

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Review of East Dunbartonshire Health and Social Care Partnership Third Sector, Voluntary Sector and Community Organisations Funding (2024/25 and 2025/2026)

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 Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) received Royal Assent, completing the process of legislation through Parliament, on 1 April 2014. The Act aims to support improvement in the quality and consistency of services through the integration of health and social care. East Dunbartonshire Health and Social Care Partnership (HSCP) has integrated planning and delivery of all community health and social care services, including services for children, adults, criminal justice and older people.

As also stated in the [Strategic Plan \(2022-25\)](#) East Dunbartonshire Health and Social Care Partnership (HSCP) is committed to making financial decisions in a fair, transparent and accountable way that will consider the needs and the rights of our local people and the communities of East Dunbartonshire, in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and the [Public Sector Equality Duty](#) and [Fairer Scotland duties](#).

As stated in the [Public Sector Equality Duty](#), the HSCP must, in the exercise of its functions, have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To support meeting these duties, proposals for the review of the funding allocated through the HSCP to the third sector, voluntary sector and community organisations across East Dunbartonshire is to seek efficiencies in line with HSCP targets for wider HSCP services or to identify where a specific review of ongoing arrangements is required, this is to ensure future delivery models are financially viable and have been subject to an [Equality Impact Assessment \(EqIA\)](#), this is to understand any impacts

and to inform the development of any proposed proposals, and to take steps to mitigate any impacts that are identified, if the proposals are accepted by the Integrated Joint Board (IJB).

As part of the 2024/25 budget setting process, the current funding model to third sector, voluntary sector and community organisations was identified as a potential financial saving, but also the potential to have a negative impact on groups who share a protected characteristic. The purpose of the EqIA is for the identification of any potentially negative impact, this does not mean that the financial savings option cannot go forward. However, where this has been identified, the HSCP will liaise with [East Dunbartonshire Voluntary Action](#) (Third Sector Interface) to work with third sector, voluntary sector and community organisations and their trustees and managers to mitigate any proposed budget reductions across the area with the aim of minimising any impacts should the option be approved.

Where relevant within the proposals, the HSCP as a public body, should be satisfied that there is a compelling case in the public interest under statutory services provision that there is sufficient justification for interfering with the equalities and human rights of those with an interest in the proposals that may be affected in any potential financial savings. In this respect the Human Rights Act 1998 incorporates certain provisions of the [European Convention on Human Rights](#), namely:

- a) Article 1 – the right of everyone to peaceful enjoyment of possessions. No one can be deprived of possessions except in the public interest and subject to the relevant national and international laws.
- b) Article 8 – private and family life, home and correspondence. No public authority can interfere with these rights except if it is in accordance with the law and is necessary in the interests of national security, public safety or the economic well-being of a country.
- c) Article 14 – the right to enjoy rights and freedoms in the Convention free from discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, or national or social origin.

In the case of each of these articles, the HSCP, will be conscious of the need to strike a balance between the rights of the individual and the interests of the public. The HSCP/IJB may decide that, in the light of the present financial challenges and the significant public benefit of the policy review and any financial benefit which would arise from the proposed policy review being released for other critical services, it is necessary and proportionate. In particular, the HSCP who, due to the third sector, voluntary sector and community organisations being managed by their charity trustees and managers, with no HSCP input, the HSCP may consider that the policy review and the potential financial savings would not constitute any unlawful interference with third sector, voluntary sector groups and community organisations plans as these organisations are managed by [charity trustees](#) and managers within the organisations as regulated by [OSCR](#).

The first East Dunbartonshire HSCP Strategic Plan (2015-18), which was approved by the IJB Board in February 2015 and subsequent Strategic Plans (2018-21 and [2022-25](#)) outlines clear visions whereby all HSCP services and stakeholders work in partnership with local communities. The Strategic Plans of 2015-18, 2018-21 and the 2022-25 plan were created by accumulated programmes of community engagement and consultation work which was led by the HSCP in partnership with other health and council service(s) such as social work and housing and also with the third and independent sectors, housing associations and community groups and local service users, carers and their families, these all outline the HSCP's ambition to further improve the opportunities for people to be involved in any decision making processes.

