

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:

East Dunbartonshire HSCP – Mental Health Alcohol and Drug Recovery Service: Strategic Review Plan

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.

East Dunbartonshire HSCP is undertaking a strategic review of commissioned community based Mental Health Alcohol and Drug Recovery services. It will not include residential services. The review will analyse the delivery and impact of the services on behalf of the Health and Social Care Partnership (HSCP), and further explore their effectiveness in relation to local demand. 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 to inform subsequent service proposals and the implementation programme.

Commissioned community based Mental Health Alcohol and Drug Recovery services (provided to their respective care groups) in East Dunbartonshire are delivered by 9 separate providers, over approx. 13 separate venues/sites, with a catalogue of differing supports.

In line with the guiding vision for Mental Health and Alcohol and Drug Recovery services, as set out in the Scottish Government's Mental Health strategy (2023), the Scottish Government's Alcohol Framework (2018), Mental Health Services in Greater Glasgow and Clyde 2023-28, and the East Dunbartonshire Alcohol and Drug Partnership (ADP) Strategy 2023-2025, which focuses on prevention, early intervention, physical wellbeing, access to treatment and joined-up accessible services the programme of work for the review, described below, it is envisaged that the central aims of the review, are to ensure:

- Commissioning decisions are based on the evidence of need for our service users and their carers.
- Commission services which work with and for our service users and their carers in meeting their identified outcomes
- Commission services which enable our service users and carers to maximise their access to treatment and recovery, and;
- Commissioned services are examined for alternative service delivery models with a view to re-provisioning services but maximising the availability of interventions.

EDHSCP strategic reviews intention due to restructuring is to improve service accessibility, delivery models and contractual status. The service redesign, aimed at mental health and alcohol drug recovery services, looks to build on previous commissioning between the EDHSCP and mental health and addiction and recovery providers. The scope of the review relates to:

- Analysing the current model of support and care groups being supported by commissioned services.
- Establishing levels of service user through put, determine if service dependency is evident, and allow the investigation of options for recovery-based models.
- Ensuring that commissioned service provision is cost effective to the HSCP, and;
- Determining the level of expenditure against the appropriate level of need and priority requirements of the HSCP.

The Feeley Report (March 2021) highlights that the majority of social care support is given to people either in their own homes or in local community settings, as such, the HSCP need to ensure that community support is robust. It suggests that the role that communities play in supporting adults to engage actively is extremely important. Community based supports can provide socialisation opportunities, advice, information and breaks for unpaid carers. These community-based activities are vital to a person on a mental health alcohol and drug recovery and their quality of life. "Social connections are important to everyone's wellbeing" (Feeley, March 2021).

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.)

This redesign program is a significant change to service provision and will affect staff, patients, public and partners and community settings. The delivery of a re-design of community services within East Dunbartonshire, will work towards achieving the NHS Greater Glasgow Mental Health Strategy for 2023-2027. It will also support the residents of East Dunbartonshire to receive the right care at the right time. It will support the mental health redesign in line with Scottish Government Objectives.

To address discrimination, foster good relations and advance equality of opportunity the HSCP aim to conduct a full EQIA to ensure that any negative considerations are embedded and acted on in our local plans which will reduce these inequalities. The continued review and progression of EQIA should also consider Fairer Scotland Duty.

The HSCP will highlight and promote the positive outcomes from service redesign which foster good relations in particular those which go further to include and involve patients and their families and the East Dunbartonshire community as a whole.

All communication and participation activities will be taken to the Communications and Engagement sub-group to ensure the HSCP are following best practice guidelines. Membership of this group includes representation from the East Dunbartonshire HSCP, Greater Glasgow and Clyde NHS, HIS, HSCP Participation and Engagement team and East Dunbartonshire Voluntary Action.

Joined up accessible services are central to the success of this project. Services, therefore, must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing for people accessing the range of services and supports available across East Dunbartonshire.

The EQIA is being undertaken to ensure any adverse impact on protected characteristic groups is minimised prior to the review being implemented, the aim is to acknowledge the equalities duties placed upon the HSCP by the Equalities Act 2010 and the Public Sector Equality Duty (PSED) ensuring they are upheld. The PSED is non-delegable. In practice, this means that public authorities like EDHSCP need to ask their suppliers and those they commission services to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. The relevant protected characteristics covered by the Duty are:

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

Throughout the development of the strategy, reference has been made to the general duties (Equality Act) (2010) and to the HSCP Equality Mainstreaming Report (2023-2027) and outcomes and how any proposed changes in service provision will meet the requirement:

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

Promoting equality and addressing health inequalities are at the heart of East Dunbartonshire Health and Social Care Partnership's (HSCP) vision and values. Support to mental health, alcohol and drug service users is a key strategic priority for the HSCP Board established within the Strategic Plan. Yet due to uncontrollable factors (Covid + Cost of Living Crisis) the direction of MH/ADD Recovery services in ED have, over the last few years, drifted from their original responsibilities. Addressing this change is detailed in the IJB's Strategic Plan which includes relevant local and national strategies for the provision of mental health and substance use services in East Dunbartonshire, specifically:

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Mental Health Alcohol and Drug Recovery and Families
6. Post-pandemic Renewal
7. Maximising Operational Integration

A lot of what the HSCP needs to do to support mental health, alcohol and drug service users is already set out in national and local policy. Nevertheless, not all HSCPs are the same. Different HSCPs have different pressures and population needs. It is important that the HSCP ensures that our Mental Health Alcohol and Drug Recovery Service effects what all HSCPs need to do but emphasises the priorities that are right for local needs and aspirations. Mental health and alcohol drug recovery services have always been planned and implemented via both national and local plans.

- Scottish Government's Mental Health strategy (2023) which includes a focus on prevention and early intervention, physical wellbeing, access to treatment and joined-up accessible services¹, and;
- Scottish Government's Alcohol Framework (2018) which sets out the national prevention aims on alcohol.

Needs analysis has evidenced that service users, who meet the eligibility criteria for recovery support, largely choose a formal support but not in a statutory environment to meet those needs and outcomes. Many referrals for formal recovery support are received into the Health and Social Care Partnership (HSCP) at the point of crisis for the individual.

The strategic review looks to deliver ways that recovery support can be provided for mental health alcohol and drug recovery individuals so that they can engage with the community and peer inclusion for an extended period. The needs analysis considered current service provision, the requirements of individuals receiving formal recovery support, the benefits of current supports, demographics and highlighting the wide spectrum of community activities for mental health alcohol and drug recovery. The HSCP, in their five-year approach, recognises that it needs to change the way that people think about mental health alcohol and drug recovery services, that it can only be delivered through the current model of service settings. The HSCP recognise the importance of encouraging mental health, alcohol and drug recovery individuals to engage in their communities and maintain a recovery pathway. This is underlined by the most recent figures (see below) which indicate that regardless of the efforts of current services, hospital admissions have been increasing due to the absence of comprehensive mental health alcohol and drug recovery services.

- Anxiety, depression & psychosis prescriptions % per 100,000 population for both localities.

	Dec 2022	April 2024
East	19.6	20.3
West	14.9	15.5
Total	17.8	18.5

Lifestyle & Risk Factors

- Alcohol related admissions per 100,000 population have increased overall but have decreased in the East and increased in the West.

	Dec 2022	April 2024
East	495.3	461.1
West	218.2	292.1
Total	392.3	393.4

- Alcohol-specific mortality per 100,000 population has increased overall but has increased in the East and decreased in the West.

	Dec 2022	April 2024
East	13.3	15.3
West	11.3	9.6

¹ <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

Total	12.6	13.2
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- Drug-related hospital admissions have decreased overall and have decreased in the East but increased in the West.

	Dec 2022	April 2024
East	140.6	131.2
West	35	38.4
Total	103.2	96.8

Public Health Scotland Locality Profile East Dunbartonshire – April 2024.

In the final analysis, the current Mental Health Alcohol and Drug Recovery commissioned services provide very a narrow model of support (low level prevention) to a defined group of service users, whose membership through put, cannot accommodate the demands of the ED HSCP, its priorities, their vulnerable care groups, or meet its fiscal responsibility going forward.

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: Simon Reilly Strategic Review - Project Lead Mental Health & Alcohol Drug Recovery Services.

Date of Lead Reviewer Training: 26/10/2023

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):

Simon Reilly - Project Lead Mental Health & Alcohol Drug Recovery Services
David Aitken (East Dun HSCP - Head of Adult Services)
Alison Willacy (East Dun HSCP - Planning, Performance & Quality Manager)
Amanda Mitchell – Mental Health CMHT Manager
Seonaid McCurry – Alcohol and Drug Recovery Service Manager
Lynsay Haglington – ADP Coordinator
Robert Smith – GRACE
David Scarry – EDAMH
Lisa Reynolds – SAMH
Susan Phillips – Glasgow Councilling for Alcohol
Scott Clements – Scottish Families Affected by Addiction.
Christine McCauley – We Are With You.
Karyn McCabe – The Richmond Fellowship

