

Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

East Dunbartonshire Health and Social Care Partnership (HSCP) Commissioning Strategy (CS) and Market Facilitation Statement (MFS) (2019-22) - EqIA

Please tick box to indicate if this is: Current Policy, Strategy or Plan New Policy, Strategy or Plan

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

The East Dunbartonshire Health and Social Care Partnership's (HSCP) Commissioning Strategy (CS) and Market Facilitation statement (MFS) (2019-22) will cover a 3 year period (2019-22). 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 CS and MFS (2019-22). Specific service proposals EqIAs relating to the Strategic Plan (2018-21) and the CS and MFS (2019-22) will be undertaken to ensure any service change or re-design is compliant with the HSCP IJBs legal duties in respect of their Public Sector duty, 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.

The CS and MFS outlines 5 key themes that will apply to all HSCP services, including those that support children and families, adults and older people:

- early intervention and prevention
- treatment and recovery
- reablement and support to live independently

- support to Carers/Families
- assistive technology/Digital solutions

The HSCP CS and MFS will have a broad range of outcomes across the health and wellbeing spectrum, benefitting the whole community, including patients, carers, public and staff, in particular:

- improved Health and Social Care Outcomes
- people having a positive experience of care
- person centred provision
- cost effective, efficient and sustainable services, and;
- improved staff satisfaction

With this in mind, this Equality Impact Assessment (EqIA) has been undertaken to formally capture contextual information relevant to different groups or individuals with protected characteristics and will be used in the implementation of the CS and MFS and also to inform subsequent service(s).

In line with the guiding vision for East Dunbartonshire set out in the HSCP's Strategic Plan (2018-21) and as a consequence of the programme of work described below, it is envisaged that by 2021 the HSCP's commissioned services will be characterised by the following central aims, which is to:

- ensure commissioning decisions are based on the evidence of need of all residents
- commission services which work with and for our population and communities in meeting their identified outcomes
- commission services which enable our service users and their carers to maximise their independence
- commission services which support our population to remain safely at home or in their local communities for as long as possible
- commission services which help to maintain or improve the our residents quality of life and well being, and;
- commission services so that when a resident faces a crisis in their health or well-being the right services are

available at the right time so that the person can get back to their everyday life as soon as possible

Community Planning Partners (CPP) in East Dunbartonshire also work together, with and for our people and their carers, to address high level Strategic Priorities:

- people living as independently as possible
- more people living at home or in a homely setting
- carers supported and able to continue in their caring role, and;
- assets and resources available to the community are supported to grow and develop

The CS and MFS is based on evidence from engagements with our service users, carers and their families and staff. We have also engaged widely with our third and independent sector providers and colleagues. Desk-top research into local and national policy drivers and practices was also carried out.

3 Lead Reviewer

Jean Campbell (Head of Finance and Resources), Gillian Healey, (Planning and Commissioning Manager), Anthony Craig, (EDHSCP-Development Officer)

4. Please list all participants in carrying out this EQIA:

Caroline Sinclair (Head of MH, LD, Addictions and Health Improvement) Derrick Pearce, (EDHSCP-Head of Community Health and Care Services); Jean Campbell (Head of Finance and Resources); David Aitken (HSCP-Joint Adult Services Manager) Stephen McDonald, (HSCP-Joint Older People Services Manager); Gillian Healey, (Planning and Commissioning Manager); Margaret Friel, (Planning and Commissioning Officer); Kelly Gainty (Adults and Community Care Support Worker), Alex Meikle (Chief Executive - East Dunbartonshire Voluntary Action)

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality? Please provide excerpts from the document to evidence.

