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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](mailto: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 Health and Social Care Partnership (HSCP) – Communications Strategy (2020-23) and Participation and Engagement Strategy (2020-2023)

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.*

This Equality Impact Assessment (EqIA) was undertaken to collect information relevant to different groups and communities in East Dunbartonshire with protected characteristics and will be used to inform specifically the East Dunbartonshire Health and Social Care Partnership's (HSCP) Communications Strategy (CS) (2020-23) and Participation and Engagement Strategy (PES) (2020-2023) and will cover a 3 year period (2020-23). Specific service proposals and EqIA's relating to the work of the HSCP has been undertaken to ensure that any new policy, service change or re-design is compliant with the HSCP Integrated Joint Board's (IJB) legal duties in respect of their Public Sector duty, which is to eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct, advance equality of opportunity between people who share a protected characteristic and those who do not.

East Dunbartonshire HSCP – Communications Strategy (CS) (2020-23) and Participation and Engagement Strategy (PES) (2020-2023) outlines 6 key themes that will apply to the way the HSCP communicates, engages and involves our local communities and aims to:

- set out our framework for communications and engagement – communications vision, objectives, approach, standards and governance and to support the development of a culture of public participation, engagement and involvement that is embedded into organisational practice
- define our key audiences who we will communicate and engage with, that is, our main stakeholders – both internal and external
- define our communication and engagement channels, that is, the tools and methods that we will use to communicate and engage with our audiences
- includes a communications action plan that we will progress to improve and implement our communication channels and practices
- define accountability structures so that relevant service user, carer and public participation can be assured in shaping the development and delivery of local services, and;

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- ensure participation and engagement activities adhere to a high standard of consistency and quality.

**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 has written and consulted on their new Communications Strategy (CS) (2020-23) and Participation and Engagement Strategy (PES) (2020-2023) along with a Communications Strategy action plan, aiming to improve the way it communicates with a range of internal and external stakeholders. These Strategies sets out a consistent approach and a set of arrangements to communicate with patients, services users, carers, local communities and stakeholders to support them to be more aware of, understand and engaged in the work and services of the HSCP.

This includes communicating the vision, values and priorities for health and social care in East Dunbartonshire as set out East Dunbartonshire HSCP's Strategic Plan (2019-22). Both Strategies has involved and been informed by a significant amount of consultation and engagement activity with internal and external stakeholders, including stakeholders who have one or more protected characteristic. The EQIA has been undertaken to ensure any adverse impact on protected characteristic groups is minimised as a result of these Strategies and that the equalities duties placed upon us by the Equalities Act 2010 are upheld.

**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)**

<b>Name:</b> Anthony Craig (Development Officer)	<b>Date of Lead Reviewer Training:</b> 01/05/2018
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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):**

Caroline Sinclair (Interim HSCP Chief Officer)  
Tom Quinn (Head of People and Change)  
Derrick Pearce (Head of Community Health & Care Services)  
David Aitken (Interim Head of Adult Health and Social Care)  
David Radford (Health Improvement and Inequalities Manager)  
Gordon Cox (Chair – Public, Service User and Carer Group)  
Alex Meikle (EDVA – Chief Officer)  
Margaret Hopkirk (People and Change Manager and Joint Chair of Healthy Working Lives Group)

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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<p><b>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.</b></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><b>Vision:</b> ‘Caring together to make a positive difference’</p> <p>Throughout the development of the Strategies cited in this document, we have:</p> <ul style="list-style-type: none"> <li>• 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 Equality Act 2010 ) and those who do not share it, and;</li> <li>• given regard to the need to reduce inequalities between our stakeholders in access to, and outcomes from healthcare services and to ensure this might reduce health inequalities.</li> </ul> <p>East Dunbartonshire Health and Social Care Partnership (HSCP) conducted a 12 week consultation (December 2019 to February 2020) on its draft Communication Strategy (2020-23) and draft Participation and Engagement Strategy (2020-23).</p> <p>Utilising an effective communication and engagement process creates an opportunity for stakeholders and the HSCP to co-produce strategies that are realistic, achievable and sustainable. It also makes practical sense to develop a coherent communications strategy and participation and engagement strategy/programme that will maximise support for and understanding of participation,</p>	<p>The CS and PES was widely shared and promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, 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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engagement and involvement in the planning, review and evaluation of health and social care services, among staff, stakeholders, patients, service users, carers and the public.