	<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>All HSCP commissioned services are required to consider how engagement with service users and equality is ensured within service delivery. Commissioned Mental Health Alcohol and Drug Recovery services specification stipulates engagement and equality expectations and requirements around accessibility. In preparing and undertaking the review plan, the HSCP used learning from previous plans and strategies; and utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>Data relating to mental health is collected by a number of National and Local sources. The Scottish Government have recently collected data via the 2020 Scottish Health Survey and the 2021 Scottish Government Census.</p> <p>All commissioned Mental Health Alcohol and Drug Recovery services specification stipulate engagement and equality expectations and requirements accessibility.</p> <p>The approach will provide opportunities for mental health alcohol and drug recovery individuals to identify and utilise focused recovery support resources, of both an informal and formal nature depending on the individual's assessed needs. The eligibility criteria for attending a formal social support service will apply to their eligibility determined by their assessed need.</p> <p>It is recognised that this approach could not be undertaken in isolation and would require to be informed by community arrangements and</p>	<p>Data relating to mental health service users is gathered. This information is then logged on the Care First System.</p> <p>If data is incomplete or inaccurate there is a risk that supporting Strategies will be omitted or targeted inappropriately or disproportionately.</p> <p>Flexible approaches to service delivery are specified in commissioned services tender specifications.</p> <p>The focus on data collection will primarily be for analysis to inform service development and for clinical purposes.</p> <p>To mitigate this the HSCP will also continue to be committed to consider for any future activity the specific needs and preferences of our service users and carers including those from a protected characteristic group.</p> <p>When developing our plans and strategies, the HSCP will also actively aim to identify and remove any barriers to accessibility or inclusivity and aim to</p>

			following discussion with required stakeholders an expansion to the scope of the approach was agreed. This project would now oversee delivery of both the mental health alcohol and drug community commissioned services workstreams to harmonise efforts.	reduce inequality and inequity of outcomes.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>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>In undertaking the review, the HSCP used learning from previous plans and strategies; and utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid. Approximately 75% of people who use addiction services are male and the HSCP must also remember that men are generally less likely to seek help than women so this figure may be an underestimate. Such data suggest that future services here in East Dunbartonshire must focus on gender differences through support models and outcomes. Services require a focus on improving the understanding of the underlying factors which differ by gender and predict better outcomes and reduced relapse. Such a focus shall further improve treatment outcomes for both men and women.</p> <p>Mental health alcohol and drug recovery client levels are at an all-time high. To place this in context, the Community Mental Health team in East Dunbartonshire are working with more than 2000 patients. There are particular demands in respect of ADHD and neurodiversity with lengthy waiting periods for assessment. Our Primary Care Mental Health Team caseload is over 400 patients with a waiting time of 13 weeks. With an aging carer population, and increasing complexity of needs, demand is predicted to increase in the next 3 year - 5 years period and recovery focussed support services will be needed to meet these demands.</p> <p>HSCP Eligibility Criteria and Fair Access Policies.</p> <p>Social Work (Scotland) Act1968</p> <p>The plan how East Dunbartonshire HSCP commissioned Mental Health Alcohol and Drug Recovery Services will be review and then implemented Recovery models must be flexible, multi-faceted, person</p>	<p>The Mental Health Support Plan and Care First is used to assess the individual needs of service users and deliver or signpost to appropriate supports. Collectively, data is used to establish carer dynamics and population needs.</p>

			centred, process focused and outcome aware as per Tier 1 and Tier 2 of ROSC.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the 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 knowledge of local mental health and alcohol & Drug Recovery groups as these are fluid.</p> <p>Individuals may become subject to mental ill health and addiction at almost any stage in their lives, when they are young or old, and are from all social demographic groups.</p> <p>Scottish Government's Mental Health strategy (2023), and the Scottish Government's Alcohol Framework (2018) sets out the requirements for Mental Health Services and the Alcohol and Drug Recovery Services. As such, the HSCP have worked, and continued to work with partners, stakeholders to improve support to in many ways, including:</p> <ul style="list-style-type: none"> Increasing identification of adult mental health and alcohol & Drug Recovery Services. <p>Crucially important, the HSCP are currently reviewing the expressed views of mental health alcohol and drug recovery services, and those attempting to access services over recent years, locally and nationally. The HSCP found that many of the issues and priorities that have been raised (also indicated in an independent review) remain really important for service users. The HSCP required to ensure that these reflected views and opinions are instilled through this consultation.</p> <p>The Mental Health Alcohol and Drug Recovery Service: Strategic Review will respond to a variety of needs of our communities, removing discrimination, promoting equality of opportunity and foster good relations.</p>	<p>The Mental Health Alcohol and Drug Recovery Service: Strategic Review is used to assess the individual needs of Mental Health Alcohol and Drug service users and deliver or signpost to appropriate supports. Collectively, data is used to establish carer dynamics and population needs.</p> <p>If data is incomplete or inaccurate there is a risk that supporting plans will be omitted or targeted inappropriately or disproportionately.</p> <p>If data is incomplete or inaccurate there is a risk that supporting plans will be omitted or targeted inappropriately or disproportionately.</p> <p>To ensure information is routinely captured for monitoring, contract monitoring will be in place.</p> <p>The focus on data collection will primarily be for analysis to inform service development and for clinical purposes.</p>

