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HSCP Equalities Mainstream Report December 2023 – 2027 / HSCP Equalities Mainstream Report December 2023 – 2027

HSCP Equalities Mainstream Report December 2023 – 2027

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Chief Officers Foreword

Welcome to the East Dunbartonshire Integration Joint Board's (IJB) Equalities Mainstreaming Report 2023-2027. This report also contains a progress report on the 2017-21 equality outcomes and outlines our priorities and challenges over the next four years. As we move forward post pandemic, it is imperative that our Health and Social Care services reflects the different communities and demographics of East Dunbartonshire.

We are committed to tackling discrimination, advancing equality of opportunity and promoting good relations both within our workforce and the communities we work with. Mainstreaming equality is the process by which we will work towards achieving this as an organisation.

Our Equalities and Mainstreaming Report demonstrates our commitment through wide-ranging activities, best practice and honest reflection on how we can work together to create a more inclusive partnership.

The outcomes have been developed in partnership with key stakeholders across East Dunbartonshire; including services, staff, third sector partners, local communities, service users and carers. The outcomes reflect the needs of our communities and the range of health and social care services we deliver. The Equality Outcomes are intended to provide a focus for our actions over the next four years and enable our services to provide access and support that aim to remove discrimination, advance opportunities for all and foster good relations with the people of East Dunbartonshire.

We also recognise that mainstreaming requires leadership and commitment over the longer term, which will adhere to the principles and processes of mainstreaming equality, as well as ownership within and across each service and team within East Dunbartonshire Health and Social Care Partnership.

Caroline Sinclair

Chief Officer

East Dunbartonshire Health and Social Care Partnership

Progress against Equality Outcomes 2017 - 2021

In setting equality outcomes for East Dunbartonshire, consideration was given to the work done to develop local outcomes in the 2017-2021 Equalities Mainstreaming Report. These local outcomes are aligned to the National Health and Wellbeing outcomes and are relevant to all of the protected characteristics. Reducing inequalities, in particular, health inequalities, is central to the work of the East Dunbartonshire Health and Social Care Partnership (HSCP). In this section of the report, the IJB sets out its progress against the [Equality Outcomes we published for 2017-21 \(/filedepot_download/18043/4004\)](#).

The HSCP has published new Equality Outcomes for 2023-27, these can be found in appendix 2, page 47 of this page.

A progress report on the new outcomes will be published in April 2025.

East Dunbartonshire HSCP Equality Outcomes 2017-2021			
Equality Outcome 1:	Barriers to HSCP services are removed for people with relevant protected characteristics.	Equality Outcome 2:	Age discrimination in services is removed.
Equality Outcome 3:	The risk of homelessness amongst vulnerable individuals is reduced.	Equality Outcome 4:	A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.
Equality Outcome 5:	East Dunbartonshire Council and NHS GGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.	Equality Outcome 6:	The likelihood of people with different protected characteristics accessing service appointments is maximised
Equality Outcome 7:	Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.	Equality Outcome 8:	Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.

Equality Mainstreaming Report (2017 – 2021) Outcomes Monitoring Update

Equality Outcome 1:

Barriers to HSCP services are removed for people with relevant protected characteristics.

