NHS Greater Glasgow and Clyde

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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. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. 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 Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Glasgow City IJB Strategic Plan 2023 – 2026 (Engagement and Co Design Approach)

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).

Prior EQIA Screening Form https://glasgowcity.hscp.scot/sites/default/files/publications/EQIA%20-%20GCHSCP%20Strategic%20Plan%202023_26%20Engagement%20V1.pdf

The Integration Joint Board is required to produce a Strategic Plan for health and social care services, and to direct the Council and Health Board to deliver those services as per the plan. Legislation prescribes that the plan be reviewed every three years, with a decision taken on whether or not to replace the existing Plan.

The legislation allows for the Strategic Plan to continue beyond March 2022 if this is the outcome of consultation completed within the prescribed timeframe and via the prescribed minimum consultation requirements. The approach to stakeholder engagement and communication across the sector has changed dramatically since the onset of the pandemic and offers additional challenges and opportunities for seeking the views of people for the Strategic Plan. Understanding those challenges and opportunities and identifying how they can be overcome and/or maximised will have a significant bearing on the success of the engagement effort in relation to development of the next Plan.

In September 2020 the IJB approved the HSCP's revised Participation & Engagement Strategy, which outlines the HSCPs commitment to empowering communities to become involved in designing services that affect them. Due to a range of external factors that impact on the health and social care landscape (including Covid - 19 recovery, the Independent Review of Adult Social Care, Scottish Parliamentary elections and Brexit) it was agreed to extend the lifetime of the current Strategic Plan by 12 months, from March 2022. This gave the IJB/HSCP and all of its stakeholders an opportunity to understand and evaluate how external factors will impact on the health and social care landscape for the short to medium term and enable the engagement effort to include consideration of those impacts more fully.

Glasgow City HSCP planned a new approach to engagement for the review and development of the next iteration of the Strategic Plan. During the pandemic organisations across the sector required to fundamentally alter or develop the way they communicate and engage with people. This resulted in opportunities for engaging on a much larger scale and potentially with groups that have not traditionally engaged with engagement methods such as large scale, public-facing events or surveys. Officers within the

HSCP worked with our partners in the 3rd and independent sectors to identify the current engagement channels and coproduce the engagement activity for the review of the Strategic Plan. This involved, wherever possible, tailoring the approach to the preferences of individuals and groups and delegating responsibility for elements of an agreed engagement plan to those organisations and groups. It was hoped this would enrich the feedback received, as well as vastly increasing engagement from communities and subsequently lead to a more representative and relevant Strategic Plan. This approach to engagement is in line with the HSCP's Participation and Engagement Strategy and Consultation guidelines and fits within the context of the Scottish Government and COSLA's recently published Planning with People guidance for engagement and the National Standards for Community Engagement. This EQIA offers an assessment of the impact of the approach to engagement outlined above and how the HSCP plan to mitigate any barriers or negative impacts identified. The information gained through the various engagement channels was used to underpin the programmes and action plans reflected in the strategic plan, define what the priorities for the HSCP should be ensuring that this was in keeping with the views of our communities and the communities of interest in Glasgow City

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: Craig Cowan Business Development Manager	**Date of Lead Reviewer Training:**

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):

Jill Scoular Principal Officer Business Development GC HSCP Craig Cowan Business Development Manager GC HSCP Reference Group Members

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	This EQIA pertains to the development and implementation of an engagement approach to support the review and development of the HSCP Strategic Plan for 2023-26. As part of the pre engagement and consultation surveys there was the option to provide equalities information if the respondent so wished. The following information was requested: 1. What is your sex? 2. Do you consider yourself to be trans, or have a trans history? 3. What is your age group? 4. What religion, religious denomination or belief do you identify yourself as? 5. What is your ethnic group? 6. Do you need an interpreter or other communication support? 7. Which of the following options best describes how you think of yourself (sexuality)? 8. Do you have a physical or mental health condition or illness lasting, or expected to last 12 months or more? 9. If yes, does your condition or illness reduce your ability to carry out day – to – day activities? 10. Does this condition or illness affect you in any of the following areas? a. A long term illness (such as diabetes, cancer, HIV, heart disease or epilepsy) b. Dexterity (for example lifting or carrying objects, using a keyboard) c. Hearing (for example deafness or partial hearing) d. Learning, understanding or concentrating e. Memory f. Mental health g. Mobility (for example walking short distances or climbing	The pre engagement survey was accessed by more than 800 people and 253 provided a full response. Of those responses 129 people agreed to complete some or all of the equality information. The consultation survey was accessed by more than 600 people with 176 providing a full response. Of those responses 64 people agreed to complete some or all of the equality information. 70 engagement events were held on line or in person allowing further engagement with 732 people across pre engagement and consultation phases. Overall the numbers engaging were lower than hoped but the aim was to reach specific groups using their preferred method of engagement rather than a scatter gun approach to reach high numbers indeterminately. Furthermore this was over a backdrop of business continuity during the Covid-19 pandemic and service recovery for services and stakeholders and a period where people with lived experience were emerging from the pandemic and the impact that the previous years had on their health and lifestyle coupled with impacts of Brexit, Ukrainian conflict and

			stairs) h. Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome) i. Stamina, breathing or fatigue j. Vision (for example partial sight or blindness) k. None of the above l. Prefer not to answer m. Other, please state: Additionally, all respondents were asked to provide which areas of health and social care service delivery they had a particular interest in (choose all areas) and what area of the city- or city-wide locations they were particularly interested in. Many of the services and policies referred to within the plan do routinely gather equalities information as part of a referral process or a holistic assessment of need. This requirement allows the HSCP to monitor service provision throughout the city and plan accordingly and provide services on an individual quality outcome-based approach. The services provided by the HSCP will collect service user data covering all or some of the nine protected characteristics to enable this need led service delivery. As part of the scoping and establishment of the reference groups embedded into the Engagement Plan for each of the reference groups was a wide range of members to represent the particular service area and people with lived experience. A term of reference for the refence group and stakeholder mapping for wider engagement, identification of barriers and mitigations to ensure meaningful engagement and further cross referencing against protected characteristics to identify barriers and mitigations to facilitate inclusivity and involvement across all the reference groups for all protected characteristics. This allowed us to ensure that where possible we were engaging with as diverse a group of individuals, that we were engaging in ways that suited individuals and that barriers were identified and mitigated as much as possible with the aim of ensuring maximum involvement in the	approaching a cost of living crisis. With this in mind, although engagement was lower than hoped it doesn't necessarily mean that the methods used were not the right way to plan and engage during a strategic planning cycle. However we cannot guarantee that we reached as diverse a group as possible and future consideration should be made to engage with more ethnic and religious diverse populations potentially by specific events or working closely with community groups. 11.5% of the population of Glasgow are of ethnic minority background and only a small number of respondents to the pre engagement and consultation surveys that agreed to provide their ethnic backgrounds 3% and 6% of respondents respectively were from an ethnic minority. Questions regarding the protected characteristics of pregnancy, marriage and civil partnership and maternity were not included in the scope of the equality questions as we were prioritising the questions regarding the service users profiles and access to services provided by GC HSCP. More specific engagement with groups for specific protected characteristics could be achieved in future if this exercise were to be repeated to ensure wider more evidential engagement with groups representing protected characteristics.

