the IJB in June 2023. All options are subject to robust options appraisals,</p>	

	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>impact assessments and equalities impact assessments where required and appropriate.</p> <p>This proposal is projected to deliver a total indicative saving of £65k through staffing reduction of 2.04FTE.</p>	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>In order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups we require to consider the following:</p> <ul style="list-style-type: none"> Existing EQIAs for all services should be reviewed and used to inform development of a revised EQIA for any services mergers or closures. Existing good practice can be shared. All Renfrewshire HSCP staff must complete appropriate equality and diversity training. NHS GG&C staff must complete the Equality and Human Rights Learn Pro module every three years or more frequently if required. The e-learning module introduces staff to equality legislation (Equality Act 2010 & Human Rights Act 1998) and contextualises within a health and social care setting using a range of video clips 	<p>The proposal outlined aligns to the IJB paper agreed in June 2021 “Developing Models of Care”, which sets out principles for the redesign of the day services model.</p>

		<p>and practical exercises. All Council Staff must also undertake mandatory Equality, Diversity and Inclusion training which is available on the Council's iLearn system.</p> <ul style="list-style-type: none"> As at December 2023, completion rates for NHSGGC's Equality and Human Rights training was 92%. Actual completion rates may be higher than this due to updates required to some staff accounts. Current completion rates across Council-employed staff within the HSCP is just under 13% however there is variance in completion between services. It should be noted that a significant proportion of the workforce do not have immediate access to laptops or online training and a range of additional interventions continue to support these staff as outlined below. The available data for Council staff is also caveated in that cleansing work is underway to ensure that the team structures used for reporting are fully accurate. An updated learning management system for Council training is also currently being implemented which will support enhanced monitoring of training completion. 	
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		<ul style="list-style-type: none"> • The overall completion rate for available equality-focused training for the HSCP is 51%. <ul style="list-style-type: none"> • Renfrewshire HSCP has an Equality Outcome Action Plan 2020-2024. This is part of the Equalities Mainstreaming Report which is a legal requirement of the HSCP to report on and complete. The Equalities Outcome Action Plan 2020-2024, includes details of activity in relation to the following 5 equalities outcomes: <ol style="list-style-type: none"> 1. Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life. 2. Our workforce are better informed and have confidence to make equality and human rights central to the way we work. 3. Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care. 	
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		<p>4. People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services.</p> <p>5. People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs .</p> <p>Renfrewshire IJB's Strategic Plan outlines 6 key actions to help us deliver on our 2020-2024 Equality Action Plan. Further detail on these actions can be found on p16 of the Plan here. These actions are monitored and reported on through performance management processes to Renfrewshire IJB.</p> <p>In addition, the HSCP's Health Improvement Team is currently developing an Equalities Planner to further embed our focus on equality. This planner aims to address the poor health and wellbeing outcomes experienced by individuals who are part of the following 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The Equalities</p>	
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		<p>Planner will enable Renfrewshire HSCP staff to easily access information on training, events (work and non- work related) and awareness dates that are related to equalities and the 9 protected characteristics. This will improve knowledge and confidence of staff to challenge prejudice and proactively create an inclusive environment, as well as ensuring that staff who identify as having protected characteristics feel safe, supported and included within the workplace. The Equalities Planner will make a clear statement that equality and diversity is at the heart of our organisation. The Planner will be available and accessible on Renfrewshire HSCP's website, with an easily accessible layout so that it is simple and quick for HSCP staff to use.</p>	
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

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

respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

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

The proposed service change will not act in a way that could impact on the human rights of patients, service users or staff.

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

The approach adopted in developing these proposals and supporting Equality Impact Assessment aligns with the PANEL principles. A summary of this alignment which each element of the principles is as follows:

Participation: Across the Sustainable Futures Programme, the HSCP has sought active participation and engagement with service users / residents, families, carers, representatives and staff through a programme of direct engagement. A comprehensive engagement exercise was undertaken over December 2023 and January 2024 with differing opportunities for people to share feedback through online and in person engagement events, the establishment of a focused programme mailbox and opportunity to provide feedback on paper and online forms. Additional engagement events were added to meet demands, with the approach to engagement shaped to meet the needs of individuals (for example service users). The write up from these sessions is available and has been used to inform the responses provided to the questions above. Wider engagement was also undertaken with the IJB's Strategic Planning Group and the Renfrewshire Providers Forum.

Accountability: Dedicated Options Appraisals and Equality Impact Assessments of these proposals are currently being undertaken and will be used by the IJB to inform decision-making. We note that EQIAs are live documents and will be reviewed and updated as appropriate where additional evidence becomes available. All EQIAs will also be published on the HSCP's website.

Non-discrimination: The services considered within this proposal are available to those assessed as requiring support through their individual assessments. The proposals have been assessed to determine whether any individuals with one or more protected characteristics are impacted to a greater extent than others and, if so, what mitigating actions are required to address this.

Equality/Empowerment: Renfrewshire HSCP seeks to promote equality and equity across all services, and this commitment is set out clearly within the IJB's Strategic Plan for 2022-25. The Strategic Plan also sets out wider priorities for the HSCP in line with national policy, including empowering individuals through choice and flexibility in the support available. As noted above, engagement has been embedded in the approach to delivering Sustainable Futures following the decisions made by the IJB in November 2022, and this is used to inform both the Options Appraisal and Equality Impact Assessment.

Legality: The service is compliant with UK and Scottish Law. In developing this EQIA research has also been undertaken to review learning from other EQIA processes, including judicial reviews. This has been used to inform the approach adopted to ensure compliance with the Public Sector Equality Duty.

- **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 which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

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

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible? (initials)

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

This EQIA will be reviewed 6 months from approval of the proposal, at end September 2024.

Lead Reviewer: Carron O’Byrne
EQIA Sign Off: Head of Health and Social Care
C O’Byrne
 25th March 2024

Quality Assurance Sign Off: Alastair Low
 Planning Manager
Alastair Low
 26th March 2024

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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