			Research and site visits to other models of service delivery on a regional and national level was undertaken. Please follow link for finding a visits and research. H:\RESTRICT\COMMCARE-Wmpat-SW\Mental Health and Alcohol Drug Recovery Services Review	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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>All Mental Health Alcohol and Drug Recovery services were visited on a number of occasions. Various staff members and services user groups were involved in engagement and consultation on their experiences.</p> <p>An engagement and communication plan has also been drafted for the project going forward. HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing any new strategy, 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 people with long term conditions and often complex needs, many of whom are older. <p>All HSCP services are required to consider how engagement with service users and equality is ensured within service delivery. Commissioned Mental Health Alcohol and Drug Recovery services specification stipulates engagement and equality expectations and</p>	<p>Undertaking national policy on Mental Health Alcohol and Drug Recovery support and the impact on financial budgets makes for difficult prediction as to what the landscape will be like over the period of the service redesign and how this may change the action plans and resources available to implement the agreed priorities.</p> <p>As a controllable, the ED HSCP have to devise services based upon what is known and available finances at the time of undertaking the Mental Health Alcohol and Drug Recovery Strategic Review.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Link will continue to engage with Mental Health Alcohol and Drug Recovery services in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>

			<p>requirements. Accessibility. Flexible approaches to service delivery are specified in commissioned services tender specifications.</p> <p>Various staff members and services user groups were involved.</p> <p>We also share any consultation material through East Dunbartonshire Voluntary Action (EDVA), who have a database of 518 groups and organisations registered with them, with many of these representing mental health, addictions and recovery groups and orgs. Any engagement and consultation information is shared through the HSCP's Public, Service User and Carer group, who represent patients, service users and carers in East Dunbartonshire for their feedback and input. We also use a methodology of sharing information (posters and leaflets etc) in community hubs, libraries and community buildings, which give residents and interested people a phone number and email address to contact. We also give notice that if any resident or interested person requires the information (survey or posters etc) in a community language or translated, then this would be accommodated.</p>	
		Example	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><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>All HSCP services are required to consider accessibility in building design and service delivery. Commissioned Mental Health Alcohol and Drug Recovery services specification stipulates building accessibility. Flexible approaches to service delivery are specified in commissioned services tender specifications.</p> <p>The main venue for patient and carer appointments is the Kirkintilloch Health and Care Centre (KHCC), which is fully accessible for the delivery of services locally. We have also recently carried out an accessibility audit on the building and we have also recently completed this with patients' groups, which was facilitated by the Mental Welfare Commission, asking for their views on building accessibility, access to services and if the physical appointment rooms met the needs of our users. A report is being finalised and will be taken to our Senior Management Team.</p>	<p>It is important that as the Mental Health Alcohol and Drug Recovery Review develops and progresses, the HSCP use learning to understand the experience of Mental Health Alcohol and Drug Recovery Review from protected characteristic groups and the HSCP will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Link will continue to engage with Mental Health Alcohol and Drug Recovery in the future</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>EDHSCP also ask their suppliers and those they commission services from to take certain steps in order to enable the HSCP to meet their continuing legal obligation to comply with the Public Sector Equality Duty (PSED). When connecting with service users and their carers within any community-based supports, that the physical resources they use will be fully accessible and this will be audited by our planning and commissioning team in line with accessibility requirements and equality.</p>	<p>and ensure any accessibility barriers are addressed.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
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>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>As the review was planned and then undertaken, the East Dunbartonshire HSCP Communications and Engagement Strategy (2024-29) were used as communications matrix to devise a Communication Plan. The strategies detail how the EDHSCP will communicate with different stakeholders and give those with one or more protected characteristics an opportunity to share their views.</p> <p>EDHSCP will continue to ask their suppliers and those they commission services from to take certain steps in order to enable the HSCP to meet their continuing legal obligation to comply with the Equality Duty. When connecting Mental Health Alcohol and Drug Recovery Review with community-based supports, resources will already have been commissioned and screened to ensure that all additional communication support needs are met.</p>	<p>As the Mental Health Alcohol and Drug Recovery Review develops and progresses, the HSCP will use learning to understand the experience of Mental Health Alcohol and Drug Recovery review from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery services user and providers in the future and ensure any communication barriers are addressed.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no</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>matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(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>Locality data for East Dunbartonshire, from the Public Health Scotland April 2024 edition, showed that the number of mental health alcohol and drug recovery has increased massively.</p> <p>All HSCP services are required to consider age groups. Commissioned Mental Health Alcohol and Drug Recovery services specification stipulate expectations and requirements regarding age, and for example a Whole Family Approach to service models and accessibility. Flexible approaches to service delivery are specified in commissioned services tender specifications.</p> <p>All ages can be impacted by Mental Health related concerns, with approximately 1 in 4 people experiencing a mental health problem at some point in their lifetime and at any one time approximately 1 in 6 people have a mental health problem. In areas of deprivation, this is known to increase to 1 in 3 people, meaning potentially a third of people in East Dunbartonshire will experience Mental Health problems. Mental Health Alcohol and Drug Recovery services in East Dunbartonshire, provide for all ages however are generally assessed and treated split by age group i.e. Children and Adolescent Mental</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface.</p> <p>To mitigate this, the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>	

