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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 2022-25

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 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 and East Dunbartonshire Council 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 which 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 are doing, or plan to do, over the coming years. The plan shows instead the priorities that we want and need to achieve in order to improve the health and wellbeing of the citizens 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. The detail about how we will achieve those things, 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. They will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan.

The strategic priorities of the plan are:

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- Empowering People
- Empowering Communities
- Prevention and Early intervention
- Delivering our Key Social Work Public Protection Statutory Duties
- Supporting Families and Carers
- Improving Mental Health and Recovery
- Post Pandemic Renewal
- Maximising Operational Integration

Supported by the following enablers:

- Workforce and organisational development
- Medium term financial and strategic planning
- Collaborative commissioning
- Infrastructure and Technology

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.)

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: Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer	Date of Lead Reviewer Training: No training currently available, process discussed with a member of the Equality and Human Rights Team
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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):

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David Aitken (Interim Head of Adult Health and Social Care)
 Alan Cairns (Planning, Performance & Quality Manager)
 Jean Campbell (Chief Finance & Resources Officer)
 Claire Carthy (Interim Head of Children’s Services & Criminal Justice)
 Leanne Connell (Interim Chief Nurse)
 Derrick Pearce (Head of Community Health & Care Services)
 Tom Quinn (Head of People and Change)
 Caroline Sinclair (Interim HSCP Chief Officer)
 Linda Tindall (Senior Organisational Development Adviser)
 Dr Paul Treon (Clinical Director East Dunbartonshire HSCP)
 Alison Willacy (Planning, Performance & Quality Manager)
 Strategic Planning Group
 HSCP Board

		<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 Strategic Plan 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 	<p>It should be noted that the country was in the midst of the Covid-19 pandemic during the writing of the JSNA and thus it is inevitable that any future planning may have to be adjusted accordingly.</p> <p>The majority of the figures reported pre date the pandemic; therefore, there are significant gaps in the data that will need addressed in future analysis.</p> <p>Over time, systems will be developed to enable the JSNA to more accurately assess the health and social care needs of the East Dunbartonshire local population in order to plan, deliver and commission local</p>

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			<p>from healthcare services, and to ensure this might reduce health inequalities.</p> <p>The Joint Strategic Needs Assessment (JSNA) was a key resource document in the process of preparing the East Dunbartonshire Strategic Plan and was produced with the support of Public Health Scotland's LIST Analysts.</p> <p>The JSNA informs 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 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 was used to inform this joint strategic needs assessment, including comparisons to the national Scottish average, and available trend data. In addition, available locality level information was included to aid local planning.</p>	<p>quality services to individuals and our communities.</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>2.</p>	<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</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</i></p>	<p>The Strategic Plan is based on evidence of demand, on what currently works well and where improvements have been identified as well as the findings of the Joint Strategic Needs Assessment.</p> <p>It has been developed by engaging with partners, stakeholders and the public to ensure services are designed and commissioned around the people who use them and their communities.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected</p>

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	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>It is supported by an Annual Delivery Plan for each year of the Strategic Plan, which will provide a responsive mechanism in which to ensure the priorities of the Strategic Plan are realised.</p>	<p>characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<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</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</i></p>	<p>The Joint Strategic Needs Assessment (detailed in section 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.</p> <p>The consultation and engagement sessions held during the development of the plan has also influenced the Strategic Plan (detailed in section 4).</p>	<p>It should be noted that the country was in the midst of the Covid-19 pandemic during the writing of the JSNA and thus it is inevitable that any future planning may have to be adjusted accordingly.</p> <p>The majority of the figures reported pre date the pandemic;</p>

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	<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>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>	<p>therefore, there are significant gaps in the data that will need addressed in future analysis.</p> <p>Over time, local systems will be developed to enable the JSNA to more accurately assess the health and social care needs of the East Dunbartonshire local population in order to plan, deliver and commission local quality services to individuals and our communities.</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</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</i></p>	<p>Two periods of consultation have been planned within the development of the strategic plan.</p> <p>The first consultation was undertaken in July and August 2021 and aimed firstly to engage with consultees to enable them to participate and influence the next HSCP Strategic Plan, and secondly to reach broad consensus on a set of high level strategic priorities around which the Strategic Plan can be developed.</p> <p>The consultation was based around the findings of the HSCP following their consideration of:</p> <ul style="list-style-type: none"> - their main drivers and influences, including national and local policy, - local health and social care needs and trends, 	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities</p>