The consultation undertaken utilised a quantitative and a qualitative approach, notably a questionnaire and face to face interviews. Participants were asked to share their views on:

- understanding stakeholders views of the role of the HSCP
- local knowledge of the HSCP
- how the HSCP communicates and engages with our communities
- what the HSCP can do to further improve on how we communicate and engage with the communities of East Dunbartonshire
- respondents equalities information
- how they find out about our work and services
- their preferred communication channels
- the usefulness of our communications
- how our communications can be improved
- how we can improve participation and engagement with service users, carers, patients and staff in relation to service change and re-design, and;
- support the development of a culture of engagement, participation and involvement that is embedded into HSCP organisational practice.

Both the electronic survey and printed versions of the survey were available to complete, and it was made available in a range of community facilities and offices including the Kirkintilloch Health and Care Centre (KHCC), GP practices, hubs, libraries and community centres. The survey was also promoted through the East Dunbartonshire HSCP Strategic Planning Group (SPG), both HSCP Locality Planning Groups (East and West) and

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			<p>the Public, Service User and Carer (PSUC) group and their networks, in both print and electronic formats. The survey was also shared through digital communication channels, via newsletters, email and through East Dunbartonshire Council's website and social media channels and also through local Third Sector Organisations. The survey was completed anonymously by the participants and also captured equalities monitoring information.</p> <p>This included information on age, disability, sex and gender and participants had the opportunity to identify their primary relationship to East Dunbartonshire HSCP (e.g., patient, service user, carer, staff member etc.).</p> <p>The resultant sample of the survey consisted of a total of 138 responses, this is broken down by various participants.</p> <p>Both Strategies were also informed by engagement sessions with members of East Dunbartonshire HSCP's PSUC group (15 members), with another 56 people participated in face-to-face engagement sessions, which mainly consisted of carers, older peoples groups and third sector orgs.</p> <p>Utilising an effective communication and engagement process creates an opportunity for stakeholders and the HSCP to co-produce strategies that are realistic, achievable and sustainable. It also makes practical sense to develop a coherent communications strategy and participation and engagement strategy/programme that will maximise support for and understanding of participation, engagement and involvement in the planning, review and evaluation of health and social care services, among staff, stakeholders, patients and the public.</p>	
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	