	<p>4) Not applicable <input type="checkbox"/></p>	<p>Health Services generally for those up to the age of 18, adult services generally up to the age of 65 and older adults which is generally 65+.</p> <p>The approach to mental health alcohol and drug recovery services, to redesign community services and support people as close to home as possible, needs to be balanced against the expected increasing level of demand on the service overall.</p> <p>Concerns have been raised from both workforce and service users with regards to community services, their rural setting, the access to public transport and low income (likely to be impacted detrimentally due to cost-of-living crisis. Design of the community services should not only consider the age appropriateness of service users however also ages of potential carers. This was evidenced from a questionnaire circulated to both providers and services users on the 6th of May 2024. The outcomes from this can be view by following the link. H:\RESTRICT\COMMCARE-Wmpat-SWMental Health and Alcohol Drug Recovery Services Review\Consultation + Engagement</p> <p>It is predicted that carers of mental health and those afflicted by addiction will become less capable, thus recovery services require to be comprehensive. There is no upper or lower age limit for Mental Health Alcohol and Drug Recovery.</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>21% of people in Scotland reported having a disability in the year 2020-2021 and adults with disabilities report experiencing frequent mental distress almost 5 times as often as adults without disabilities.</p> <p>. A mental health condition is considered a disability if it has a long-term effect on your normal day-to-day activity. This is defined under the Equality Act 2010.</p> <p>Throughout the planning and creation of the strategy, the HSCP have strived to be clear, concise and inclusive (use plain English; accessible and easy Read format, with arrangements in place to adapt styles, formats, layouts, community languages (The British Sign Language (BSL) (Scotland) Act 2015) and material), and ensure that the strategy is fluid and can adapt to meet the communication needs and</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</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>preferences of different audiences including those with protected characteristics (e.g., older service users for example generally prefer print and face-to-face communications over social media).</p> <p>The questionnaires have been made available in Easy Read Format, Trama Informed in addition to the option to receive them in a different language or the use of the interpreting service and how to access it for those who do not have English as a first language, including BSL users, thus ensuring accessibility to a wide range of groups. In addition, the consultation paper and survey included an e-mail contact address for those who were keen to engage by an alternative method. This will remain the case for the final review and final strategy, ensuring accessibility to people with learning disabilities or for whom English is not their first language.</p> <p>It is also recognised that physical, mental health and alcohol and drug use are closely linked. Those who have a long-term physical health condition are also likely to experience mental health problems such as depression and anxiety and are probable to self-medicate. Likewise comorbid mental health problems can exacerbate long-term conditions, leading to poorer recovery outcomes and lower quality of life.</p> <p>Joined up accessible services are central to the success of this project. Services, therefore, must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing for people accessing the range of services and supports available across East Dunbartonshire. The reviewed services will be accessible to everyone irrespective of protected characteristic whilst recognising that mental illness is considered a form of disability.</p> <p>Subsequent stages of the approach will aim to secure location(s) of sites and services along with the design of the building and the services. The location selection may result in a move away from current provider sites or replace the current premise. Therefore, the review must consider disability and hardship impacts as well as the visibility of mental health alcohol and drug recovery in community and aim to address any stigma relating to these conditions. The HSCP also have policies in place were staff will signpost and/or utilise partner services such as translation</p>	<p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery service user and providers in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
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		services for a request for literature in a community language or for British Sign Language (BSL) interpretation services for BSL users accessing HSCP services. Carers of service users will be given information and signposted to our local Carers org who will be able to assist and to provide information on income maximisation, training or emotional support.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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 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>Transgender People are one of the most marginalised protected characteristic groups, and the Mental Health Alcohol and Drug Recovery Strategy 2024–27 will be fully inclusive to all. The strategy itself is aimed at improving the lives of people with the protected characteristic of a mental health alcohol and drug recovery. However, the HSCP are mindful that within this group of people lie many more vulnerabilities and potential barriers to equality. East Dunbartonshire Council and NHS GGC has policies in place to ensure HSCP staff members are aware of the sensitivities around gender reassignment.</p> <p>On our patient info system (EMIS) it was difficult to note if a patient was Transgender, but this changed in June 2024 with the additional information template being added. There is evidence to indicate that people from this group fare more poorly than others in conjunction with terms of access to HSCP Mental Health Alcohol and Drug Recovery services.</p> <p>For instance Almost two in five trans people (37 per cent) avoid seeking healthcare for fear of discrimination from staff and half of LGBT people (49 per cent) have experienced depression in the last year, including seven in ten trans people (72 per cent).</p> <p>NHS GGC, offer guidance on health needs for Tran's people and how to address discrimination against Tran's people in their briefing paper on Transgender reassignment and Transgender people as well as offering training for NHS staff on the subject of transgender people (NHS GGC Transgender Briefing).</p> <p>Partnership working, inclusive of the Third Sector is highlighted in various themes within the Strategy and should also impact positively on</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>