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<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>service which significantly increased uptake.</p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>	<p>- views expressed in previous consultative engagements, - examples of practice elsewhere These led to the identification and proposal of 8 themes for priority action and 4 proposed enablers for change.</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 • The Strategic Planning Group (including Locality Planning Group members) • The Joint Staff Partnership Forum • The Public Service User and Carer Forum • The HSCP Leadership Forum • The local third sector network, organised through EDVA. • The Carers Partnership Group <p>The outcome of this engagement was positive with broad support received for the priority themes and enablers identified addition to the feedback captured at these discussions.</p> <p>In addition to this, 36 people used the online survey, with 92% fully or partly agreeing with the area of challenge and the development themes that were identified, and 94% full or partly agreeing with the enablers that were proposed. An equalities monitoring form was not used as part of the online consultation therefore disaggregated information in relation to protected characteristic is not available.</p> <p>All feedback given will be taken into account when producing a draft strategic plan.</p> <p>The second consultation will involve the draft strategic plan, based on the agreed themes and enablers and feedback received from the first consultation exercise, been taken back to partners, stakeholders and the public</p>	<p>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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
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			<p>to gather their views on the proposed plan. Allowing for any feedback to be taken into consideration before a final plan is taken to the HSCP Integrated Joint Board for approval in March 2022.</p> <p>The first consultation occurred during a period where Covid-19 restrictions were in place, thus preventing any face to face consultation. Consultation took the form of an online questionnaire which was advertised and circulated widely to partners, stakeholders and the general public through targeted correspondence and general social media advertisement.</p> <p>Presentations and facilitated discussions were also held with a wide range of HSCP governance groups including the HSCP Board, the Strategic Planning Group (including Locality Planning Group members), the Joint Staff Partnership Forum, the Public Service User and Carer Forum, the HSCP Leadership Forum and also to the local third sector network, organised through EDVA.</p> <p>The second consultation exercise will follow the same format with consideration given to where face to face consultation is feasible.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?	<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</i>	<p>This is a policy document which is will be accessibility checked and available publically on the HSCP's website.</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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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<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</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>The East Dunbartonshire HSCP Strategic Plan has been influenced by and reflects patient, service user, carer and staff experience among other stakeholders, including those from a protected characteristic group.</p> <p>EDHSCP 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 followed the East Dunbartonshire HSCP Communications Strategy (CS) (2020-23) and</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the</p>

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	<p>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 British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>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>Participation and Engagement Strategy (PES) (2020-23) and</p> <p>The communications matrix within these strategies details how the EDHSCP will communicate with different stakeholders and gives those with one or more protected characteristics an opportunity to share their views. The CS 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 (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.</p> <p>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>	<p>Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	

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<p>(a) 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>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></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.</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 are more older people (aged 65 and over) in our society and proportionally fewer children and people of working age.</p> <p>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.</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 specifically designed with the specific needs of this group in mind. Further development of anticipatory and planned care services will ensure people are enabled to live full and positive lives in supportive communities.</p> <p>All other age groups are included in the Strategic Plan and more detailed Locality Plans will take account of communities within localities of all age groups, and will provide further detail as to how the HSCP will design services in order to respond to these changing demographics.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
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<p>(b) Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The Joint Strategic Needs Assessment 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> <p>Increased life expectancy has also been linked to increasing numbers of people with disabilities and long term conditions. This change will have significant implications for health and social care with demand increasing as a result of more people living into older age (when health and social care needs are likely to be more complex), whilst the number of people available to work in housing, health and social care and/or provide unpaid care may decline.</p> <p>The strategic plan has taken cognisance of these trends and amongst others, is planning to improve service information, public communication systems and advice to reflect specific communication needs and preferences. Alongside redesigning day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options.</p> <p>The continued recognition of the role of carers, many of which may become unwell themselves, should result in more support for both service user and unpaid carers and a better environment for both groups.</p> <p>We will ensure that this group of service users does 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), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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>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>The Strategic Plan is fully inclusive to all. Partnership working, inclusive of the Third Sector, is highlighted in various themes within the Plan, and 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>NHS Scotland has launched a pride badge for staff to wear to promote the inclusion of LGBTQ+ people to make a statement that there is no place for discrimination in NHS Scotland. NHS staff members who wear the badge have pledged to be aware and responsive to LGBTQ+ people accessing care, be a friendly, listening ally who staff and service users can safely approach and use inclusive language and respect identity.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The Strategic Plan 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 Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>