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<p>2.</p>	<p><b>Please provide details of how data captured has been/will be used to inform policy content or service design.</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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 data captured during the consultation period (Dec 2019 - February 2020) to inform both the Communications Strategy (2020-23) and Participation and Engagement Strategy (2020-23), will enable the HSCP to further improve our communication and engagement activity with our stakeholders and the channels and techniques we utilise.</p> <p>The survey findings in particular informed the development of our approach to communications, participation and engagement, in that we will strive for our communications to be clear and concise ('Plain English'); inclusive; consistent; accessible (with arrangements in place to adapt styles, formats, layouts, languages and material); timely, accurate and approved; transparent; targeted; multi-channel; three-way; evidence-based and endorsed. Our participation and engagement approaches will:</p> <ul style="list-style-type: none"> <li>• deliver a clear and effective approach to participation and engagement</li> <li>• meet our vision and values</li> <li>• identify the ways in which we will involve communities and stakeholders, and;</li> <li>• establish the procedure to further enhance participation and engagement activities, through our planning, designing and reviewing of health and social care services</li> </ul> <p>The data captured was used to emphasise in our Strategies that our approaches to communications, participation and engagement should strive to be clear and concise ('Plain English'); accessible (with arrangements in place to adapt styles, formats, layouts, languages (BSL) and material) and inclusive, and that communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics (e.g., older service users for</p>	<p>Although the questionnaire that was distributed to inform the Strategies was promoted with all colleagues through HSCP services and also with the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks), it may not have reached all groups / people who have a protected characteristic.</p> <p>Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this, as stated in our Communications Strategy, 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. When developing our communications, we will actively consider identifying and removing any barriers to accessibility or inclusivity.</p> <p>A communications 'Jargon Buster' (Glossary of Terms) has been developed and in the Communications Strategy Action Plan we will also look to develop</p>
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			<p>example generally prefer print and face-to-face communications over social media).</p> <p>By adopting this approach towards our communications, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</p>	<p>a 'Communications Toolkit' with 'hints and tips' to encourage more consistent communications that support the communication, engagement, participation and involvement needs of different audiences, particularly those who have a protected characteristic.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>3.</p>	<p><b>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p>	<p><i>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>The HSCP questionnaire for our Communications Strategy and Participation and Engagement Strategy, also included a range of engagements with our PSUC group (meetings and one to one chats), face-to-face engagement sessions with community groups with a protected characteristic (older people, BAME, young mothers) and also with third sector orgs (Recovery groups, church groups, young people etc). This allowed us to gather a closer understanding of the communication, participation and engagement needs and preferences of various stakeholder groups, including those who have one or more protective characteristics.</p> <p>The feedback also informed our approach to the amendments we made to these Strategies. The communication action plan that we will be progressing with, will allow the HSCP to continually improve how we communicate with our staff, patients, service users, carers and stakeholders.</p> <p>This understanding also allows for the communications and participation strategies to be adapted towards and respond to a variety of communication, participation and engagement needs of our communities, removing discrimination, promoting equality of opportunity and foster good relations.</p>	<p>Although the questionnaire that was distributed to inform the Strategies was promoted with all colleagues through HSCP services and also with the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks), it may not have reached all groups / people who have a protected characteristic.</p> <p>Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this, as stated in our Communications Strategy, we will continue to be committed to consider for any future communication activity the</p>

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	4) Not applicable <input type="checkbox"/>			specific needs and preferences of the communications audience including protected characteristic groups. When developing our communications, we will actively consider identifying and removing any barriers to accessibility or inclusivity.
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
4.	<p><b>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?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>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 poverty for children in</i></p>	<p>Throughout our communications, participation and engagement consultation period, we also worked closely with our local PSUC group whose members represent a variety of third sector and/or local community groups. These groups are such as, older people’s groups, carers, disability groups, alcohol and drugs recovery and groups. We also have members who come from a protected characteristic background.</p> <p>We also included equalities questions in the consultation questionnaire, capturing views from various East Dunbartonshire communities, such as those from BAME communities. We also received feedback from members of the deaf community who are users of BSL and we have taken their comments on board and initiated contact with a colleague from GGC public health improvement team to who advocates on behalf of the BSL community.</p> <p>Our research has shown to us that it is essential that our communications are clear and concise (‘Plain English’); accessible (with arrangements in place to adapt styles, formats, layouts, languages and material styles) and inclusive, and that they are tailored to the communication needs of the intended audience.</p> <p>This includes the way in which we communicate with those who have a protected characteristic. This is</p>	<p>Although the questionnaire that was distributed to inform the Strategies was promoted with all colleagues through HSCP services and also with the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks), it may not have reached all groups / people who have a protected characteristic.</p> <p>Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this, as stated in our Communications Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience</p>

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	<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>households at risk of low incomes.</i></p>	<p>reflected in the communications approach taken within our Communications Strategy, and in its aims and objectives.</p> <p>Through collecting and using the responses from the range of stakeholders including patients, service users, carers and staff from a range of backgrounds as a basis for our Communications Strategy and Participation and Engagement Strategy, we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.</p>	<p>including protected characteristic groups. When developing our communications, we will actively consider identifying and removing any barriers to accessibility or inclusivity.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></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 victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Not Applicable</p>	<p>Not Applicable</p>