Future Actions / Outcomes	2019 Update	2021 / 2022 Update
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Equality Mainstreaming Report (2017 – 2021) Outcomes Monitoring Update			
A	Develop a generic survey that will take place on an annual basis across all services within health and social care in East Dunbartonshire, including consultation with service users and carers regarding its content, design and methodology.	Ongoing consultation and engagement with all service users, carers and communities. HSCP participation and engagement East Dunbartonshire Council (https://www.eastdunbarton.gov.uk/health-and-social-care/hscp-participation-and-engagement).	EDHSCP Mapping Report Completed May 2020. All HSCP engagement activity mapped and report created with recommendations. HSCP participation and engagement East Dunbartonshire Council (https://www.eastdunbarton.gov.uk/health-and-social-care/hscp-participation-and-engagement)
B	The Care at Home service is currently developing updated information leaflets regarding their Community Alarm and Sheltered Housing Services. This will involve consultation with their service users and sheltered housing tenants.	Completed 2019 Home Care Service Leaflet (filedepot_download/76283/4160). Home Care Questionnaire (filedepot_download/76283/4161).	See mapping report appendices for full consultation and engagement mechanisms. HSCP participation and engagement East Dunbartonshire Council (https://www.eastdunbarton.gov.uk/health-and-social-care/hscp-participation-and-engagement)
C	Activity related to interpreting services utilised by EDC and NHS GG & C staff working within the HSCP will be monitored by those respective public bodies and reported to the HSCP annually.	Completed 2019: Physical Disabilities East Dunbartonshire Council (https://www.eastdunbarton.gov.uk/health-and-social-care/disability-services/physical-disabilities).	Interpreting Services - NHSGGC (https://www.nhsggc.scot/staff-recruitment/hrconnect/staff-banks/interpreting-services/) and national policy adopted. Interpreting, communication support and translation national policy - Publications - Public Health Scotland (https://publichealthscotland.scot/publications/interpreting-communication-support-and-translation-national-policy/)
D	The HSCP will be undertaking, over the next two years, a full service review of its Learning Disability and Mental Health Services.	Completed 2019 LD fair allocation EQIA Policy and Strategy EQIA HSCP Board Minutes of 15 November 2018 .pdf (filedepot_download/52945/2540) Item 20.	Fair Access to Community Care Policy Fair Access to Community Care (Adults) Policy.pdf (filedepot_download/11458/3161)
E	EQIAs will be completed in relation to the refurbishment project for the Kirkintilloch Health and Social Care Centre.	Outstanding	Commenced, will be complete by March 23

Equality Mainstreaming Report (2017 – 2021) Outcomes Monitoring Update

F	An Accessibility Assessment, involving the Service User and Carer Group, will be undertaken in relation to the Kirkintilloch Health and Care Centre Refurbishment Programme.	Outstanding	Refurb not complete and will undertake a survey in line with KHCC internal redesign and development
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Equality Outcome 2:**Age discrimination in services is removed.**

A	Review the Social Work Services Eligibility Criteria.	Completed in 2019. Carers Eligibility 2018-2021.pdf (/filedepot_download/18043/4001)	Complete
B	Woodlands Centre have identified a service gap for those customer diagnosed with Young Onset Dementia. A pilot is currently being designed to offer service users a 'Living Well' that will run simultaneously with a Carers' Group. The groups will be evaluated and will inform ongoing service provision.	Outstanding	To carried over
C	The Podiatry Service will shortly be undertaking local stakeholder engagements in consideration of a service re-organisation. The role of the HSCP will be to advice and support the podiatry Service in the planning of these engagement events.	Completed 2019: Item 17 HSCP Board Meeting Minutes 09 November 2017.pdf (/filedepot_download/52945/2196)	Complete

Equality Outcome 3:**The risk of homelessness amongst vulnerable individuals is reduced.**

