

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

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

East Dunbartonshire Public Health Strategy (2024-27)

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.

The aim of the East Dunbartonshire Public Health Strategy (PHS) (2024-27) - "Supporting the communities of East Dunbartonshire to live in healthy places, promote healthy lifestyles, prevent ill-health and reduce health inequalities." The overarching ambition of the strategy is to improve the health, wellbeing and to reduce health inequalities among residents, communities and the workforce within East Dunbartonshire. We will aim to do this through working with statutory, third sector partners and our workforce, to identify and address current and future population health issues. The Public Health Strategy (2024-27) is a strategic document which sets out the vision and future direction of public health and health promotion services in East Dunbartonshire. It is not an exhaustive list of actions outlining everything that East Dunbartonshire Health and Social Care Partnership (HSCP) and Community Planning Partners are doing, or plan to do, over the coming years. The PHS (2024-27) shows instead the priorities that we want to achieve in order to improve the health and wellbeing of the people and communities of East Dunbartonshire, identifies our commitments in support of these priorities and the enablers that will allow us to achieve these priorities whilst making best use of all the resources available to us.

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.)

This Equality Impact Assessment (EqIA) has been undertaken to ensure any adverse impact on protected characteristic groups is minimised and prior to the Strategy being published and implemented, we aim to acknowledge the equalities duties placed upon us by the Equalities Act 2010 and that they are upheld. The Equality Act (2010) is non-delegable. In practice this means that public authorities like the HSCP need to comply with the Public Sector Equality Duty (PSED). The relevant protected characteristics covered by the Duty are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership

- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Our approach in the Public Health Strategy sets out key outcomes that are aligned to the protected characteristics (above) and as noted within the previous strategies and planning frameworks, the aim is to enhance the public health improvement priorities and practices within the framework of health, social care and public sector services. This document and its key outcomes affords itself to the planning and delivering of activities under a set of values that underpin all our ambitions, with the aim to reduce inequalities and inequity of outcomes for all residents and those with a protected characteristic. These include:

1. empowerment (giving local people more control over the decisions and actions that impact their lives and their communities)
2. prevention and early intervention (recognition that the building blocks for our physical and mental health are determined in childhood and reducing the impact of disease and ill-health)
3. public protection (preventing harm to vulnerable groups within society)
4. improving health and wellbeing (<https://www.gov.scot/policies/health-improvement/>)
5. co-production (working with colleagues and statutory service colleagues and third and independent sectors)
6. increasing equity of service (aiming for health outcomes to be equal across the population of East Dunbartonshire)
7. reducing inequalities, (the unfair and avoidable differences in people's health across social groups and between different population groups) and;
8. evidenced based planning (the use of current local health and wellbeing evidence in conjunction with clinical expertise and patient values to guide health care decisions).

Throughout the development of the strategy, reference has also been made to the general duties ([Equality Act \(2010\)](#)), the [HSCP Equality Mainstreaming Report \(2023 - 2027\)](#) how any new policy or proposed changes in service provision will meet the requirement; and to the [Public Sector Equality Duty](#) (PSED), which is to:

- ◆ to eliminate unlawful discrimination
- ◆ advance equality of opportunity, and;
- ◆ promote good relations

The East Dunbartonshire PHS (2024-27) outlines the foremost priorities for improving the health and wellbeing for everyone living in East Dunbartonshire and sets our direction and defines our collective role for the coming years, as we strive to protect and improve public health and wellbeing. This Public Health strategy succeeds our previous Joint Health Improvement Plan (JHIP) (2018-2021) that focused on our joint actions and activities. This strategy will focus on Scotland's national public health priorities within a local context, and will be the overarching document to provide strategic direction for more outcome focused action plans. This will allow for outcomes to be charted and measured, with the recognition of improvements to be considered for future planning. The national priorities are:

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.