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	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></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 considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p>	<p><i>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 Communications Strategy (CS) (2020-23) and Participation and Engagement Strategy (PES) (2020-23) 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>Our comprehensive communications matrix of how we will communicate with different stakeholders has given those with one or more protected characteristics an opportunity to share their views.</p> <p>The supporting action plan for how we will improve our communications also takes into account the suggestions of patients, service users and staff among other stakeholders, including those from a protected characteristic group. Stakeholders are therefore playing an active role when it comes to improving how we communicate, especially the role of our PSUC group.</p> <p>As above, 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) and inclusive, and that communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics.</p>	<p>The CS and PES was widely shared and promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, 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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	<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>This includes the use of British Sign Language (BSL).</p> <p>Through the provision of an accessible and inclusive CS we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.</p>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p><b>Age</b></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>This section must be read in context with the intersectionality for all protected characteristics.</p> <p>The East Dunbartonshire HSCP Communications Strategy (2020-23) and Participation and Engagement Strategy (2020-23) both recognise that the demographic breakdown of East Dunbartonshire continues to change. According to most recent projections, Over the 25 years 2014-2039, there is a projected increase of 95% in the number of people aged 75+yrs, also, during the same period; the number of children aged 0-15yrs is projected to increase by 4.4%.  <a href="https://www.nrscotland.gov.uk/statistics-population-and-household-sub-council-area">https://www.nrscotland.gov.uk/statistics-population-and-household-sub-council-area</a></p>	<p>The CS and PES was widely shared and promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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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1) Remove discrimination, harassment and victimisation

2) Promote equality of opportunity

3) Foster good relations between protected characteristics.

4) Not applicable

Table 1 – East Dunbartonshire population by Locality ([2015 GP Pop - QOF](#))

Age Group	East Locality	West Locality	East Dunbartonshire
0 - 14yrs	10380	5903	16283
15 - 24yrs	7887	4094	11981
25 - 44yrs	16663	8153	24786
45 - 64yrs	19485	10615	30100
65 - 84yrs	11204	7412	18616
85yrs +	1350	1206	2556
All	66939	37383	104322

East Dunbartonshire, particularly protected characteristics groups. To mitigate this, as stated in our CS and PES, 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.

Between 2015 -17 there was an estimated 11% rise on the number of people with dementia in East Dunbartonshire (2086 to 2314 people). This number will continue to rise with the growing older population and is one of the key development areas for services ([Alzheimer Scotland](#)). 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 – we will ensure that this group of service users does not receive a lesser service due to their protected characteristics.

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 ([www.sehd.scot.nhs.uk](http://www.sehd.scot.nhs.uk)).

The life expectancy of people with profound, complex and multiple disabilities has increased over the course of the last 70 years. This is despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population ([Emerson and Baines 2010](#)).

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		<p>The ability to access quality services is a fundamental aspect in ensuring that older people enjoy a high quality of life once leaving the labour market. Research has demonstrated the need to involve older people in the decision making process underpinning service planning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented. Furthermore, it is important to be aware of potential impacts associated with age discrimination that leads to inequality in terms of access to services and user experience amongst different age groups, and the need to develop multi-dimensional approach to tackling inequality as a consequence of age discrimination. <a href="#">Glasgow City HSCP Resource Allocation for Adults</a></p>	
<p>(b)</p>	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>This section must be read in context with the intersectionality for all protected characteristics.</p> <p>As stated by ScotPHO (2014), 16.4% of the East Dunbartonshire population are currently prescribed drugs for anxiety/depression/psychosis, with 3,545 adults claiming incapacity benefit/severe disability allowance/employment and support allowance. 49% of adults living in the 20% most deprived datazones in East Dunbartonshire reported having at least one long term condition in, compared to 35% in the remaining datazones.</p> <p>(World Health Organization [WHO], 2003). The relationship between disability and poverty cannot be over-emphasized. Poverty can lead to malnutrition, poor health services and sanitation, unsafe living and working conditions etc. that are associated with disability; disability can also trap people in a life of poverty (Mont 2007).</p> <p>Taking cognisance of guidance stated within 'A Fairer NHS Greater Glasgow &amp; Clyde', The CS and PES (2020-23) recognises that identified priority topics are required</p>	<p>The CS and PES was widely shared and promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks. Certain barriers that have been identified are commonly given as; Difficulty in reading and understanding letters; Difficulty using telephones to arrange appointments; Transport difficulties including costs, and; Engagement in health services arising from mental health problems.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible</p>

