

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. 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 Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

NHS Greater Glasgow & Clyde Specialist Learning Disability Services Inpatient Long Stay Unit - Netherton

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).

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.

Netherton unit provides long term in-patient services for adults with a Learning Disability in Greater Glasgow and Clyde, this is the last remaining long stay unit in Greater Glasgow & Clyde (GGC) and work has been ongoing to establish suitable community support for the people who reside there. The resettlement of the people living in longer stay units will be a significant milestone for the people involved and NHS GCC in realising our commitment to move away from institutional models of care.

Glasgow City Health and Social Care Partnership (GCHSCP) are redeveloping the NHS Waterloo Close to a social care model and support will be provided by The Richmond Fellowship (TRFS). Waterloo is a small residential service in Kirkintilloch for people with learning disabilities who have complex needs. The accommodation provided is divided across 2 large detached bungalows which have the capacity to support 3 people in each. Each bungalow is well

adapted, large bright and airy. They have 2 large lounge areas, a dining area with French doors into a large back garden. The bungalows are undergoing a major refurbishment and are part of a well-established residential area with lots of amenities. They are located close to the town centre, the canal and local parks. TRFS is an organisation that already operates similar support services for adults with learning disabilities who have complex care needs. The organisation pioneered Positive Behavioural Support (PBS) in Scotland and the support provided to people at Waterloo will be based on person centred approaches, underpinned by PBS principles.

The Service is for adults aged 16 plus

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The redesign of in-patient Learning Disability Services forms a major part of Mental Health Services' contribution to the Disability Planning Framework. It also contributes to the delivery of effective treatment, care and support as outlined in the Adult MH Development Plan.

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: Tom Kelly Margaret Mason	Date of Lead Reviewer Training: 25/01/2024
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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):

Tom Kelly – Head of Adult Services: Learning Disability, Mental Health and Recovery Ashley Welsh – Service Manager, Inpatient Specialist Learning Disability Services Margaret Mason – Change Manager, Inpatient Specialist learning Disability Services
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<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>Data is captured routinely in relation to the 9 protected characteristics within Netherton. All data information is recorded securely on EMIS.</p> <p>Barriers in relation to the above are: - Sensitivity in relation to patient group and related communication and comprehension difficulties.</p>	<p>We will engage with the patient forum and service users regarding barriers in collecting equalities information.</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p><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 introduced with ongoing monitoring of uptake. (Due regard promoting</i></p>	<p>Data collated will be used to design the new service to enable staff to support specific health needs. OT and Physio are involved to identify any additional equipment required to support independence.</p>	<p>There is a requirement to have a system in place to ensure the redesign of services is functioning properly.</p> <p>The Core Audit schedule will be amended to reflect Equalities information</p>

	4) Not applicable <input type="checkbox"/>	<i>equality of opportunity)</i>		
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.</i></p>	<p>A Health Needs Assessment on Learning Disabilities has been carried out. We have engaged with experts in the field of Learning Disabilities and a detailed Governance Report has been produced.</p> <p>A Learning Plan has been developed specifically for In Patient Services which has been developed as a result of the Governance report, Patient Forum, Clinical Activity in Previous years Statistics now show that people with learning disabilities do not yet enjoy the same life chances as others. Part of our vision is we believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive.</p> <p>The current main national driver is the Coming Home Implementation Report, Scottish Government 2022 this highlights Scotland's commitment to meeting the Human Rights obligations for people with learning disabilities, which are outlined in the</p>	<p>We will maintain our level of engagement with users/carers in order to measure and improve varying work streams.</p> <p>We will continue to evaluate the service on an ongoing basis with established links i.e. The Scottish Consortium for Learning Disability, the Scottish Health Council, service users and stakeholders.</p> <p>A patient satisfaction questionnaire will be completed on a 6-12 monthly basis. The learning Plan will be further developed to take account of changing needs, views of the</p>