The HSCP provide funding to a range of third sector, voluntary sector and community organisations across East Dunbartonshire, as well as service specific organisations to support wider service delivery across older people, adults and children's services. These tend to be local organisations, albeit there are funding contributions to some national and larger organisations that extend beyond East Dunbartonshire. These organisations provide non-statutory interventions and form part of a wider support infrastructure to more formal services delivered through the HSCP directly or through the commissioned sector in response to a needs assessment. The funding tends to

be directed to and more akin to prevention and early intervention supports. East Dunbartonshire will work with the local Third Sector Interface (EDVA) to minimise and mitigate any service budget reductions if this is approved by the Integrated Joint Board (IJB).

This EqIA recognises that anyone who may be affected by the review, will all have legitimate needs and expectations. As such, general principles apply across all affected groups, and include:

- Keeping people fully informed about issues that affect them
- Giving them the opportunity to express their views and that these are taken into account, and;
- Providing appropriate support, including advice, assistance and signposting to appropriate services.

The policy review will be grouped into four distinct categories:

- Subject to Review (existing or future review)
- Subject to an Efficiency Target (10%)
- Subject to Disinvestment (not aligned strategically, best value concerns, duplicate model), and;
- Subject to national considerations with pre-determined contributions.

Subject to IJB approval for the review, the Strategic Commissioning Manager will plan to meet with the Third Sector Interface (EDVA) and any who may be affected if this review is approved by the IJB, to convey the IJB's decision and related contractual obligations. If the review is approved and the policy instigated any organisations who may be affected, their charity trustees are responsible for managing any changes to their budgets and managers and staff should engage with their service users and signpost to alternative services should there be any related financial impact. East Dunbartonshire HSCP will also signpost any organisations affected to the local Third Sector Interface (EDVA), to liaise with them and to provide information/signposting onto other local and national funding opportunities that may assist to mitigate if any affected service modifications transpire. For instance this could be for the creation of a pathway for organisations to follow, that will inform and update on local and national funding opportunities that may be accessible and also to assist with funding applications, to complete forms and offer advice that will support to mitigate. The Third Sector Interface also provide information and assistance on a range of third sector services for community groups and voluntary organisations, to help mitigate any socio-economic challenges if they occur.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

East Dunbartonshire HSCP undertakes an EQIA on changes to policy or services, and decisions that may have disproportionate impacts on individuals or groups protected under the [Equality Act 2010](#). We believe that it is good practice when developing a policy, strategy, investment or disinvestment, or a new initiative to anticipate the likely effects it may have, and to take steps to prevent or minimise, any likely harmful effects, especially on persons who share any of the characteristics that are protected under the Equality Act (2010).

The relevant protected characteristics covered by the Duty are:

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

In line with the savings challenge across all HSCP services and the HSCP controllable budget, similar levels of efficiencies and budget savings will be proposed to come from all sectors in contribution to the savings agenda. This is expected to have an impact on the levels of support delivered to services users and carers across East Dunbartonshire from the voluntary sector organisations, the HSCP will work with all organisations to mitigate these.

East Dunbartonshire HSCP is also cognisant and wish to mitigate for reasons to do with economic status & social class, such as legislated under [Fairer Scotland Duty](#).

The East Dunbartonshire HSCP [Strategic Plan \(2022-25\)](#) 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 HSCP policy review and the potential financial saving is intended to benefit all East Dunbartonshire residents of all ages and backgrounds, regardless of any disabilities, impairments or socio-economic status for the financial health of the organisation in the longer term. This Equalities Impact Assessment (EqIA) considers the affects that this programme could have on residents who use third sector, community groups and/or voluntary organisations and seeks to identify and mitigate any disproportionate disadvantage that may arise for these users that identify with any of the protected groups recognised by equality legislation. The HSCP, recognises that users of these services may have specific needs and requirements. This EqIA also recognises that those who may be affected by the policy review also have legitimate needs and expectations. As such, the general duties that were highlighted earlier in the EqIA and those principles apply across all affected groups, and include:

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

Throughout this EqIA, reference will also be made to the general duties ([Equality Act \(2010\)](#)) and to the [HSCP Equalities Mainstreaming Report \(2023-2027\)](#) policy document and will articulate how any proposed changes in service provision will meet the requirement.