3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

In the consultation, engagement and creation of the Public Health Strategy, East Dunbartonshire HSCP and our partners have been cognisant documents and planning frameworks from which this strategy is derived on, which are:

- [East Dunbartonshire Community Planning Partnership \(2017\) Local Outcomes Improvement Plan \(2017 – 2027\)](#)
- [East Dunbartonshire Health & Social Care Partnership \(2022\) Strategic Plan \(2022-2025\)](#)
- [NHS Greater Glasgow & Clyde \(2024\) 2022/23 Adult Health and Wellbeing Survey](#)
- [NHS Greater Glasgow & Clyde \(2018\) Turning the Tide through Prevention, Public Health Strategy \(2018-2028\)](#)
- [Scottish Government & COSLA \(2018\) Public Health Priorities for Scotland](#)
- [NHS GGC Adult Health and Wellbeing Survey \(East Dunbartonshire Key Findings – 2022-23\)](#)
- [East Dunbartonshire Joint Strategic Needs Assessment \(JSNA\) \(2022\)](#)
- [Scotland's Census \(2023\)](#)

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: Sarah McChristie (Health Improvement Team Senior) Anthony Craig (Development Officer)	Date of Lead Reviewer Training: May 2018
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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):

Sarah McChristie (Health Improvement Team Senior) Jane Jeffrey (Health Improvement Team Senior) Connie Williamson (Health Improvement Team Lead) David Radford (Health Improvement Team Manager) Derrick Pearce (Interim Chief Officer) Yvonne Bauer (East Dunbartonshire Council) Anne Innes (Chief Officer – East Dunbartonshire Voluntary Action)
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		<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>Promoting equality and addressing health inequalities are at the heart of East Dunbartonshire Health and Social Care Partnership's (HSCP) vision and values.</p> <p>Vision: 'Caring together to make a positive difference'</p> <p>Values: Honesty, Integrity, Professionalism, Empathy and Compassion, Respect</p> <p>Throughout the development of the Public Health Strategy we have:</p> <ul style="list-style-type: none"> • 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; • give 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>The Health and Wellbeing Survey and the JSNA were key resources in the process of preparing the East Dunbartonshire Public Health Strategy and was produced with the support of NHSGGC Analysts.</p> <p>The Health and Wellbeing survey and the JSNA helps to inform the planning and nature of future services and provides an overview of the current and projected population demographic, information relating to life circumstances, health behaviours, and health and social care status across East Dunbartonshire. It</p>	<p>The Public Health Strategy consultation and engagement survey has been widely shared with patient, service user, carer and staff groups, stakeholders (including the third sector and EDVA 518 members and those from a protected characteristic group and has been promoted on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, going forward, we will continue to share widely with representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p> <p>In the life of the strategy, opportunities will be identified to encourage statutory, third sector and partners orgs to gather data related to the nine protected characteristics. This will include incorporating the requirement for equalities data to be</p>

			<p>includes information on age, gender, ethnic origin, population projections, disabilities (including physical, learning, sensory), mental health and wellbeing. Detail of this analysis is in the sections that follow.</p> <p>The most up to date, robust data available including a consultation and engagement survey, one to one surveys carried out by analysts and service feedback has been utilised to inform this Strategy, including comparisons to the national Scottish data and average and available trend data. In addition, available locality level information was included to aid the creation of the strategy going forward.</p>	collected when commissioning services from other organisations.
		<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>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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 equality of opportunity)</i></p>	<p>The Public Health Strategy is based on evidence conducted and collated through face-to-face interviews with adult residents in East Dunbartonshire, scoping various policy documents and population surveys. This information is current and up to date and highlights where projects and plans can be implemented to have the greatest impact.</p>	<p>The Public Health Strategy consultation and engagement survey has been widely shared with patient, service user, carer and staff groups, stakeholders (including the third sector and EDVA 518 members and those from a protected characteristic group and has been promoted on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, going forward, we will continue to share widely with representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p>