A	Audit all Health and Social Care Services Teams to establish whether areas of homelessness are addressed within current assessment tools	Completed: The Rapid Rehousing Transition Plan 2019: Technical Notes 2022, Issue 51 - Rapid Rehousing Funding Years 4 & 5 East Dunbartonshire Council (https://www.eastdunbarton.gov.uk/technical-notes-2022-issue-51-rapid-rehousing-funding-years-4-5)	Complete
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Equality Mainstreaming Report (2017 – 2021) Outcomes Monitoring Update			
B	Raise awareness of the Homelessness Risk Assessment Tool within all health and social care services	See above for description and link.	Complete
C	Consider the benefits of raising awareness of this tool with third sector Service Providers.	See above for description and link.	Complete
D	Consider ways of predicting possible future homelessness status for service users with a learning disability who live with older carers.	See above for description and link.	Complete
Equality Outcome 4: A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.			
A	Consideration of the Community Engagement Officer running workshops to rollout the engagement model and participation standards to HSCP staff involved in consultation and engagement.	Completed 2019; published communications strategy and participation and engagement strategy, widely engaged with staff, patients, carers, service users, stakeholders and communities. <u>Participation and Engagement Strategy 2020-23.pdf</u> (/filedepot_download/18043/4101).	Completed May 2020 EDHSCP Mapping Report Completed May 2020. All HSCP engagement activity mapped and report created with recommendations. <u>HSCP participation and engagement East Dunbartonshire Council</u> (https://www.eastdunbarton.gov.uk/health-and-social-care/hscp-participation-and-engagement) (mapping report)
B	Explore consideration of the Community Engagement Officer liaising with all service user groups to bring a wider voice to consultation and engagement including further development of the service user and carer public network.	Completed 2020. P&E strategy approved: <u>Participation and Engagement Strategy 2020-23.pdf</u> (/filedepot_download/18043/4101).	Completed 2022: HSCP evaluation of Carer participation, with National Coalition of Carers. (Item 5) <u>HSCP Board Meeting Papers 17_11_2022.pdf</u> (/filedepot_download/33362/4124)
Equality Outcome 5: East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.			
A	Explore further opportunities for multi-agency training.	Ongoing	Completed 2021 – <u>Joint Child Protection and Adult Protection Multi-agency Training Calendar 2021 - 2022.pdf</u> (/filedepot_download/170524/3699) Ongoing opportunities planned. <u>Workforce and Organisation Development Plan.pdf</u> (/filedepot_download/18043/4133)

Equality Mainstreaming Report (2017 – 2021) Outcomes Monitoring Update			
B	Increase the opportunities for team learn and share sessions across all HSCP services.	2019 Updated and ongoing - Healthy Working Lives Web portal. Staff have access to information, training and local / national campaigns, Healthy Working Lives East Dunbartonshire Council (https://www.eastdunbarton.gov.uk/employee-zone/wellbeing/monthly-health-wellbeing-focus).	Completed 2021 – Training schedule in place. Workforce and Organisation Development Plan.pdf (filedepot_download/18043/4133).
C	Monitor the completion of EQIAs via Greater Glasgow and Clyde Health Board Equalities Team.	Completed 2019 and ongoing. All EQIA's added to GGC equalities website. Equality Impact Assessments - NHSGGC [opens in a new window] (https://www.nhs.uk/ggc/equality-in-health/meeting-the-requirements-of-equality-legislation/equality-impact-assessments/).	To be actioned
D	Work will continue to engage with and involve the workforce on the continued development of the visions, values and behaviours throughout 2017.	Completed 2019 (ongoing) HSCP vision and values staff engagement and consultation (Page 7) Communications Strategy 2020-23.pdf (filedepot_download/18043/4100).	Ongoing
Equality Outcome 6:			
The likelihood of people with different protected characteristics accessing service appointments is maximized.			
A	Primary and Community Mental Health Services to explore ways of engaging with reluctant potential service users.	Completed 2019 Mental Health East Dunbartonshire Council (https://www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/mental-health). Page 6 - Annual Performance Report 2021_22.pdf (filedepot_download/18043/4000).	P&CMHT incorporates the 'near me' service enabling service users to attend appointments from home or wherever is convenient. (See page 11 of annual performance report) Annual Performance Report 2021_22.pdf (filedepot_download/18043/4000).
B	All services to explore recording of wait times for new referrals.	Ongoing	Ongoing
C	All services to explore and report availability of providing appointments outwith Monday to Friday 9.00am to 5.00pm traditional model.	Ongoing	Update (page 11) Annual Performance Report 2021_22.pdf (filedepot_download/18043/4000).