	<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>UN Convention of Human Rights of Persons with Disabilities.</p>	<p>service and patient population.</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<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</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</i></p>	<p>East Renfrewshire HSCP is the host for Inpatient Services in GGC and has been leading with the redesign of the assessment and treatment inpatient provision. This includes links with 6 local partnership community services and teams and includes qualitative and quantitative research from practitioners and service users.</p> <p>An Options Appraisal has been carried out which included service users/carers, advocacy, Scottish Consortium for Learning Disability, Scottish Health Council and stakeholders.</p> <p>The tender team for GCHSCP commissioned the services of The Advocacy Project (TAP) who undertook a programme of consultation</p>	<p>We want to build in a process of more routine engagement with relevant groups to inform future planning and delivery of services, we intend to achieve this by linking both the Patient Forum and the Carers group to the wider strategic planning forum</p> <p>People in Netherton do not require hospital care and will experience an improved quality of life in a community based</p>

<p>team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</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>issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>	<p>with people and families in order to enhance the service specification for the service. The consultation exercise used a number of formats included meetings in hospital, questionnaires and meetings between carers and the disabilities commissioning team. A report was published, elements of which have been included in the service specification for Waterloo. A summary of the TAP consultation report can be access using the link below.</p> <p>tap-consultation-summary-2019.pdf (yoursupportglasgow.org)</p> <p>The people who currently live in our long stay services and their families have been central to this process since 2017 and have been in discussion with inpatient and GCHSCP staff throughout. Several people have moved on in this time to their own homes. The Scottish Health Council was fully engaged in the original programme which led to our current model and longer-term plans to resettle people in the longer stay units. At that time, our plans were not considered as major service change however we have continued to follow the consult and engage model with individuals and families.</p> <p>Given the progress which is now being made we have met with Health Improvement</p>	<p>enhanced living service. This is in line with national and local aspirations that people will not live in a hospital.</p> <p>The HSCP and the NHS are working together to support families and carers and provide reassurance. Robust transition plans will be put in place based on individual needs. The provider has experience of supporting people with similar needs. The provider will attend meetings within the ward, spend time shadowing and building relationships with people to ensure the best transition for each person moving to Waterloo.</p>
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			<p>Scotland who are content we have applied the 'Planning with People' principles.</p> <p>The outstanding area to consider would be in the ongoing communication with relatives and carers and the opportunity to capture any potential feedback or concerns they may have as we enter this next stage.</p> <p>Some of the families have expressed their concerns about the resettlement of their family members. People have been in hospital for a long time and carers are concerned how the move will impact on their wellbeing and if they will receive the same quality of care they currently receive in the hospital setting.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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	<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</i>	<p>It is recognised that the Netherton building has a limited lifespan. It is situated over 2 levels and is no longer meeting the physical needs of the patients residing there.</p> <p>Allied Health Professionals and Social Work support the assessment of individual needs with regards to access and equipment and appropriate resources are made available to ensure equality of access.</p>	<p>There is an ongoing programme to upgrade the existing community units to comply with the Disability Discrimination Act.</p>

<p>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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>Social Work Colleagues work closely with other support services to put in place information and supports to remove any potential barriers. Formal Strategies are also in place to promote positive behaviour and prevent incidences of challenging behaviour.</p>	
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	<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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between</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</i></p>	<p>Staff have access to mandatory Equalities training and are aware of the expectation and requirements to ensure communications are undertaken in an inclusive and non-discriminatory way.</p> <p>A monthly newsletter is produced for service users and carers which incorporates pictorial communication. This is now produced by the Patient Forum.</p> <p>There has been an increase in Speech and Language Therapist Input, and emphasis placed on Communication with the Learning Plan There is signage giving directions to the community units, a range of user accessible documentation and the development of a user-friendly care plan. During the redesign a number of communication styles were employed from the involvement of a graphic artist to the offer of 1;1 sessions with an LD Speech and Language Therapist</p> <p>Throughout the planning of the closure of Netherton we have strived to be clear, concise and inclusive (use plain English; accessible and easy Read format, with arrangements in place to adapt styles, formats, layouts, community languages (The</p>	<p>There is a need to liaise with interpreting services. There is also a need to ensure loop systems are available within the community units. There is an ongoing programme to ensure standards which have been taken into consideration within regards to the Acute Admission Unit are also incorporated into the community units.</p> <p>We will continue to develop our range of Communication styles.</p> <p>As we progress with the closure of Netherton it is important we use learning to understand the experience of people and</p>