			development of the strategic plan ensuring a range of views and experiences were included. The reference groups, in person events and partner-led engagement did not gather structured equality information as we were working with partners and wanted them to shape engagement without undue influence of HSCP officers and without setting specific data-capture requirements that reflected the needs of the HSCP. However, with some groups they did clearly represent protected characteristics i.e. events with members of Glasgow Disability Alliance, Freedom Youth Group represented	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** x **2) Promote equality of opportunity** x **3) Foster good**	***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***	The planning process for the Strategic Plan 2023 -26 was a different approach from that taken in previous strategic planning cycles to ensure better engagement and inclusion of HSCP staff, stakeholders and those with lived experience of HSCP services to ensure that the plan was more meaningful and that it reflected what we were told should be included in the plan, the HSCP vision and the Partnership Priorities. We planned to do this by initial pre engagement survey and focus groups using a number of reference groups to provide expert guidance and advice on a number of service areas and to ensure we were providing methods of engagement to better meet the needs of those who we were trying to include in the planning process. As part of the scoping and establishment of the reference groups embedded into the Engagement Plan for each of the reference groups was a wide range of members to represent the particular service area and people with lived experience. Reference groups had a term of reference and completed stakeholder mapping for wider engagement, identification of barriers and mitigations to ensure meaningful engagement and further cross referencing against protected characteristics to identify barriers and mitigations to facilitate inclusivity and involvement across all the reference groups for all protected characteristics.	The pre engagement survey was accessed by more than 800 people and 253 provided a full response. Of those responses 129 people agreed to complete some or all of the equality information. The consultation survey was accessed by more than 600 people with 176 providing a full response. Of those responses 64 people agreed to complete some or all of the equality information. 70 engagement events were held on line or in person allowing further engagement with 732 people across pre engagement and consultation phases. Overall the numbers engaging were lower than hoped but the aim was to reach specific groups using their preferred method of engagement rather than a scatter gun approach to reach high numbers indeterminately.

x

	relations between protected characteristics. **4) Not applicable** ☐	***ongoing monitoring of uptake.*** ***(Due regard promoting equality of opportunity)***	This approach was designed to mitigate discrimination from the process of strategic planning and maximise access for equality groups and people with lived experience to shape the content of the plan and by doing so help to foster good relations across staff, stakeholders and those with lived experience to tackle perceptions and improve relationships through the engagement. All the survey information from pre-engagement, reference groups and focus groups was compiled within a log which was analysed and used to draft the initial document that then was circulated for feedback in the consultation phase again via survey and reference group scrutiny and further focus groups. Again, all the information was collated and used to further refine the draft. Social media and our own website were also used to enhance sharing the engagement and consultation methods, advertise focus groups and invite wider participation. Logs were kept detailing social media shares; email send outs and what sessions were performed with attendee numbers and notes on feedback received. In each of the reference groups we compiled lists of stakeholders so that we could maximise scope to arrange focus groups and we were able to share calls for views via the pre engagement and consultation surveys and sharing our contact information for any additional engagement. This was designed to continue to foster good relations with our partners, ensure that we improved access for all our partners and service users to be able to engage, designed to maximise equality of opportunity and minimise discrimination and exclusion.	Furthermore this was over a backdrop of business continuity during the Covid-19 pandemic and service recovery for services and stakeholders and a period where people with lived experience were emerging from the pandemic and the impact that the previous years had on their health and lifestyle coupled with impacts of Brexit, Ukrainian conflict and approaching a cost of living crisis. With this in mind, although engagement was lower than hoped it doesn't necessarily mean that the methods used were not the right way to plan and engage during a strategic planning cycle. However we cannot guarantee that we reached as diverse a group as possible and future consideration should be made to engage with more ethnic and religious diverse populations potentially by specific events or working closely with community groups. 11.5% of the population of Glasgow are of ethnic minority background and only a small number of respondents to the pre engagement and consultation surveys that agreed to provide their ethnic backgrounds 3% and 6% of respondents respectively were from an ethnic minority.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied**	***Looked after and***	A range of HSCP policy and Scottish Government guidance and research	We also collect satisfaction surveys across

	learning from research evidence about the experience of equality groups to the service or Policy? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** [x] **2) Promote equality of opportunity** [x] **3) Foster good relations between protected characteristics** [x] **4) Not applicable** [ ]	***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).***	shaped our approach to consulting and designing our approach to strategic planning, as well as the content of the Plan itself. We understand that a consultative and engagement led approach with as many partners as possible ensures that GC HSCP strategic plan demonstrates where the HSCP should plan for 2023 -2026 with people who use our services, people who work with us and people within the HSCP at the heart. The following strategies guided the engagement approach -Planning with People -GCHSCP guidelines for consultation -GCHSCP Participation and Engagement Strategy -GCHSCP Communications Strategy The following reports and research shaped our approach, understanding and content. Glasgow City HSCP Equalities Mainstream Report 2020-2024 Equality Data Improvement Programme project board - highlight report: June 2022 - gov.scot (www.gov.scot) Racial-Inequality-Scotland_Report_Sep2021.pdf (mwcscot.org.uk) A fairer Scotland for all: race equality action plan and highlight report 2017-2021 - gov.scot (www.gov.scot) https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/ https://www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/ https://www.gov.scot/publications/british-sign-language-bsl-	services that are registered services such as Residential Care for Older People, Care at Home and Children's residential and the information contained within drives local service improvement plans. The locality and service specific plans are aligned to and inform the strategic plan for the HSCP. The percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided (71.1%) compares with the national figure (70.6%) but is lower than in 2019/20 (75.5%). 87% of people receiving home care support think it allows them to get up and go to bed at times that suit them. 93% feel that they are listened to and their wishes are respected. 98% feel the home carers treat them with dignity and respect. 86% feel home care staff / managers always respond to concerns they have. 99% of unpaid carers feel valued and respected by their relevant worker.