Equality Mainstreaming Report (2017 – 2021) Outcomes Monitoring Update			
D	Report on the work undertaken by the recently appointed HSCP Community Engagement Officer who will be supporting service user involvement.	Completed 2019 (Comms and P&E strategy) <u>East Dunbartonshire Health and Social Care Partnership Board East Dunbartonshire Council</u> (https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care)	ongoing – P9 <u>Annual Performance Report 2021_22.pdf</u> (filedepot_download/18043/4000)
E	Analyse Accident and Emergency data in respect of SIMD (Scottish Index of Multiple Deprivation).	Ongoing	JSNA 2021 - ongoing work (Page 41) <u>Joint Strategic Needs Assessment 2021.pdf</u> (filedepot_download/18043/4012)
F	Explore service user and carer consultation during the review of Learning Disability and Mental Health services.	Completed 2018 LD consulted and engaged with all stakeholders to inform strategy. <u>Adult Learning Disability Strategy 2018-23.pdf</u> (https://www.eastdunbarton.gov.uk/health-and-social-care/hscp-consultations/consultation-archive/draft-adult-learning-disabilities)	Completed 2020 PCMHT and CMHT both consult and survey their clients and carers to improve service provision (P11&12) <u>Annual Performance Report 2021_22.pdf</u> (filedepot_download/18043/4000)
G	Develop generic service user feedback mechanisms across all HSCP services.	Delayed and deferred to next report	Completed 2020 All teams mapped for all engagement activity. <u>HSCP participation and engagement East Dunbartonshire Council</u> (https://www.eastdunbarton.gov.uk/health-and-social-care/hscp-participation-and-engagement)
Equality Outcome 7:			
Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.			
A	Police Scotland, in partnership with East Dunbartonshire Council and the HSCP, is currently progressing a Multi-Agency Risk Assessment Conferencing (MARAC) Co-ordinator who will be taking forward multi-agency domestic abuse, stalking and honour violence (DASH) risk identification training. Domestic abuse risk identification training has also been planned during 2017 for Children and Families teams.	Delayed and deferred (Covid)	Completed 2021 – Ongoing <u>Joint Child Protection and Adult Protection Multi-agency Training Calendar 2021 - 2022.pdf</u> (filedepot_download/170524/3699)

Equality Mainstreaming Report (2017 – 2021) Outcomes Monitoring Update			
B	Establish a baseline of delivered targeted health improvement interventions/services across PLACE communities.	2019 and ongoing work. Place Plans adopted and Place approach work programmes in operation. <u>Place Approach: Auchinairn, Hillhead, Lennoxtown, Twechar East Dunbartonshire Council</u> (https://www.eastdunbarton.gov.uk/place-approach).	Completed 2021 – JSNA - <u>Joint Strategic Needs Assessment 2021.pdf</u> (filedepot_download/18043/4012).
C	Establish a baseline of referrals to the local Citizens Advice Bureau in relation to financial inclusion services/welfare rights. This baseline will provide details including quarterly numbers of referrals; referrer team; geographical location of service users in order that we can determine gaps and develop improvement plans.	2019 - ongoing – Page 9 <u>Annual Performance Report 2021_22.pdf</u> (filedepot_download/18043/4000).	Ongoing – annual return (<u>Annual Performance Report 2021_22.pdf</u> (filedepot_download/18043/4000))
Equality Outcome 8: Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.			
A	Undertake an audit of third sector contracts to determine inclusions/exclusions of protected characteristics.	Ongoing partnership work with 3rd sector. Creation of Asset Map.	<u>East Dunbartonshire Asset Map (eastdunassets.org.uk)</u> (https://www.eastdunassets.org.uk/).
B	Undertake an audit of third sector organisations working with volunteers.	Ongoing partnership work with 3rd sector. Creation of Asset Map.	<u>East Dunbartonshire Asset Map (eastdunassets.org.uk)</u> (https://www.eastdunassets.org.uk/).
C	Undertake a further training needs assessment for each PSUCG member.	Progressing	Completed 2021 – <u>PSUC Action Plan</u> (filedepot_download/76283/4162).
D	Review membership activity to include equality data fields to capture.	Ongoing / delayed (Covid)	HSCP evaluation includes questionnaire with equalities data fields (Item 5) <u>HSCP Board Meeting Papers 17_11_2022.pdf</u> (filedepot_download/33362/4124).

Executive Summary

This is the second Equalities Mainstreaming Report for East Dunbartonshire Health and Social Care Partnership (HSCP). In April 2016 the HSCP published its first

Equality Plan and followed this up with HSCP Equality and Diversity Mainstreaming Report (2017-2021). Following our first report, we have noted the progress made to integrate equality and foster good relations into the day-to-day business of its workforce, carers, service users and partners.

