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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; Compassionate Communities: "No One Dies Alone Programme".

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 East Dunbartonshire Health and Social Care Partnership (HSCP) "Compassionate Communities" - 'No One Dies Alone' programme aims to consolidate and build on the learning of both academia and existing Compassionate Community structures, to initiate a sustainable, inclusive Compassionate Communities East Dunbartonshire philosophy and culture. In so doing, the approach will build awareness, develop capacity, devise the infrastructure, resource and implement a practical and sustainable programme.

The HSCP proposes to facilitate, from concept into practice, a multi-agency and community based Compassionate Communities 'culture across East Dunbartonshire including all statutory organisations, third sector orgs, private organisations and communities, influencing and shaping partners to incorporate a 'No One Dies Alone' programme across East Dunbartonshire.

The outcome of the "Compassionate Communities" - 'No One Dies Alone' programme aims to ensure that vulnerable members in our communities, who are entering the final phase of their life, will not die in isolation and will be supported and comforted by a companion, at this time.

*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.)*

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The EQIA has been undertaken to ensure any adverse impact on protected characteristic groups is minimised and prior to the programme being planned and implemented, we aim to acknowledge the equalities duties placed upon us by the [Equalities Act 2010](#) and that they are upheld. 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.

The relevant protected characteristics covered by the Duty are:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Throughout implementation of this programme, reference will also be made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) policy document and will articulate how any proposed changes in service provision will meet the requirement.

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

The Compassionate Communities East Dunbartonshire programme aims to set out a consistent approach and include a set of arrangements which will align with the HSCP's vision, values and priorities for health and social care in East Dunbartonshire as set out East Dunbartonshire HSCP's Strategic Plan (2019-22). The HSCP Delivery Plan also reflects the ambition to provide services that places our services users at the centre of their service needs; "to increase the percentage of the last 6 months of life spent in the home or community setting."

Promoting equality and addressing health inequalities are at the heart of East Dunbartonshire Health and Social Care Partnership's (HSCP) vision and values.

Vision: 'Caring together to make a positive difference'.

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Values: Honesty, Integrity, Professionalism, Empathy and Compassion, Respect

The East Dunbartonshire HSCP Strategic Plan (2018-21) outlines 8 key priorities that apply to all HSCP services and will:

- promote positive health and wellbeing, preventing ill-health and building strong communities
- enhance the quality of life and supporting independence for people, particularly those with long-term conditions
- keep people out of hospital when care can be delivered closer to home
- address inequalities and support people to have more choice and control
- people have a positive experience of health and social care services
- promote independent living through the provision of suitable housing accommodation and support
- improve support for Carers enabling them to continue in their caring role, and;
- optimise efficiency, effectiveness and flexibility

The Compassionate Communities East Dunbartonshire programme approach will set out to, build confidence and capacity, develop individual and collective responsibility, create volunteering opportunities and reduce social isolation. Further, the wider impact of the approach will set out to increase the confidence of family members and/or friends that a loved one will be supported by a companion during the final moments of their life. The aim is to reduce stress, anxiety and supporting well-being. A further key aspect of the approach is the support to both clinical and non-clinical health and care workers mitigating the stress and the distress associated liaising directly and indirectly with patients and their families at times of stress and crisis.

**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:** Anthony Craig

**Date of Lead Reviewer Training:** May 2018

**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):**

David Radford (Health Improvement and Inequalities Manager)  
Caroline Sinclair (Interim Chief Executive - East Dun HSCP)  
Derrick Pearce (Head of Community Health and Care Services – East Dun HSCP)  
Leanne Connell (Chief Nurse – East Dun HSCP)  
Kathleen Halpin (Interim Lead Nurse – East Dun HSCP)  
Evonne Bauer (East Dunbartonshire Council)  
Anne Innes (Chief Executive – East Dunbartonshire Voluntary Action)

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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p>1. <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>Any data that is captured will be for one-to-one support (allowing for the need for anonymity in this setting). Targeted actions will be developed in response to the review of data, for example, information sessions with staff and colleagues, GP practice teams, GP clusters to outline findings and promote diversity of referral if required.</p> <p>The Compassionate Communities East Dunbartonshire programme will not collect equalities information relating to patient demographics as the programme will operate as an adjunct to mainstream patient services where this information is stored.</p> <p>Where original patient data is collected, this will be via TrakCare and EMIS. These systems allow additional information relating to support needs to be recorded. For example the collection of data relating to age, sex, social class via postcode related data. BME recording is recorded and has recently become mandatory. TrakCare, the patient information management system used across NHSGGC has options to record a patient's age, sex, postcode, religion and belief, ethnicity and whether the patient required interpreting support as well as their additional needs.</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>Prior to the launch of the programme, a policy briefing for all staff and colleagues accessing data will be put in place. Any other data collection will enable monitoring of patterns of use of the service.</p> <p>Whilst TrakCare offers data fields capturing some protected characteristic data, not all are mandatory. To ensure information is routinely captured for monitoring purposes, a communication to all staff and partners will help highlight the need to ensure all appropriate fields are used.</p> <p>The focus on data collection will primarily be for analysis, rather than clinical purposes.</p> <p>We will also;</p> <ul style="list-style-type: none"> <li>• provide a place for forms to be securely deposited (Patient records room) to ensure that they remain anonymous and</li> </ul>

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		<p><b>Vision:</b> 'Caring together to make a positive difference'</p> <p>Throughout the development of the Compassionate Communities East Dunbartonshire programme cited in this document, we will:</p> <ul style="list-style-type: none"><li>• give 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>• give due 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>The Compassionate Communities East Dunbartonshire programme will also use the learning from the East Dunbartonshire Joint Strategic Needs Assessment (<a href="#">JSNA</a>) which is a key resource document in the process of preparing the East Dunbartonshire Compassionate Communities programme, the JSNA was produced with the support of <a href="#">Public Health Scotland's LIST Analysts</a>.</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,</p>	<p>providing reassurance to patients, carers and families.</p>
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			<p>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>	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p><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>Any data that is captured will be for one-to-one support (allowing for the need for anonymity in this setting). Targeted actions will be developed in response to the review of data, for example, information sessions with staff and colleagues, GP practice teams, GP clusters to outline findings and promote diversity of referral if required.</p> <p>Throughout the planning and creation of the Compassionate Communities East Dunbartonshire programme we will adopt an approach that will strive to be clear and concise ('Plain English'); accessible (with arrangements in place to adapt styles, formats, layouts, community languages (The British Sign Language (BSL) (Scotland) Act 2015) and material) and inclusive, and that the programme is fluid and can adapt to meet the communication needs and preferences of different audiences including those with protected characteristics (e.g., older service users for example generally prefer print and face-to-face communications over social media).</p>	<p>Prior to the launch of the programme, a policy briefing for all staff and colleagues accessing data will be put in place. Any other data collection will enable monitoring of patterns of use of the service.</p> <p>The focus on data collection will primarily be for analysis, rather than clinical purposes.</p> <p>We will also</p> <ul style="list-style-type: none"> <li>• Provide a place for forms to be securely deposited (Patient records room) to ensure that they remain anonymous and providing reassurance to patients, carers and families.</li> </ul>

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	<p>4) Not applicable <input type="checkbox"/></p>		<p>By adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</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>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>A stated ambition of the East Dunbartonshire Health and Social Care Partnership is to mitigate the circumstances that lead to inequality and inequity. The Compassionate Communities East Dunbartonshire programme – aims to use learning from research carried out by other Compassionate Community programmes, including the Compassionate Communities featured in the first practice brief published by the World Health Organisation to support the Global Framework on People-centred Integrated Health Services (<a href="#">WHO, 2018</a>) We will also use learning from <a href="#">Compassionate Communities UK</a> and closer to home the <a href="#">Good Life, Good Death, Good Grief programme</a>, which is a is an initiative of the <a href="#">Scottish Partnership for Palliative Care</a>.</p> <p>This approach will also allow for the Compassionate Communities East Dunbartonshire programme to be adapted towards and respond to a variety of needs of our communities, removing discrimination, promoting equality of opportunity and foster good relations.</p> <p>Consideration will also be given to the range of barriers which may prevent access to the programme from equalities groups. All programme staff and</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>

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			<p>volunteers will undertake equality and diversity training, and will receive scheduled additional inputs in relation to LGBT+, poverty, trauma informed practice, interpreting services, to enable them to approach conversations with their service users sensitively.</p> <p>Again by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</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>4.</p>	<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><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>The Compassionate Communities East Dunbartonshire programme aims to use learning from previous plans and strategies; and also utilise our statutory partner's demographic knowledge to further develop and increase programme knowledge of local equality groups as these are fluid.</p> <p>For instance, there is a lack of data about the Gypsy and Travellers community. 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 (<a href="#">Desktop Survey - East Dun 2015</a>). Scotland's Census 2011 indicated there were 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</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and</p>



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<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 Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>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>As the programme is in its infancy and as touched upon previously, we can learn from other Compassionate Community programmes on how they engaged with groups with a protected characteristic.</p> <p>Currently 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.  <a href="http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011">http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011</a></p> <p>In the 2011 census, 96% of the East Dunbartonshire pop stated they are white Scottish, white British, and white Irish or white other.</p> <p>East Dunbartonshire HSCP understands BME people are more likely to require communication support to navigate into, through and out of services.</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. And like all disabled people,</p>	<p>partners involved in the programme.</p>
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			<p>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>Again by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</p>	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
5.	<p><b>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?</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</b></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>The Compassionate Communities East Dunbartonshire programme will be hosted within the homes/accommodation of the service user and this is where the majority of interactions will take place.</p> <p>From time to time there may be occasions when it is not possible for a volunteer to access a service user and to be fully inclusive; for example limitations on accessibility to a service user's home. In circumstances where it is not possible to remove the barriers the programme will keep clear records outlining the steps taken and considers the opportunity for the affected individual(s) to be provided with the opportunity to receive a service from other another source.</p> <p>When connecting people with community based supports the programme will gain an understanding of the accessibility of the venue. With consent from the service user, the programme will liaise with organisations/groups if there are barriers to physical</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>

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	<p>characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>access which could be overcome in order to enable provision of a service.</p> <p>Again by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</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>All Compassionate Communities East Dunbartonshire programme staff and volunteers will receive training on the use of the <a href="#">interpreting service</a> and how to access it for those who do not have English as a first language, including <a href="#">BSL users</a>. Additionally a <a href="#">Deaf Awareness</a> course will be sourced with assistance from NHS GGC and/or partners.</p> <p>The Compassionate Communities East Dunbartonshire programme will also use the East Dunbartonshire HSCP Communications Strategy (CS) (2020-23) and Participation and Engagement Strategy (PES) (2020-23) and the communications matrix. Within these strategies, details on 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</p> <p>Information leaflets will be made available in English and will also be made available in other community languages and formats upon request. It will be policy that all staff and volunteers will be made aware of this.</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p> <p>The programme will also be provided with a pathway for</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>Other written information which the Compassionate Communities East Dunbartonshire programme would provide to service users will be in English and can also be made available in other languages and formats on an 'as and when required' basis for service users.</p> <p>Again by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</p>	<p>requests for information in other languages and formats.</p>
<p>7</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>(a)</p>	<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>The East Dunbartonshire HSCP <a href="#">Joint Strategic Needs Assessment</a> projects a 7.6% increase in the overall population of East Dunbartonshire from 2018 – 2043 due to a significant estimated rise in the population aged over 65 years. (The estimated 2018 East Dunbartonshire population is 107,431)</p> <p>The HSCP recognises 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%.</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture</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><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>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>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. <a href="http://www.sehd.scot.nhs.uk">www.sehd.scot.nhs.uk</a></p> <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 commissioning, 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>As stated previously by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure</p>	<p>programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>
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		<p>that they remove discrimination, promote equality of opportunity and foster good relations.</p>	
<p><b>(b)</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>From the 2011 Scotland Census, it stated that East Dunbartonshire has a pop of 105,026. 5.6% of the East Dunbartonshire pop stated they have a disability with hearing impairments and/or physical disability being the main disabilities reported. <a href="http://www.eastdunbarton.gov.uk/area/profile">www.eastdunbarton.gov.uk/area/profile</a></p> <p>As stated by <a href="#">ScotPHO (2014)</a>, 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. (Sources are quoted within this section.)</p> <p>The number of people who are ageing with a disability is also increasing at different rates amongst men and women, and amongst different ethnic groups. Although the prevalence of some physical impairment is higher amongst males, many of the largest sub-groups of disabled people contain more women than men.</p> <p>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 (<a href="#">Emerson and Baines 2010</a>).</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>

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Taking cognisance of guidance stated within '[A Fairer NHS Greater Glasgow & Clyde](#)', the Compassionate Communities East Dunbartonshire programme recognises that identified priority topics are required 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. 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
- Engagement in health services arising from mental health problems

Information also gathered in the report "[Who is least likely to attend?](#)" Published by NHS Health Scotland in 2015 identified men as being more likely to not attend appointments than women. This was particularly the case for men under 44.

Partners understand the requirement to make all reasonable adjustments to make all services fully accessible. In the case of the requirement for communication support, this requirement will be met through NHSGGC interpreting resource allocation. All centres from which services are provided comply with the Equality Act 2010, including the provision of access ramps, accessible toilets and loop systems, again by adopting this approach towards and during the Compassionate Communities East

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		Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c)	<p><b>Gender Identity</b></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>In East Dunbartonshire the HSCP and partners are working to better identify the unmet health and wellbeing needs of lesbian, gay, bisexual and transgender (LGBT) people who live in the area. 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>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 <a href="#">LGBT Youth Scotland</a> 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>There is no local population data with regards to Gender Reassignment available within East</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>

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		<p>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. <a href="https://www.gires.org.uk/">https://www.gires.org.uk/</a></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. <a href="#">The Human Rights Act 1998</a> also provides rights of privacy and fairness, as well as the right not to suffer discrimination or degrading treatment.</p> <p>By adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</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>(d)</p>	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the</p>	<p>The Compassionate Communities East Dunbartonshire programme 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</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use</p>

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	<p><b>protected characteristics of Marriage and Civil Partnership?</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>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.</p> <p>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. <a href="#">MyGov.Scot Getting Married</a></p>	<p>learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</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>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. <a href="#">NRS Scotland Record of Births by Local Authority</a></p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken</p>

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	<p>4) Not applicable <input type="checkbox"/></p>		<p>with all staff, colleagues and partners involved in the programme.</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>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 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. <a href="http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011">http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011</a></p> <p>In the 2011 census, 96% of the East Dunbartonshire pop stated they are white Scottish, white British, and white Irish or white other. The Compassionate Communities East Dunbartonshire programme literature will be made available in other languages and formats as required, The Compassionate Communities East Dunbartonshire programme understand BME people are more likely to require communication support to navigate into, through and out of services.</p> <p>Minority Ethnic people more likely to experience discrimination:</p> <ul style="list-style-type: none"> <li>In 2019 minority ethnic adults were more likely to have experienced discrimination in the previous 12 months (19 per cent) compared to white adults (7 per cent).</li> </ul>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>

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- Minority ethnic adults were also more likely to have experienced harassment (17 per cent) than adults from 'White' ethnic groups (6 per cent).

**Source:** [Scottish Household Survey 2019](#) (Last updated: September 2020)

NHSGG&C has an Accessible Information Policy that Compassionate Communities East Dunbartonshire programme will also utilise to provide written information including appointment letters, instructions for self-care and health improvement resources are available to patients in appropriate formats to ensure they have access to the information they need.

Over the life of the programme we will use NHSGGC [Accessible Information Policy](#) to give communications support to:

- implement the [National Interpreting and Translation Policy](#)
- provide interpreting to all patients who require communication support for NHS related appointments
- engage with patients to gather feedback and make continuous improvement.

It will be policy that all staff and volunteers will be made aware of this and by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.

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<p><b>(g) Religion and Belief</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is little evidence to indicate specific faith groups fare more poorly than others in terms of access to HSCP services.</p> <p><a href="#">Scotland's Census 2011</a> 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><a href="https://www.eddn.org.uk/living-well-with-dementia/information-on-living-well/bme-community-dementia/">https://www.eddn.org.uk/living-well-with-dementia/information-on-living-well/bme-community-dementia/</a> however, some faith groups may require services that are sensitive to commitments to religious observance – for instance patients may not be able to attend a doctors, clinics or hospital appointments due to religious festivals and there is some evidence that highlights the impacts these have on some faith groups, such as:</p> <ul style="list-style-type: none"> <li>• Some older people may not speak English or their ability to speak English as a second language can decrease or become confused</li> <li>• There may be limited cultural sensitivity amongst professionals e.g. medication could</li> </ul>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>
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		<p>be taken intravenously during fasting for Ramadan</p> <ul style="list-style-type: none"> <li>• There may be a lack of written information on dementia in diverse languages and at times information may need to be delivered verbally due to an inability to read information in English</li> <li>• Stigma and pride (feeling ashamed to ask for help outside the family and close-knit community)</li> </ul> <p>NHSGG&amp;C has a <a href="#">Faith and Belief Communities Manual</a> 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>It will be policy that all staff and volunteers will be made aware of these policies and as we have stated, by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</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>(h)</p>	<p><b>Sex</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p>	<p>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</p>	<p>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the</p>

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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>Dunbartonshire, the average life expectancy at 65years was 19.4yrs for men and 21.4yrs for women.</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.</p> <p><a href="https://www.alzscot.org/campaigning/statistics">https://www.alzscot.org/campaigning/statistics</a></p> <p>NHSGGC is committed to meeting the needs of its diverse workforce. NHSGGC : <a href="#">NHSGGC : Gender Based Violence Policy and Guidance</a> 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 <a href="#">Empowered</a>, 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> <p>As we have previously stated, by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</p>	<p>experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>
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<p>(i)</p>	<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>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>As previously stated, 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><a href="#">Stonewall</a> 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>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>
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		As previously stated, by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.	
	<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>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>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="#">JSNA 2021</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>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>

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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
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 understand the responses necessary to meet these needs and resource requirements to build back 'stronger and fairer'.

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		<p>The detail about how we will achieve these things, will be developed through future HSCP 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 future plans and by adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</p>	
(k)	<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>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>It is important that as the Compassionate Communities East Dunbartonshire programme develops and progresses, we will use learning to understand the experience of protected characteristic groups who access the programme and we will make a commitment to capture all community perspectives across protected characteristic groups. We will also seek to capture programme users experience across protected characteristic groups. This will be undertaken with all staff, colleagues and partners involved in the programme.</p>

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Cross referral to sex, age, gender reassignment, race, disability, sexual orientation, marriage and civil 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 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>

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		<p>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. There is 458 people in East Dunbartonshire local authority have learning disabilities. That's 0.4% of the population. (<a href="https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-dunbartonshire/">https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-dunbartonshire/</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> <p>By adopting this approach towards and during the Compassionate Communities East Dunbartonshire programme, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</p>	
8.	<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>	This is not applicable to this programme.	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 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><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>9.</p>	<p><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></p>	<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.</p>	<p>Not applicable</p>

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom

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of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

There are no reported risks in relation to human rights.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .

No specific or definable approach was applied in the development of the Compassionate Communities East Dunbartonshire programme 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.

Not applicable (new service).

**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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In reviewing the Compassionate Communities East Dunbartonshire programme (in 12 months) we will explore the opportunities to collect more robust data pertaining to communities and groups who have identifiable protected characteristics.	12 Months (TBC)	AC?
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**Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:**

Anthony Craig (Development officer) July 2022

**Lead Reviewer:  
EQIA Sign Off:**

**Name** Anthony Craig  
**Job Title** Development Officer  
**Signature** *Anthony Craig*  
**Date** November 2021

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** Alastair Low  
**Job Title** Planning Manager  
**Signature**  
**Date** 16/02/22

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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:

Compassionate Communities East Dunbartonshire programme

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

		Completed	
		Date	Initials
Action:	(TBC)		
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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