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<p>(e) Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>East Dunbartonshire HSCP has in place policies that advise on Pregnancy, Maternity and Paternity, Fostering and Adoption leave. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p> <p>The birth rate in East Dunbartonshire has been falling over the last 4 years with 1,036 births in 2017, 950 births in 2018, 910 births in 2019 and 884 births in 2020. NRS Scotland Record of Births by Local Authority</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
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	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 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>Scotland's Census 2011 indicated that 4.2% of the population of East Dunbartonshire identified as being from a minority ethnic group.</p> <p>A community, where there is a lack of data is the Gypsy and Travellers. According to a desktop survey carried out in 2015 to assist with informing the development of Local Housing Strategies estimated that there is one site in East Dunbartonshire, with five Gypsy and Traveller households (Desktop Survey - East Dun 2015). The Gypsy / Traveller community experiences of stigma, poverty and illiteracy have placed them in a disadvantaged position in seeking for support from services. They also felt that services, as a whole, are not sensitive to their culture.</p> <p>Through in-depth focus groups, many BME disabled people report that access to services can be compromised by poor translation, inconsistent quality of care and weak links between services and communities. Disabled people are more likely to live in poverty but BME disabled people are disproportionately affected with nearly half living in household poverty. Like all disabled people, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society Over-looked Communities, Over-Due Change (Trotter R 2012)</p> <p>NHSGG&C has an Accessible Information Policy which is designed to make sure there is a consistent, accurate and clear approach in providing information to patients and members of the public in a range of formats and languages. They also provide an in-house interpreting services to ensure that everyone receives the best possible care.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff experience among other stakeholders (including the third sector), including those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity</p>

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(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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>There is little evidence to indicate specific faith groups fare more poorly than others in terms of access to HSCP services.</p> <p>Scotland's Census 2011 reports that in East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination.</p> <p>In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%), though this is lower than the Scottish average of 36.7%.</p> <p>1% reported that they were Muslim, 1.9% reporting other religions and 6.4% not stating.</p> <p>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.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>

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	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 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 Joint Strategic Needs Assessment 2021 highlights the inequalities of life expectancy between men and women across East Dunbartonshire. Life expectancy at birth in East Dunbartonshire is 80.5 years for males (Scotland 77.1 years) and 83.7 years females (Scotland 81.1 years). East Dunbartonshire continues to have the highest life expectancy at birth in Scotland for males and the second highest for females.</p> <p>Healthy life expectancy measures are providing 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.</p> <p>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>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>

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		<p>Of the 403 (18+) residents with a learning disability who received some form of support from the HSCP, 56.6 % were male and 43.4% were female.</p> <p>Of the 2314 people with dementia that Alzheimer Scotland estimates live within East Dunbartonshire (2017 estimation), 825 would be males and 1,488 would be females. The majority of dementia sufferers are aged 65 or over and female. Scotland wide rates of dementia increase with age from 1.8% of males and 1.4% at age 65-69 rising to 32.4% of males and 48.8% of males in the 95-99 and 100+ age ranges. https://www.alzscot.org/campaigning/statistics</p> <p>NHSGGC is committed to meeting the needs of its diverse workforce. NHSGGC : Gender Based Violence Policy and Guidance is aimed at ensuring staff at all levels in the organisation are safe to disclose their experiences of abuse in order to access support and increase safety for themselves and others. East Dunbartonshire Council has a multi-agency partnership of services, known as Empowered, which has an interest in preventing and elimination of all forms of gender based violence. Through their work they inform practice and developments though an annual outcome focused action plan.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>The Office for National Statistics reports a declining trend in the UK since 2015 of people identifying as heterosexual or straight, with 95.2% in 2015 and 93.7% in 2019.</p> <p>Of all age groups, younger people (aged 16 to 24 years) were most likely to identify as lesbian, gay or bisexual (LGB).</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected</p>