Over the past four years, the HSCP has strived to integrate equality into all of our services and functions that NHS Greater Glasgow and Clyde (NHS GGC) and East Dunbartonshire Council (EDC) have delegated to the Integration Joint Board (IJB). The HSCP is dedicated to ensuring that everyone who utilises our health and social care services receives the appropriate treatment and assistance, regardless of their requirements, at the appropriate time and location. Collaboration with independent and voluntary sector partners, our Public, Service User, and Carer (PSUC) representatives group, local communities and engagement networks is core to this.

This report will provide an honest assessment towards the HSCP aim to uphold its legal obligation to comply with the General Equality Duty set forth in the Equality Act (2010), by building on previous successes of mainstreaming equality and improving on lessons learned.

In so doing, supporting the HSCP to realise our long-term vision, which is;

“Caring Together to Make a Positive Difference”

Setting the Vision

Our ambition for community health and social care services is to support people to thrive, by engaging with individuals and communities to improve our services and to promote health and wellbeing.

Our vision is; **“Caring Together to Make a Positive Difference”**

Health Boards (NHS Greater Glasgow and Clyde) and Local Authorities (East Dunbartonshire Council) are now required to plan and deliver community health and social care services together. This is referred to as ‘Health and Social Care Integration.’ The work of the partnership is overseen by the East Dunbartonshire Integration Joint Board (IJB). The Integrated Board was established through the Public Bodies (Joint Working) (Scotland) Act 2014.

The work of the HSCP is governed by the six voting Integrated Joint Board members, who are guided by representatives from East Dunbartonshire Council and NHS Greater Glasgow and Clyde and senior representatives of the HSCP, alongside those representing the interests of the third sector, staff, service users and carers and provider organisations. The HSCP is a partnership at every level, involving partners and stakeholders, representing the interests of the general public.

Putting the individual first, is the key to integrating these services, along with the provision of high quality health and social care services for everyone. It is crucial that we continually improve our understanding of equality mainstreaming and welcome diversity.

The Strategic Plan 2022-2025

The HSCP Strategic Plan aims to improve the health and wellbeing of service users across all age categories in East Dunbartonshire, through the design and delivery of improved integrated health and social care arrangements and services. The HSCP has been delivering a range of health and care services to all our residents since September 2015 and has a recurring budget of £176.8m within which to deliver these services.

East Dunbartonshire Health and Social Care Partnership Services

The following services are delivered by East Dunbartonshire HSCP:

- social care services for children and families
- social care services for adults and older people
- carers support services
- aspects of housing support, including aids and adaptations
- mental health services
- alcohol and drug services
- criminal justice services
- welfare rights services
- district nursing services, school nursing and health visiting services
- palliative care services
- dental services
- pharmaceutical services
- services to promote public health and health improvement, and;
- Primary care services, working with 16 independent General Practices (GP's) and with other independent Primary Care contractors (Pharmacy and Opticians).

Staff

East Dunbartonshire HSCP currently has 975 staff (NHS Greater Glasgow and Clyde and East Dunbartonshire Council), who support the planning and delivery and provide direct services (the HSCP also “Host” 287 Oral health staff in the NHSGGC Primary Care Dental Service). The HSCP provides services through its two localities.

These HSCP locality areas reflect natural communities as shown below and consist of:

- The east of East Dunbartonshire (Bishopbriggs, Torrance, Lenzie, Lennoxton, Kirkintilloch, villages and settlements).
- The west of East Dunbartonshire (Bearsden, Milngavie, villages and settlements)

Within each locality directly provided services include day, home and residential care and services delivered by health and social care contractors and providers. Some services are provided across the NHS Greater Glasgow and Clyde Health Board area (for example, Oral Health services and Public Health Improvement whose role is to address inequalities and improve health and wellbeing).

Introduction

East Dunbartonshire Health and Social Care Partnership (HSCP) is committed to providing services and employment which are fair and equitable to everyone. Further the HSCP is dedicated to combating discrimination, advancing equality of opportunity, and fostering good relations with our communities and our workforce.