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		<p>to identify positive action / initiatives, to meet specific needs of the vulnerable and disadvantaged members of our community. Evidence suggests that disabled people have more difficulties in accessing health services than nondisabled people.</p> <p>The barriers that have been identified are commonly given as; Difficulty in reading and understanding letters; Difficulty using telephones to arrange appointments; Transport difficulties including costs, and; Engagement in health services arising from mental health problems.</p>	<p>efforts will be made to ensure that group is reached. This could be through a 'larger reach' communication channel or engagement with partners (e.g., The third and independent sectors) with knowledge and experience of or access to such groups. East Dunbartonshire HSCP's Participation and Engagement Strategy (2020-23) will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<p><b>Gender Identity</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>This section must be read in context with the intersectionality for all protected characteristics. The term Transgender refers to a number of characteristics. These include transsexual women and men, intersex people, androgyne people and cross-dressing (transvestite) men and women. Transgender People are one of the most marginalised protected characteristic groups in Great Britain. Tran's people are likely to experience abuse at various points throughout their lives (Scottish Transgender Alliance - Transgender experiences in Scotland 2008).</p> <p>NHS GGC offer guidance on health needs for Tran's people and how to address discrimination against Tran's people in their briefing paper on Transgender reassignment and Transgender people as well as offering training for NHS staff on the subject of transgender people (NHS GGC Transgender Briefing).</p>	<p>The CS and PES was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS</p>

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		The CS and PES (2020-23) will be fully inclusive to all. Partnership working, inclusive of the Third Sector is highlighted in various themes within both Strategies and should also impact positively on Transgender people as major research and policy direction around Tran's people is largely shaped by the Third Sector.	and PES, 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.
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>This section must be read in context with the intersectionality for all protected characteristics.</p> <p>The CS and PES 2020-23 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 CS and PES was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, 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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<p>(e)</p>	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This section must be read in context with the intersectionality for all protected characteristics.</p> <p>The CS and PES (2020-23) are fully inclusive to all. East Dunbartonshire HSCP has in place policies that advise on <b>Pregnancy and Maternity</b>, pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. 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>It is known that there were 1036 births in East Dunbartonshire during 2017. This is an increase of 9.0% from the 951 births in 2016. Of these 1036 births in 2017, 474 (45.8%) were female and 562 (54.2%) were male. <a href="http://www.nrscotland.gov.uk/east-dunbartonshire-births">www.nrscotland.gov.uk/east-dunbartonshire-births</a></p>	<p>The CS and PES was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, 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><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(f)</p>	<p><b>Race</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p>	<p>This section must be read in context with the intersectionality for all protected characteristics.</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</p>	<p>The CS and PES was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314</p>

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	<p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>(Desktop Survey - East Dun 2015). Scotland's Census 2011 indicated there are 27 persons living in East Dunbartonshire from the Gypsy / Traveller community (There are no figures for 2017/2018, so we are unaware of recent population figures). 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 (<a href="#">Trotter R, (2012)</a>)</p>	<p>members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, 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><b>(g)</b></p>	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input checked="" type="checkbox"/></p>	<p>This section must be read in context with the intersectionality for all protected characteristics.</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>In East Dunbartonshire 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%. This can be seen across all Wards with Milngavie showing the highest percentage of residents stating they had no religion (31.5%). 2.43% of the population in Bearsden South</p>	<p>The CS and PES was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To</p>