The East Dunbartonshire HSCP Strategic Plan (2018-21) outlines 8 key priorities that apply to all HSCP services, including those that support older people 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

East Dunbartonshire HSCP's strategic vision 2018-2021:

- working with people and partners to build strong communities, with equity of opportunity for wellbeing and access to care and support when required

The CS and MFS will use a range of quantitative and qualitative data and policy drivers, both local and national to inform priorities and actions:

- The Equality Act (2010)*

- The Christie Report (2011)
- Mental Health Strategy (2017-2027) Scottish Government
- A Fairer Scotland for Disabled People (2016-2021) Scottish Government
- National Dementia Strategy (2017-2020) Scottish Government
- East Dunbartonshire Framework for Older People (2013-23)
- East Dunbartonshire HSCP Strategic Plan (2018-2021)
- East Dunbartonshire HSCP Annual Performance Report (2017-2018)
- East Dunbartonshire HSCP Learning Disability Strategy (2018-2023)
- East Dunbartonshire Assistive Technology Strategy (2018-2023)
- East Dunbartonshire Integrated Children's Services Plan (2017-2020)
- East Dunbartonshire Local Outcomes Improvement Plan (2017-2027)*
- East Dunbartonshire Autism Strategy (2014-2024)
- East Dunbartonshire Carers Eligibility Criteria (Adults & Young Carers)
- East Dunbartonshire Early Years Strategic Plan (2017/20)
- East Dunbartonshire JSNA (2016)
- East Dunbartonshire Older Peoples Framework (2013-2023)
- Alcohol Framework 2018: Preventing Harm - next steps on changing our relationship with alcohol
- Rights, respect and recovery: alcohol and drug treatment strategy (2018)
- The Quality Principles: Standard Expectation of Care and Support in Drug and Alcohol Services (2014)
- Mental Health (Scotland) Act 2015 (under consultation)
- Mental Health Strategy (2017 - 2027)
- A Five-year Strategy for Adult Mental Health Services in Greater Glasgow & Clyde: 2018-23
- Suicide prevention action plan: every life matters
- Same As You (2001)
- The Keys to Life (2012)
- See Hear Strategy
- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002

- Chronically Sick and Disabled Persons Act 1970
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Scottish Government The Early Years Framework (2008)
- Children and Young People (Scotland) Act (2014)
- Carers (Scotland) Act 2016
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self-Directed Support) (Scotland) Act 2013
- Scottish Government National performance Framework
- Learning Disability Change Programme
- National Health and wellbeing indicators
- National Health and Wellbeing Outcomes
- Scottish Living Wage
- The East Dunbartonshire Local Housing Strategy (2017-2022)

Throughout implementation of this Commissioning Strategy (CS) and Market Facilitation statement (MFS) (2019-22), reference will 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

Under Local Policy and Community Planning, the East Dunbartonshire Local Outcome and Improvement Plan (LOIP) 2017-27 is referred to as an overarching business plan for the Community Planning Partnership (CPP) which the HSCP is

an equal partner against which a number of guiding principles have also been established, including:

- fair and equitable services, and;
- we will plan, commission and deliver services which account for the different needs of population groups who share a characteristic protected by the Equality Act.

(*Equality Act 2010; The Equality Act 2010 brings together over 116 separate pieces of legislation into one single Act. Combined, they make up the 2010 Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act simplifies, strengthens and harmonises the current legislation to provide the UK with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society).

(*The Local Outcomes Improvement Plan (LOIP 2017-27) is the shared plan of our CPP. The LOIP has six outcomes that outlines why and how the CPP will work together to organise and provide services in a way that tackles known inequalities. This includes a set of 10-year goals for East Dunbartonshire with a set of priorities which are supported by actions we will take over the next ten years).

B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy? For instance, a new flexible working policy might reflect on the additional burden experienced by carers or parents.

		Source
All	As described above, the CS and MFS is based on analysis of need which drills down into a detailed analysis of the characteristics of our population and communities as identified in the JSNA (2016) and the Strategic Plan (2018-21). The aim of the CS and MFS is to ensure that we identifying priorities and focus activity and resources proactively to where they are needed most to improve the health and social care outcomes of our population.	Sources are quoted within the body of the text.