The HSCP and its partners continue to focus on developing and improving the equalities agenda. In this report we will present examples of best practise, identify potential development areas, and establish objectives that we intend to address over the following four years whilst recognising areas for improvement. This is our third equalities mainstreaming report and we will also include an update on the progress made to date.

The unusual circumstances during the past 30 months have forced the HSCP to use a slightly different approach for gathering data for this report. The increased number of priorities has impacted on the resources available for finding and compiling mainstreaming practise. The HSCP accepts that throughout the course of the coming year, more resource will be required from all partners to mainstream equality practise in a way that reflects the cooperation found within the Health and Social Care Partnership.

This report's goal is to outline a four-year strategy with annual updates on progress and the ongoing commitment to continue to integrate equalities into our services and culture in light of this report.

The purpose of this mainstreaming report is to set out the progress made within the HSCP whereby the organisation is working towards ensuring that equality is at the heart of everything we do and to integrate the General Equality Duty into our day to day functions.

Health and Social Care Priorities

Health & Social Care Partnerships: Background Information on Integration

The main purpose of integration is to improve the wellbeing of people who need health and social care and support services, particularly those whose needs are complex and involve support from health and social care at the same time.

It is intended that integration and therefore the work of the IJB, will achieve the nine [National Health and Wellbeing Outcomes](https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/) (https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/) prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

National Health and Wellbeing Outcomes

1. **Healthier living:** People are able to look after and improve their own health and wellbeing and live in good health for longer
2. **Independent living:** People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community
3. **Positive experiences:** People who use health and social care services have positive experiences of those services, and have their dignity respected
4. **Quality of life:** Health and social care services are centred on helping to maintain or improve the quality of life of service users
5. **Reducing health inequalities:** Health and social care services contribute to reducing health inequalities
6. **Carers are supported:** People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being
7. **People are safe:** People who use health and social care services are safe from harm.
8. **Engaged workforce:** People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do, and;
9. **Resources are used effectively and efficiently:** To deliver best value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

The National Health and Wellbeing Outcomes are high-level statements of what we are seeking to achieve through integration and the pursuit of quality improvement across health and social care.

The Legal Context

[The Equality Act \(2010\)](https://www.legislation.gov.uk/sdsi/2012/9780111016718/contents) [opens in a new window] (https://www.legislation.gov.uk/sdsi/2012/9780111016718/contents)

The Equality Act (2010) brings together the protected characteristics of:

1. Age
2. Disability
3. Gender Reassignment
4. Marriage and Civil Partnership
5. Pregnancy and Maternity
6. Race
7. Religion and Belief
8. Sex, and;

9. Sexual orientation into one piece of legislation.

All health boards and IJBs across Scotland are required to comply with the three aims of the Public Sector General Equality Duty (Equality Act 2010) [\[opens in a new window\]](https://www.equalityhumanrights.com/en/public-sector-equality-duty-scotland/regulations-specific-duties-and-details-which-public) (<https://www.equalityhumanrights.com/en/public-sector-equality-duty-scotland/regulations-specific-duties-and-details-which-public>) and the (Specific Duties) (Scotland) Regulations 2012 and must have regard to this in the exercise of their functions.

However, not all protected characteristics are treated in the same way. Positive action is more comprehensive under the Act and there are exemptions for specific groups, for example, single sex services, blood services, insurance etc.

The Act prohibits:

- direct discrimination
- indirect discrimination
- discrimination by perception
- discrimination by association
- discrimination arising from a disability
- harassment, and;
- victimisation.

The three aims of the Acts Public Sector Equality Duty are as follows:

1. Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not, and;
3. Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.

The Duty must be taken into account by public bodies in respect of how the work they do impacts on:

- the groups they provide services to
- the people they employ
- the partners they work jointly with, and;
- those from whom they contract and procure services.

Note:

(i) Only the first requirement of 'eliminating unlawful discrimination, harassment and victimisation' applies in the case of marriage/civil partnership.

(ii) 'Due regard' means giving appropriate weight to promote equality in proportion to its relevance.