<p>protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve 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>	<p><i>of opportunity).</i></p>	<p>British Sign Language (BSL) if required and ensure that the communication is fluid and can adapt to meet the communication needs and preferences of different audiences including those with protected characteristics.</p> <p>Information has been made available in Easy Read Format in addition to the option to receive them in a different language or the use of the interpreting service and how to access it for those who do not have English as a first language, including BSL users, thus ensuring accessibility to a wide range of groups. In addition.</p> <p>By adopting this approach, we aim to ensure that we remove discrimination, promote equality of opportunity, and foster good relations.</p>	<p>staff from protected characteristic groups and make a commitment to capture all perspectives.</p>
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
a	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The inpatients service provides care, support, and treatment for adults over the age of 16 years. This redesign work provides an opportunity to consider older people with Learning Disability are receiving appropriate access to other services for age- related health conditions</p> <p>Waterloo has been designed to a very high specification that takes account of both frailty and disability needs. Design features such as circulation space, superior lighting and safety systems have been fully incorporated.</p> <p>Research has demonstrated the need to involve individuals in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring those from across the protected characteristics are represented.</p> <p>Our plan to close Netherton is in line with the NHS Greater Glasgow & Clyde vision to improve the lives of people with learning disabilities and they are given the right support so that they can live fulfilling lives in the community. This support should always</p>	<p>The needs of people with a learning disability with dementia is an increasing consideration, coupled with the challenges around frailty and disability. Future development plans need to take account of this.</p>

		<p>be person centred, preventative, flexible and responsive.</p> <p>We recognise it is important to be aware of potential impacts associated with age discrimination that leads to inequality in terms of access to services and user experience amongst different age groups, and the need to develop multi-dimensional approach to tackling inequality as a consequence of age discrimination.</p>	
<p>b</p>	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>It is anticipated that the proposal to close the last remaining long stay unit, as set out in the IJB paper will improve the quality of care and outcomes for people with Learning Disability.</p> <p>Our staff are experts in the Mental Health Act and Adult Support and Protection Act. Staff are specialists in Learning Disability and Epilepsy. The Acute Admission unit complies with the Disability Discrimination Act. Noise reduction/visual impairment etc. Engagement with relatives.</p> <p>Research has demonstrated the need to involve individuals in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring those from across the protected characteristics are represented.</p>	<p>There is a need to ensure community sites have a loop system in place. There is a need to make better use of mini buses that are available to ensure carers/relatives can access units. Information leaflet regarding rights to claim travel expenses for carers/relatives. Signage.</p>

		<p>There are many different definitions of a learning disability. Scotland's learning Disability Strategy 'The Keys to Life', describes a learning disability as "significant and lifelong. It starts before adulthood and affects the person's development. This means that a person with a learning disability will be likely to need help to understand information, learn skills and live a fulfilling life</p> <p>The new community placement will deliver services that have been developed to meet specific and presenting needs of people who currently reside at Netherton. The service will meet DDA access requirements.</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>There is no specific evidence to suggest the closure of the service has a disproportionate impact on people in relation to gender reassignment within Learning Disabilities therefore this does not appear to be a significant issue. It is not anticipated the proposed changes will have an impact on people with this protected characteristic</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>d</p>	<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>There is no specific evidence to suggest the closure of the service has a disproportionate impact on people in relation to marriage and Civil partnership within Learning Disabilities therefore this does not appear to be a significant issue.</p>	<p>None currently identified.</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>There is no specific evidence to suggest the closure of the service has a disproportionate impact on people in relation to pregnancy and maternity within Learning Disabilities therefore this does not appear to be a significant issue.</p>	<p>None currently identified.</p>

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>f</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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>There is no specific evidence to suggest the closure of the service has a disproportionate impact on people in relation to race within Learning Disabilities therefore this does not appear to be a significant issue.</p> <p>All communication needs for people who do not have English as their first language will be met including the requirement to provide interpreting and translation support to advocates and family members. All additional communication and support needs will be met through mainstream provision in line with the Equality Act (2010) and NHSGGC policy.</p>	<p>None currently identified.</p>

<p>g</p>	<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>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>Evidence that we support people in their faith. It is not anticipated the proposed changes will have an impact on people with this protected characteristic</p>	<p>People with a Learning Disability may not have an insight into their faith. Engagement with the Chaplaincy Service within Gartnavel Royal Hospital. Look at engagement with community parishes. Ensure Spiritual Care manuals are available in all units.</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>There is no specific evidence to suggest the closure of the service has a disproportionate impact on people in relation to sex within Learning Disabilities therefore this does not appear to be a significant issue. The service is a single sex unit and there are no issues in terms of safe guarding against gender based</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>violence. If required all staff have received training to work and respond to any disclosures.</p> <p>The cohort of residents are moving from historical single sex service for male residents.</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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>There is no specific evidence to suggest the closure of the service has a disproportionate impact on people in relation to sexual orientation within Learning Disabilities therefore this does not appear to be a significant issue.</p>	<p>Staff training on sexuality. Work with service users on appropriate ways to address</p>

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>j</p>	<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 <u>strategic</u> 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</p>	<p>The client group is socio-economically disadvantaged as a result of society’s response to people with learning disabilities.</p> <p>The ability to access quality services is a fundamental aspect in ensuring that people with a learning disability enjoy a high quality of life in their own homes in the community.</p> <p>Research has demonstrated the need to involve individuals in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>The provision of specialist care in East Dunbartonshire may create barriers for some families/carers and advocates in terms of increased travel costs. However the benefits of moving to a community based enhanced living service allows for more opportunity for</p>	<p>Promote access to advocacy.</p> <p>Ensure all clients are subject to the same timescales for treatment and access to services.</p> <p>Ensure access to money matters advice/benefits advice and Patient Affairs advice sessions</p>

[Scotland Duty: guidance for public bodies - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:

1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?
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?
4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?
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?
6. How has the evidence been weighed up in reaching our final decision?

people to access the community and meet with family / carers. The provider will support people to be involved and integrated into their local community and access a wide range of activities.

	<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>k</p>	<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>It is not anticipated the proposed changes will have an impact on people with this protected characteristic</p> <p>There are links with Forensic Learning Disability Services. Links with Homeless Services</p>	<p>There is a need to look at pathways for addictions and in-reach services. Training of staff.</p>
<p>8.</p>	<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</p>	<p>While there is the benefit of some cost savings with the closure of Netherton this is not the main driver behind the closure.</p>	<p>Further savings plans need to be considered within the context of joint planning and a whole system approach to how</p>

	<p>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>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This is part of the longer term strategic move for the redesign of the inpatient services and the closure of the long stay units – this is in line with the Coming Home Implementation Report and no one should live in a hospital.</p>	<p>services for PWLD are delivered.</p>
	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>9.</p>	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between</p>	<p>We have provided a series of training events for staff around Human rights and inequalities sensitive practice within Tier 4 services.</p>	<p>More regular and specific training for our staff needs to form part of our learning plan and we</p>

<p>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>Policies are in place to ensure staff are aware of Equality and Diversity Rights.</p> <p>NHS Greater Glasgow & Clyde is committed to regularly training and empowering staff on equalities issues to prevent discrimination, promote equality of opportunity and foster good relations between characteristic groups.</p>	<p>need to make better use of e-learning modules.</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.

There are no reported risks in relation to human rights by discharging people from long stay hospital. By supporting the long stay patients to move into the community we aim to redress inequalities that people experience by living in a

hospital setting. Waterloo supports Article 5 and Article 8 of the Human Rights Act and people's right to liberty and security

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* .

Adoption of the PANEL principles will be advanced by the commitment, set out in the IJB paper to develop, in collaboration with service users, carers and representative community organisations, a framework to gather and assess service user and carer feedback of their care experience. This should include people's experiences of inequalities sensitive practice, as part of the HSCP's commitment to meeting the requirements of Equality legislation and addressing health inequalities

PANEL principles underpin the general approach to all plans developed to move people into the community, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of people.

*

- **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?(in initials)
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N/A	
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

N/A

Lead Reviewer: **Name** Tom Kelly
EQIA Sign Off: **Job Title** Head of Adult Services: Learning Disability, Mental Health & Recovery

Signature 

Date 20.03.24

Quality Assurance Sign Off: Name Alastair Low
Job Title Planning Manager
Signature A Low
Date 21/03/24

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

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

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

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

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

		To be Completed by	
		Date	Initials
Action:			

Reason:			
Action:			
Reason:			

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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