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<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>Stonewall report that more than half of LGBT people (52%) have experience depression and 72% of LGBT women and 56% of LGBT men have experienced anxiety.</p> <p>The HSCP, along with the Community Planning Partners (CPP) previously commissioned LGBT Youth Scotland to carry out a programme of work to find out more about the views and needs of our older LGBT residents. Among the approaches was a survey open to anyone over 50 living in the area and researchers also spoke with carers to try and gain an understanding of what individuals identify as their needs.</p> <p>Many LGBT people fear potentially experiencing homophobia, 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>NHS Scotland has launched a pride badge for staff to wear to promote the inclusion of LGBTQ+ people to make a statement that there is no place for discrimination in NHS Scotland. NHS staff members who wear the badge have pledge to be aware and responsive to LBGTO+ people accessing care, be a friendly, listening ally who staff and service users can safely approach and use inclusive language and respect identity.</p>	<p>characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
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	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 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 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>	<p>Audit Scotland report on Health Inequalities in Scotland (2012), explains that deprivation is a major factor in health inequalities. For example, for those in the most deprived areas, life expectancy is shorter, alcohol related admissions are higher, you are more likely to smoke, suffer from anxiety, have poorer dental health and not be breastfeeding when your baby is 6-8 weeks old.</p> <p>The Scottish Index of Multiple Deprivation (SIMD) ranks datazones (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 least deprived deciles', there are 4 datazones 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 East Dunbartonshire Local Housing Strategy 2017-22 shows there has been an overall reduction in demand for homelessness services since 2011/12 in East Dunbartonshire. From a peak of just under 700 applications in 2010/11, homeless applications have fallen to just over 500 in 2015/16. Unfortunately there is no available breakdown of demographic information to identify the age ranges of homelessness applications. Shelter Scotland reported that that trend has continued into 2019-20 with 420 homeless application being made with East Dunbartonshire.</p>	<p>The Strategic Plan has been widely shared with patient, service user, carer and staff groups among other stakeholders (including the third sector), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p> <p>When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>

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[SCVO - SDS Regulations and Statutory Guidance](#)

expressed their concern relating to the current substantial and poverty inducing changes to benefits driven through the intentions behind the SDS legislation. SCVO felt that already, people may have lost significant income, without even considering the potential loss of mobility components/support in the transfer to Personal Independence Payment (PIP).

EDHSCP are aware of their legal responsibility under [The Fairer Scotland Duty Guidance for Public Bodies](#) to consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Strategic Plan ensures a strategic approach is taken by the HSCP towards delivering and developing services, within a specified budget, and the Fairer Scotland Duty that we are reducing inequality and inequity of outcomes.

The inclusion of the strategic priority of Empowering People has three main actions identified:

1. Improving personalisation – to further develop person centered, rights-based, outcome focused approaches.
2. Reducing inequality and inequity of outcomes - to further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision
3. Improving information and communication – to improve service information and public communication systems and advice to reflect specific communication needs and preferences.

The HSCP are aware of the unequal impact the COVID-19 pandemic has had on people experiencing socio-economic disadvantage. A strategic priority of Post Pandemic Renewal has been included to understand the impact of the pandemic on all of the people within East Dunbartonshire on their health and wellbeing, and

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		<p>understand the responses necessary to meet these needs and resource requirements to build back 'stronger and fairer'.</p> <p>The detail about how we will achieve these things, 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. They will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan.</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>The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010 • advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and; • foster good relations between people who share a relevant characteristic and those who do not <p>The Equality Duty is non-delegable. In practice this means that public authorities like EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty.</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), those from a protected characteristic group and advertised on social media channels. However, it may not have reached all groups/people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all 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.</p>

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The East Dunbartonshire breakdown is;

In 2014, 62% (65,720/106,730) of the population of East Dunbartonshire was of working age (16–64 years), lower than the national percentage of 65%.

Children and young people (aged 0–15 years) made up 17% (18,386/106,730) of the population, similar to the national 17%.