If the review is approved, this may have a bearing on the levels of support to individuals who use voluntary sector organisations, and they will be impacted by this proposed funding reduction. The voluntary sector delivers on a number of the strategic priorities as set out within the [Strategic Plan \(2022-25\)](#):

- Empowering People
- Empowering Communities
- Prevention and Early Intervention
- Supporting Carers and Families
- Improving Mental Health and Recovery (this falls under a separate review of Mental Health & Alcohol & Drug Recovery Services)

East Dunbartonshire HSCP also aims to ensure that any protected characteristic groups are not further disadvantaged by the policies and strategies we implement. It also ensures that the IJB is properly advised of the potential effects of any proposals before they take decisions that may affect people's lives. The HSCP is also required to fully consider the equality aspects for all vulnerable people and protected characteristic groups, for all of our commissioned services. The HSCP will look to carry out, involve, consult and engage with stakeholders, including those who have one or more protected characteristic, but due to the nature of the commissioned third sector org, community group or voluntary organisation, the HSCP will look to engage with these groups and the local Third Sector Interface ([EDVA](#)). This is to communicate with, with the purpose of mitigating any decisions that may affect those with a protected characteristic. The EQIA has been undertaken to ensure that overall any adverse impacts on protected characteristic groups is minimised as a result of the proposal and that the equalities duties placed upon us by the [Equality Act \(2010\)](#) are upheld.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Andy Craig, Planning Performance & Quality Officer	Date of Lead Reviewer Training: 9 th November 2023
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**Please list the staff involved in carrying out this EQIA
(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):**

Jean Campbell (Chief Finance & Resources Officer – East Dunbartonshire HSCP)
Gillian Healey (Strategic Commissioning Manager – East Dunbartonshire HSCP)
Anne Innis (EDVA)
Matthew Forbes (Senior Information Analyst – East Dunbartonshire HSCP)
Anthony Craig (East Dunbartonshire HSCP)

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>On 30 June 2021, the population of East Dunbartonshire was 108,900. This is an increase of 0.1% from 108,750 in 2020. East Dunbartonshire had the 21st highest population in 2021, out of all 32 council areas in Scotland. (Source)</p> <p>East Dunbartonshire has witnessed the fastest growing increase in people aged 85 years + (59%) of any local authority area in Scotland over the last ten years. (Source). Future projections demonstrate that this growth in older people in our community will accelerate over the next ten years by a further 74%, compared to a Scottish average of 46%.</p> <p>Looking even further ahead, the population of people 85 years + in East Dunbartonshire is expected to treble over the next 25 years. (Source).</p> <p>East Dunbartonshire HSCP has limited communication pathways with any service users who may be affected by the proposed policy, this is due to the Third sector, voluntary sector and community organisations being commissioned services and are responsible for their own service planning and delivery. Any changes to their budgets and any related financial impact that may affect service delivery, it is incumbent on the services themselves to engage with their clients and to signpost to alternative provision that may mitigate.</p> <p>There is criteria set for the individuals to be supported through the various organisations at the point of allocating funding and a service specification in place as to the nature of the support to be provided. The numbers of individuals being supported through the service is collated and reported as required to the HSCP. This can be variable across the sector with reasons on</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
		<p>service user confidentiality given as reasons for limiting the sharing of personal information.</p> <p>The HSCP do collate information when we provide direct service provision, for instance through Care at Home service, Telecare/Telehealth, Occupational Therapy, Nursing Services, MH services or ADP services. When original patient data is collected, this will be via Carefirst, TrakCare and EMIS. These systems allow additional information relating to support needs to be recorded. Black and Minority Ethnic patients and service users are also recorded. 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 and also is they have additional needs.</p> <p>When the HSCP provide direct service provision, staff are also cognisant of other services that they can signpost to, either internal or with another commissioned third sector provider. To provide contextual information to inform strategic planning and service reviews, the HSCP's Joint Strategic Needs Assessment (JSNA) and the Children's Joint Strategic Needs Assessment (CJSNA) provide 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. This information is also captured by East Dunbartonshire Councils Strategic Needs Analysis and these include information on age, gender, ethnic origin, population projections, disabilities (including physical, learning, and sensory), mental health and wellbeing. The most up to date, robust data available is used in planning and commissioning, including comparisons to the national Scottish average and available trend data.</p>	