	3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>			To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account..
	<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 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 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. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Health and wellbeing is not the product of a single circumstance or experience. It is shaped by wider environmental influences such as economic and work, physical, learning, political, cultural and societal circumstances as well as by biological and behavioural factors. If the health of the people living in East Dunbartonshire is to improve we must address all of these factors and circumstances.</p> <p>The inequalities in health that we experience in our population requires policies to reduce poverty and disadvantage as well as to improve delivery of services that ensure access for everyone, taking account of people's life circumstances.</p> <p>The Joint Strategic Needs Analysis (highlighted in parts 1 and 2), includes details of the population of East Dunbartonshire, including: age, gender, ethnic origin, population projections, disabilities (including physical, learning, sensory), mental health and wellbeing. Similarly Scotland's Census information and NHSGCC Healthy and Wellbeing Survey (2024) feedback has been used. The consultation and engagement process (surveys and face to face engagements) held during the development of the Public Health Strategy was undertaken in communities across East Dunbartonshire including areas of multiple deprivations.</p> <p>A series of engagements, forums and group work has also been undertaken with the East Dunbartonshire public, third sector</p>	<p>The Public Health Strategy consultation and engagement survey has been widely shared with patient, service user, carer and staff groups, stakeholders (including the third sector and EDVA 518 members and those from a protected characteristic group and has been promoted on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, going forward, we will continue to share PH information widely, on social media, leaflets, posters and face to face when required with representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account..</p>

			<p>organisations and through a methodology of engagements with both the public and other groups and also an intensive social media campaign, with a priority of developing real knowledge of local populations to include population profiles for harder to reach and minority groups.</p> <p>The local Public, Service User and Carer (PSUC) representatives group, and their respective forums were also engaged with on a regular basis and all of these inputs have been used to inform the Strategy.</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?</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</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><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</i></p>	<p>Two phases of consultation and engagement have been utilised within the development of the Strategy.</p> <p>Phase 1 was undertaken in Oct and November 2023 and aimed firstly to engage with consultees to enable them to participate and influence the Strategy, and phase 2 was to take the findings back out to our communities, to allow them to have further influence on the final product.</p> <p>A consultation survey was utilised and this was made available in paper, electronic, community language (when requested) and if needed, interpretation services were utilised. Based around the findings, their main drivers and influences, including national and local policy, local health and social care needs and trends.</p> <p>There was substantial discussion across the range of HSCP governance and representative groups including:</p> <ul style="list-style-type: none"> • The HSCP Board (IJB) • The Strategic Planning Group • The Joint Staff Partnership Forum • The Public Service User and Carer Forum • The HSCP Leadership Forum 	<p>The Public Health Strategy consultation and engagement survey has been widely shared with patient, service user, carer and staff groups, stakeholders (including the third sector and EDVA 518 members and those from a protected characteristic group and has been promoted on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, going forward, we will continue to share widely with representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups will</p>

	<p>between protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>poverty for children in households at risk of low incomes.</i></p>	<ul style="list-style-type: none"> • The local third sector network, organised through EDVA. • The Carers Partnership Forum • Community Planning Groups, and; • Third Sector Forum (Dissemination to all EDVA Groups and members Inc protected characteristic groups). <p>The outcome of this engagement was positive with broad support received for the priorities and enablers identified addition to the feedback captured at these discussions.</p> <p>In addition to this, 42 people used the online survey, with 96% agreeing with the public health priorities and the challenge and the development themes that were identified.</p> <p>This led to the agreement to focus on Scotland's national public health priorities, but within a local context, and this will be the overarching document to provide Public Health direction for more outcome focused action plans.</p>	<p>be taken into account.</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<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</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>This is a strategy/policy document which is will be accessibility checked and will be made available publically on the HSCP's website in an accessible document and will be highlighted in communications that if required in a community language this will be made available. The Public Health Strategy will influence the way services are delivered across the lifetime of the plan and all buildings/treatment rooms/event spaces that services and/or community engagement interventions are delivered from, will be accessible and meet equalities legislation.</p>	<p>The Public Health Strategy consultation and engagement survey has been widely shared with patient, service user, carer and staff groups, stakeholders (including the third sector and EDVA 518 members) and those from a protected characteristic group and has been promoted on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, going forward, we will continue to share widely with representatives of communities of East Dunbartonshire, particularly protected characteristics</p>