Adults aged over 75 years comprised 10% (10,695/106,730) of the population, higher than the national average of 8%.

The population structure of East Dunbartonshire has similar younger people, but higher numbers of older people, and fewer people of working age than the national average. (<https://www.scotpho.eastdunbartonshire>). Please note that this data is from 2014 and the population was lower than it is currently (108,640 in 2021).

In 2014, 3.3% of adults claimed incapacity benefit, severe disability allowance or employment and support allowance; this was lower than the Scottish figure of 5.1%. The percentage of those aged 65 years and over with high care needs cared for at home, at 38%, was higher than in Scotland overall (35%). The crude rate for children, who were looked after by the local authority, at 7/1000, was half of Scotland's rate of 14/1000. (<https://www.scotpho.eastdunbartonshire>).

The Learning Disability rate per 1,000 in 2011 is 4.4, the Scotland rate, per 1000 is 5 (Scotland's Census 2011 - National Records of Scotland (Table QS304SC - Long-term health conditions). The number of people with learning difficulties 0-15 is 101, 16-64 is 305, 65+ is 52 (<https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-dunbartonshire/>)

When developing our Strategic Plan, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.

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There is no local population data with regards to Gender Reassignment available within East Dunbartonshire and there is no reliable information on the number of transgender people in Scotland. GIRES estimates that in the UK, the number of people aged over 15 presenting for treatment for gender dysphoria is thought to be 3 in every 100,000. (<http://www.gires.org.uk/>)

It is known that there were 884 births in East Dunbartonshire during 2020. This is a decrease of 14.7% from 1,036 births in 2017. [NRS Scotland Record of Births by Local Authority](#)

In the 2011 census, just under 96% of the East Dunbartonshire population stated they are white Scottish, white British, and white Irish or white other. The demographic / area profiles recognise that 4.2% of the population of East Dunbartonshire is from a minority ethnic (BME) background (compared to Glasgow City with 11.6% of the population). This is made up of mixed or multiple ethnic groups which stated they are from a, Asian, Asian Scottish or Asian British, African, Caribbean or Black and other ethnic groups (<http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011>).

[Scotland's Census 2011](#) reports that in East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination.

In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%) lower than the Scottish average of 36.7%. 1% reported that they were

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Muslim, 1.9% reporting other religions and 6.4% not stating.

In East Dunbartonshire the population is 108,640, The split between those who are female to male of 48/52, compared to Scotland which is 49/51 ([Joint Strategic Needs Assessment](#)).

It is estimated between five and seven per cent of the East Dunbartonshire population is lesbian, gay or bisexual. This equates to one in every fifteen people, or over 7,000 East Dunbartonshire residents.
<https://www.eastdunbarton.gov.uk/lgbt-health>

The United Nations Convention on the Rights of Persons and Optional Protocol requires all service provision to be concerned about the difficult conditions faced by people with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>

Low Moss Prison is an adult male convicted and remanded prisoner's facility and is within the boundaries of East Dunbartonshire HSCP. A prison-based Social Work team from EDHSCP work in accordance with the National Outcomes and Standards to provide a range of services to prisoners and are responsible for the provision of risk and needs assessments to inform sentence management and supervisory arrangements, participate in the Integrated Case Management process and prepare reports to the Parole Board.

[NHSGG&C](#) recognises that people in prison have poorer health than the population at large. Many will have had little or no regular contact with health services before

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		coming into prison, and research within prison populations reveals strong evidence of health inequalities and social exclusion. It is acknowledged that those who are released from prison will be, almost invariably, released into poverty, inequality and social exclusion.	
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 type="checkbox"/></p>	Not applicable to the Strategic Plan, the annual delivery plans which will support the delivery of the priorities within the plan may have cost savings attached to them.	Not applicable
		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>	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.	Not Applicable

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		EDHSCP statutory and mandatory compliance with Equality and Diversity module is very good 91.9% (November 2021)	
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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* .

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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)

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

**Lead Reviewer:
EQIA Sign Off:**

Name Caroline Sinclair
Job Title Interim Chief Officer and Chief Social Work Officer
Signature
Date 20th January 2022

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 Alastair Low
Job Title Planning Manager
Signature
Date 13th June 2022

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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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