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. 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>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>A stated ambition of the East Dunbartonshire Health and Social Care Partnership is to mitigate the circumstances that lead to inequality and inequity.</p> <p>East Dunbartonshire HSCP has limited communication pathways with any service users who may be affected by the proposed policy, this is due to the Third sector, voluntary sector and community organisations being commissioned services and are responsible for their own service planning and delivery. Any changes to their budgets and any related financial impact that may affect service delivery, it is incumbent on the services themselves to engage with their clients and to signpost to alternative provision that may mitigate any reductions in the levels of provision.</p> <p>Financial data has also been captured to determine the levels of funding provided to each organisation as well as wider financial contributions from other funding routes available to the voluntary sector and funding provided through East Dunbartonshire Council.</p> <p>There has also been a level of engagement with other local authority areas on their approach to voluntary sector savings and applied diligence via the Office of the Scottish Charity Register (OSCR) to verify funding levels.</p> <p>The JSNA and CJNSA also provide contextual data to inform the review.</p> <p>Engagement with the Third Sector Interface and any affected organisations will be planned and commenced if the policy review is approved (detailed below), and this will provide further input to inform the review.</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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>In preparing for the review, research and site visits to other models of service delivery on a regional and national level was undertaken. The HSCP also used learning from previous plans, operational experience, and expertise; and utilised our statutory partner's demographic knowledge to further develop and increase our knowledge of our local third sector, community groups and voluntary sector organisations.</p> <p>Findings from the engagement process will be reflected in the review.</p> <p>The JSNA and CJSNA provide evidence that helps to help inform the review, including details of the population of East Dunbartonshire such as: age, gender, ethnic origin, population projections, disabilities (including physical, learning, sensory), mental health and wellbeing.</p> <p>When preparing any new strategy/policy, the HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the Health and Social Care Delivery Principles. This ensures that a shared approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing and to achieve the core aims of integration, which are:</p> <ul style="list-style-type: none"> • To improve the quality and consistency of services for patients, carers, service users and their families • To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and; • To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of 	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
			<p>people with long term conditions and often complex needs, many of whom are older.</p> <p>By adopting this approach, we will aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations between protected characteristics.</p>	
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Two phases of consultation and engagement will be utilised within the development of the policy review.</p> <p>Engagement with the Third Sector Interface (EDVA) and any third sector, community groups and/or voluntary organisations who may be affected is planned in September. Plans to engage with service users accessing services will be led by providers, EDVA and the HSCP (if required) from October to December 2024. This engagement will be a key input for the review.</p> <p>East Dunbartonshire Health and Social Care Partnership (HSCP) is also cognisant of its duties Fairer Scotland duties and will “pay due regard” to how the HSCP can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The HSCP will also aim to mitigate any decisions that may affect any person with a protected characteristic, as the HSCP is aware that less access to resources can mean that individuals fare worse on outcomes including health, housing, education or opportunities to work or train, and these negative outcomes can reinforce each other.</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>This is a strategy/policy document which will be accessibility checked and will be made available publically on the HSCP's website in an accessible document and will be highlighted in communications that if required in a community language this will be made available.</p> <p>The policy review may influence the way services are commissioned and delivered across the HSCP area and all buildings/treatment rooms/event spaces that services and/or community engagement interventions are delivered from, will be accessible and meet equalities legislation. The HSCP also do ask their suppliers and those they commission services from to take certain steps in order to enable the public body to meet their continuing legal obligation to comply with the Equality Duty.</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p> <p>To mitigate this further we will continue to be committed to consider for any communication activity the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was</i></p>	<p>The HSCP draws from both East Dunbartonshire Council and NHSGG&C in terms of governance in relation to clear communication and to meet our legal requirements in terms of communication support.</p>	<p>The HSCP will share all information with EDVA (518 members) and to those from protected characteristic groups, the HSCP will also promote on social media channels. However, it may not reach all groups/people</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<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 British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>The HSCP will also follow guidance set out in the East Dunbartonshire HSCP Communications and Engagement Strategy (2024-29). The communications matrix within this strategy also details how the HSCP will communicate with different stakeholders and gives those with one or more protected characteristics an opportunity to share their views.</p> <p>The HSCP is committed to communications that strive to be clear and concise ('Plain English'); accessible (with arrangements in place to adapt styles, formats, layouts, languages and material) is inclusive, and communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics. This includes the use of British Sign Language (BSL).</p> <p>NHSGG&C also has guidelines (Clear to all) in relation to clear, consistent and accurate approach to the- provision of information for patients and the public. Through the provision of an accessible and inclusive HSCP Equalities Mainstreaming Report (2023-27) and outcomes, we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.</p>	<p>who have a protected characteristic. Therefore, going forward, we will share widely with representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic group will be taken into account.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
7 (a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 largest increase is in individuals aged over 85 years, which is projected to rise by over 100% from 3,203 to 7,017 people by 2043. There will be a higher incidence of frailty, dementia and multi-morbidities amongst this part of the population which suggests that demand for health and social care services will rise accordingly. (JSNA)</p> <p>On 30 June 2021, the population of East Dunbartonshire was 108,900. This is an increase of 0.1% from 108,750 in 2020. East Dunbartonshire had the 21st highest population in 2021, out of all 32 council areas in Scotland. (Source)</p> <p>East Dunbartonshire has witnessed the fastest growing increase in people aged 85 years + (59%) of any local authority area in Scotland over the last ten years. (Source). Future projections demonstrate that this growth in older people in our community will accelerate over the next ten years by a further 74%, compared to a Scottish average of 46%.</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. (Source).</p> <p>Life expectancy at birth is 80.5 years for males in East Dunbartonshire (Scotland 77.1) and 83.7 years for females (Scotland 81.1). (Source).</p> <p>The need for health and social care services to work with other partners to prepare for an increasingly ageing population is seen as one of Scotland's biggest challenges. In common with the rest of Scotland, East Dunbartonshire's population profile is changing. A combination of factors, including healthier lifestyles,</p>	<p>A review of current funding arrangements is proposed with a view to seeking efficiencies in line with the Partnership target for wider HSCP services, or where a specific review of ongoing arrangements is required to ensure future delivery models are financially viable.</p> <p>Services subject to review include providers of social supports for older people and carers. East Dunbartonshire HSCP will work with the local Third Sector Interface to work with any organisations who may be affected if the review is approved. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
		<p>advances in medicine and lower birth rates, means that there is an increasing proportion of people aged 65 and over in our society, and proportionally fewer people of working age.</p> <p>The JSNA identifies that East Dunbartonshire has the ninth highest proportion of individuals aged 65+ in Scotland (24%), which is higher than the national average of 20%. 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. The HSCP is fully aware that many third sector, voluntary organisations and community groups provide services for our older populations and were applicable will signpost to alternative routes/services for information and support.</p> <p>The HSCP continues to recognise the role of carers, many of whom are older and may become unwell themselves, we will ensure that this group of service users does not receive a lesser service due to their protected characteristics.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>The Joint Strategic Needs Assessment (JSNA) found that one in three people said that they had a long term condition that substantially interfered with their day to day activities.</p> <p>The JSNA reports that 5.6% of the adult population in East Dunbartonshire reported a disability (Scotland 6.7%) in the 2011 Census. Just under half of reported disabilities (48%) were sensory impairment, 32% related to a physical disability, 18% reported a mental health condition and 2% reported a learning disability.</p> <p>The East Dunbartonshire Health and Wellbeing Survey found that more than one in four people said that they looked after, or gave regular help or support to family members, friends, neighbours or others because of long term physical or mental ill-</p>	<p>Services subject to review include providers of support for people with disabilities and carers. This may result in delays in accessing services or support delivered through the voluntary sector and in scope of review. In some cases where the service has ceased, individuals may have to find or be signposted to alternative routes/services for information and support.</p> <p>To further mitigate this we will continue to be committed to consider for any communication activity the</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>health or disability, or problems relating to old age in East Dunbartonshire.</p> <p>Increased life expectancy has also been linked to increasing numbers of people with disabilities and long term conditions. This change will have significant implications for health and social care with demand increasing as a result of more people living into older age (when health and social care needs are likely to be more complex), whilst the number of people available to work in housing, health and social care and/or provide unpaid care may decline.</p>	<p>specific needs and preferences of the communications audience including protected characteristic group will be taken into account.</p>
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>In East Dunbartonshire commissioned third sector, community groups or voluntary organisations may likely provide services to people who are Transgender or are undergoing gender reassignment, therefore changes to funding and commissioning may impact this group.</p> <p>People reported feeling uncomfortable being open about their non-binary identity when using various public services. This was particularly true of general NHS services, where 60% of respondents 'never' felt comfortable (Source), as well as with GPs where 50% of respondents said they 'never' felt comfortable (Source).</p> <p>At end March 2021, 0.1% of the staff employed by NHS Scotland declared that they were transgender. (Source).</p> <p>NHSGG&C offer guidance on the health needs of transgender people and how to address discrimination against trans people in their policy on Gender Reassignment and Transgender, as well as offering training for NHS staff on the subject of Transgender people.</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. This may include providers who support people who are Transgender or are undergoing gender reassignment. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>
(d)	<p>Marriage and Civil Partnership</p>	<p>There is no perceived disproportionate impact on people on the grounds of marriage and civil partnership.</p>	<p>Not Applicable</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>In East Dunbartonshire commissioned third sector, community groups or voluntary organisations may likely provide services to people who are pregnant or are mothers, therefore changes to funding and commissioning may impact this group.</p> <p>It is known that there are health risks to mothers and babies during and after pregnancy. Research also indicates that this risk varies based on race, with significant disparities in the maternal mortality rate between white women and black, Asian and mixed ethnic women. (Source).</p> <p>Qualitative research also highlights negative experiences of women in healthcare settings, which can include male bias, male-centric power dynamics and a lack of knowledge of</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. This may include providers who support people who are pregnant or are mothers. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>