	<p>victimisation</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 type="checkbox"/></p>			<p>groups.</p> <p>To further mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
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 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><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>The East Dunbartonshire HSCP Public Health Strategy (2024-27) has been influenced by and reflects patient, service user, carer, communities and staff experience among other stakeholders, including those from a protected characteristic group.</p> <p>The HSCP draws from both East Dunbartonshire Council and NHSGG&C in terms of governance in relation to clear communication and to meet out legal requirements in terms of communication support.</p> <p>We have also followed the East Dunbartonshire HSCP Communications and Engagement Strategy (2024-29). The communications matrix within this strategy also details how EDHSCP will communicate with different stakeholders and gives those with one or more protected characteristics an opportunity to share their views. The HSCP is committed to communications that strive to be clear and concise ('Plain English'); accessible (with arrangements in place to adapt styles, formats, layouts, languages and material) is inclusive, and communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics. This includes the use of British Sign Language</p>	<p>The Public Health Strategy consultation and engagement survey has been widely shared with patient, service user, carer and staff groups, stakeholders (including the third sector and EDVA 518 members and those from a protected characteristic group and has been promoted on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, going forward, we will continue to share widely with representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including</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>(BSL).</p> <p>NHSGG&C has also has guidelines (Clear to all) in relation to clear, consistent and accurate approach to the- provision of information for patients and the public. Through the provision of an accessible and inclusive Public Health Strategy (2024-27), we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.</p>	<p>protected characteristic group will be taken into account.</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>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>In common with the rest of Scotland, East Dunbartonshire's population profile is changing in all age categories. A combination of factors, including healthier lifestyles, advances in medicine and lower birth rates, means that there is an increased older people population (aged 65 and over) in our society and proportionally fewer children and people of working age. The Joint Strategic Needs Assessment 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.</p> <p>The largest increase is in individuals aged over 85 years, which is projected to rise by over 100% from 3,203 to 7,017 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. (JSNA)</p>	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>	

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>It is anticipated that the Public Health Strategy (2024-27) will have a positive impact on all age groups. For our ageing and older people the strategy has all-encompassing priorities which can have a positive influence on our older population</p> <ol style="list-style-type: none"> 1. A Scotland where we live in vibrant, healthy and safe places and communities. 2. A Scotland where we flourish in our early years. 3. A Scotland where we have good mental wellbeing. 4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs. 5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all. 6. A Scotland where we eat well, have a healthy weight and are physically active. <p>Generally population statistics show people in East Dunbartonshire die younger in more disadvantaged areas (SIMD 1) with data showing that older populations tend to be more concentrated in local authority areas of greater wealth (SIMD 5) and less so in those most deprived.</p> <p>Compared to other Western European countries Scotland's life expectancy (LE) and healthy life expectancy (HLE) is relatively poor. As judged by life expectancy at birth, only Portugal has a lower life expectancy for males and there are no Western European countries whose females have a lower life expectancy.</p> <p>Looking at East Dunbartonshire, which has the second highest life expectancy in Scotland for both males and females, when compared with other council areas across Scotland, but inequalities remain and generally women live longer than men.</p> <ul style="list-style-type: none"> • Males in East Dunbartonshire can expect to live for 79.9 years, three years higher than the Scottish average • Females can expect to live for 83.5 years, three years 	
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		<p>higher than Scotland as a whole (National Records Scotland)</p> <p>A key focus when designing services will be availability and accessibility of services for this age group. Due to the nature of the Strategy all planned projects will also be adapted for those with characteristic, where appropriate.</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 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 type="checkbox"/></p>	<p>The JSNA reports that 5.6% of the adult population in East Dunbartonshire reported a disability (Scotland 6.7%) in the 2011 Census. Just under half of reported disabilities (48%) were sensory impairment, 32% related to a physical disability, 18% reported a mental health condition and 2% reported a learning disability:</p> <ul style="list-style-type: none"> • 101 children and 357 adults have learning disabilities • 101 aged 0-15 years • 305 aged 16-64 years • 52 aged 65 + years, and; • 247 males and 211 females have learning disabilities <p>573 people are known to have autism; that's 0.5% of all people.</p> <p>The prevalence of autism in the East Dunbartonshire 0-15 age group is 1.6%. This reflects availability of diagnostic services for autism, which have improved considerably over the last two decades:</p> <ul style="list-style-type: none"> • 293 children and 280 adults are known to have autism • 120 females and 453 males are known to have autism <p>When developing our PHS and any associated plans, we will take cognisance of this information and any trends when planning projects and/or services. All HSCP communications, engagement activity and advice will also take into account the Communication and Engagement Strategy (2024-29) which offers guidance for any specific communication needs and preferences. The HSCP currently gather Information on</p>	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>When developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>