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	<p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>reported that they were Muslim, 2.18% reported they were Sikh and 1% reported that they were Hindu. (Scotland Census shows specific proportions of people's religion by local authority are as stated in the <a href="#">2011 census</a>)</p>	<p>mitigate this, as stated in our CS and PES, 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><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p><b>(h)</b></p>	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>This section must be read in context with the intersectionality for all protected characteristics.</p> <p>Equality Duty forms an integral part of the CS and PES. In this way, we can ensure that our equalities requirements are being met and that the quality of services to specific target groups remains high.</p> <p>In East Dunbartonshire there are inequalities of life expectancy between men and women across East Dunbartonshire. Generally women live longer than men. The average life expectancy for women in East Dunbartonshire is 83.5 years and for men is 80.5 years. In East Dunbartonshire, the average life expectancy at 65years was 19.4yrs for men and 21.4yrs for women.</p> <p>The links between gender and health are becoming more widely recognised and an example of this can be illustrated by looking at mental illness. Although there do not appear to be sex differences in the overall prevalence of mental and behavioural disorders there are significant differences in the pattern and symptoms of the disorders. These differences vary across age groups. In childhood a higher prevalence of conduct disorders is noted for boys than in girls.</p>	<p>The CS and PES was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, 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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		<p>During adolescence girls have a much higher prevalence of depression and eating disorders and engage more in suicidal thoughts and suicide attempts than boys.  <a href="#">(A Report on the Health of the Population of NHS GGC 2017-19)</a>.</p> <p>Of the 2314 people with dementia that Alzheimer Scotland estimates (825 males and 1,488 females) in East Dunbartonshire in 2017. 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 – we will ensure that this group of service users does not receive a lesser service due to their protected characteristics.  <a href="https://www.alzscot.org/campaigning/statistics">https://www.alzscot.org/campaigning/statistics</a></p>	
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>This section must be read in context with the intersectionality for all protected characteristics. Evidence shows that especially the older LGBT population have an increased likelihood of living alone and an increased need to be supported through older adult services, but it also identifies many reasons why people are less likely to access the services they could benefit from.</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</p>	<p>The CS and PES was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, we will continue to be committed to consider for any</p>

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		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.	future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>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?</b></p> <p><b>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.</b></p>	<p>This section must be read in context with the intersectionality for all protected characteristics. Only 9% of the East Dunbartonshire population were income deprived (Scotland 16%), but there were wide variations across different areas, for instance in the Hillhead area of Kirkintilloch the population was 30% income deprived, yet just over a mile away in Lenzie south it is 3%. <a href="#">East Dun JSNA 2016</a></p> <p>The East Dunbartonshire Local Housing Strategy (2017/22) shows there has been an overall reduction, 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. (see JSNA above)</p> <p><a href="#">SCVO - SDS Regulations and Statutory Guidance</a> expressed their concern relating to the current substantial and poverty inducing changes to benefits drive through the intentions behind the SDS legislation. SCVO felt that already, people may have lost amounts of significant income, without even considering the potential loss of mobility components/support in the transfer to Personal Independence Payment (PIP).</p>	<p>The CS and PES was widely promoted and shared with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks. It was also shared with the local Citizens Advice Centre (CAB) through their local main and satellite office amongst staff and volunteers. It was also shared through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, we will continue to be committed to consider for any</p>

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			<p>future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p>
<p><b>(k)</b></p>	<p><b>Other marginalised groups</b></p> <p><b>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 &amp; refugees and travellers?</b></p>	<p>As described above, the CS and PES has been written with input from a wide range of communities within East Dunbartonshire. The aim of the CS and PES is to ensure that we communicate, engage with and involve all other groups and communities of interest and to identify and focus activity and resources proactively to where they are needed most to improve the health and social care outcomes of our population.</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"> <li>• eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</li> <li>• advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and;</li> <li>• foster good relations between people who share a relevant characteristic and those who do not</li> </ul> <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>Cross referral to sex, age, gender reassignment, race, disability, sexual orientation, marriage and civil</p>	<p>The CS and PES was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). 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. To mitigate this, as stated in our CS and PES, 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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partnership, social and economic status. Any changes to services or to service provision we must ensure that we communicate and involve all communities who may be affected, any East Dunbartonshire resident, service user, patient, carer or family member do not receive a lesser service due to their protected characteristics. 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; there is more older people and fewer people of working age than the national average.  
(<https://www.scotpho.eastdunbartonshire>).