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	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>women's health that can negatively impact women's experiences. Through education, it is possible that revised commissioning guidance can play a small role in reducing the broader structural inequalities that play out within healthcare settings. (Source)</p> <p>It is known that there were 849 births in East Dunbartonshire during (Jan to Dec) 2022. This is a decrease of 5.4% from 898 births in 2021.</p> <p>Prevalence of low birth weight was at 1.16% (Scotland 2.02%), prevalence of maternal smoking shows 6.45% (Scotland 14.45%), and breast feeding rates at 6-8 weeks is 37.5% (NHSGGC 26.4%).</p> <p>The HSCP will work closely with the staff to disseminate positive health messages, such as the income maximisation service and information on mental health services.</p>	
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>Scotland's Census asked people to choose the option that best described their ethnic group or background. The majority of people in Scotland chose 'Scottish' (77.7%) or 'Other British' (9.4%) within the White category, with data covering 2020/21 highlights that the vast majority of social care clients identify as white.</p> <p>In East Dunbartonshire, 83.4% of the population identified as 'Scottish' and 'Other British' (6.8%) within the White category. 4.3% of the population in East Dunbartonshire chose 'Asian, Asian Scottish or Asian British' that best described their ethnic group or background.</p> <p>East Dunbartonshire HSCP, has policies in place where staff, patients, service users can ask for alternative language formats</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. This may include providers who support people who are from a BME background. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>