		<p>protected characteristics through a Care Needs Assessment. This is stored on the Care first system and is used to inform activities and service delivery. We will actively utilise this and partners systems to identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes over the course of the strategy.</p> <p>The HSCP will also continue to work with and recognise the role of carers, many of which come from our younger population and also increasingly in the older person's cohort and may become unwell themselves. The HSCP will continue to support both young and older unpaid carers by signposting those our services become aware of to our third sector partner Carers Link, who offer a full holistic service. We will ensure that this group of service users does not receive a lesser service due to their protected characteristics.</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 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>NHSGG&C offer guidance on the health needs of transgender people and how to address discrimination against trans people in their Briefing Paper on Gender Reassignment and Transgender, as well as offering training for NHS staff on the subject of transgender people.</p> <p>In the 2022 Scotland's Census found that 19,990 people were trans, or had a trans history in Scotland. This is 0.44% of people aged 16 and over. To give an East Dunbartonshire context, this equates to 47 persons living in East Dunbartonshire.</p> <p>Close links have also been developed with the Sandyford Clinic, who have a satellite service within the Kirkintilloch Health and Care Centre (KHCC), The HSCP will make partners aware that in the dissemination of the PHS they are aware on how to signpost service users to support mitigation against any service user/patient being discriminated against. We will look to ensure</p>	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>When developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications</p>

	<p>4) Not applicable <input type="checkbox"/></p>	<p>that all partners in the delivery of the PHS and associated plans and services are aware of gender re-assignment issues and are aware of protocols on signposting to services.</p> <p>The PHS and any associated plans will aim to be fully inclusive to all and any Partnership working, including the Third Sector, should also impact positively upon transgender people as major research and policy direction around trans people are as yet largely shaped by the Third Sector organisations.</p>	<p>audience including protected characteristic groups will be taken into account.</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>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 type="checkbox"/></p>	<p>The number of marriages registered in East Dunbartonshire decreased between 2018 and 2020 and then increased in 2021 and 2022. This could potentially be due to COVID-19 restrictions.</p> <p>The PHS does not make any specific reference to marriage and civil partnership. All residents of East Dunbartonshire have the same rights in law as anyone else to marry, enter into a civil partnership or live together. Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required. The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.</p>	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>The PHS and associated plans will aim to have no negative impact on marriage or civil partnership and when developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</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 <input checked="" type="checkbox"/> victimisation</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 type="checkbox"/></p>	<p>It is known that there were 849 births in East Dunbartonshire during (Jan to Dec) 2022. This is a decrease of 5.4% from 898 births in 2021.</p> <p>Prevalence of low birth weight was at 1.16% (Scotland 2.02%), prevalence of maternal smoking shows 6.45% (Scotland 14.45%), and breast feeding rates at 6-8 weeks is 37.5% (NHSGGC 26.4%).</p> <p>The Health Improvement Team engaged with mother and baby groups, HSCP health visiting team and members of the public. The PHS and associated plans and services are open to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to pregnancy or maternity which needed addressed.</p> <p>However, the PHS over the course of the strategy will continue to consider pregnant women (maternity services with links to NHSGGC). For example, the Childhood Vaccination Programme (East Dun) is facilitated within the KHCC and the HIT work</p>	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>The PHS and associated plans will aim to have no negative impact on pregnancy and maternity and when developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications</p>

