

## 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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Impact Assessment of Renfrewshire Health and Social Care Partnership Shaping our future - Strategic Plan 2022-2025

Is this a: Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

***What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.***

The Strategic Plan 2022-2025 focuses on a range of themes which underpin how we deliver services rather than looking at individual service areas themselves and is a plan for the health and social care system in Renfrewshire, not just the Partnership. This follows our Plan covering 2019-2022 which considered in detail each individual Care Group and identified priority areas which the HSCP would seek to deliver upon, alongside our partners. We have made good progress towards delivering on these priorities, which we set out in further detail in each of our Annual Performance Reports. Its wider context remains challenging with the potential for significant future change in how social care services are delivered across Scotland. We also continue to deliver COVID-specific services which were unanticipated only a short time ago. The 2022-2025 plan highlights how we will continue to work with partners to deliver real improvements to the people of Renfrewshire's health within local and national policy direction. Our Vision: 'Renfrewshire is a caring place where people are treated as individuals and supported to live well'.

***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 is the HSCP's third Strategic Plan. The last three years have seen the development of a number of key national and local policies and strategies which will shape our services in the years ahead. These include the Health and Social Care Delivery Plan, the Independent Review of Adult Social Care (the Feeley Report) and the new national framework for Self-directed Support, published in March 2021. There has been a significant shift towards prevention and early intervention, recognising that 'more of the same' is unsustainable. The NHSGGC Public Health Strategy, 'Turning the tide through prevention' will directly shape our health improvement activity and partnership work over the next three years and in March 2020, Renfrewshire's Integration Joint Board approved a set of guiding principles which are intended to help shape the way in which health and social care is provided across Renfrewshire in future. As such it's important we understand the relevance to Renfrewshire's diverse communities and identify any areas that might represent risk to specific groups or missed opportunities for

maximising health potential. For over half the duration of the previous plan, the HSCP and wider society have been responding to the COVID-19 pandemic. The pandemic has had a significant impact on everyone's lives and in many areas, we have worked flexibly to refocus our priorities to adapt to the needs of the rapidly changing environment and we also continue to deliver COVID-specific services which were unanticipated only a short time ago. The Strategic Plan is a high-level document and has been developed within the context of longer-term recovery. It is expected that additional service reviews and assessments will be undertaken within specific programmes concerned with more targeted interventions.

**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)**

<b>Name:</b> Frances Burns – Head of Strategic Planning & Health Improvement, Renfrewshire Health and Social Care Partnership	<b>Date of Lead Reviewer Training:</b>
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**Please list the staff involved in carrying out this EQIA**

**(where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):**

Bernadette Reilly – Senior Community Link Officer, Renfrewshire Health and Social Care Partnership  
Heather Cunningham –Health Improvement and Inequalities Manager

	<b>Lead Reviewer Question</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service or affected by the policy? Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</b>	The Strategic Plan will be implemented taking into consideration several data sources used to describe the population of Renfrewshire. For example, National Records of Scotland (NRS) and the Scottish Index of Multiple Deprivation (SIMD)2020. The Scotland Census Data gives us a reasonably accurate picture of demographic makeup and this is supplemented with / compared against data captured within HSCP services that allow us to better understand the pattern of service uptake by captured Protected Characteristics.	Ensuring up to date data sources related to equality groups are used to evaluate programmes and reflect HSCP services.
	<b>Lead Reviewer Question</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
2.	<b>Please provide details of</b>	To reflect national context and policy which focuses on	

<p><b>changes to the service or Policy or how they have been informed as a result of collecting routine data.</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b></p> <p><b>2) Promote equality of opportunity ✓</b></p> <p><b>3) Foster good relations between protected characteristics.</b></p>		<p>prevention and early intervention to shift the balance of care and to enhance the choice and control individuals have over the support they access, Renfrewshire HSCP developed four guiding principles for service change collaboratively with staff and partners within the Strategic Planning Group (SPG). These principles were subsequently approved by the Integration Joint Board (IJB) in March 2020:</p> <ol style="list-style-type: none"> <li>1. We share responsibility and ownership with our communities.</li> <li>2. We take a person-led approach to public health and wellbeing.</li> <li>3. We provide realistic care.</li> <li>4. We deliver the right services at the right time and in the right place.</li> </ol> <p>These principles are further reinforced by the seven health and wellbeing priorities which are currently being driven forward by the SPG:</p> <ul style="list-style-type: none"> <li>• Loneliness and social isolation</li> <li>• Inequalities</li> <li>• Mental health and wellbeing</li> <li>• Housing as a health issue</li> <li>• Early years and vulnerable families</li> <li>• Healthy and active living</li> <li>• Collaborating for greater impact.</li> </ul> <p>Information returned from services provides a degree of understanding/correlation between the services we deliver. For instance, social isolation and loneliness can affect anyone at all ages and stages of life. There is increasing recognition of social isolation and loneliness as a major public health issue that can have a significant impact on a person's physical and mental health. Results from the Renfrewshire Adult Health and Wellbeing Survey showed that one in fourteen (7%) said that they felt isolated from family and friends. Respondents were also asked how often they had felt lonely in the past two weeks. Two percent said that had felt lonely all the time, 4% said often, 11% said some of the time, 31% said rarely and 52% said never.</p> <p>Between October 2017 and March 2018 ACUMEN and RAMH</p>	
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	<b>Lead Reviewer Question</b>		<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
3.	<p><b>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p><b>1) Remove discrimination, harassment and victimisation ✓</b></p> <p><b>2) Promote equality of</b></p>		<p>The Strategic Plan takes cognisance of research describing the public health needs of the population of Renfrewshire. Research from around the world has been used in tandem with locally derived evidence from sources including the World Health Organisation and the Glasgow Centre for Population Health respectively.</p> <p>In terms of understanding the experiences of inequality for protected characteristic groups, evidence relating to specific group experiences of health and social care will be used to support the more localised action plans that will be deployed to meet the high level aspirations of the Strategic Plan. This is evidenced in the Strategic Plans priorities and actions which include investment in staff training, provision of high quality and accessible information, commitments to deliver on pre-agreed equality outcomes and developing a human rights approach that will empower people to know and claim their rights.</p>	

	<p>opportunity ✓</p> <p><b>3) Foster good relations between protected characteristics</b></p>		<p>The HSCP is a committed member of the local Renfrewshire Gender Based Violence (GBV) Strategy Group and in 2019 supported the development of a Renfrewshire GBV Guideline for staff working with young people which supports outcomes of Equally Safe and Renfrewshire's GBV Strategy group by promoting best practice on responding to disclosure of GBV by a young person. Wider work will include our renewed efforts to tackle routine sensitive enquiry and we will continue to work with our local partners to support individuals experiencing GBV to ensure that Renfrewshire is a place where GBV is not tolerated and where victims, perpetrators and communities are supported to address its causes and consequences.</p>	
	<p><b>Lead Reviewer Question</b></p>		<p><b>Service Evidence Provided</b></p>	<p><b>Additional Requirements</b></p>
<p>4.</p>	<p><b>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p><b>1) Remove discrimination, harassment and</b></p>		<p>In developing this Plan, we were focused on ensuring that collaboration and engagement were at the heart of a co-produced set of themes and priorities. The Strategic Plan priorities have been based on evidence returned from a range of research sources, and we have held a number of engagement events and workshops across all care groups, involving staff, providers, partners, services users and carers. 5 key themes were identified as follows: Sustainable Futures, Healthier Futures, Enabled Futures, Empowered Futures and Connected Futures.</p> <p>The Strategic Planning process has also run alongside engagement for the service reviews of older people, learning disabilities and addictions to ensure, where possible, that emerging issues are incorporated into the plan to shape subsequent local action plans and help meet all aspects of the General Duty. From this engagement, Care planning groups have been identified as follows: Learning Disabilities; Older People; Independent Living; Mental</p>	<p>Engagement with the care planning groups should form part of the ongoing consultation to consider equality impacts going forward.</p>

	<p>victimisation√</p> <p>2) Promote equality of opportunity √</p> <p>3) Foster good relations between protected characteristics√</p>		<p>Health and Wellbeing; Autism; Carers Strategy Group and Palliative Care Strategy Group.</p> <p>Each group has also developed an action plan for Year 1 (2022/23) to set out activities that will be progressed within services and planning with partners will ensure we deliver the priorities set out within the plan.</p> <p>Public consultation was undertaken with various stakeholders, including the Diversity Equality and Alliance in Renfrewshire group allowing opportunity to feedback and influence how we “Shape our Future”.</p> <p>We will support local collective action to meet the requirements of the Child Poverty (Scotland) Act 2017. We will continue to promote referral pathways for health and social work staff to direct patients and clients into financial and employability services. We will support the Renfrewshire Tackling Poverty Programme through a range of specific programmes focused on the mental and physical health of children in low income families. As a Community Planning partner, we will also support the delivery of actions to be identified in the Tackling Child Poverty Delivery Plan 2022-26.</p>	
	<b>Lead Reviewer Question</b>		<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
5.	<p><b>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty.</b></p>		<p>The Strategic Plan highlights that services provided will be person centred, accessible and inequality sensitive.</p> <p>The 2011 census data notes that there are 12,593 people in Renfrewshire with a physical disability – 7.2% of the population compared to 6.7% across Scotland. Older people are more likely to have a physical disability.</p> <p>Discussions with service users, and with staff who support them, highlighted areas which are important to them as follows:</p>	

	<p><b>Tick all that have been included in your evidence (at least one required).</b></p> <p><b>1) Remove discrimination, harassment and victimisation ✓</b></p> <p><b>2) Promote equality of opportunity ✓</b></p> <p><b>3) Foster good relations between protected characteristics.</b></p>		<p>A range of Housing and Supports; Accessing Community Resources; Access to Health Services.</p> <p>Challenges for the HSCP include the fact that The HSCP's technology infrastructure is provided by our partner organisations and our systems are not all fully integrated. Our partners also maintain separate digital strategies and governance, however by adopting a person-led approach we will develop models of care which enable people to exercise choice, control and flexibility and access the right services for them in the right place.</p> <p><u>As an HSCP our priorities for 2022-25 will include the following:</u></p> <ul style="list-style-type: none"> <li>• Building on the success of digital tools used during COVID e.g. Near Me to support services where appropriate.</li> <li>• Refreshing and implementing our Communication and Engagement Strategy to share up-to-date information about our services which are available across Renfrewshire.</li> <li>• Supporting people to access appropriate financial advice</li> <li>• Improve the experience of people with physical disabilities through our Independent Living Care Group.</li> </ul>	
	<p><b>Lead Reviewer Questions</b></p>		<p><b>Service Evidence Provided</b></p>	<p><b>Additional Requirements</b></p>
<p><b>6.</b></p>	<p><b>How will the service review or policy development ensure it does not discriminate in the way communicates with service users and staff?</b></p>		<p>We have produced a set of equality outcomes to meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2012. Delivering clear and accessible communication is a core responsibility of the HSCP and specific actions are included as measurable outcomes within our Equality Outcomes 2020-2024 Action Plan.</p>	

	<p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p><b>1) Remove discrimination, harassment and victimisation ✓</b></p> <p><b>2) Promote equality of opportunity ✓</b></p> <p><b>3) Foster good relations between protected characteristics ✓</b></p> <p><b>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.</b></p>		<p>HSCP staff are aware of interpreting protocols and NHSGG&amp;C Clear to All policy and are also aware that communication support, including, interpreting provision should be provided for any service user that needs it. This enables and supports mainstream access to interpreting and translation services to meet any additional communication support needs of service users, allowing equal access to all parts of the service.</p> <p>Written information in diverse formats will be available as and when required to remove any potential barriers. We also have an accessible version of the Strategic Plan 2022 - 2025 available in addition to the pdf and an easy read version will also be published alongside the final Plan.</p> <p>The HSCP works in partnership with NHSGGC and Renfrewshire Council to support the requirements of the British Sign Language (BSL) Act 2015 and contributes to the local BSL plan which sets out measures to facilitate promotion and understanding of BSL that is consistent with the National Plan.</p> <p>The local Sensory Impairment Services offer specialist information, advice and support to deaf or hearing impaired people, blind or visually impaired people, carers and professionals.</p>	
7	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>	
(a)	<p><b>Age</b></p> <p><b>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</b></p>	<p>The Plan promotes healthy life across all age groups and understands this will be achieved by taking a person-centred and inequality sensitive approach to service design and delivery within the Plan.</p> <p>There are a number of demographic and activity changes that</p>		

	<p><b>justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design.</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p><b>1) Remove discrimination, harassment and victimisation ✓</b></p> <p><b>2) Promote equality of opportunity ✓</b></p> <p><b>3) Foster good relations between protected characteristics. ✓</b></p>	<p>will affect our current and future understanding of needs across Renfrewshire. For instance, contact with Adult Social Work Services has increased by 31% in the last five years. As more people manage their own individual Self-Directed Support (SDS) budgets it can make forward planning difficult, however as we develop our services, we will ensure that the support provided by the HSCP and in communities broadens the choice available for people to meet changing demand. Support will be built around individuals' needs and where appropriate, provide options which move beyond more traditional, often building-based service models. We expect to see a 47% increase in dementia prevalence by 2035. Current prevalence is 2994 people at 2017, with a projected prevalence of 4400 by 2035. These demographic changes will direct RHSCP planning and activity.</p> <p>The HSCP will support young people transitioning from children's to adult services, particularly within mental health services, and disabled young people will receive the support and information to enable them to transition to acute adult services.</p> <p>The Plan aims to ensure the best possible start for children (with a focus on early years), while programme activity includes provision of public health support to reduce inequalities at key life stages including dementia support as highlighted above.</p>	
<b>(b)</b>	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? What opportunities have been explored to make appropriate reasonable adjustments?</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been</b></p>	<p>We have just completed a review of Learning Disability Day and Respite Services and the output from this review is built into our priorities for 2022-25.</p> <p>Another priority is to support people with a physical disability or sensory impairment to access health and care services. Delivery will be supported by an extensive range of mainstreaming activity through the establishment of the Independent Living Care Planning group in addition to the above.</p>	

	<p>included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>The Plan describes the role of the HSCP as an advocate for communities, including a role as a partner to mitigate the adverse impact of welfare reform on disabled people.</p>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
(c)	<p><b>Gender Identity</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p>	<p>The Plan does not present a risk of differential deficit experienced by people because of their gender identity. The Plan highlights that as an HSCP we will undertake the LGBT Youth Scotland Charter of Rights Award to increase LGBT inclusion in our services and continue to provide information and training for our staff in order to best support our clients. It is hoped that this process will improve our organisation's knowledge, and build confidence to challenge discrimination and prejudice, while we proactively create an inclusive environment where LGBT people are valued.</p>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <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 due regard to meeting the</p>	<p>There is no scope for the Plan to create a differential deficit for people due to the protected characteristics of marriage and civil partnership. Existing HR policies supporting staff working to deliver the Plan take cognisance of the legal requirements to meet the General Duty.</p>	

	<p><b>3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics.</p>	<p>There is no scope for the Plan to create a disproportionate differential impact on people due to the protected characteristics of pregnancy and maternity. The Plan's commitment to support the delivery of services that understand barriers created by experience of poverty will have a positive impact on people with the characteristics of pregnancy and maternity.</p> <p>The Family Nurse Partnership (FNP) is an NHS Board-wide service which supports first time mums aged 19 years and under and their families. The programme begins in early pregnancy and runs until the first child's second birthday. All eligible young women in Renfrewshire can access this bespoke programme.</p> <p>We will continue to work with Renfrewshire Council and third sector partners (for example in delivering the Early Years and Vulnerable Children health and wellbeing priority) to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.</p>	
(f)	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds of Race. The Strategic Plan seeks to inform practice that is fully accessible and as such promotes the use of appropriate communication support, including use of interpreting and translation services.</p>	

	<p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p>	<p>In addition, we continue to co-fund a post to establish an integration network forum (IN-Ren), to co-ordinate and promote partnership across support, resources and services available to people from BAME communities.</p>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds of Religion and Belief.</p>	
(h)	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the</b></p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds of Sex.</p> <p>The Plan outlines a number of outcomes that will act in a way</p>	

	<p><b>protected characteristic of Sex?</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>that alleviates the burden of care that can be disproportionately experienced by women. For instance, a commitment to meeting the requirements of the Child Poverty Scotland Act 2017 will support a reduction in poverty and socio-economic inequality, and partnership work to mitigate the adverse impact of welfare reform will help create a fair and dignified social security system that supports lone parents.</p> <p>Further attention is paid to the requirement to commit to person-centred care that includes actively tackling experience of gender based violence.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Additional Requirements</b></p>
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds of Sexual Orientation. As previously stated, the Plan highlights that the HSCP will undertake the LGBT Youth Scotland Charter of Rights Foundation Award to increase LGBT inclusion in our services. Successful completion of the award will increase the capacity of the HSCP workforce to deliver a high level of person centred care to ensure the services we deliver are inclusive and meet the needs of local LGBT people.</p>	
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what</b></p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds of socio-economic status or social class. As a Community Planning partner there is a commitment to work in partnership to mitigate and prevent health inequalities caused by poverty, income insecurity and the</p>	

	<b>mitigating action have you taken/planned?</b>	impact of welfare reforms. It is estimated that in 2019/20 6997 (23.1%) children in Renfrewshire were living in poverty after housing costs. This is almost 1 in every 4 children in Renfrewshire live in poverty and we will support local collective action to meet the requirement of the Child Poverty Scotland Act 2017. One of the goals of the Plan is to alleviate the burden of financial inequality and we will continue to promote referral pathways for health and social work staff to direct patients and clients into financial and employability services.	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
(k)	<b>Other marginalised groups</b>  <b>How have you considered the impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees and travellers?</b>	<p>The Plan includes a commitment to deliver services that are transparently fair, equitable and empowering and that take action to meet the health needs of equality groups and marginalised communities. For instance: Through the Syrian Refugees' Group support was available for families that arrived from Syria.</p> <p>We continue to review and improve referral pathways into health and social care services for those at risk of homelessness.</p> <p>We have included actions relating to the needs of people with addictions in the Plan and will embed the Recovery Orientated System of Care (ROSC) in Alcohol and Drug Recovery Services (ADRS) to promote individuals' recovery through access to, and benefit from, effective, integrated person-centred support. This includes delivery of the new Mental Health and Addictions Recovery Hub (CIRCLE) and increasing Peer Support Worker capacity.</p>	
8.	<b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b>  <b>Your evidence should show due regard to meeting the</b>	<p>The Plan is not a response to cost saving measures but should result in a more effective use of finite resources in delivering fair and equitable care to those who need it most.</p> <p>A Renfrewshire Carers Centre survey found that:</p> <ul style="list-style-type: none"> <li>• 95% of carers felt their emotional health and wellbeing were</li> </ul>	

<p><b>3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> ✓</p> <p><b>2) Promote equality of opportunity</b> ✓</p> <p><b>3) Foster good relations between protected characteristics.</b></p> <p><b>*The Fairer Scotland Duty (2018) places a legal responsibility on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning.</b></p>	<p>affected by the pandemic</p> <ul style="list-style-type: none"> <li>• 78% stated their caring role increased to over 50 hours per week in mostly personal care.</li> </ul> <p>From this feedback the HSCP will:</p> <p>Build carer friendly communities across Renfrewshire so that carers can access the support they need to continue to care. We will increase the number of carers being identified by a wide-reaching carer awareness and pathway development programme with our services, acute and community health partners, the voluntary sector and in the community, and run campaigns targeting communities of carers less well known to us.</p> <p>Our Strategic Plan recognises the impact of socio-economic status and poor health outcomes. The HSCP works closely with our partners to ensure that services are planned and delivered collaboratively and on a 'whole system' basis. This includes, for example, the Renfrewshire Alcohol and Drug Partnership and Integrated Children's Partnership. This helps to ensure that adults and young people are able to access support that is joined up and shaped around them rather than by organisational structures.</p> <p>The creation of the care planning groups has enabled further opportunities to hear the voices of the people in the community with lived experience in relation to services and we will take action to mitigate the negative impacts of the pandemic on health and wellbeing by supporting our most vulnerable and disadvantaged communities.</p> <p>Renfrewshire has high levels of health inequality. It is estimated that in 2019/20 6,997 (23.1%) children in Renfrewshire were living in poverty after housing costs. This is almost 1 in every 4</p>	
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children.

To alleviate the burden of financial inequality across strategic objectives and action plans, there is a commitment within this plan to work in partnership to mitigate and prevent health inequalities caused by poverty, income insecurity and the impact of welfare reforms.

We will continue to promote referral pathways for health and social work staff to direct patients and clients into financial and employability services. We will support the Renfrewshire Tackling Poverty Programme through a range of specific programmes focused on the mental and physical health of children in low income families. As a Community Planning partner, we will also support the delivery of actions to be identified in the Tackling Child Poverty Delivery Plan 2022-26.

We will also work alongside existing strategies and programmes of work to ensure healthcare outcomes are embedded in all our work and that all service staff understand the impact of poverty and socio-economic status whilst responding to the healthcare needs of the population.

Tackling deep-rooted health inequalities is complex and can only be effectively achieved through partnership-working over the lifetime of this plan and future plans.

9.	<p><b>What investment in learning has been made for staff to help prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum this should include recorded completion rates of statutory and mandatory learning programmes covering equality, diversity and human rights.</b></p>	<p>The Social Work Professional Training Team offers a wide range of training courses and development opportunities for partnership staff. Many courses cover guidance and awareness training for those working with vulnerable people who may be covered by protected characteristics. Some examples of our staff training courses include:</p> <ul style="list-style-type: none"> <li>• Financial Harm Awareness and the links to Adult Support and Protection;</li> <li>• Technology Enabled Care Service (TECS) Awareness Training;</li> <li>• Autism Awareness/ Learning Disability/ Dementia;</li> <li>• Person Centred Planning;</li> <li>• Anti-Stigma training (Renfrewshire): Understanding Mental Health;</li> <li>• Anti-Racist Practice in Social Work;</li> <li>• Domestic Abuse;</li> <li>• Various Welfare Rights and Benefits courses.</li> </ul> <p>Equality training courses are also available through Renfrewshire Council Corporate Services and NHSGGC.</p> <p>The HSCP continue to deliver training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias. Our IJB, SPG and Senior Management Team have already undertaken unconscious Bias training and members of our SPG have been provided with Race Equality Training.</p> <p>In addition, specialised training in areas like Financial Inclusion and Routine Sensitive Enquiry are also delivered to staff.</p>	<p><b>Additional Requirements</b></p>

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

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

The Plan will not act in a way that could impact on the human rights of patients, service users or staff.

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\* .

Through the delivery of the Plan, there is an expectation that person-centred interventions will be shaped by applying the PANEL principles and putting the rights of the service user at the heart of delivery.

- **\*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.

**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.**

<b>Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
Ensuring up to date data sources related to equality groups are used to evaluate programmes and reflect HSCP services.	Ongoing	FB
Engagement with care planning groups should form part of the ongoing consultation to consider equality impacts going forward.	Ongoing	DF

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

**Lead Reviewer:  
EQIA Sign Off:**

**Name**                      **Frances Burns**  
**Job Title**                **Head of Strategic Planning & Health Improvement.**  
**Signature**  
**Date**                        **04/02/2022**

**Quality Assurance Sign Off:**

<b>Name</b>	<b>Alastair Low</b>
<b>Job Title</b>	<b>Planning Manager</b>
<b>Signature</b>	
<b>Date</b>	<b>10/03/2022</b>

Please email a copy of the completed EQIA form to [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk), or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

Please note – your EQIA will be returned to you in 6 months to complete the attached review sheet (below). If your actions can be completed before this date, please complete the attached sheet and return at your earliest convenience to: [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk)

**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:**

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

		Completed	
		Date	Initials
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

**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
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to [eqia1@ggc.scot.nhs.uk](mailto:eqia1@ggc.scot.nhs.uk) or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.