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	<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>for any health information, leaflet, poster etc. and it will be made available to all on request from members of staff.</p> <p>Ethnic Group – Census 2022</p> <table border="1" data-bbox="898 368 1650 844"> <thead> <tr> <th></th> <th>East Dun</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>White: Total</td> <td>93.4%</td> <td>92.9%</td> </tr> <tr> <td>White: Scottish</td> <td>83.4%</td> <td>77.7%</td> </tr> <tr> <td>White: Other British</td> <td>6.8%</td> <td>9.4%</td> </tr> <tr> <td>White: Polish</td> <td>0.3%</td> <td>1.7%</td> </tr> <tr> <td>White: Gypsy/Traveller</td> <td>0.01%</td> <td>0.06%</td> </tr> <tr> <td>Mixed or Multiple Ethnic Group</td> <td>1.1%</td> <td>1.1%</td> </tr> <tr> <td>Asian, Asian Scottish or Asian British: Total</td> <td>4.3%</td> <td>3.9%</td> </tr> <tr> <td>African: Total</td> <td>0.4%</td> <td>1.1%</td> </tr> <tr> <td>Caribbean or Black: Total</td> <td>0.1%</td> <td>0.1%</td> </tr> <tr> <td>Other Ethnic Groups: Total</td> <td>0.7%</td> <td>1.0%</td> </tr> </tbody> </table> <p>Given the vast majority of social care users identify as white, (Source), there is a risk that other racial and ethnic minority groups may not be fully considered in the commissioning and design of services. Nonetheless, revised funding and commissioning guidance could contribute to this area by promoting consideration of diversity and equality duties when commissioning services.</p>		East Dun	Scotland	White: Total	93.4%	92.9%	White: Scottish	83.4%	77.7%	White: Other British	6.8%	9.4%	White: Polish	0.3%	1.7%	White: Gypsy/Traveller	0.01%	0.06%	Mixed or Multiple Ethnic Group	1.1%	1.1%	Asian, Asian Scottish or Asian British: Total	4.3%	3.9%	African: Total	0.4%	1.1%	Caribbean or Black: Total	0.1%	0.1%	Other Ethnic Groups: Total	0.7%	1.0%	
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(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p>	<p>It is likely that East Dunbartonshire HSCP commission services for people who hold a range of beliefs and religions. The proposed policy review may therefore indirectly impact people with a wide range of religions and beliefs.</p> <p>Scotland's Census 2022 reports that in East Dunbartonshire 47.7% of the population stated they belonged to a Christian denomination.</p>	<p>This policy review will aim to have no negative impact on religion and belief and when developing any associated plans, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>																																	