		closely with the staff to disseminate positive health messages, such as the income maximisation service and information on mental health services.	audience including protected characteristic groups will be taken into account.																								
	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>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 & 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 type="checkbox"/></p>	<p>Scotland's Census asked people to choose the option that best described their ethnic group or background. The majority of people in Scotland chose 'Scottish' (77.7%) or 'Other British' (9.4%) within the White category.</p> <p>In East Dunbartonshire, 83.4% of the population identified as 'Scottish' and 'Other British' (6.8%) within the White category. 4.3% of the population in East Dunbartonshire chose 'Asian, Asian Scottish or Asian British' that best described their ethnic group or background.</p> <p>East Dunbartonshire HSCP, has policies in place were staff, patients, service users can ask for alternative language formats for any health information, leaflet, poster etc. and it will be made available to all on request from members of staff.</p> <p>Ethnic Group – Census 2022</p> <table border="1"> <thead> <tr> <th></th> <th>East Dun</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>White: Total</td> <td>93.4%</td> <td>92.9%</td> </tr> <tr> <td>White: Scottish</td> <td>83.4%</td> <td>77.7%</td> </tr> <tr> <td>White: Other British</td> <td>6.8%</td> <td>9.4%</td> </tr> <tr> <td>White: Polish</td> <td>0.3%</td> <td>1.7%</td> </tr> <tr> <td>White: Gypsy/Traveller</td> <td>0.01%</td> <td>0.06%</td> </tr> <tr> <td>Mixed or Multiple Ethnic Group</td> <td>1.1%</td> <td>1.1%</td> </tr> <tr> <td>Asian, Asian Scottish or Asian British: Total</td> <td>4.3%</td> <td>3.9%</td> </tr> </tbody> </table>		East Dun	Scotland	White: Total	93.4%	92.9%	White: Scottish	83.4%	77.7%	White: Other British	6.8%	9.4%	White: Polish	0.3%	1.7%	White: Gypsy/Traveller	0.01%	0.06%	Mixed or Multiple Ethnic Group	1.1%	1.1%	Asian, Asian Scottish or Asian British: Total	4.3%	3.9%	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>The PHS and associated plans will aim to have no negative impact on race or ethnicity and when developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
	East Dun	Scotland																									
White: Total	93.4%	92.9%																									
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African: Total	0.4%	1.1%
Caribbean or Black: Total	0.1%	0.1%
Other Ethnic Groups: Total	0.7%	1.0%

(g) Religion and Belief

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

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

1) Remove discrimination, harassment and victimisation

2) Promote equality of opportunity

3) Foster good relations between protected characteristics.

4) Not applicable

In terms of the population of East Dunbartonshire and their beliefs, the HIT team engage with a wide range of communities and people, who are representative of the overall population and there is little evidence to indicate specific faith groups fare more poorly than others in terms of access to HSCP services.

Public Health and Public Health Improvement services are universal to all community members, from all parts of the population and any engagement undertaken thus far has not highlight any specific areas in relation to religion or belief which need to be addressed.

[Scotland's Census 2022](#) reports that in East Dunbartonshire 47.7% of the population stated they belonged to a Christian denomination.

In terms of the Christian denominations 23.4% of the population in East Dunbartonshire belonged to the Church of Scotland and 18.9% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.4% of the population.