		<p>Transgender people as major research and policy direction around Tran's people is largely shaped by the Third Sector.</p> <p>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. https://www.gires.org.uk/</p> <p>The Human Rights Act 1998 also provides rights of privacy and fairness, as well as the right not to suffer discrimination or degrading treatment.</p> <p>In the 2022 Scotland's Census found that 19,990 people were trans, or had a trans history in Scotland. This is 0.44% of people aged 16 and over. To give an East Dunbartonshire context, this equates to 47 persons living in East Dunbartonshire. However, as Health inequalities are evident for those identifying as part of the LGBT community. For example, Self-harm is 8 times more prevalent among LGB people; this rises to 20 times among transgender people (Webster, S., 2014). Similarly, over 50% of patients waiting to be seen by gender-identity clinics attempt at least one suicide attempt whilst waiting to be seen. (LGBTQ HNA June 22).</p> <p>Transgender people are more likely to encounter barriers to general health care arising from issues of social stigma, perceived and real negative perceptions. Services re-design should provide to meet both the needs of men and women as well as any requirements for the LGBT population. Any re-design of services should also look at consideration of staff training and knowledge into LGBTQ+ barriers.</p> <p>Mental Health Alcohol and Drug Recovery Strategy 2024–27 lists a number of priorities designed to ensure equality of access across the authority, including, the right to suitable, high quality housing, effective transitions, health care and healthy relationships.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership	Relationships can prove positive with respect to mental health alcohol and drug recovery however as mental health issues can impact anyone at any point in their life, this does not exclude those that may be married or in a civil partnership.	The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also

	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Joined up accessible services are central to the success of the planned review. Services, therefore, must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing for people accessing the range of services and supports available across East Dunbartonshire.</p> <p>The reshaped services will be accessible to everyone irrespective of protected characteristic and should adopt a co-production approach. This would include improved access to social work and 3rd Sector organisations who provide services which target issues related to domestic, marriage, and civil partnerships.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>	<p>with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</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>Birth rates have been falling steadily for several years. More than 1 in 10 women will be affected by mental health problems during their pregnancy and/or after the birth of their baby. Mental illness can affect anybody regardless of previous history. Some women will experience a mental health problem for the first time during their pregnancy or after the birth of their baby. Other women will have had past or ongoing mental health problems and then become pregnant.</p> <p>Furthermore, a growing body of evidence, mainly from high-income countries, has shown that there is a strong socioeconomic gradient in mental health, with people from not only lower socioeconomic status having a likelihood of developing and experiencing mental health problems.</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health</p>

	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<ul style="list-style-type: none"> • Children and adults living in households in the lowest 20% income bracket in Great Britain are two to three times more likely to develop mental health problems than those in the highest. • In 2004, evidence from the Child and Adolescent Mental Health Survey found that the prevalence of severe mental health problems was around three times higher among children in the bottom quintile of family income than among those in the top quintile. • Analysis of data from the Millennium Cohort Study in 2012 found children in the lowest income quintile to be 4.5 times more likely to experience severe mental health problems than those in the highest,371 suggesting that the income gradient in young people’s mental health has worsened considerably over the past decade Poverty: statistics Mental Health Foundation <p>East Dunbartonshire HSCP – Mental Health Alcohol and Drug Recovery Service: Strategic Review Plan, does not make any specific reference to pregnancy or maternity.</p>	<p>Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<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>East Dunbartonshire collects ethnicity statistical data for all customers and carers who have contact with the HSCP. The Pakistani community make up 0.9% of Scotland’s population which is the largest BME group. This is followed by the Chinese community with 0.6% and then by the Indian community with 0.5%. The Gypsy/Traveller population account for 0.1% of the total population. There is increasing evidence that Gypsy/Travellers experience significant health inequalities, and higher than average rates of major long-term conditions such as diabetes and cardiovascular disease.</p> <p>In the report by Trotter R. (2012); ‘Over-looked Communities, Over-due Change’ published by the Equalities National Council and Scope found many Black and Minority Ethnic (BME) people with disabilities reported that access to services can be compromised by poor translation, inconsistent quality of care and weak links between</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will</p>