			national-plan-2017-2023/ http://www.legislation.gov.uk/asp/2018/4/contents/enacted Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (scot.nhs.uk) Equality Considerations During COVID-19 Outbreak (hscp.scot) Triple Whammy: Disabled Women's Lived Experiences of Covid-19 Review of the Strategic Plans and Strategic Needs Assessments of other HSCPs across Scotland The Independent Care Review and Promise Scotland	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**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? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and**	***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***	Twelve reference groups were established specifically to focus on the engagement and consultation processes as part of the review of GCIJB Strategic Plan 2023-26. The groups specifically covered: • Older Peoples Services • Mental Health Services • Addiction Services • Sexual Health Services • Prison Healthcare • Learning Disability Services • Asylum and Immigration Services • Children's Services • Homelessness and Housing Services • Carers Services • Strategic Planning Covering and including across all groups – disabilities, primary care,	This was over a backdrop of business continuity during the Covid-19 pandemic and service recovery for services and stakeholders and a period where people with lived experience were emerging from the pandemic and the impact that the previous years had on their health and lifestyle coupled with impacts of Brexit, Ukrainian conflict and approaching a cost of living crisis. With this in mind, although engagement was lower than hoped it doesn't necessarily mean that the methods used were not the right way to plan and engage during a strategic planning cycle.

	understand what matters to people and can offer support. **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation x** [x] **2) Promote equality of opportunity x** [x] **3) Foster good relations between protected characteristics x** [x] **4) Not applicable** [ ]	***more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	personalisation and protected groups. Embedded into the Engagement Plan for each of the reference group was a wide range of members to represent the particular service area and people with lived experience. A term of reference for the refence group and stakeholder mapping for wider engagement, identification of barriers and mitigations to ensure meaningful engagement and further cross referencing against protected characteristics to identify barriers and mitigations to facilitate inclusivity and involvement across all the reference groups for all protected characteristics. A range of barriers and mitigations were identified via each of the reference groups and a range of formats for engagement were offered on request i.e macaton, PECs (picture formats), interpretation and translation services were available via the HSCP Linguistics Interpretation and Translation Services for languages and British Sign Language. The reference groups also provided advice on engagement in person, via a particular IT platform (Zoom, Teams etc) to ensure familiarity and maximise representation across a wide range of services and people with lived experience in ways that suited their needs. This allowed us to ensure that where possible we were engaging with as diverse a group of individuals, that we were engaging in ways that suited individuals and that barriers were identified and mitigated as much as possible with the aim of ensuring maximum involvement in the development of the strategic plan ensuring a range of views and experiences were included. On the Strategic Planning group there was representation and cross referencing to the HSCP Equalities Working Group for oversight and expert advice and analysis in the engagement. These groups were instrumental in advising the way we engaged with each service user group, other stakeholders and representatives from the third and independent sector to ensure that where possible we were	However we cannot guarantee that we reached as diverse a group as possible and future consideration should be made to engage with more ethnic and religious diverse populations potentially by specific events or working closely with community groups. 11.5% of the population of Glasgow are of ethnic minority background and only a small number of respondents to the pre engagement and consultation surveys that agreed to provide their ethnic backgrounds 3% and 6% of respondents respectively were from an ethnic minority. As a result of the context referred to above the attendance at reference groups from individual members very much depended on the operational pressures they faced in their respective groups and organisations and a conscious decision was taken not to apply pressure to those already struggling with capacity issues. As a result it is possible/likely that certain communities of interest, place or identity were not accommodated due to a lack of advice and suggestions in relation to their engagement. This was an unavoidable feature of using the methodology against the challenging external backdrop and the learning will be applied for future engagement exercises to mitigate the impacts.

			engaging in meaningful ways designed to minimise barriers and encourage more participation. They also ensured that the engagement questions were relevant and meaningful for each service area / service user group. From this consultation method a range of focus groups, individual discussions, questionnaires and feedback opportunities were delivered.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**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?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good**	***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).***	Not applicable as not a building based service delivery. The physical accessibility of the services delegated to the HSCP that are relevant to the Strategic Plan are the responsibility of specific services and are considered and addressed within that context. A mix of mediums was used to ensure engagement, online teams and Zoom calls as well as one to ones or focus groups. Venues were accessible or hosted by stakeholder partners at the direction of their represented group. Emails and online surveys were used and contact information was provided for other formats as required. A range of barriers and mitigations were identified via each of the reference groups and a range of formats for engagement were offered on request i.e macaton, PECs (picture formats), interpretation and translation services were available via the HSCP Linguistics Interpretation and Translation Services. Planning for the engagement was also provided over a range of mediums, email, teams calls and in person meetings to suit the needs of the individuals involved. Local Engagement forums were used as a method to gather lived experience voices and here there was a request for more accessible buildings and use of hearing aid loops throughout the HSCP buildings. Also this group requested more transport options to be able to attend	

	relations between protected characteristics. ☐ **4) Not applicable** ☐		appointments and community services / venues.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** x **2) Promote equality of opportunity** x **3) Foster good relations between protected characteristics** x	***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.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality***	Feedback from the engagement activity led directly to a section within the Strategic Plan that seeks to outline the nature of partnership working, the HSCP definition of meaningful involvement and what that looks like and the various engagement and consultation vehicles open to stakeholders to get involved in service planning, design and delivery. The content will act as a driver for engagement by all areas of health and social care service delivery to reduce discrimination, identify barriers to communication and engagement, address those barriers, and ensure meaningful involvement and positive, collaborative working relationships with stakeholders. On the Strategic Planning group there was representation and cross referencing to the HSCP Equality Group for oversight and expert advice and analysis in the engagement. These groups were instrumental in advising the way we engaged with each service user group, other stakeholders and representatives from the third and independent sector to ensure that where possible we were engaging in meaningful ways designed to minimise barriers and encourage more participation. They also ensured that the engagement questions were relevant and meaningful for each service area / service user group. From this consultation method a range of focus groups, individual discussions, questionnaires and feedback opportunities were delivered. A range of barriers and mitigations were identified via each of the reference groups and a range of formats for engagement were offered on request i.e macaton, PECs (picture formats), interpretation and translation	Continue to ensure a range of formats are available for the public and partners on request. Ensure that we are informed but our partners and experts on the best ways to engage. Continue to develop easy read versions of our strategic plan. Continue to ensure all communication, links and information is publicly available.

	4) Not applicable ☐ **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.**	***of opportunity).***	services were available via the HSCP Linguistics Interpretation and Translation Services. The reference groups also provided advice on engagement in person, via a particular IT platform (Zoom, Teams etc) to ensure familiarity and maximise representation across a wide range of services and people with lived experience in ways that suited their needs. Public engagement and wider engagement was encouraged using our HSCP website and social media channels to further promote engagement with the plan and offering a range of formats available. Twitter was used most effectively for this process – 14 separate tweets were sent out throughout March 2022 asking specific questions from the pre consultation engagement survey with a link to the survey. The strategic plan will be available on the HSCP website with an easy read version and copies available on request in other formats and languages.	

Channel	No. Of Posts	No of Retweets / Shares	No of Likes	Reach FB / Impressions TW	Comments	URL Clicks
GC HSCP Twitter	48	170	103	36000	5	231
GC HSCP Chief Officer Twitter	10	56	45	n/a	2	n/a
Facebook	50	26	31	10578	1	n/a
Totals	**108**	**252**	**179**	**47758**	**8**	**231**

7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	**Age** **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**	Glasgow City has a population of **635,640**, which is **11.6%** of the population of Scotland. It's made up of: • **111,512** (17.5%) children aged 0-17 • **438,505** (68.9%) adults aged 18-64 and	Failure to consider and mitigate the specific barriers faced by older people when planning the engagement approach would serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them. In

	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). **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** x **2) Promote equality of opportunity** x **3) Foster good relations between protected characteristics.** x **4) Not applicable** ☐	• **85,623** (13.5%) older people aged 65 and over. Glasgow's **population** is expected to continue to **increase** over the next twenty years. Estimates of population growth between 2022 and 2043 indicate an overall increase of around **27,380** people, or **4.3%**. It is estimated that there will be a decrease in the child population of **6.8%** in the same period, an increase in the adult age group (18-64) of **1.6%** and a much larger increase in the older age group (65+) of **31.8%** during this period. **2.5%** of Glasgow children under 15 years are **unpaid carers** compared to **2.0%** of all Scottish children By nature of the business of social care, services are split and designed for specific age groups of our patients and service users to aid operational delivery and better meet specific needs of these groups of people. Older people – those over 65 By ensuring accessible means of engaging with the review of the Strategic Plan these stakeholders were able to provide feedback on the Plan and their views on the priorities that should be taken forward by the HSCP during the lifetime of the next Plan. Citizens that fall into the older people category have very specific needs in relation to health and social care services and often experience specific barriers to engagement caused by failing to understand their specific requirements. An example of this may be a failure to consider the differential knowledge or experience of using more modern, often digital, engagement methods or failure to consider accessibility requirements. An event with Baillieston Community Care Carers Group focussed on the views and feedback of carers of people caring for people living with dementia. They told us that they agree with the priority to ensure and support people to live longer at home as independently as possible with a blend of care from carers and HSCP but there are some barriers to being	some cases the services used by older people, for example older people care homes, are specific to those groups and therefore it is vital that their voices are heard in relation to such services. Collaboration with partners with experience and expertise in engaging with older people will enable the HSCP to identify and mitigate the barriers to engagement older people face. All communication activity in relation to planning and implementing the engagement approach will be planned and completed in accordance with the IJB's Communication Strategy to encourage and facilitate accessibility and equity of access to information for all groups. The feedback from Baillieston Community Care Carers group is reflected in the plan around the partnership priority 4 – Strengthening Communities to reduce harm, the Herbert Protocol work is directly to support people living with dementia to be safe living at home and being part of their own community. There are 42 600 households in Glasgow where an older person lives alone (14.4%) this is a key indicator of vulnerability. We know that we have seen a 15% rise in older people getting Self Directed Support (personalisation driven care) over the pandemic and people are looking to remain at home where possible. We should continue to support older people to make informed choices about the care they receive. 42.8% of Glasgow's older people (aged 65+) who have high levels of care needs

		able to access services to enable early intervention and some limitations with service choice particularly when managing Self Directed Support (SDS) care packages. Focussing on SDS they informed us that there were delays in assessment or reassessment and do not think that virtual meetings have worked for them as a group and prefer face to face discussions. In consultation with Housing Specific groups feedback indicated that service users felt a lack of adapted housing options for older people with specific needs were available in the city and that there was a desire for better engagement around technological interventions particularly in older people's housing. A north east thriving places network meeting reported that *Many older people are 'old school' and are not able to access and use the internet. They want to see their GP face to face – not a consultation on a phone or send in pictures – even if they could*. Younger People Collaboration with partners with experience and expertise in engaging with younger people will enable the HSCP to identify and mitigate the barriers to engagement older people face. The HSCP will also consider the intersectionality relating to younger people and other protected groups in planning the engagement approach with partners. All communication activity in relation to planning and implementing the engagement approach was planned and completed in accordance with the IJB's Communication Strategy to encourage and facilitate accessibility and equity of access to information for all groups. Feedback received at an event with Freedom Youth Group reported that the HSCP were doing well with access to LGBTQ+ services and groups for young people but could be doing better with access to mental health services 'there is long waiting lists and sometimes people do not know	live at home – this is higher than the 35% for Scotland overall. There are plans to carry out a review of SDS policies and processes planned as part of the Strategic Plan to mitigate some of the barriers identified by our focus groups. Monitor and review the recently launched Health and Social Care Connect service to provide enhanced first point of contact arrangements for Adults, Older People, Children & Families and Homelessness social care services. Continue to work in partnership with housing partners to reduce impact of low quality or inadequate access to housing. The strategic plan also details how we are progressing the investment in community link workers attached to primary care to support people to access the appropriate services in a timely manner. The Strategic plan details the development of community mental health supports, including a Children and Young People's Networking Team to help children, young people and families to navigate the system of supports and to promote engagement directly in relation to feedback received from young people. This includes young people with neurodiversity, and LGBT+ children and young people, and to support children's families to understand their needs and to provide appropriate and consistent support. To support the move away from passive signposting in order to more proactively engage families in the range of supports available. The

who to go to for that help' . This group also identified needs for more areas tailored for teenagers and more autism friendly venues within the city.

North West Youth Network told us that boys are less likely to engage in activities and mental health supports and suggested Youth projects which attract more boys to their activity such as Football camps, street football, music workshop and are more likely to open up about how they are feeling. Also they told us that The youth employability project highlighted difficulties for young people seeking work – like having the confidence to talk on the phone for an interview or are anxious to travel on the bus to work

Pre Engagement

Under 16	0.00%
16-24 years	0.78%
25-34 years	6.20%
35-44 years	15.50%
45-54 years	33.33%
55-64 years	36.43%
65-74 years	3.88%
75+	3.10%
Prefer not to answer	0.78%

Consultation

Under 16	0.0%
16-24 years	0.0%
25-34 years	7.8%
35-44 years	20.3%

plan also covers the employment of Promise Participation Workers to support Glasgow HSCP to achieve the Promise for young people in our care transitioning into independent living shaped by the feedback from those with lived experience. The plan also details that GCHSCP will act on the recommendations of the People Achieving Change research into mental health of young people in care services – this is feedback directly from young people with lived experience.

		<table><tr><td>45-54 years</td><td>34.4%</td></tr><tr><td>55-64 years</td><td>32.8%</td></tr><tr><td>65-74 years</td><td>3.1%</td></tr><tr><td>75+</td><td>1.6%</td></tr><tr><td>Prefer not to answer</td><td>0.0%</td></tr></table>	
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** [x] **2) Promote equality of opportunity** [x] **3) Foster good relations between protected characteristics.** [x] **4) Not applicable** [ ]	It is estimated that more than 100,000 people in Glasgow have a physical disability, 7.8% of the population. Currently, **20,000** people in the City are living with a **cancer diagnosis** and this is forecast to rise to approximately 35,000 by 2030. **More than a quarter** of Glasgow adults, 28.6%, live with a **limiting long-term illness or condition** More than **8,000** people are estimated to be living with **dementia** in Glasgow Around 3,700 people, **0.6%** of Glasgow's population, are recorded as having a **learning disability**, whilst almost 13,600 people, **2.1%,** are reported as having a **learning difficulty** It is estimated that around **6,500** people in Glasgow have a form of **autism** **6.1%** of the population has been recorded as having a **hearing impairment**, and almost 2.5% of the population have a **visual impairment** **6.5%** of the population has been recorded as having a **mental health condition** The number of adolescents reporting **emotional or mental illness** in the	We could consider the inclusion of a Disability reference group or ensure more representation in future exercises. Disabilities was not a specific reference group due to the consideration that people with disabilities should be considered when planning engagement across all of the groups. The intersectionality of stakeholders within the reference groups with people with disabilities was actively considered within each reference group's engagement plan. Each group considered how people with disabilities within the specific group might have specific engagement preferences and how we could meet them. A specific event co-designed by the HSCP and Glasgow Disability Alliance took place to get the specific views of people with disabilities but the HSCP would acknowledge that in hindsight a greater voice could have been given to people with disabilities and have sought to redress this through plans to re-launch the Disabilities Strategic Planning with Charing responsibilities potentially shared between the HSCP and GDA. The Strategic Plan details expanding and evolving the availability of TEC solutions across

		city rose from **5%** in 2015 to **22%** in 2019, with children and young people waiting longer than adults to start treatment (61% start within the 18-week period compared with 89% of adults) Nearly a quarter (**23%**) of Glasgow adults have common **mental health problems** compared to **17%** of Scotland's adults, with higher proportions for females in both Glasgow and Scotland (23% Glasgow and 19% Scotland) than males (22% Glasgow and 15% Scotland) A fifth of Glasgow's population, **20.5%,** is prescribed drugs for **anxiety, depression and psychosis**. The Scottish average is **19.3%** It was acknowledged that people with disabilities are were represented across all the reference groups for particular service areas. The Strategic Planning team did work with the Glasgow disability alliance and was provided with comprehensive feedback on both the engagement and consultation phases of the planning cycle from them and their members. There was a further engagement session to feedback to the GDA about the process, their involvement and the outcomes, this was done on zoom as we were advised that this better suited the participants. Partnered with Cerebral Palsy Scotland we met with families and individuals living with Cerebral Palsy to discuss their thoughts on the HSCP and the Strategic Plan prior to the session 112 people completed a survey to help facilitate some meaningful discussion at the session – they survey told us that 50% felt their health needs were not being met by the HSCP when discussing this topic a lot of issues were surrounding the transition through different services, as CP is a life long condition people living with CP experience transitions between children services to adults and older people where most of the knowledge and resources sit in children's services *"culturally this divide still exists and it becomes difficult when accessing services, speaking to health care professional and speaking about CP in general."* For people living with CP and open to adult services *'Neurology, physio, equipment etc. is really lacking for adult services and mental health support and social care is an issue'*	the city including the greater use by younger people in transition to adult services. We should continue to support people to make informed choices about the care they receive. There are plans to carry out a review of SDS policies and processes planned as part of the Strategic Plan to mitigate some of the barriers identified by our focus groups. Monitor and review the recently launched Health and Social Care Connect service to provide enhanced first point of contact arrangements for Adults, Older People, Children & Families and Homelessness social care services. Continue to work in partnership with housing partners to reduce impact of low quality or inadequate access to housing. The strategic plan also details how we are progressing the investment in community link workers attached to primary care to support people to access the appropriate services in a timely manner. The strategic plan details working with a range of partners in the community to improve access to holistic mental health and wellbeing advice, support and treatment for the citizens of Glasgow City. The plan also details the actions in the mental health strategy to reduce waiting times for younger people in line with partnership priority 1 early intervention, prevention and well – being.

		A session with kinship carers reported that the HSCP could provide better mental health services for children up to 14	In support of partnership priority 3 – Supporting people in their community the strategic plan details the implementation of community based mental health assessment units to support people with mental health services locally, reducing potential harm and enabling independence, The strategic plan incorporates support the ongoing implementation of the mental health strategy.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	In line with Scottish Government and international frameworks, Sandyford offers a comprehensive gender service available to young people who are uncomfortable or uncertain about their gender identity or expression, and adult transgender and non-binary people who are considering feminising or masculinising treatment. Evidence provided from those who completed equalities information shows that Glasgow Citizens who have experienced gender reassignment were underrepresented as part of this consultation exercise. For young and older people in residential care or care at home Personal support plans and care plans are designed to ensure that that HSCP is delivering person centred care and would ensure that particular individual needs are being met – however this will become more prevalent in the future and we should ensure voices are being heard to address particular needs and positive outcomes for people who have experienced gender reassignment.	Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (scot.nhs.uk) As representation was low we will ensure that we use the information we have already from the above health needs assessment and other publications to ensure equality and removal of barriers and discrimination for our Glasgow Citizens who identify as transgender and those who have experienced gender reassignment.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	This protected characteristic was not featured in the equalities information that we gathered as part of this consultation exercise for the strategic plan. Glasgow city HSCP is governed by employment law regarding employees status as married or a civil partner and has appropriate equalities policies for its workforce. There is no impact identified of this exercise at this stage for this protected characteristic.	If any impact is identified in future then reassessment will be conducted and mitigating actions identified.
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and**	Consulting with recovering families – families affected by substance and alcohol misuse. This was a round table informal discussion with a number of families who told us that they wished they had been provided with more information about pre-natal support – the groups and support is there but their knowledge of it wasn't An event at Maryhill Together Community open day attendees reported a desire for more supports for families to give them a break. More opportunities for mothers to meet up to offer peer support.	Partnership Priority 1 – Early Intervention, prevention and wellbeing aligns objectives to work together to identify and respond early to local needs and health inequalities experienced by families and to prevent escalation to more complex needs. In working with families experiencing alcohol and drug prevention and recovery we aim to include people with lived and living experience and representation from families in developing

	victimisation **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐		quality improvement work. Monitor and review the recently launched Health and Social Care Connect service to provide enhanced first point of contact arrangements for Adults, Older People, Children & Families and Homelessness social care services. The strategic plan also details how we are progressing the investment in community link workers attached to primary care to support people to access the appropriate services in a timely manner. The plans to develop a trauma informed, strengths-based practice model for family support, which can be accessed through universal services at the point that it is recognised that families could benefit from additional support. Work alongside families, understanding the impact of trauma, and seeing families as experts in their own lives. Provide seamless pathways to accessing support for families, via universal services (thereby allowing early intervention).
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been**	**88.5%** of Glasgow's population are from a White background, with **11.5%** from a minority ethnic group. 11.5% of the population of Glasgow are of ethnic minority background and only a small number of respondents to the pre engagement and consultation surveys that agreed to provide their ethnic backgrounds 3% and 6% of respondents respectively were from an ethnic minority.	This suggests that we have work to do to engage representation of a range of ethnicities in our consultation process. More specific engagement with stakeholders or community groups and using the expertise of CRER should help shape a program with more inclusive representation in engagement for future planning activities.

	considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	The majority of people who provided their equality information in the pre engagement and post consultation identified as White Scottish (85.59%) with with low numbers identifying themselves as being White Other British (21) Other White Ethnic Group (4), and White Irish (2). Alternative language and other formats were advertised within the reference groups and on public engagement with easy read versions, translations and other formats available on request by HSCP Linguistics Interpretation and Translation Services. A reference group for Asylum and Immigration services was established to Better engage with the staff, stakeholders and people with experience of these services to encourage engagement, identify barriers to participation and encourage involvement.	Another mitigation would be to establish reference groups to represent a BME mental health needs group to better accommodate views and representation. We will also rely on information contained within and guidance from the following reports and research Glasgow City HSCP Equalities Mainstream Report 2020-2024 Equality Data Improvement Programme project board - highlight report: June 2022 - gov.scot (www.gov.scot) Racial-Inequality-Scotland_Report_Sep2021.pdf (mwcscot.org.uk) A fairer Scotland for all: race equality action plan and highlight report 2017-2021 - gov.scot (www.gov.scot) https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/ https://www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?**	Information from the equalities information in the two surveys are contained below. Pre Engagement | | Response Percent | Response Total |	This suggests that we have work to do to engage representation of a range of religious faiths and beliefs in our consultation process. More specific engagement with stakeholders or community groups – like hosting events in local religious venues or working with religious groups

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

None		
Jewish	0.00%	0
Atheist	3.13%	4
Muslim	1.56%	2
Buddhist	0.78%	1
Other Christian	7.81%	10
Church of Scotland	11.72%	15
Roman Catholic	24.22%	31
Hindu	0.00%	0
Sikh	0.00%	0
Prefer not to answer	6.25%	8
Another religion or belief, please state:	0.00%	0
	answered	128

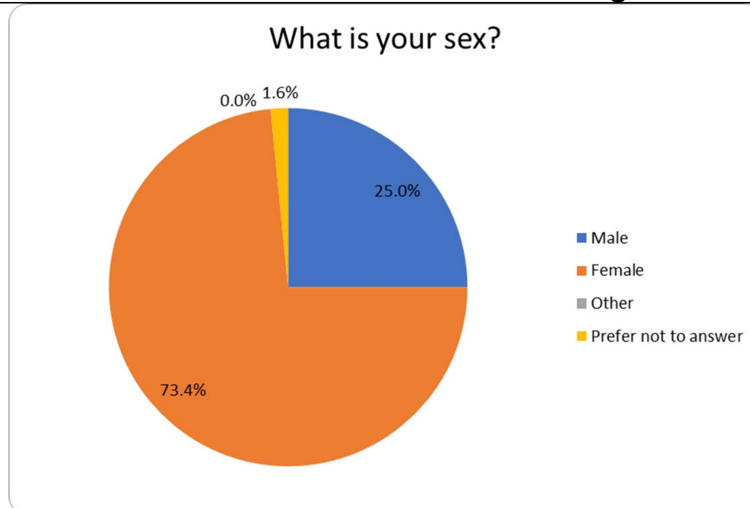
Consultation

	Response Percent	Response Total
None	50.0%	32
Jewish	0.0%	0
Atheist	4.7%	3
Muslim	0.0%	0
Buddhist	0.0%	0
Other Christian	6.3%	4

should help shape a program with more inclusive representation in engagement for future planning activities.

Church of Scotland	9.4%	6
Roman Catholic	23.4%	15
Hindu	0.0%	0
Sikh	0.0%	0
Prefer not to answer	6.3%	4
Another religion or belief, please state:	0.0%	0
		64

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐	From the two surveys we know from the equality information completed by some of the participants that there was the following profile: Pre Engagement Survey Male: 30.23% Female: 68.22% Other: 0.00% Prefer not to answer: 1.55% Consultation Survey Engagement	Engagement with women was good across both surveys and the reference groups, however there wasn't much specific feedback provided through either of these methods or focus group sessions that ensured that needs were being met. In future working with specialist groups such as Wise Women to get more engagement with service user voices would be beneficial. The Strategic Plan does acknowledge the 'triple whammy' effect which research has shown that during the Covid -19 pandemic women, who were living with a disability were amongst the most disadvantaged. In line with Partnership Priority 3 – Supporting People in their Communities the HSCP plans to support women in communities to access

	4) Not applicable	 We know that in Scotland 59% of carers are women, that women who have caring reponisbilities care for more hours than male equivalents especially when they live in an area of multiple deprivations. Women are twice as likely to give up paid work to fulfil a caring role and 74% of claimants of carers allowance are women. **14.4%** of Glasgow adults (around **74,000**) are **unpaid carers** with a higher percentage of women (**16.0%**) than men (**13.0%**) undertaking this role. We also know that our workforce within the HSCP is predominantly women especially in social care roles. For example in one of our biggest services, Care at Home 67% of the service users are female and 96% of the staff group are female, of which 23% are over 60. We engaged specifically with reference groups for carers, prision services and sexual health services to ensure that we were meeting the needs of people with lived experience that access these services. North West Youth Network told us that there is a need for Youth projects which attract more boys to their activity such as Football camps, street football, music workshop and are more likely to open up about how they are feeling.	abortion services out with clinical settings. The HSCP Domestic Abuse Strategy is supported within the Strategic Plan which covers a number of measures to reduce domestic abuse which has a disproportionate affect on women. Partnership Priority 5 is to have a healthy valued and supported workforce and the strategic plan covers the implementation and promotion of NHS and Glasgow City Council menopause guidance and policies. The Strategic plan details the development of community mental health supports, including a Children and Young People's Networking Team to help children, young people and families to navigate the system of supports and to promote engagement directly in relation to feedback received from young people.

(i) **Sexual Orientation**

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

575,890 people in Glasgow aged 16+ (90.6%) are estimated to be straight/heterosexual. **36,231** (5.7%) are estimated to be part of the LGBT+ community.

Feedback received at an event with Freedom Youth Group reported that the HSCP were doing well with access to LGBTQ+ services and groups for young people however would like more clubs and LGBTQ+ youth groups. Generally there was needs identified for better health and social care support for LGBTQ+ and Trans communities.

Pre Engagement Survey

1	Bisexual (attracted to same and opposite sex)	2.33%
2	Heterosexual / Straight (attracted to opposite sex only)	83.72%
3	Gay or Lesbian (Attracted to same sex only)	6.98%
4	Other	0.78%
5	Prefer not to answer	6.20%

Consultation Survey

1	Bisexual (attracted to same and opposite sex)	6.3%
2	Heterosexual / Straight (attracted to opposite sex only)	79.7%
3	Gay or Lesbian (Attracted to same sex only)	6.3%
4	Other	1.6%
5	Prefer not to answer	6.3%

Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (scot.nhs.uk)

As representation was low we will ensure that we use the information we have already from the above health needs assessment and other publications to ensure equality and removal of barriers and discrimination for our Glasgow Citizens who are LGBTQ+

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	**Socio – Economic Status & Social Class** **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?** **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) 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? 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)?	Glasgow City contains **four in 10 of Scotland's 20%** most deprived areas. This proportion rises to almost six in 10 in the Partnership's North East locality. More than a quarter of a million people (**over 274,000** and **two-fifths** of Glasgow's population), live in these **deprived areas**. Within Glasgow, around a third of North West locality's population lives in one of the most deprived areas, compared to almost two-fifths in the South and just under three-fifths in North East. There are **295,761** households across the city. Glasgow has a higher percentage of single parent households (**5.3%**) than Scotland **(4.3%)** with more than a quarter of Glasgow S1-4 pupils **(28.0%)** living in single parent households. Older people living alone (considered a key indicator of vulnerability) account for **42,600** of Glasgow households (14.4%), lower than the Scotland figure (16.5%). The percentage of overcrowded households in Glasgow **(4.0%)** is higher than that of Scotland overall **(2.4%).** More than a third of social housing in Glasgow fails the Scottish Housing Quality Standard (SHQS) (**35.5%** compared with the Scottish average of **41.4%**). **5210** households in Glasgow were assessed as homeless or threatened by homelessness in 2020-21. Some groups within the city face additional and multiple disadvantage, which was amplified during the pandemic. For example disabled people are more likely to face multiple disadvantage than non-disabled people, with less access to employment, greater ill-health and mortality, increased	Partnership Priority 1 – Early Intervention, prevention and wellbeing aligns objectives to work together to identify and respond early to local needs and health inequalities experienced by families and to prevent escalation to more complex needs. In working with families experiencing alcohol and drug prevention and recovery we aim to include people with lived and living experience and representation from families in developing quality improvement work. Monitor and review the recently launched Health and Social Care Connect service to provide enhanced first point of contact arrangements for Adults, Older People, Children & Families and Homelessness social care services. The strategic plan also details how we are progressing the investment in community link workers attached to primary care to support people to access the appropriate services in a timely manner. The plans to develop a trauma informed, strengths-based practice model for family support, which can be accessed through universal services at the point that it is recognised that families could benefit from additional support. Work alongside families, understanding the impact of trauma, and seeing families as experts in their own lives. Provide

	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? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 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? 6. How has the evidence been weighed up in reaching our final decision? 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.	social and digital exclusion and food insecurity. Consulting with recovering families – families affected by substance and alcohol misuse. This was a round table informal discussion with a number of families who told us that the ability to access peer support groups was important to them. The children reported that they loved attending the groups with their parents after school as they are able to spend quality time together doing things they enjoy and they are able to learn new skills. Again this groups appreciated more face to face contact. This group also supported early intervention approaches but highlighted that staff training would be appreciated for professionals dealing with addictions as some appear judgemental and don't understand the reasons that people can end up in substance misuse. All acknowledged that spending time together as a family out with the household helps with repairing relationships. Drumchapel Thriving Places invited us to join them for a breakfast and blether with their families and other stakeholders within the area. Their thoughts on the IJ Board was that *It isn't working. It is only interested in strategic plans and a strategic level and are not listening to people living in poverty, or who have major health concerns or social difficulties, they don't respond to crisis in our communities such as drug death or alcohol issues. There needs to have a bottom up approach.* A session for West of Scotland Housing Association tenants and service users fed back that *Homelessness - many of the changes remain relevant from 2019. However, there remains a need for Housing First or an equivalent facility to address housing not being the destination but the start of a journey for a homeless person. There is also a lack of resource generally in terms of assessment of housing need. Plugging this gap would assist not only with homeless persons being accommodated but also with tenancy sustainment and prevention of tenants losing their home where they are unable to manage their tenancy.* Kinship carers focus group told us that *A starter pack should be made*	seamless pathways to accessing support for families, via universal services (thereby allowing early intervention). The Strategic Plan details our commitments to Fairer Scotland Duty 2018 Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) with measures like continuing and extending our income maximisation services for service users and patients via welfare advice and health improvement teams. Continuing to use EQIA as a tool to assess socio economic impacts and identify mitigations.

		available for new Kinship carer as people are receiving grandchildren / nieces/ nephews at no notice and without basic thing to look after them with, such as beds. Bedding, clothes etc and there is only a payment of £50 per week to go towards these costs. A north east thriving community network event discussed the need for Information about health and social care services – the HSCP needs to be better about telling people about services and how to access them. Not just a good online information web site. Also, some people need to be supported to navigate the system and even support contact services An attendee at one of the mental health network events to discuss the plan asked *"There should be a case study done on the cost of living. Why people can't afford food and why do children have to use breakfast clubs before school?"*	
(k)	**Other marginalised groups** **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?**	**1,561** pupils in Glasgow schools are seeking asylum, representing **83.9%** of the national total, compared to Glasgow's 10.1% share of pupils overall. Glasgow schools have **1,859** pupils who are refugees, **53.1%** of all pupils who are refugees in Scotland. Among the overall population, nearly all of Scotland's asylum seekers are living in Glasgow (**3,713, 97.3%**). Death rates from drugs, alcohol, smoking and homelessness are **higher for Glasgow** than for Scotland. -The average annual drug related deaths rate for Glasgow (**38.7 per 100,000** population) is almost double the Scotland rate of **20.6 per 100,000** population. -In 2020 there were **291** drug related deaths in Glasgow (up from the annual average of 242 in 2016-2020), with almost three quarters of these being deaths of males (211, 72.5%). -The rate of alcohol specific deaths for males of **48.4 per 100,000** population is more than three times the rate for females of **15.5 per**	The strategic plan details commitment to Ensure the HSCP and its partners can support the provision of safe housing for Glasgow's residents and contribute to the role the city is playing in supporting people seeking asylum / refuge living in Glasgow. Also are detailed plans to Implement the priorities and activities outlined within the housing contribution statement (a statement of how our housing partners will work with us to deliver the Partnership Priorities), the digital housing strategy and Glasgow's Housing Strategy**.** The strategic plan aims to Support the Scottish Government's ambition to enable the consistent delivery of safe, accessible, high-quality drug treatment and deliver initiatives and priorities to tackle the harm caused by alcohol and drugs in the city.

		100,000. -Alcohol specific male and female death rates are **higher in Glasgow** than Scotland (male rate of 48.4 compared to 29.3 per 100,000, females 15.5 per 100,000 compared with 12.4 per 100,000). Overall, the death rate for all people specific to alcohol is **53% higher** in Glasgow (31.9 per 100,000 population) than Scotland (20.8). -The rate of smoking attributable deaths of **508.9 per 100,000** population is more than **50%** higher than the Scotland rate of **327.8 per 100,000**. The Glasgow rate of homeless deaths of **94.8 per million** is more than **50% higher** than the rate for Scotland of **61.9 per million** people. Figures for Scotland indicate that homeless deaths are more prevalent among males (96.8 per million) than females (28.3 million). Glasgow has more than 18,000 **problem drug users**, **3.4%** of the adult population, more than the national average of 2.0**%** Over a fifth (**21%**) of Glasgow adults are estimated to drink **hazardous / harmful levels of alcohol**, slightly less than the national average of **24%** Only **40%** of Glasgow pupils (S1-S4) **eat breakfast every weekday**, compared with **62%** across Scotland **One in three** Glasgow males **smoke**, compared with just under one in five females **15.2%** of all Glasgow adults feel **isolated** from friends and family A reference group was established to ensure representation from Asylum and Immigration Services, Homelessness and Housing Services and Prison Healthcare. Drumchapel Thriving Places invited us to join them for a breakfast and blether with their families and other stakeholders within the area. They reported that they would like: dedicated service in communities for asylum seekers and refugees' families and individuals to support all aspect of	Engage with new service users and increase the uptake of harm reduction interventions by extending the WAND initiative (Wound management, Assessment of injecting risk, Naloxone provision, and Dry blood spot testing for Blood borne viruses) across Glasgow's localities and by ensuring that harm reduction interventions are available in all Alcohol and Drugs Recovery Service settings. Carers and families will be involved in the process of identifying the best options for the people they care for. The HSCP commits to monitor and review the recently launched Health and Social Care Connect service to provide enhanced first point of contact arrangements for Adults, Older People, Children & Families and Homelessness social care services. Whilst reference groups to consider and plan for engagement with stakeholders related to Prison Healthcare Services and Asylum and Immigration were set up, the operational demands on both these services made full engagement very challenging. As a result the views and priorities in relation to these groups have not been sufficiently explored and represented. Further consideration is required to identify ways of overcoming these challenges for future exercises.

		their lives. People are very isolated and don't know where to turn to for help and in the long run this has an impact on their health and well-being. Many asylum and refugee families are housed by Meers in areas such as Drumchapel and basically left to get on with it. There needs to be a dedicated resource in each local community to help families and individuals navigate housing concerns, work through barriers and systems, deal with money worries, food and fuel poverty, support integration and access to supports in the local community, someone to talk to, dealing with school issues or accessing both local and hospital services. There needs to be a strategic plan to address this issue. At a session with GCVS attendees told us that there was a need to ensure: *Acknowledging impact of the pandemic on some - Real exhaustion and emotional toll on all who are caring for their family members.* And that *Being allowed and having access to blended models of service delivery was regarded as being hugely beneficial. Not all service users need to be seen face to face and having the option and technology to facilitate this meant increased levels of engagement, and often with people who would have found it difficult to reach out normally*. A north East Thriving Community Network event reported that they would like to see more mental health services and supports in the community for all ages - adults, young people and older people. The long-term impact of Covid, restrictions and isolation will need to be addressed in the plan – there needs to financial back up to provide mental health support and care services. Discussion at Local Engagement Forums reported that the provision of respite to take a break from the person we care for and peer support are great services.	
8.	**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**	No this was a consultation exercise for the future strategic plan and as such did not include any details of any cost savings. This plan is expected to cover 2023 -2026 and it would be prudent in the current economic climate that consideration is made to potential future cost saving	None identified at present but EQIA will be required to be completed for planned cost savings.

	on protected characteristic groups? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	exercises. Any future reductions in service would need an EQIA as part of the process and overall where possible include assessment to maximise opportunities for positive impact. A partnership priority to Build a Sustainable Future was introduced to ensure that future decisions are made to enable sustainability of services where possible.	
		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.**	All HSCP staff are encouraged to complete the Equality Training on GOLD (Council Staff) and Learnpro (NHS Staff) there are also monthly emails promoting current equality training to all staff. EQIA lead reviewers are provided with training on request. As part of the consultation exercise investment in staff was a common theme from all consultees and a new partnership priority, 5 – a Healthy Valued and Supported Workforce was introduced.	Our strategic plan aims to meet Partnership Priority 5 by Working to ensure our workforce and our partners are treated fairly and consistently, with dignity and respect in an environment where diversity is valued. Enable staff to take stock of how working through the pandemic affected them and give them the time and support to understand any assistance they require to recover. Raise awareness and ensure accessibility of mental health and well-being resources for HSCP staff. Continue to implement annual staff survey i-Matter across all HSCP teams and explore the views of staff. Ensure that all staff have the opportunity to talk

			about mental health and well-being with their manager to ensure they receive the appropriate supports Ensure a culture of continuous improvement and provide support and guidance for staff to seek development opportunities.

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.

Human rights is a key consideration due to the nature of the work that the HSCP is involved in

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* .

Co design

Consultation and engagement approach

Governance accountability via IJB, KPIs and updates to the IJB

Opportunities for continued engagement through implementation

EQIA completion for any service implementations, reviews and changes detailed or outlined in the strategic plan

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview 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:

[x] 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.

As part of the general approach to trying to encourage engagement and meaningful involvement a Feedback Log was developed to enable comments and suggestions from participants to see whether their suggestion was taken forward and which area of the final Plan was influenced as a result. It is hoped that this transparency and attempt at enabling people to Proactively see the difference their involvement has made will increase trust in the HSCP when engaging with groups and communities, and enable them to themselves in future service design and delivery models.

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)**
Promote undertaking EQIAs on specific programmes as part of the delivery of the Strategic Plan	Ongoing 2023 -2026 All	
Encourage consideration of more formal capturing of equalities data to assist with planning and ensuring better more inclusive planning for the future	Ongoing All	
Actively consider protected characteristics groups when planning engaging, as well as service user groups (e.g. children, adults, older people, homelessness etc)	Ongoing All	
Progress work to re-establish the Disabilities Strategic Planning Group to enable meaningful representation from people with Disabilities and to influence strategic planning activity.		
Undertake a lessons learned review as per the IJB Participation and Engagement good practice guidelines	March 2023 onwards JS	
Complete an engagement report for the March IJB and report progress with the Strategic Plan through the Public Engagement Committee	March 2023 Onwards CC	

Sharing service specific feedback with services	March 2023 JS

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

Lead Reviewer:	**Name**	**Craig Cowan**
EQIA Sign Off:	**Job Title**	**Business Development Manager**
	Signature	**Craig Cowan**
	Date	**6th March 2023**

Quality Assurance Sign Off:	**Name**	**Alastair Low**
	Job Title	**Planning Manager**
	Signature	
	Date	**13/06/23**

NHS Greater Glasgow and Clyde

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:

Glasgow City IJB Strategic Plan 2023 – 2026 (Engagement and Co Design Approach)

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