

## Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

### 1. Name of Strategy, Policy or Plan

Strategic Plan for the Renfrewshire Health and Social Care Partnership.

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

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

Renfrewshire Health and Social Care Partnership is responsible for delivering adult health and social care services including mental health, learning disabilities, care at home, residential and nursing care, physical and sensory impairment, self directed support, homelessness and health services for children in Renfrewshire . The Strategic Plan leads on from earlier work around the Reshaping Care Agenda, extending to the general population the same principles of personalisation, prevention, integration and enablement. The Integration Joint Board is required by the Act to produce a Strategic Plan for how the functions delegated to it by Renfrewshire Council and NHS Greater Glasgow and Clyde will be delivered. The Integration Joint Board is responsible for monitoring the delivery and performance of services by all partners including the Council and the Health Board, and may issue further directions if needed to ensure effective delivery in line with the Strategic Plan, making available whatever financial resources it deems appropriate from the budget within its control.

The strategic plan sets the direction for the actions needed to improve health and social care services to meet changing local demands. It is firmly based on evidence on demand, on what currently works well and where improvements could be identified. It has been developed by engaging with local stakeholders to ensure services are designed and commissioned around the people who use them and their communities.

The plan covers the period 2016-2019 and the Vision behind the Strategic Plan and the Partnership is: **“Renfrewshire is**

**a caring place where people are treated as individuals and supported to live well”.**

The Plan is based on evidence from desk research into policies and practices, focus groups and questionnaires completed by individuals and has been developed by engaging with relevant stakeholders, service providers, carers, Third and independent Sectors as well as staff and service users bringing an appropriate level of challenge and scrutiny to the process .

**Wider Context**

There are a number of key pieces of legislation governing health and social care including the Social Work (Scotland) Act 1968, the National Health Service (Scotland) Act 1978 and the Children (Scotland) Act 1995. The Human Rights Act came into force in the UK in October 2000 and sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It requires all public bodies and other bodies carrying out public functions to respect and protect your human rights and the Equality Act came into force on 1 October 2010 which provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. More recently the Public Bodies (Joint Working) (Scotland) Act 2014, requires each Health Board and Council to delegate some of their functions, to new health and social care partnerships and the Act sets out nine high level outcomes that every Health and Social Care Partnership (HSCP), working with communities, should deliver:

**Healthier Living**

People are able to look after and improve their own health and wellbeing and live in good health for longer

**Independent Living**

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

**Positive Experiences and outcomes**

People who use health and social care services have positive experiences of those services, and have their dignity respected

**Quality of Life**

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

**Reduce Health Inequality**

Health and social care services contribute to reducing health inequalities

**Carers are supported**

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

**People are safe**

People using health and social care services are safe from harm

**Engage Workforce**

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

**Effective Resource Use**

Resources are used effectively and efficiently in the provision of health and social care services

The HSCP Equality Outcomes and Mainstreaming Equality report (see attached) details the actions to achieve specific and identifiable improvements in peoples life chances. This will support further progress in mainstreaming of the legal duties into the way services are provided and run, and for this to be supported by evolving local action and equality plans going forward .

**3 Lead Reviewer**

Fiona MacKay, Head of Strategic Planning and Health Improvement, Renfrewshire Health and Social Care Partnership

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

Heather Cunningham, Health and Inequalities Manager, Renfrewshire Health and Social Care Partnership  
Bernadette Reilly, Senior Community Link Officer, Renfrewshire Health and Social Care Partnership  
Strategic Planning Workstream Group members, Health and Social Care Partnership

## 5. Impact Assessment

### **A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality**

In line with the Equality Act 2010 the Plan aims to ensure that people receive the necessary health and care services and supports they require in ways that respect human rights and eliminate or reduce the potential for adverse discrimination in health and social care provision.

The plan identified three key themes around what the priorities going forward are as follows:

- Improving Health and Wellbeing;
- The right service, at the right time, in the right place
- Working in partnership to treat the person, as well as the condition.

In considering the aims to improve health and wellbeing outcomes integration of adult and social care services in Renfrewshire is a further step in our joint working arrangements and placing a renewed clear focus on putting the people who use services at the heart of what we do and how we work.

A Key aim of the plan is to reduce health inequalities by promoting preventative and capacity building approaches. Our HSCP already support some pilot projects being run by our partners in the third sector which align to the recommendations of the Christie Report namely: integration, prevention, workforce development and improving performance. At the heart of these is the endeavour to improve outcomes, reduce inequalities and empower local partners, communities and individuals in the process. It is anticipated that work undertaken locally, in line with national policy will build on the strength of local best practice and focus on identifying areas for development to improve outcomes for local people and their families.

It is estimated that 1 in 4 adults in the UK will experience a mental health disorder in the course of an average year. In the 2011 census 5.2% of Renfrewshire population (9, 084 people) reported suffering a mental health problem. This suggests that almost three-quarters of people may be experiencing mental health challenges either do not consider this a long term condition or are reluctant to publicly acknowledge it. Renfrewshire is one of seven areas in Scotland working on a European project which provides online tools to help people with long-term conditions manage their own health and wellbeing. The Partnership will foster good relations across all protected characteristics, by working with stakeholders on an ongoing basis, to meet the primary purpose of improving wellbeing for the people of Renfrewshire.

The plan also has a focus on person centred care, through self directed support and support for carers. This allows people to take a key role in shaping their own care and improving their health. The 2011 Census reported that there are over 17,000 unpaid carers in Renfrewshire, of whom 26% provide over 50 hours of care each week. The role of unpaid carers in providing health and social care cannot be understated and it must be acknowledged that statutory services would not have the capacity to deliver this volume of care. We will continue to progress issues raised by local carers, providing information and advice regarding Power of Attorney and Welfare Guardianships and, involving them in service planning.

The plan also indicates that Renfrewshire HSCP will continue to develop clear pathways for staff to direct patients and clients into financial inclusion and employability services.

In addition the Integration Joint Board will actively promote equality of opportunity through its plans, policies and procedures ensuring that staff are appropriately trained and knowledgeable in this regard.

**B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?**

		<b>Source</b>
<b>All</b>	Renfrewshire is the ninth largest council area in Scotland, with a population of 173,900. Most of the population live in the three large urban areas of Paisley, Johnstone and Renfrew, and the two smaller towns of Linwood and Erskine, but	Census (2011) MYE, 2014

	<p>there are also a number of more rural villages. A major change will be that the number of older people (over 65) will rise by 51%. 2.8% of Renfrewshire residents are members of an ethnic minority group. There are significant variations in Renfrewshire with male life expectancy in some areas being 18 year lower than in other more affluent areas.</p>	
<p><b>Sex</b></p>	<p>The 2014 National Records of Scotland population estimates that women make up 51.9% of Renfrewshire's population, and men make up the remaining 48.1%. The proportion of women aged under 16 is just 49.4%, this increases among over 60s to 55.3%, and to 60.3% for over 75s. This trend is linked to the fact that women live longer, on average, than men. In Scotland, women make up 65% of Social Care at home clients and 69% of long stay care home residents. (Care Home Census, Health and Social Care Survey 2014).</p> <p>Women are also more likely to be unpaid carers than men; 59.3% of carers in Renfrewshire in the 2011 census were women. In February 2014, women in Scotland were over twice as likely as men to be receiving Carers Allowance (15 compared to 7 per 1,000 of the population) (Department of Working Pensions). Caring responsibilities can be associated with health problems. Based on the 2011 census, those who provide care are more likely to rate their health as bad or very bad, and this trend becomes more pronounced with age.</p> <p>As previously indicated, Renfrewshire Carers play a key role in contributing to our strategic priorities and their contribution is invaluable. We will continue to provide a range of supports which allow unpaid carers to continue in that caring role for as long as possible.</p> <p>According to the Scottish Mental Health Profiles for adults (Nov15) there are inequalities in mental health outcomes by age, sex and deprivation. Young adults and those living in the most deprived communities are at greater risk of worse mental health. Women report worse mental health and lower wellbeing than men</p>	<p>National Records of Scotland, Mid-Year Population Estimates 2014. Census 2011, Scottish Government, Care Home Census, Health and Social Care Survey, NHS Health Scotland, ScotPHO, national research.</p>

	<p>on survey measures, but men are more likely to be alcohol dependent, misuse drugs and die from alcohol and drug-related conditions, and from suicide. The Scottish Public Health Observatory's profile of Renfrewshire indicates the rate of deaths from suicide is higher than that of Scotland – 16.1 per 100,000 people, compared with 14.7 nationally and in some parts of Renfrewshire, it is considerably higher.</p> <p>In relation to alcohol and drugs misuse, almost 2,800 15-64 year olds in Renfrewshire are estimated to be problem drug users. The rate of alcohol related hospital discharges in Renfrewshire has reduced slightly but remains higher than the national average. We will continue to work in partnership to deliver a recovery orientated system of care.</p> <p>Gender Based Violence is recognised as a significant Public Health Problem with physical and mental health consequences. At a practical level, health and social care staff in Renfrewshire are uniquely placed to identify disclosures of abuse and at may provide the one and only chance for an abused person to get the help and support they need. Sensitive routine enquiry of GBV is embedded into practice and patients in Health visiting and Mental Health services are asked routinely about GBV.</p>	
<p><b>Gender Reassignment</b></p>	<p>The NHS GG&amp;C offer guidance on health needs of transgender people and how to address discrimination against trans people in their Briefing Paper on Gender Reassignment and Transgender people, as well as offering training for NHS staff on the subject of transgender people. The Strategic Plan is fully inclusive to all. Partnership working, inclusive of the Third Sector, is highlighted in various themes within the Plan, and should also impact positively upon transgender people as major research and policy direction around trans people are as yet largely shaped by the Third Sector organisations. LGBT Youth Scotland has recently formed a local group in Renfrewshire for young people aged 14 to 25 and their supporters. It is hoped that capacity building with this organisation going forward will help to</p>	<p>NHSGG&amp;C Transgender Policy</p>

	support an integrated approach to health and social care; support young people to have a voice to express concerns and issues, and improve statistical data information locally.	
<b>Race</b>	Renfrewshire has a large proportion of people of white Scottish origin compared with people of another ethnic background. Over 97% of the Renfrewshire population is categorised as white Scottish and 2.8% of Renfrewshire residents are members of an ethnic minority group. This information aligns with the 2011 Census, i.e. 2.8% of the Renfrewshire population had a minority ethnic background compared to 4.1% for Scotland. Renfrewshire's Black and Minority Ethnic population is rising gradually. The HSCP are partners of the Diversity and Equality Alliance in Renfrewshire Group which aims to promote equality and diversity for minority groups in Renfrewshire. One of the actions that we are supporting is the establishment of an integration network for Integrating refugees in Renfrewshire. We also provide interpreting services to support access to mainstream services.	Census (2011) MYE, 2014
<b>Disability</b>	<p>Based on the 2011 census, 31.1% of people in Renfrewshire have one or more long term conditions, including physical disability (7.2%), learning disability (0.5%), learning difficulty (2%), developmental disorder (0.6%), blindness or partial sight loss (2.4%), deafness or partial hearing loss (6.9%), mental health condition (5.4%), or an 'other.</p> <p>Increased life expectancy has also been linked to increasing numbers of people with disabilities and long term conditions. This change will have significant implications for the health and social care with demand increasing as a result of more people living into older age (when health and social care needs are likely to be more complex), whilst the number of people available to work in housing, health and social care and/or provide unpaid care may decline.</p> <p>The strategic plan has taken cognisance of the introduction of Self-directed support (April 2014) and is designed to support increased choice and control for people with a disability and their families over the services that they use and</p>	Census (2011),

	improving health and wellbeing.	
<b>Sexual Orientation</b>	The Office for National Statistics and the Scottish Government estimate that between 5% - 7% of the United Kingdom's population identify as Lesbian, Gay or Bi-Sexual. Results from the 2012 Scottish Household Survey indicate that 1.1% of population are LGB. LGBT Youth Scotland has recently formed a local group in Renfrewshire for young people aged 14 to 25 and their supporters. It is hoped that capacity building with this organisation going forward will help to support an integrated approach to health and social care; support young people to have a voice to express concerns and issues, and improve statistical data information locally.	
<b>Religion and Belief</b>	The Strategic plan does not make any reference to religion and belief. Information is however gathered from database monitoring systems (swift) to assist in service delivery and activities. Approximately one-third of the Renfrewshire population stated that they do not belong to any religious group. A similar amount of people identify with the Church of Scotland while slightly less than one-quarter identify themselves as Roman Catholic. Over 1300 people identify themselves as Muslim, equating to less than 1% of the total population; even smaller proportions identify themselves as Sikh, Hindu, Buddhist or Jewish. The Strategic Plan will be guided by an ongoing commitment to partnership working including third sector and community planning partners to further develop effective interfaces which are defined by true collaboration, shared understanding and agreement on the ways forward.	Census (2011)
<b>Age</b>	The need for health and social care services to work with other partners to prepare for an increasingly ageing population is seen as one of Scotland's biggest challenges. In common with the rest of Scotland, Renfrewshire's population profile is changing. A combination of factors, including healthier lifestyles, advances in medicine and lower birth rates, means that there are more older people (aged 65 and over) in our society and proportionally fewer children and people of working age. According to population projections published by National Records for Scotland, there will be almost 48,000 people in Renfrewshire aged 65 and over by	ScotPHO 2010 figures. Scot PHO 2010 figures per 100,000 population. National

	<p>2037. This compares with 31,751 in 2014 and represents an increase of 51%. Over the same period, the number of people of working age is expected to fall by 13%, and the number of children will be almost unchanged over the 25 year period.</p> <p>Life expectancy is a key indicator of health inequality. In Renfrewshire, average life expectancy for both men and women is slightly below the national average. However, there is considerable variation across different parts of Renfrewshire. Life expectancy for men ranges from 83.7 years in Bishopton to only 65.4 years in Paisley North West, a difference of 18.3 years. For women, it ranges from 89.6 years in Houston South to only 73.2 years in Ferguslie.</p> <p>There will be a higher incidence of frailty, dementia and multimorbidities amongst this part of the population and there will be increasing need for suitable housing and housing supports to help older people in Renfrewshire to achieve expressed preferences to live at home as long as possible. The Strategic Plan outlines an action plan to support care groups and early intervention themes indicated within the 10 year Joint Commissioning plan for Older People's Services align with the Strategic Plan priorities and is needs led irrespective of age.</p> <p>In addition the HSCP action plan indicates that primary mental health services will provide equitable access for all regardless of age, sex, SIMD. The equality outcomes and mainstreaming equality report indicates that the HSCP will support young people transitioning from children to adult services and provide support to access information and services appropriate to their needs. This will support and contribute to minimising age discrimination.</p>	Records of Scotland
<b>Pregnancy and Maternity</b>	Findings from the Growing up in Scotland study suggest teenage mothers are more likely to smoke and consume more units of alcohol during pregnancy than	Tackling inequalities in

	<p>older mothers. They tend to have lower qualifications, employments and income levels with implications for child poverty. More than 25% of all women in NHSGGC were overweight with 20% obese or severely obese. The Action plan identifies and supports child and maternal health activities such as the Family Nurse Partnership in Renfrewshire which works with first time teenage mums through to their child's second birthday and aims to improve maternal health and pregnancy outcomes, improve child health and development and enhance parents' economic self-sufficiency.</p> <p>Evidence indicates barriers to accessing services, particularly for women; asylum seeking pregnant women are seven times as likely to experience complications during child birth than the general population. Renfrewshire Health and Social Care Partnership staff are working closely with Renfrewshire Council and other partnerships to provide an integrated approach to healthcare, support and housing. Interpreting services are also provided to support access to mainstream services and sensitive routine enquiry of GBV is embedded into practice. Patients in Health visiting and Mental Health services are asked routinely about GBV.</p>	<p>the early years - Growing up in Scotland study NHSGG&amp;C DPH Report 2015-2017 Back to Basics</p> <p>NHS GG&amp;C, 2013</p>
<b>Marriage and Civil Partnership</b>	Marriage and Civil Partnership issues within the HSCP rest with the Human Resource functions of Renfrewshire Council and NHS Greater Glasgow & Clyde.	
<b>Social and Economic Status</b>	Audit Scotland's report on Health Inequalities in Scotland ((2012), explains that deprivation is a major factor in health inequalities. Some 25,000 people in Renfrewshire are classed as income-deprived. Renfrewshire Community Planning Partnership set up a Tackling Poverty Commission in 2014 to develop policies and actions to mitigate and minimise the impact of child poverty and the Strategic Plan	<b>GRO ONS (Sep15) Annual Population Survey.</b>

<p><b>Other marginalised groups (homeless, addictions, asylum seekers/refugees,</b></p>	<p>has included actions to support this. The Annual Population Survey (APS) results for the year July 1<sup>st</sup> 2014 to June 30<sup>th</sup> September 2015 indicated that for Renfrewshire, comparing it against the national(Scotland) average, and the local authorities that make up its Local Government Benchmarking Framework the following key points have emerged:</p> <ul style="list-style-type: none"> <li>• Renfrewshire’s employment rate to the end of June 2015 of 75% is the highest since at least 2005</li> <li>• The employment rate for 16-24 year olds to the end of June 2015 of 68.3% is the highest since at least 2005 and is one of the highest rates of employment across Scotland.</li> <li>• The rate of employment amongst females in Renfrewshire to the end of June 2015 of 74.4% is the highest since at least 2005.</li> </ul> <p>The number of Renfrewshire areas that are within the most health deprived 15% of Scotland has risen from 53 to 55 since 2004. Ferguslie is the most health deprived area of Renfrewshire and is among the 5% most health deprived areas in Scotland. As such, there is considerable variation in the level of need and in the demand for, and supply of, services and supports Targeted work around health inequalities specific to promotion of breastfeeding and smoking cessation services are delivered in these areas</p> <p>However it was noted that the recent health and wellbeing survey (2014) confirmed that 77% of people living in Renfrewshire were positive about their general health which is an improvement from a similar study carried out in 2008.</p> <p>Asylum seekers or refugees may have increased health needs following arrival in the UK. Some of these may overlap with health needs experienced based on race, religion or language, and experiences which may be shared with other migrants such as a lack of awareness of entitlement, difficulties in registering, or language barriers (NHS GG&amp;C, 2013). Other needs specific to their experience as asylum</p>	<p><b>Renfrewshire Local Housing Strategy 2011-2106.</b></p> <p><b>RCPsychweb link: <a href="http://www.rcpsych.ac.uk/health advice/problemsdisorders/mentalillness,offending.apx">http://www.rcpsych.ac.uk/health advice/problemsdisorders/mentalillness,offending.apx</a></b></p>
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<p><b>travellers, ex-offenders</b></p>	<p>seekers or refugees may emerge, for example relating to their experiences in their former country which may have had a physical or psychological impact on their health, and they may have come from locations where health provision is poor (NHS GG&amp;C, 2013). Evidence indicates barriers to accessing services, particularly for women; asylum seeking pregnant women are seven times as likely to experience complications during child birth than the general population. Renfrewshire Health and Social Care Partnership staff are working closely with Renfrewshire Council and other partnerships to provide an integrated approach to healthcare, support and housing.</p> <p>In 2014-15 there was an average of 68 homeless applicants per month in Renfrewshire. Despite this reduction, the challenges of assisting the increasing proportion of applicants with multiple and complex needs are becoming more frequent. Recent research has identified that hospital admissions for homeless people is higher than for the general population living in settled accommodation. Health problems in addition to homelessness have major impacts on people's wellbeing. The Renfrewshire Local Housing Strategy 2011-16 sets out specific actions intended to meet local housing needs and demands across all tenures and tenant groups.</p> <p>Studies have found that mental health problems are much more common in prisoners than in the general population. As much as 9 out of 10 prisoners report some kind of mental health problem and most commonly reported symptoms in prisoners are sleep problems and worrying.</p> <p>The HSCP will continue to work closely with Community Planning partners, in particular with Housing Associations, RAMH and other Council Services, particularly Children's, Services, Criminal Justice service. There is a very positive track record of joint working and this will be built upon as we develop more effective preventative and evidence based approaches to support children and families, homelessness and ex-offenders.</p>	
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<b>C Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategic Plan will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.		
<b>Sex</b>	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategic Plan will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs		
<b>Gender Reassignment</b>	It is expected that the integration of planning, resource use and service		

	delivery as outlined in the Strategic Plan will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.		
<b>Race</b>	Yes The Strategic Plan will apply to all racial groups and where information is required to be translated or provided in alternative formats it will be provided upon request as is the current Council and NHS Policy		
<b>Disability</b>	People with disabilities and or long term conditions may need to access more than one service and will be supported to live, as far as reasonably practicable, independently and at home or in a homely setting.		
<b>Sexual Orientation</b>	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategic Plan will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and		

	their specific needs.		
<b>Religion and Belief</b>	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategic Plan will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs		
<b>Age</b>	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategic Plan will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs		
<b>Marriage and Civil Partnership</b>	Limited as responsibility for this rests within a HR function of the Council and Health Board.		
<b>Pregnancy and Maternity</b>	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategic Plan will have a		

	positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs		
<b>Social and Economic Status</b>	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategic Plan will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs		
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	The Strategic Plan will take a locality based approach in order to ensure that needs are met, and that inequalities can be reduced.		

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>

<b>General</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Sex</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Gender Reassignment</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Race</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Disability</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Sexual Orientation</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.

<b>Religion and Belief</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Age</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Marriage and Civil Partnership</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Pregnancy and Maternity</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Social and Economic Status</b>			Yes, if the needs of these communities are not recognised in all of the Strategic plan's actions.
<b>Other</b>			Yes, if the needs of these

<b>marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>			communities are not recognised in all of the Strategic plan's actions.
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<b>E Actions to be taken</b>		
		<b>Responsibility and Timescale</b>
<b>E1 Changes to policy</b>	There are no implications in the plan which will impact the human rights of service users, their families, carers, nor those of the wider community to note at this stage, however as the plan progresses further consideration will be given to the impact on equality and human rights.	
<b>E2 action to compensate for identified negative impact</b>	As indicated above there are no implications in the plan which will impact the human rights of service users, their families, carers, nor those of the wider community to note at this stage, however as the plan progresses further consideration will be given to the impact on equality and human rights.	
<b>E3 Further monitoring – potential positive or negative impact</b>	The Integration Joint Board (IJB) as a separate legal entity will operate independently from the Council and the Health Board. An annual performance report required by statute will be provided by the IJB.	
<b>E4 Further information required</b>		

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**6. Review: Review date for policy / strategy / plan and any planned EQIA of services**

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**Lead Reviewer: Name: Fiona MacKay**  
**Sign Off: Job Title Head of Strategic Planning and Health Improvement, Renfrewshire Health and Social Care Partnership**

**Signature**

**Date:**

Please email copy of the completed EQIA form to [EQIA1@ggc.scot.nhs.uk](mailto:EQIA1@ggc.scot.nhs.uk)

Or send hard copy to:

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