The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and;
- foster good relations between people who share a relevant characteristic and those who do not

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

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 must ensure that 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/>)

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)

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

	<p>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% reported they were Sikh and 1% reported that they were Hindu, compared to Kirkintilloch East & Twechar which has 0.20%, 0.06% and 0.03% respectively (www.eastdunbarton.gov.ukareaprofile).</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. (www.eastdunbarton.gov.ukareaprofile).</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. https://www.eastdunbarton.gov./lgbt-health</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. https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx</p>	
Sex	This section must be read in context with the intersectionality for all protected characteristics. Equality Duty forms an integral part of the commissioning of services and contract monitoring that sits alongside all commissioned services	Sources are quoted within the body of the

	<p>where third parties have been contracted to deliver services. 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>As a result of the comprehensive needs analysis we have carried out, it is unlikely that individuals will be affected differently, or that adverse impact or unlawful discrimination will result on the grounds of sex or gender.</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 Dunbartonshire, the average life expectancy at 65 years 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. 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 Report on the Health of the Population of NHS GGC 2017-19).</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</p>	text.
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	<p>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. https://www.alzscot.org/campaigning/statistics</p>	
Gender Reassignment	<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, androgynous people and cross-dressing (transvestite) men and women. Transgender People are one of the most marginalised protected characteristic groups in Great Britain. Trans 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 Trans people and how to address discrimination against Trans 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 MFS (2019-22) will be fully inclusive to all. Partnership working, inclusive of the Third Sector is highlighted in various themes within the CS and should also impact positively on Transgender people as major research and policy direction around Trans people is largely shaped by the Third Sector.</p>	Sources are quoted within the body of the text.
Race	<p>This section must be read in context with the intersectionality for all protected characteristics. A community, where there is a lack of data is the Gypsy and Travellers. According to a desktop survey carried out in 2015 to assist with informing the development of Local Housing Strategies estimated that there is one site in East Dunbartonshire, with five Gypsy and Traveller households (Desktop Survey - East Dun 2015). Scotland's Census 2011 indicated there are 27 persons</p>	Sources are quoted within the body of the text.

	<p>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. And like all disabled people, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society (Trotter R, (2012)).</p>	
Disability	<p>This section must be read in context with the intersectionality for all protected characteristics. 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>	Sources are quoted within the body of the text.

	<p>Taking cognisance of guidance stated within ‘A Fairer NHS Greater Glasgow & Clyde’, the CS and MFS 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, and; Engagement in health services arising from mental health problems.</p>	
<p>Sexual Orientation</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 identities within services (such as staff knowledge of the issues affecting LGBT people, promotion of inclusive</p>	<p>Sources are quoted within the body of the text.</p>

	<p>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>Religion and Belief</p>	<p>This section must be read in context with the intersectionality for all protected characteristics. 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 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 2011 census).</p> <p>(https://www.eddn.org.uk/living-well-with-dementia/information-on-living-well/bme-community-dementia/), 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"> • Some older people may not speak English or their ability to speak English as a second language can decrease or become confused 	<p>Sources are quoted within the body of the text.</p>

	<ul style="list-style-type: none"> • There may be limited cultural sensitivity amongst professionals e.g. medication could be taken intravenously during fasting for Ramadan • 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 • Stigma and pride (feeling ashamed to ask for help outside the family and close-knit community) 																																	
Age	<p>This section must be read in context with the intersectionality for all protected characteristics.</p> <p>The CS and MFS (2019-22) 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%. https://www.nrscotland.gov.uk/statistics-population-and-household-sub-council-area</p> <table border="1" data-bbox="491 1000 1656 1377"> <thead> <tr> <th colspan="4">Table 1 – East Dunbartonshire population by Locality (2015 GP Pop - QOF,ISD)</th> </tr> <tr> <th>Age Group</th> <th>East Locality</th> <th>West Locality</th> <th>East Dunbartonshire</th> </tr> </thead> <tbody> <tr> <td>0 - 14yrs</td> <td>10380</td> <td>5903</td> <td>16283</td> </tr> <tr> <td>15 - 24yrs</td> <td>7887</td> <td>4094</td> <td>11981</td> </tr> <tr> <td>25 - 44yrs</td> <td>16663</td> <td>8153</td> <td>24786</td> </tr> <tr> <td>45 - 64yrs</td> <td>19485</td> <td>10615</td> <td>30100</td> </tr> <tr> <td>65 - 84yrs</td> <td>11204</td> <td>7412</td> <td>18616</td> </tr> <tr> <td>85yrs +</td> <td>1350</td> <td>1206</td> <td>2556</td> </tr> </tbody> </table>	Table 1 – East Dunbartonshire population by Locality (2015 GP Pop - QOF,ISD)				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	<p>Sources are quoted within the body of the text.</p>
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All	66939	37383	104322
<p>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.</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 (www.sehd.scot.nhs.uk).</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 (Emerson and Baines 2010).</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</p>			

	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. Glasgow City HSCP Resource Allocation for Adults	
Pregnancy and Maternity	<p>This section must be read in context with the intersectionality for all protected characteristics. The CS and MFS (2019-22) will be fully inclusive to all. East Dunbartonshire HSCP has in place policies that advise on Pregnancy and Maternity, 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.</p> <p>www.nrscotland.gov.uk/east-dunbartonshire-births</p>	Sources are quoted within the body of the text.
Marriage and Civil Partnership	This section must be read in context with the intersectionality for all protected characteristics. The CS and MFS 2019-22 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.	Sources are quoted within the body of the text.

	<p>In 2017, 249 marriages were registered in East Dunbartonshire. This is a 7.3% increase from 232 in 2016. In comparison, the number of marriages registered in Scotland overall decreased by 2.7%. In 2017 there were 3 civil partnerships registered in East Dunbartonshire. In 2016, no civil partnerships were registered in East Dunbartonshire. In Scotland overall, there were 70 civil partnerships in 2016, which is an increase of 9.4% from 2015.</p> <p>It is important to state that for many of the people we support, their intellectual capacity is significantly affected, thereby often reducing ability to conceptualise marriage and may not legally have capacity to enter into such an arrangement. Reference to the Adults with Incapacity Act should help to inform the appropriate role for statutory services in relation to these matters, with additional advice available from the Mental Welfare Commission.</p>	
<p>Social and Economic Status Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</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%. East Dun JSNA 2016</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>Sources are quoted within the body of the text.</p>

	<p>SCVO - SDS Regulations and Statutory Guidance 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>C Do you expect the policy to have any positive impact on people with protected characteristics? Where you expect no impact please note None in all boxes.</p>			
	<p>Highly Likely</p>	<p>Probable</p>	<p>Possible</p>
<p>General</p>	<p>That the integration of planning, commissioning and resource use and service delivery as outlined in the Commissioning Strategy (CS) and Market Facilitation Statement (MFS) (2019-22) will have a positive impact on all residents if the CS and MFS recognise the interconnectedness of all protected characteristics and their specific needs.</p>	<p>Opportunity to promote and improve accessibility to all services for individuals and communities.</p>	<p>That the Commissioning Strategy (CS) and Market Facilitation Statement (MFS) (2019-22) can provide opportunities to review an equality impact on local service provision to improve the service delivery to individual and communities.</p>

Sex	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact on men, women and non-binary individuals if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for men, women and non-binary individuals.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning, commissioning and service delivery to men, women and non-binary individuals.
Gender Reassignment	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact for Trans-men and Trans-women and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for Trans-men and Trans-women and their communities.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning, commissioning and service delivery for Trans- men and Trans-women and their communities.
Race	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS	Opportunity to promote and improve accessibility to services for black and local ethnic minority communities.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning,

	(2019-22) will have a positive impact for black and local ethnic minority communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.		commissioning and service delivery for black and local ethnic minority communities.
Disability	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact for individuals with disabilities and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals with disabilities and their communities.	Opportunity to promote and improve accessibility to services for individuals with disabilities and their communities.
Sexual Orientation	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact for LGB individuals and their communities if the plan recognises the	Opportunity to promote and improve accessibility to services for LGB individuals and their communities.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning, commissioning and service delivery for LGB individuals and their communities.

	interconnectedness of all protected characteristics and their specific needs.		
Religion and Belief	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact for individuals with religious, beliefs and no belief and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals with religious, beliefs and no belief and their communities.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning, commissioning and service delivery for individuals with religious, beliefs and no belief and their communities.
Age	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact for individuals of all age groups and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for all age groups and their communities.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning, commissioning and service delivery for all age groups and their communities.

Marriage and Civil Partnership	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact for individuals in marriage and civil partnership and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals in marriage and civil partnership and their communities.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning, commissioning and service delivery for all for individuals in marriage and civil partnership and their communities.
Pregnancy and Maternity	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact for individuals and families accessing pregnancy and maternity services and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals and families accessing pregnancy and maternity services and their communities.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning, commissioning and service delivery for all for individuals and families accessing pregnancy and maternity services and their communities.
Social and Economic	That the integration of planning, commissioning and resource	Opportunity to promote and improve accessibility to	That the CS and MFS (2019-22) can provide opportunities to review an

Status	use and service delivery as outlined in the CS and MFS (2019-22) clearly recognised the connection between poor health and social and economic status. Its key aim is to address these inequalities in society through its delivery approaches.	services for individuals from a social and economic status and their communities.	equality impact on local service provision to improve the planning, commissioning and service delivery for individuals in social and economic status and their communities.
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	That the integration of planning, commissioning and resource use and service delivery as outlined in the CS and MFS (2019-22) will have a positive impact on individuals and communities from marginalised groups if the strategy/plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals from a marginalised group and their communities.	That the CS and MFS (2019-22) can provide opportunities to review an equality impact on local service provision to improve the planning, commissioning and service delivery for individuals from marginalised groups and their communities.

D Do you expect the policy to have any negative impact on people with protected characteristics? Where you expect no impact please note None in all boxes.

	Highly Likely	Probable	Possible
General	None	It is important that any possible discrimination is identified in the early stages and actions are taken to mitigate the worst of its impact as soon as possible.	That any changes can provide opportunities to consult, engage and involve residents and communities to examine and develop options and innovations to shape future planning, commissioning and future service delivery.
Sex	None	None	That any changes can provide opportunities to consult, engage and involve men, women and non-binary residents and their families and HSCP staff to examine and develop options and innovations to shape future planning, commissioning and future service delivery. Also to note that there is little to no research on non-binary people that can reflect their views.
Gender Reassignment	None	None	That any changes can provide opportunities to consult, engage and involve Trans-men and Trans-women residents, their communities, their families their families and HSCP staff to examine and develop options and innovations to shape future planning,

			commissioning and future service delivery. Also to note that there is little to no research on Trans-men and Trans-women that can reflect their views.
Race	None	None	That any changes can provide opportunities to consult, engage and involve black and minority ethnic residents and community members and their families and HSCP staff to examine and develop options and innovations to shape future planning, commissioning and future service delivery.
Disability	None	That in general there could be a failure to examine and reflect on local planning, commissioning and service delivery can lead to negative impacts on individuals with disabilities and their communities.	That any changes can provide opportunities to consult, engage and involve people with disabilities, their carers, their families and HSCP staff to examine and develop options and innovations to shape future planning, commissioning and future service delivery.
Sexual Orientation	None	None	That any changes can provide opportunities to consult, engage and involve LGB people their families and HSCP staff to examine and develop options and innovations to shape

			future planning, commissioning and future service delivery.
Religion and Belief	None	None	That any changes can provide opportunities to consult, engage and involve individuals with religious, beliefs and no belief and their communities, their families and HSCP staff to examine and develop options and innovations to shape future planning, commissioning and future service delivery.
Age	None	That in general there could be a failure to examine and reflect on local planning, commissioning and service delivery which could lead to negative impacts on individuals of all age groups and their communities.	That any changes can provide opportunities to consult, engage and involve people of all ages, and their families and HSCP staff to examine and develop options and innovations to shape future planning, commissioning and future service delivery.
Marriage and Civil Partnership	None	None	That any changes can provide opportunities to consult, engage and involve people in marriage and civil partnership, their families and HSCP staff to examine and develop options and innovations to shape future planning, commissioning and future service delivery.
Pregnancy and	None	That in general people who are	That any changes can provide

Maternity		pregnant and on maternity leave could be negatively impacted. It is important that any discrimination is identified in the early stages of planning and commissioning and actions taken to mitigate the worst of its impact as soon as possible.	opportunities to consult, engage and involve people who are pregnant and on maternity leave and HSCP staff to examine and develop options and innovations to shape future planning, commissioning and future service delivery.
Social and Economic Status	That in general people from lower social and economic status groups could be negatively impacted. It is important that any discrimination is identified in the early stages of planning and commissioning and actions taken to mitigate the worst of its impact as soon as possible.	That in general there could be a failure to examine and reflect on the local service delivery which could lead to negative impacts on people from lower social and economic status groups and their communities.	That any changes can provide opportunities to consult, engage and involve people from lower social and economic status groups to examine and develop options and innovations to shape future planning, commissioning and future service delivery.
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	That in general people in marginalised groups could be negatively impacted. It is important that any discrimination is identified in the early stages of planning and commissioning and actions taken to	That in general there could be a failure to examine and reflect on local service delivery which could lead to negative impacts on people in marginalised groups and their communities.	That any changes can provide opportunities to consult, engage and involve people from marginalised groups to examine and develop options and innovations to shape future planning, commissioning and future service delivery.

	mitigate the worst of its impact as soon as possible.		
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E Actions to be taken – please list amendments to the policy following assessment.

		Responsibility and Timescale
1 Changes to policy	In reviewing the Commissioning Strategy (CS) and Market Facilitation Statement (MFS) (2019-22) we will explore the opportunities to collect more robust data pertaining to communities and groups who have identifiable protected characteristics.	Chief Finance and Resources Officer and the Planning and Development Manager and HSCP Lead Officers (12 Months)
2 action to compensate for identified negative impact	<p>The Commissioning Strategy (CS) and Market Facilitation Statement (MFS) (2019-22) will plan to mitigate against any possible risks of negative impact as identified. We will do this by utilising the learning across the HSCP and by using needs assessment approaches and ensuring planning and commissioning interconnectedness and a continuous monitoring and evaluation process. This will include:</p> <ul style="list-style-type: none"> • Testing specific approaches and needs assessments that relate to one or more of the protected characteristic groups, some of which will take place in the most deprived neighbourhoods as appropriate. 	Chief Finance and Resources Officer and the Planning and Development Manager and HSCP Lead Officers (12 Months)

3 Further monitoring – potential positive or negative impact	By improving the data we have on marginalised and harder to reach groups for planning and for any commissioned services. This impact assessment will be used to ensure the final implementation of the CS and MFS (2019-22) is cognisant of equality legislation and the need to explicitly state how we will eliminate unlawful discrimination, advance equality of opportunity and promote good relations. This document will be used as a guide to ensure the performance, of the CS and MFS (2019-22) is robust and transparent.	Chief Finance and Resources Officer and the Planning and Development Manager and HSCP Lead Officers (12 Months)
4 Further information required	When the CS and MFS (2019-22) data is evaluated and analysed, the HSCP and partners can ensure that future planning, commissioning and service provision and delivery is specific, tailored and influenced to improve and develop health and social care programmes that are suitable for all and are accessible for people with protected characteristics.	Chief Finance and Resources Officer and the Planning and Development Manager and HSCP Lead Officers (36 Months)

Lead Reviewer: Name: Jean Campbell
 Sign Off Job Title EDHSCP - Head of Finance and Resources
 Signature *Jean Campbell*
 Date: 19/02/19

Please email copy of the completed EQIA form to alastair.low@ggc.scot.nhs.uk

Or send hard copy to:

**Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055
Great Western Road, Glasgow, G12 0XH**