A large percentage of residents reported they had no religion (43.3%), though this is lower than the Scottish average of 51.1%. 1.3% reported that they were Muslim, 0.2% reporting other religions.

[NHSGG&C has a Faith and Belief Communities Manual](#) which sets out its commitment to ensuring that spiritual care, including religious care, is provided in an equal and fair way to those of all faith communities and those of none. The manual is designed to help staff respond to religious care, and to be confident as they meet some of the religious needs of those in their care.

The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.

The PHS and associated plans will aim to have no negative impact on religion and belief and when developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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 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 type="checkbox"/></p>	<p>Stagnation (pre-pandemic) and recent decline in life expectancy seen across Scotland, is linked to severe impacts of austerity on health. Decline in life expectancy is worse for those already disadvantaged.</p> <p>Healthy life expectancy measures provide useful measures for planning services. Healthy life expectancy estimates the number of years an individual will live in a healthy state. Therefore, the number of years people are expected to live in 'not healthy' health is the difference between life expectancy and healthy life expectancy. The number of years lived in 'not healthy' health (3 year average 2017-19) for males in East Dunbartonshire is 10.7 years (Scotland 15.4 years) and for females in East Dunbartonshire is 17.2 years (Scotland 19.2 years).</p> <p>The links between gender and health are becoming more widely recognised, some examples of this in East Dunbartonshire are mental health, learning disability, Alzheimer's and dementia. A total of 3.2% (3,341) of East Dunbartonshire's population identified themselves as having a mental health condition that has lasted, or would last for more than 12 months, in the 2011 Census. Self-reported identification varied by gender and age. A higher proportion of females (59%) reported having a mental health condition compared to males (41%). Poor mental health, including mental disorder, has a considerable impact on individuals, their families and the wider community.</p> <p>Public Health and Public Health Improvement services are universal to all community members, from all parts of the population and any engagement undertaken thus far has not highlight any specific areas in relation to sex which need to be addressed.</p>	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>The PHS and associated plans will aim to have no negative impact on religion and belief and when developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>
(i)	Sexual Orientation	Many LGBT people fear potentially experiencing homophobia,	The Public Health Strategy has a

	<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>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>biphobia and transphobia from services or have previous experience of discrimination from a service. There is often a lack of visibility of LGBT identities within services (such as staff knowledge of the issues affecting LGBT people, promotion of inclusive posters or websites, and explicitly stating that the service is LGBT inclusive), which are necessary to counter LGBT people's expectations of discrimination or a lack of confidence that service services are able to meet their needs.</p> <p>Public Health and Public Health Improvement services are universal to all community members, from all parts of the population and any engagement undertaken thus far has not highlight any specific areas in relation to sex which need to be addressed.</p> <p>Additionally, we will continue to develop our knowledge of and relationships with local LGBTQ groups and networks, to ensure that the programme of ongoing engagement provides accessible and appropriate opportunities that reflect peoples' lived experience. Recent recommendations from NHSGGC, NHS Lothian and Public Health Scotland's & LGBT Youth Scotland report will also be taken onboard.</p>	<p>strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>The PHS and associated plans will aim to have no negative impact on sexual orientation and when developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>
	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 <u>strategic</u> decisions. If relevant, you should evidence here what</p>	<p>The negative impact of health inequalities and poverty on health and wellbeing is immense. There is evidence that austerity measures and increases in the cost of living compound health inequality by affecting mental health, so as the cost of living increases, it is more important than ever to design services with this in mind.</p> <p>The Scottish Index of Multiple Deprivation (SIMD) ranks data zones (small areas with an average population of 800 people), from the most deprived to the least deprived. Using deciles, with 1 being the most deprived and 10 being least deprived. Although the majority of the population of East Dunbartonshire live in the</p>	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>The PHS and associated plans will aim to have no negative impact on socio-economic status and when developing our PHS and associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim</p>