	<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>services and communities. People with disabilities are more likely to live in poverty but BME people with disabilities are disproportionately affected with nearly half living in household poverty. And like all people with disabilities, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society.</p> <p>The demographic / area profiles recognise that 4.2% of the population of East Dunbartonshire is from a minority ethnic (BME) background (compared to Glasgow City with 11.6% of the pop). This is made up of mixed or multiple ethnic groups which stated they are from a, Asian, Asian Scottish or Asian British, African, Caribbean or Black and other ethnic groups. http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011</p> <p>EDHSCP has devised a communication management plan which has detailed all required actions during the review and development of the strategy. The engagement will:</p> <ul style="list-style-type: none"> - Arrange meetings with providers. - Arrange stakeholder meetings (service users, carers etc) - Brief all key stakeholders including members, staff, locality groups, third sector etc. <p>Methods of informing all stakeholders will be undertaken via letter, email OR codes, leaflets, group setting and 1:1 session. This will support providers 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. When connecting Mental Health Alcohol and Drug Recovery Review with community-based supports, resources will already have been commissioned and screened in line with accessibility requirements and equality. If there is a request from a service user, or a carer for information in a community language, then the HSCP will provide this under existing policy with NHSGGC or EDC, depending on the service that the request was made to.</p> <p>Scottish Health Survey 2012/2013; Scotland's Census 2011;</p>	<p>continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
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		Scottish Health and Experience Survey 2012/13	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 population of East Dunbartonshire and their beliefs, the alcohol drugs partnership and Mental Health teams engage with a wide range of communities and people, who are representative of the overall population and there is little evidence to indicate specific faith groups fare more poorly than others in terms of access to HSCP services.</p> <p>East Dunbartonshire collects statistical data for all customers and carers who have contact with the HSCP. Religion, culture and beliefs also form part of the HSCP's assessment process to support the identification and creation of a personalised support package.</p> <p>The mental health alcohol and drug recovery approach recognises that the numbers from the BME community with formal needs has increased and that the HSCP needs to focus the approach on meeting all religious and cultural needs in community setting, while providing opportunities to establish cultural peer support opportunities for those who have not yet reached the full recovery.</p> <p>NHSGG&C has a Faith and Belief Communities Manual which sets out its commitment to ensuring that spiritual care, including religious care, is provided in an equal and fair way to those of all faith communities and those of none. The manual is designed to help staff respond to religious care, and to be confident as they meet some of the religious needs of those in their care.</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p>	<p>In East Dunbartonshire over 65% of service users utilising formal Mental Health Alcohol and Drug Recovery support are male. (That is a sample time period). Women are more likely to have wider social networks than men across their lifetime. Crucially Mental Health Alcohol and Drug affected men feel that they should be independent and self-reliant which stops them seeking helping more generally.</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local</p>

<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>In Scotland, the estimated prevalence of problem drug use in adults aged 15-64 years in 2012/13 was 2.5% among men and 1.0% among women, such that men accounted for 70% of individuals with problem drug use in Scotland (Information Services Division Scotland, 2014).</p> <p>There is some evidence that women tend to start using substances at older ages than men (International Narcotics Control Board, 2017, Evans et al., 2015, Scottish Drugs Forum, 2014), and that they are more likely to have partners or family members who use substances (European Monitoring Centre for Drugs and Drug Addiction, 2017a, Clark, 2015, Neale, 2004). Women's patterns of drug use are often influenced by those of their partner (International Narcotics Control Board, 2017, Neale, 2004, Shand et al., 2011).</p> <p>The Historic MH and Alcohol Recovery services were devised either group oriented or male leaning, as women with substance abuse problems were less likely to seek help than men with similar problem severity. What the HSCP now knows that rates of access have improved, with women seeking care at rates like those of men.</p> <p>It is important to note however, that this review noted that a large proportion of men and women do well in mixed-gender recovery settings. However, some individuals or subgroups (female and male) may benefit in important ways from gender-specific recovery. As such, adequate assessment and appropriate supports will be ingrained to ensure the ability to offer both forms of either mixed-gender or gender-specific programs within commissioned services.</p> <p>HSCP's partners (NHSGGC/EDC) have policy guidance in place for staff to refer to and be able to identify gender based violence. Policies in place covers how to identify and respond to domestic abuse, child protection and working with the perpetrators. HSCP staff work in a unique position to respond to such abuse. Staff are not expected to be an expert or to provide everything a patient needs, but staff can play a crucial part in improving the immediate and long-term health impact on all those affected. https://www.nhsggc.scot/your-health/equalities-in-health/information-resources/gender-based-violence-guidelines/</p>	<p>Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
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<p>(i)</p>	<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>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>In East Dunbartonshire the HSCP and partners are working to better identify the unmet health and wellbeing needs of lesbian, gay, bisexual and transgender (LGBT) people who live in the area. It is estimated between five and seven per cent of the East Dunbartonshire population is lesbian, gay or bisexual. This equates to one in every fifteen people, or over 7,000.</p> <p>In a recent report by LGBT Youth Scotland, 88% of the participants said they experience one or more mental health condition or related behaviour, with this figure rising to 94% for trans participants. The review and associated plans will aim to have no negative impact on sexual orientation and should we look to re-design services in the future, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes when accessing a service.</p> <p>Additionally, we will continue to develop our knowledge of and relationships with local LGBTQ groups and networks, to ensure that the programme of ongoing engagement provides accessible and appropriate opportunities that reflect peoples' lived experience. Recent recommendations from NHSGGC, NHS Lothian and Public Health Scotland's & LGBT Youth Scotland report will also be taken on-board.</p> <p>By adopting this approach towards and during the lifetime of the Strategy, the HSCP aim to ensure the removal of discrimination, promote equality of opportunity and foster good relations.</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives. Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups. The HSCP will also signpost staff to internal training opportunities and policy guidance so that LGBTQ+ service users are barrier free to accessing services.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