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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>In terms of the Christian denominations 23.4% of the population in East Dunbartonshire belonged to the Church of Scotland and 18.9% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.4% of the population.</p> <p>A large percentage of residents reported they had no religion (43.3%), though this is lower than the Scottish average of 51.1%. 1.3% reported that they were Muslim, 0.2% reporting other religions.</p> <p>NHSGG&C has a Faith and Belief Communities Manual which sets out its commitment to ensuring that spiritual care, including religious care, is provided in an equal and fair way to those of all faith communities and those of none. The manual is designed to help staff respond to religious care, and to be confident as they meet some of the religious needs of those in their care.</p>	<p>To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p>Higher proportions of males report having health issues, such as high blood pressure, any cardiovascular disease, diabetes, ischaemic heart disease and strokes. (Source).</p> <p>Domestic abuse disproportionality impacts women, with around 4 in 5 incidents of domestic abuse, where gender was known, had a female victim and male suspected perpetrator (Scottish Government Domestic Abuse Statistics). However, the crude rate of domestic abuse (whole population) is substantially lower in East Dunbartonshire (59.04 per 10,000 population in 2021/22) compared to Scotland (118.26 per 10,000 in 2021/22).</p> <p>Females are more likely to provide regular, unpaid care, which is a role that can have a negative impact on physical and mental health and wellbeing. (Source).</p> <p>Data covering 2020/21 highlights that there are more female users of social care than male, although though this varies by</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. This may include providers who support different sex's. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication</p>

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	<p>4) Not applicable <input type="checkbox"/></p>	<p>age group with younger age groups consisting of more males. (Source).</p> <p>The links between gender and health are becoming more widely recognised, some examples of this in East Dunbartonshire are mental health, learning disability, Alzheimer’s and dementia. A total of 3.2% (3,341) of East Dunbartonshire’s population identified themselves as having a mental health condition that has lasted, or would last for more than 12 months, in the 2011 Census. Self-reported identification varied by gender and age. A higher proportion of females (59%) reported having a mental health condition compared to males (41%). Poor mental health, including mental disorder, has a considerable impact on individuals, their families and the wider community. (Source)</p> <p>Overall, the data on health inequalities based on sex offers a mixed picture. Yet, qualitative research shows the impact of male bias within healthcare settings, which those designing and implementing service should be mindful of in order to address and mitigate the negative impacts on women’s health. Again, this is an area where strategic commissioning guidance could perhaps add value in promoting equality to mitigate structural bias.</p>	<p>activity, the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>It is likely that East Dunbartonshire HSCP commission services for people who are lesbian, gay and bisexual. The proposed policy review may therefore indirectly impact people with a wide range of religions and beliefs.</p> <p>Data suggests that lesbian, gay and bisexual people in Scotland face a range of health issues arising from prejudice and discrimination. Levels of smoking, substance use and mental health are likely to be poorer. (Source).</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. This may include providers who support people who are lesbian, gay and bisexual. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased,</p>