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 similar to 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/>)

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There is no local population data with regards to Gender Reassignment available within East Dunbartonshire, 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 100,000. (<http://www.gires.org.uk/>)

It is known that there were 951 births in East Dunbartonshire during 2016. This is a decrease of 2.1% from 971 births in 2015. Of these 951 births in 2016, 461 (48.5%) were female and 490 (51.5%) were male. ([www.nrscotland.gov.uk/east-dunbartonshire-births](http://www.nrscotland.gov.uk/east-dunbartonshire-births))

In the 2011 census, just under 96% of the East Dunbartonshire pop 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 pop). 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>).

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%. This can be seen across all Wards with Milngavie showing the highest percentage of residents stating they had no religion (31.5%). 2.43% of the population in Bearsden South reported that they were Muslim, 2.18%

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		<p>reported they were Sikh and 1% reported that they were Hindu, compared to Kirkintilloch East &amp; Twechar which has 0.20%, 0.06% and 0.03% respectively (<a href="http://www.eastdunbarton.gov.uk/area/profile">www.eastdunbarton.gov.uk/area/profile</a>).</p> <p>In East Dunbartonshire the population is 106,730, The split between those who are female to male of 48/52, compared to Scotland which is 49/51. (<a href="http://www.eastdunbarton.gov.uk/area/profile">www.eastdunbarton.gov.uk/area/profile</a>).</p> <p>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. <a href="https://www.eastdunbarton.gov.uk/lgbt-health">https://www.eastdunbarton.gov.uk/lgbt-health</a></p> <p>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 persons 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. <a href="https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx">https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx</a></p>	
8.	<p><b>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?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p>	Not applicable to these Strategies	Not applicable

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	2) Promote equality of opportunity <input checked="" type="checkbox"/> 3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
9.	<b>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.</b>	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.	Non applicable

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.
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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\* .

East Dunbartonshire HSCP No specific or definable approach was applied in the development of the Communication Strategy but the PANEL principles underpin the general approach to communication activity pursued 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.**

East Dunbartonshire HSCP, as part of the Communications Strategy (CS) Action Plan has developed and conducted a communications survey/questionnaire. This is for both internal and external audiences and it will be carried out over the life of the CS. who the HSCP communicates with, this is to understand:

- the current awareness of the HSCP and its services
- knowledge of our planning structures
- the channels used for communications
- the effectiveness of the HSCPs existing communications channels, and;
- preferred communications channels and internal and external stakeholders’ awareness and understanding of the HSCP and IJB and their work.

To track changes and implement opportunities for improvement, the HSCP will conduct the survey three times over the course of the Communications Strategy, which will further inform its review in 2022 (March 2020 - baseline) (March 2021 - mid-point) (March 2022 (end - point))

**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)
3 x surveys/consultations (Baseline March 2020 / midpoint March 2021 / endpoint March 2022) AC	

In reviewing the Communications Strategy (CS) (2020-2023) and Participation and Engagement Strategy (PES) (2020-2023) we will explore the opportunities to collect more robust data pertaining to communities and groups who have identifiable protected characteristics (see survey/consultation info above).

East Dunbartonshire HSCP also facilitate the East Dunbartonshire PSUC group who are made up of 16 members of the public who work with the HSCP to:

- assist the HSCP in developing new services which meet the needs of the local population
- assist in creating an improved service and the overall experience people receive; and,
- assist the HSCP in developing and promoting better communication techniques to inform and engage local residents.

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We have also in conjunction with the PSUC group created a 'Glossary of Terms' jargon buster to make it easier for members of the public and communities to better understand the terminology used by health and social care staff and the meanings of certain names etc. This was shared widely around East Dunbartonshire.

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

Anthony Craig (Development officer) December 2020

**Lead Reviewer:**

**Name** Anthony Craig

**EQIA Sign Off:**

**Job Title** Development Officer

**Signature** *Anthony Craig*

**Date**

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

**Quality Assurance:**

**Name:**

**Job Title:**

**Signature:**

**Date:**

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA to [alastair.low@ggc.scot.nhs.uk](mailto: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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