<p>(j)</p>	<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 <u>strategic</u> 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>Access to local informal community assets is available to all Mental Health Alcohol and Drug Recovery individuals irrespective of their social and economic status. The Council does have a customer contribution policy when the individual accesses formal funded recovery support. However, income maximisation activities are undertaken to ensure that individuals are in receipt of all relevant benefits. Where customers are financially disadvantaged a financial assessment is undertaken to determine their level, if any, of customer contribution towards recovery support.</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
<p>(k)</p>	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-</p>	<p>Due to the fundamental principle of the Mental Health Alcohol and Drug Recovery Review all of the listed marginalised groups will be able to access the service re-design. There needs, and pathway will at that point be planned.</p>	<p>The Mental Health Alcohol and Drug Recovery Review was widely promoted with colleagues and stakeholders through HSCP service teams and also</p>

	<p>offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The redesign will impact on those currently accessing services, and as such, pathways to alternative services will be made available. This is detailed in the action below.</p>	<p>with the local PSUC group, its various networks and also through the local Third Sector interface. It may not have reached all groups / people who have a protected characteristic. Therefore, the review information may not have been viewed and responded to by all representatives.</p> <p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
<p>8.</p>	<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>The re-configuration of Mental Health Alcohol and Drug Recovery services resulted is anticipated to maximise cost effectiveness with the re-alignment of funds and service models into community-based resources.</p>	<p>Social Work Services and Mental Health Alcohol and Drug Recovery Review will continue to engage with Mental Health Alcohol and Drug Recovery in the future and capture local need data.</p> <p>To mitigate this the HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>

	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>East Dunbartonshire HSCP is committed to regularly training and empowering staff on mental health alcohol and drug recovery issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups. East Dunbartonshire HSCP have compulsory policies in place (NHS GGC and East Dun Council) to ensure staff members are aware of the sensitivities around equalities and human rights, protected characteristics and the public sector equality duty.</p>	<p>All new health, social work, social care and education staff will require training on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.</p> <p>To mitigate this this HSCP will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>

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

users in decisions relating to their care, making decisions that infringe the rights of Mental Health Alcohol and Drug Recovery to participate in society or not respecting someone's right to dignity or privacy.

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

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

There are no reported risks in relation to human rights. EDHSCP asks 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.

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*.

PANEL principles underpin the general approach to all plans developed by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

*

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

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)
East Dunbartonshire HSCP – Mental Health Alcohol and Drug Recovery Service: Strategic Review Plan will incorporate the omitted protected characteristics and a communication plan/update will be issued to all social work staff and Mental Health Alcohol and Drug Recovery link to highlight the need to ensure all appropriate fields are used.	10 th June 2024	SR

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

November 2024

**Lead Reviewer:
EQIA Sign Off:**

Name Simon Reilly
Job Title Mental Health Alcohol and Drug Recovery Strategic Review Project Lead
Signature *Simon Reilly*
Date 10th June 2024

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature *A Low*
Date 13/06/24

**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:

East Dunbartonshire HSCP – Mental Health Alcohol and Drug Recovery Service: Strategic Review Plan.

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

		Completed	
		Date	Initials
Action:	There are no implications in the Strategy which will impact the human rights of mental health alcohol and drug recovery people, their families, carers, nor those of the wider community to note at this stage. Nevertheless, as the implementation plan progresses further consideration will be given to the impact on equality and human rights.		
Status:			
Action:	Pathway to alternative models of service implemented for existing service user, if any service, is de-commissioned due to the review. This will be undertaken via risk assessments, available other in place models of service and undertaken in a person centred, recovery-based approach.		
Status:			
Action:	The Integration Joint Board (IJB) as a separate legal entity will operate independently from the Council and the Health Board. An annual performance report is required by statute will be provided by the IJB on the performance of the overarching Strategic Plan, of which this strategy is a subordinate part.		
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

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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

Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;

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

In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that Mental Health Alcohol and Drug Recovery may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.