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	<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 checked="" type="checkbox"/></p>	<p>There is a risk that people who are lesbian, gay and bisexual may not be fully considered in the commissioning and design of services. Nonetheless, revised funding and commissioning guidance could contribute to this area by promoting consideration of diversity and equality duties when commissioning services and the HSCP will provide services to people of all sexual orientations, therefore changes to funding and commissioning may impact these groups.</p>	<p>individuals may be signposted to alternative routes/services for information and support.</p>
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</p>	<p>The negative impact of health inequalities and poverty on health and wellbeing is immense. There is evidence that austerity measures and increases in the cost of living compound health inequality by affecting mental health, so as the cost of living increases, it is more important than ever to design services with this in mind.</p> <p>The Scottish Index of Multiple Deprivation (SIMD) ranks data zones (small areas with an average population of 800 people), from the most deprived to the least deprived. Using deciles, with 1 being the most deprived and 10 being least deprived. Although the majority of the population of East Dunbartonshire live in the least deprived deciles’, there are 4 data zones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three are in the Hillhead area of Kirkintilloch and one is in Lennoxton. All of these are in the East Locality of East Dunbartonshire and represent 3,562 people or 3.28% of East Dunbartonshire’s population. Joint Strategic Needs Assessment 2021.</p> <p>As reported in the joint Scottish Government and COSLA report on “Scotland’s Wellbeing: The Impact of COVID-19” the pandemic exacerbated existing inequalities. Those already experiencing disadvantage – minority ethnic communities,</p>	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. This may include providers who support people in poverty. Some may face delays in accessing services / support delivered through the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p> <p>To further mitigate this we will continue to be committed to consider that for any future communication activity, the specific needs and preferences of the communications audience including protected characteristic groups will be taken into account.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</p> <p>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>	<p>disabled people, older and younger people, and women – were disproportionately impacted, often in multiple ways and with compounding effects. This suggests that, unless significant action is taken in the post-COVID policy space, unequal outcomes for different groups could increase across National Indicators in the future – in particular inequalities relating to income or socio-economic status, gender, age, ethnicity and disability.</p> <p>East Dunbartonshire HSCP/HIT produce an annual report on the income max service and publish financial gain and this is shared across East Dunbartonshire. The East Dunbartonshire income max service operates satellite services in our most deprived areas. From 2023 into 2024, the income maximisation service processed 121 referrals for families with young children and those with children with disabilities, resulting in a financial gain of £161,379. For our older adults, the service handled 309 referrals, achieving a financial gain of £965,119. Overall, a total of 430 referrals were made, resulting in a financial gain of £1,126,499.26 for the residents of East Dunbartonshire.</p> <p>Poverty is often a common denominator for protected characteristic groups most marginalised in society. To this end, digital exclusion will have the greatest impact on the frail/elderly, those with disabilities, transgender people and those from Black, Asian and/or ethnic minority communities. The HIT also commission, the Community Link Worker (CLW) service who work out of GP practices and they also signpost service users/patients to CAB for financial advice and income maximisation services.</p> <p>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-</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
		<p>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:</p> <ol style="list-style-type: none"> 1. Improving personalisation – to further develop person centered, rights-based, outcome focused approaches 2. Reducing inequality and inequity of outcomes – to further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision, and; 3. Improving information and communication – to improve service information and public communication systems and advice to reflect specific communication needs and preferences. <p>A revision of funding and commissioning may contribute to this area of socio and economic inequalities when commissioning services. The HSCP will continue to aim to mitigate this by signposting and to provide services to people to combat inequality and poverty. The HSCP will work in collaboration with all partners in the public, independent and voluntary sectors, and in our local communities. This will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire.</p>	
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>It is likely that East Dunbartonshire HSCP commission services for people who are from marginalised groups. The proposed policy review may therefore indirectly impact people from these groups.</p> <p>The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • eliminate Unlawful Discrimination, harassment and 	<p>East Dunbartonshire HSCP will look to engage with the local Third Sector Interface to support any organisations who may be affected if the review is approved. This may include providers who support people who are from a marginalised group. Some may face delays in accessing services / support delivered through</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
		<p>victimisation and other conduct that is prohibited by the Equality Act 2010</p> <ul style="list-style-type: none"> • advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and; • foster good relations between people who share a relevant characteristic and those who do not. <p>The Equality Duty is non-delegable. In practice this means that public authorities like the HSCP 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>the voluntary sector and in some cases where the service has ceased, individuals may be signposted to alternative routes/services for information and support.</p>
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>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 review of HSCP voluntary sector funding is in line with the savings challenge across HSCP services, representing a 10% reduction on the HSCP controllable budget. This is expected to have an impact on the levels of support delivered to service users and carers across East Dunbartonshire.</p>	<p>There will be individuals who are vulnerable and in need of some level of input to maintain their daily lives or to access support to maintain their caring role. In determining where efficiencies can be made, assurances would be sought from the sector that those who are most at risk or in need are prioritised for support, and where this cannot be provided individuals are signposted to other support mechanisms or referred to statutory services.</p> <p>Engagement with voluntary sector organisations and service users is planned to take place from September to December 2024. The outcomes of this engagement will inform further decision making and identification of mitigating actions.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	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.	Equalities Impact Assessor Training and staff development for all HSCP staff has been offered and was delivered to 14 HSCP staff members and we are further developing links with NHSGGC Equalities and Human Rights team to provide further training. This will provide a larger cohort of staff with the skill to carry out an EqIA and advocate the importance of this across their staff teams.	N/A

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

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

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

Through the delivery of a coordinated EQIA programme for the policy review, any decisions approved by the IJB and any associated plans will ensure the right to protection from discrimination is upheld.

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

No specific or definable approach was applied in the development of the review, but the PANEL principles underpin the general approach to reviews taken by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Not applicable

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)

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

Lead Reviewer:

EQIA Sign Off:

Name Andy Craig
Job Title Planning Performance & Quality Officer
Signature A Craig
Date August 2024

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature A Low
Date 05/09/24

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk