

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

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

East Dunbartonshire HSCP Strategic Plan 2025-30

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☐ New Service ☐ New Policy ☒ Policy Review ☐

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

The Strategic Plan sets the direction for the actions needed to improve and deliver health and social care services to meet the changing local demands within East Dunbartonshire. It is prepared by the East Dunbartonshire Integration Joint Board under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The Plan covers all topics which are required by the Act, along with a number of other relevant topics pertinent to East Dunbartonshire's residents.

The Integration Joint Board is required by the Act to produce a Strategic Plan for how the functions delegated to it by NHS Greater Glasgow and Clyde (NHSGGC) and East Dunbartonshire Council (EDC) will be delivered. The Integration Joint Board is responsible for monitoring the delivery and performance of services by all partners including the Council and Health Board, and may issue further directions if needed to ensure effective delivery in line with the Strategic Plan, making available whatever financial resources it deems appropriate from the budget within its control.

This plan is a strategic document that sets out the vision and future direction of health and social care services in East Dunbartonshire. It is not an exhaustive list of actions outlining everything that East Dunbartonshire Health and Social Care Partnership (HSCP) plan to do over the coming years. The plan instead shows the priorities that we want and need to achieve in order to improve the health and wellbeing of the citizens of East Dunbartonshire, identifying our commitments in support of these priorities and the enablers that will allow us to achieve them, whilst making best use of the resources available to us. The detail about how we will achieve this will be developed through our annual delivery plans, which will be developed in collaboration with all partners in the public, independent and voluntary sectors, and in our local communities. This will allow the HSCP to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan.

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The strategic priorities of the plan are:

- Empowering and Connecting Communities
- Empowering People
- Improving Mental Health and Recovery
- Prevention and Early Intervention
- Public Protection
- Supporting Carers and Families

Supported by the following enablers:

- Collaborative Commissioning
- Infrastructure and Technology
- Maximising Operational Integration
- Medium Term Financial and Strategic Planning
- Workforce and Organisational Development

East Dunbartonshire HSCP undertakes an EQIA on significant changes to policy or services, and decisions that could have disproportionate impacts on individuals or groups protected under the Equalities Act 2010. We believe that it is good practice when developing a policy, strategy or a new initiative to anticipate the likely effects it may have, and to take steps to prevent or minimise, any likely harmful effects, especially on persons who share any of the characteristics that are protected under the Equalities Act. This ensures that disadvantaged groups are not further disadvantaged by the policies and strategies we adopt. It also ensures that the IJB are properly advised of the potential effects of proposals before they take decisions that affect people's lives.

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: Andy Craig, Planning Performance & Quality Officer	Date of Lead Reviewer Training: 9 th November 2023
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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):

Derrick Pearce (Interim Chief Officer)
David Aitken (Head of Adult Health and Social Care)
Claire Carthy (Head of Children's Services & Criminal Justice)
Jean Campbell (Chief Finance & Resources Officer)
Leanne Connell (Chief Nurse)
Tom Quinn (Head of People and Change)
Alison Willacy (Planning, Performance & Quality Manager)
Andy Craig (Planning, Performance & Quality Officer)
Matthew Forbes (Senior Information Analyst)
Strategic Planning Group
HSCP Board

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<p>Promoting equality and addressing health inequalities are at the heart of East Dunbartonshire HSCP's vision (caring together to make a positive difference) and values (honesty, integrity, professionalism, empathy and compassion, and respect).</p> <p>Throughout the development of the Strategic Plan we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equalities Act 2010) and those who do not share it; and given regard to the need to reduce inequalities between our stakeholders in access to, and outcomes from, healthcare services, and to ensure this might reduce health inequalities.</p> <p>The Joint Strategic Needs Assessment (JSNA) and the Children's Joint Strategic Needs Assessment (CJSNA) are key resource documents in the process of preparing the Strategic Plan. These documents inform the planning and nature of future services and provides an overview of the current and projected population demographic, information relating</p>	Not applicable

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		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
		to life circumstances, health behaviours, and health and social care status across East Dunbartonshire. They include information on age, gender, ethnic origin, population projections, disabilities (including physical, learning, and sensory), mental health and wellbeing. The most up to date, robust data available was used, including comparisons to the national Scottish average and available trend data.	
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>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 JSNA and CJSNA are key resource documents in the process of developing the Strategic Plan. In addition to these, a review of the previous Strategic Plan and ongoing performance management of service delivery provides evidence of what is working well and identifies areas for improvement. Throughout the development of the Strategic Plan, the HSCP is engaging with partners, stakeholders, and the public to ensure services are designed and commissioned around the people who use them and their communities. Findings from the consultation process have been reflected in the Strategic Plan and the Annual Delivery Plans that provide a responsive mechanism in which to ensure the priorities of the Strategic Plan are realised.</p>	Not applicable
3.	How have you applied learning from research	Findings from the consultation and engagement process have been reflected in the development of the Strategic Plan. Benchmarking	Not applicable

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		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>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>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>activity to review the strategic planning direction of other Scottish HSCPs has also informed the development of the Strategic Plan, including A Framework for Community Health and Social Care Integrated Services reported by the Scottish Government.</p> <p>The JSNA and CJSNA provide evidence to be reflected in the development of the Strategic Plan, including details of the population of East Dunbartonshire, including: age, gender, ethnic origin, population projections, disabilities (including physical, learning, sensory), mental health and wellbeing.</p> <p>The Public Bodies (Joint Working) (Scotland) Act (2014) and supporting orders sets out the legislative requirements for the partnership in relation to the Strategic Plan.</p>	
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?</p>	<p>Two periods of consultation have been carried out during the development of the Strategic Plan. The first phase of consultation was undertaken in July and August 2024 with a focus on the strategic priorities and enablers around which the Strategic Plan has been developed. The second phase ran from November 2024 until January 2025 to collate feedback on the draft Strategic Plan, with feedback informing development of the final draft which is submitted to the HSCP Integrated Joint Board for approval at its meeting in March 2025.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer, and staff groups among other stakeholders (including the third sector). We recognise that this may not have reached all groups/people who have a protected characteristic, and will therefore continue to be committed to consider the specific needs and preferences of the</p>

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		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<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 consultation has been informed by consideration of the main national and local drivers and influences; local health and social care needs and trends; findings from prior consultation exercises; and benchmarking of strategic planning from across Scotland. From these findings, our strategic priorities and enablers were identified.</p> <p>We have engaged with a range of existing organisations and groups within the HSCP and with the general public using a range of approaches approved by the HSCP Board, including an online survey and facilitated discussions.</p> <p>During the consultation, there was broad support for the agreed service priorities and enablers, and all other feedback has been considered when developing the Strategic Plan.</p>	<p>communications audience, including protected characteristic groups.</p> <p>When developing the Strategic Plan, we have actively considered identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>This is a policy document which will be accessibility checked and available publicly on the HSCP's website. An easy read version will also be produced and available publicly.</p> <p>The Strategic Plan will influence the way services are delivered across the lifetime of the plan and all premises/estate that services are delivered from will be accessible and meet equalities legislation.</p>	Not Applicable

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		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<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>		
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>The HSCP Communications and Engagement Strategy (2024-29) sets out a framework that the Strategic Plan development process follows, including details on stakeholders, communication standards and channels, and guidance on equalities, inclusivity and accessibility. It is committed to communications that strive to be clear and concise and adaptable to meet the communication needs and preferences of different audiences including those with protected characteristics, including the use of British Sign Language.</p> <p>The Strategic Plan development process is influenced by and reflects patient, service user, carer and staff experience among other stakeholders, including those from a protected characteristic group. Through the provision of an accessible and inclusive Strategic Plan, we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.</p>	Not applicable

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	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3) Foster good relations between 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>		

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
7 (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>The need for health and social care services to work with other partners to prepare for an increasingly ageing population is seen as one of Scotland's biggest challenges and this has been reflected in the Strategic Plan.</p> <p>In common with the rest of Scotland, East Dunbartonshire's population profile is changing. A combination of factors, including healthier lifestyles, advances in medicine and lower birth rates, means that there is an increasing proportion of people aged 65 and</p>	Not applicable

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<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>over in our society, and proportionally fewer people of working age.</p> <p>The JSNA projects a 7.6% increase in the overall population of East Dunbartonshire from 2018-2043 due to a significant estimated rise in the population aged over 65 years. The largest increase is in individuals aged over 85 years, which is projected to rise by over 100% from 3,203 to around 7,000 people by 2043. There will be a higher incidence of frailty, dementia and multi-morbidities amongst this part of the population which suggests that demand for health and social care services will rise accordingly.</p> <p>It is anticipated that the Strategic Plan will have a positive impact on ageing and older people, as parts of the plan have been designed with their specific needs in mind. It also includes commitments with the specific needs of children and young people in mind.</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>The JSNA found that one in three people said that they had a long term condition that substantially interfered with their day to day activities, and this is reflected in the development of the Strategic Plan. It is anticipated that the Strategic Plan will have a positive impact on disabled people and carers as parts of the plan (especially in relation to the strategic priorities of Empowering People and Supporting Carers and Families) have been designed with their specific needs in mind.</p> <p>The continued recognition of the role of carers, many of which may become unwell themselves, should result in</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer, and staff groups among other stakeholders (including the third sector). We recognise that this may not have reached all groups/people who have a protected characteristic, and will therefore continue to be committed to consider the specific needs and preferences of the communications audience, including protected characteristic groups.</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<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>more support for both service user and unpaid carers and a better environment for both groups.</p> <p>The HSCP will ensure that this group of service users does not receive a lesser service due to their protected characteristics.</p>	<p>When developing the Strategic Plan, we have actively considered identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 perceived disproportionate impact on people on the grounds of gender identity.</p>	<p>Not applicable</p>
(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>There is no perceived disproportionate impact on people on the grounds of their marriage or civil partnership.</p>	<p>Not applicable</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<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>		
(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>There is no perceived disproportionate impact on people on the grounds of their pregnancy and maternity.</p>	<p>Not applicable</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	4) Not applicable <input type="checkbox"/>		
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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 perceived disproportionate impact on people on the grounds of their race.</p> <p>The HSCP Communications and Engagement Strategy (2024-29) aims to ensure that communications and engagement activity is accessible, uses plain language and is as free as possible from jargon. All of our information is available in alternative formats on request.</p> <p>When engaging particular communities, we create appropriate materials, for example; in different languages or easy-to-read formats. We distribute any public information we produce, such as leaflets and posters, as widely as possible and often ask partner organisations to support our communication and engagement efforts to reduce barriers. Both EDC and NHSGGC have policies and guidance on accessible communications and interpreting services and how to access them. These are for all patients where English is not their first language and for those who may need communication support in a health setting. This also includes people who are deaf, hard of hearing, blind or deafblind.</p>	Not applicable
(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>There is no perceived disproportionate impact on people on the grounds of their religion and belief.</p>	Not applicable

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<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>		
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" 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>There is no perceived disproportionate impact on people on the grounds of their sex.</p>	<p>Not applicable</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	4) Not applicable <input type="checkbox"/>		
(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>4) Not applicable <input type="checkbox"/></p>	<p>There is no perceived disproportionate impact on people on the grounds of their sexual orientation.</p>	<p>Not applicable</p>
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively</p>	<p>The Strategic Plan ensures a strategic approach is taken by the HSCP towards delivering and developing services, within a specified budget, while meeting its legal responsibility under The Fairer Scotland Duty Guidance for Public Bodies to consider how inequalities of outcome caused by socio-economic disadvantage can be reduced. A Fairer Scotland impact assessment has also been carried out.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer, and staff groups among other stakeholders (including the third sector). We recognise that this may not have reached all groups/people who have a protected characteristic, and will therefore continue to be committed to consider the specific needs and preferences of the</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.	<p>The strategic priority of Empowering People includes a focus on reducing inequality and inequity of outcomes. The detailed actions will be developed in collaboration with partners in the public, independent and voluntary sectors, and in our local communities. This will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan.</p> <p>There are three data zone areas in East Dunbartonshire categorised amongst the most deprived in Scotland, two are in the Hillhead area of Kirkintilloch and one is in Lennoxton, representing 2,724 people or 2.5% of East Dunbartonshire's population.</p>	<p>communications audience, including protected characteristic groups.</p> <p>When developing the Strategic Plan, we have actively considered identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>There is no perceived disproportionate impact on people of other marginalised groups.</p> <p>If there are any changes to services or to service provision, we must ensure that we communicate and involve all communities who may be affected, and ensure that any East Dunbartonshire resident, service user, patient, carer or family member do not receive a lesser service due to their protected characteristics.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer, and staff groups among other stakeholders (including the third sector). We recognise that this may not have reached all groups/people who have a protected characteristic, and will therefore continue to be committed to consider the specific needs and preferences of the communications audience, including protected characteristic groups.</p> <p>When developing the Strategic Plan, we have actively considered identifying and removing any barriers to accessibility or inclusivity</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
			and aim to reduce inequality and inequity of outcomes.
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 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>Not applicable to the Strategic Plan. Annual delivery plans will support the delivery of the priorities within the plan and these may have cost savings attached to them.</p>	<p>Not applicable</p>
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>Not applicable to development of the Strategic Plan. East Dunbartonshire HSCP is committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.</p>	<p>Not Applicable</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.

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* .

No specific or definable approach was applied in the development of the Strategic Plan but the PANEL principles underpin the general approach to all plans developed by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

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

☒

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

☐

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.

Not applicable

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)

Not applicable

N/A

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

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Lead Reviewer:	Name	Andy Craig
EQIA Sign Off:	Job Title	Planning Performance & Quality Officer
	Signature	
	Date	

Once complete please e-mail a copy of the assessment to alastair.low@ggc.scot.nhs.uk for quality assurance (QA). Please note QA offers advice on content and is an optional process for HSCPs who can proceed directly to publication if required.

Quality Assurance:	Name
	Job Title
	Signature
	Date

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

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

--

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

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

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

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

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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:

Please email a copy of this EQIA to alastair.low@ggc.scot.nhs.uk or send to Equality and Human Rights Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.

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