<p>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>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 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? 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 	<p>least deprived deciles’, there are 4 data zones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three are in the Hillhead area of Kirkintilloch and one is in Lennoxton. All of these are in the East Locality of East Dunbartonshire and represent 3,562 people or 3.28% of East Dunbartonshire’s population. Joint Strategic Needs Assessment 2021.</p> <p>The percentage of economically active residents in East Dunbartonshire had a slight decrease from 76.8% to 76.3% between 2022 and 2023.</p> <ul style="list-style-type: none"> • In East Dunbartonshire, people in employment increased from 73.7% in 2022 to 74.7% in 2023 and was in line with the Scottish average. • Unemployment in East Dunbartonshire decreased between 2022 and 2023 from 2.9% to 2.5% respectively and was 1% lower than the Scottish average of 3.5%. • There was a higher proportion of economically active males (80.2%) in East Dunbartonshire compared to females (72.6%). <p>Public Health and Public Health Improvement services are universal to all community members, from all parts of the population and tackling inequalities and promoting fairness across East Dunbartonshire is paramount to the success of the PHS. East Dunbartonshire HSCP / HIT commissions CAB in East Dunbartonshire to provide an income maximisation service, likewise for our unpaid carer population, we have commissioned our local carers org to provide a holistic service for carers, including money advice and income max.</p> <p>Poverty is often a common denominator for protected characteristic groups most marginalised in society. To this end, digital exclusion will have the greatest impact on the frail/elderly, those with disabilities, transgender people and those from Black, Asian and/or ethnic minority communities. The HIT also commission, the Community Link Worker (CLW) service who</p>	<p>to reduce inequality and inequity of outcomes.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p> <p>The IM service is promoted across East Dunbartonshire, with the promotion of and referral service to, done in several ways; from face to face, digital and on paper to easy read formats and also on request in community languages and in BSL. We will continue to promote across the area, in formats that are accessible.</p>
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	<p>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>work out of GP practices and they also signpost service users/patients to CAB for financial advice and income maximisation services.</p> <p>East Dunbartonshire HSCP/HIT produce an annual report on the income max service and publish financial gain and this is shared across East Dunbartonshire. The East Dunbartonshire income max service operates satellite services in our most deprived areas. From 2023 into 2024, the income maximisation service processed 121 referrals for families with young children and those with children with disabilities, resulting in a financial gain of £161,379. For our older adults, the service handled 309 referrals, achieving a financial gain of £965,119. Overall, a total of 430 referrals were made, resulting in a financial gain of £1,126,499.26 for the residents of East Dunbartonshire.</p> <p>The PH Strategy and associated plans will also be reviewed against Fairer Scotland Duty assessment criteria.</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>Public Health and Public Health Improvement services are universal to all community members, from all parts of the population and tackling inequalities and promoting fairness across East Dunbartonshire is paramount to the success of the PHS.</p>	<p>The Public Health Strategy has a strategic aim of tackling inequalities and promoting fairness across East Dunbartonshire.</p> <p>The PHS and associated plans will aim to have no negative impact on marginalised groups and when developing our PHS and associated plans, we will actively consider identifying and further removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes for all.</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>No cost savings applicable.</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 type="checkbox"/></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>Equalities Impact Assessor Training and staff development for all HSCP staff has been offered and was delivered to 14 HSCP staff members and we are further developing links with NHSGGC Equalities and Human Rights team to provide further training. This will provide a larger cohort of staff with the skill to carry out an EqIA and advocate the importance of this across their staff teams.</p>	<p>N/A</p>

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.

Through the delivery of a coordinated EQIA programme for the Public Health Strategy and associated plans will ensure the right to protection from discrimination is upheld.

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 Public Health Strategy, 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.

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

January 2024 – PHS Lead – Sarah McChristie

Lead Reviewer:
EQIA Sign Off:

Name Anthony Craig
 Job Title Development Officer
 Signature
 Date June 2024

Quality Assurance Sign Off:

Name Alastair Low
 Job Title Planning Manager
 Signature *Alastair Low*
 Date 01/08/24

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:

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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

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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