(iii) None of the employment related requirements under the Equality Act 2010 apply to the HSCP. With limited exception, staff in the East Dunbartonshire Health and Social Care Partnership will continue to be employed by NHS GGC and East Dunbartonshire Council, and will continue to be included within their own respective Equality Outcomes and Mainstreaming reports.

Purpose of the Public Sector Duty

The purpose of the public sector duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for individuals.

Specific Duties

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The specific duties listed below are intended to support public bodies, including health boards and IJBs, to meet the needs of the general equality duty effectively:

- report progress on mainstreaming the public sector equality duty
- publish equality outcomes and report progress
- assess and review policies and practices (impact assessment)
- gather and use employee information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement, and;
- publish in a manner which is accessible

Equality and Human Rights Commission

All public bodies are required to publish an updated mainstreaming report, an updated set of the equality outcomes and a report on progress towards meeting the existing outcomes, an up to date gender pay gap figure and occupation segregation information by 30 April 2021. The implementation of the legislation is monitored by the Equality and Human Rights Commission (EHRC) in Scotland.

Equalities Mainstreaming

Mainstreaming equality and diversity is a specific requirement for public bodies implementing the Equality Act 2010. Mainstreaming is defined as integrating equality into the day to day working of the HSCP, taking equality into consideration as part of everything we do.

The HSCP recognises the benefits of mainstreaming equality:

- equality becomes part of the structures, behaviours and culture of an organisation
- it supports organisations to ensure that services are fit for purpose and meet the needs of the local community
- it helps organisations attract and retain a productive workforce, rich in diverse skills and talents.
- helps organisations contribute to continually improve performance through growing knowledge and understanding, and;
- helps organisations to work towards social inclusion and to improve the lives of everyone living in East Dunbartonshire.

By mainstreaming equality, the HSCP will experience improved quality of service design and delivery i.e. equitable access and equity of informed, person-centred care. This leads to improved outcomes for patients and staff. Since the previous mainstreaming report which was published in 2018, The HSCP has continued to embed equalities into their functions. This report will provide examples as to how the organisation is continuing to achieve and improve on mainstreaming equality and diversity.

Impact of Coronavirus (Covid-19)

Since early 2020, the Covid-19 pandemic has had a substantial impact on how health and social care services are delivered. It should be acknowledged that the equality reports and statistics provided in 2022 may not be as extensive as in previous years due to the data, time, and resources available in the last 12 months due to the deployment of staff and prioritisation of services.

Organisational Commitment

East Dunbartonshire HSCP will maintain its commitment to mainstreaming equality, promoting equality and diversity, and striving to ensure that it is at the core of carrying out their responsibilities effectively and fairly.

East Dunbartonshire HSCP is aware that achieving equality entails treating each person with the same respect and compassion, while also taking protected characteristics into account. Eliminating the barriers that restrict what people can do and accomplish is crucial for achieving equality.

Additionally, mainstreaming ensures that all employees share responsibility for issues related to equality and diversity; this work is no longer simply the job of the Senior Management Team (SMT).

East Dunbartonshire HSCP will continue to take an incremental approach, setting realistic goals that acknowledge that mainstreaming is not a one-time event. This may appear to be a slow process, but it allows managers and staff to take their time learning and practising new skills.

East Dunbartonshire HSCP's aim is:

- to pursue improvement activity that contributes to reducing inequality and inequity of health and social care outcomes.

Without taking into account equality, diversity and the protected traits, this would not be possible.

Leadership and Responsibilities

Mainstreaming the equality duty is an organisational responsibility, with leadership and staff awareness central to its success.

Leadership must be demonstrated at all levels, providing a mandate for the workforce to integrate equality into all board functions.

The Chief Officer of East Dunbartonshire HSCP is ultimately accountable for ensuring that equality legislation is upheld and that services are designed and delivered in a way that meets the Equality Act 2010. All policy development and equality related activities within the HSCP will be reported through the Care and Clinical Governance Group and the IJB.

The HSCP Senior Management Team (SMT) promote equality and diversity throughout the HSCP, ensuring that equality legislation requirements are met. In addition, the SMT has oversight for various programmes of work which includes measuring and improving both patient and staff experience, from a person centred approach, at which equality and diversity is at the heart.

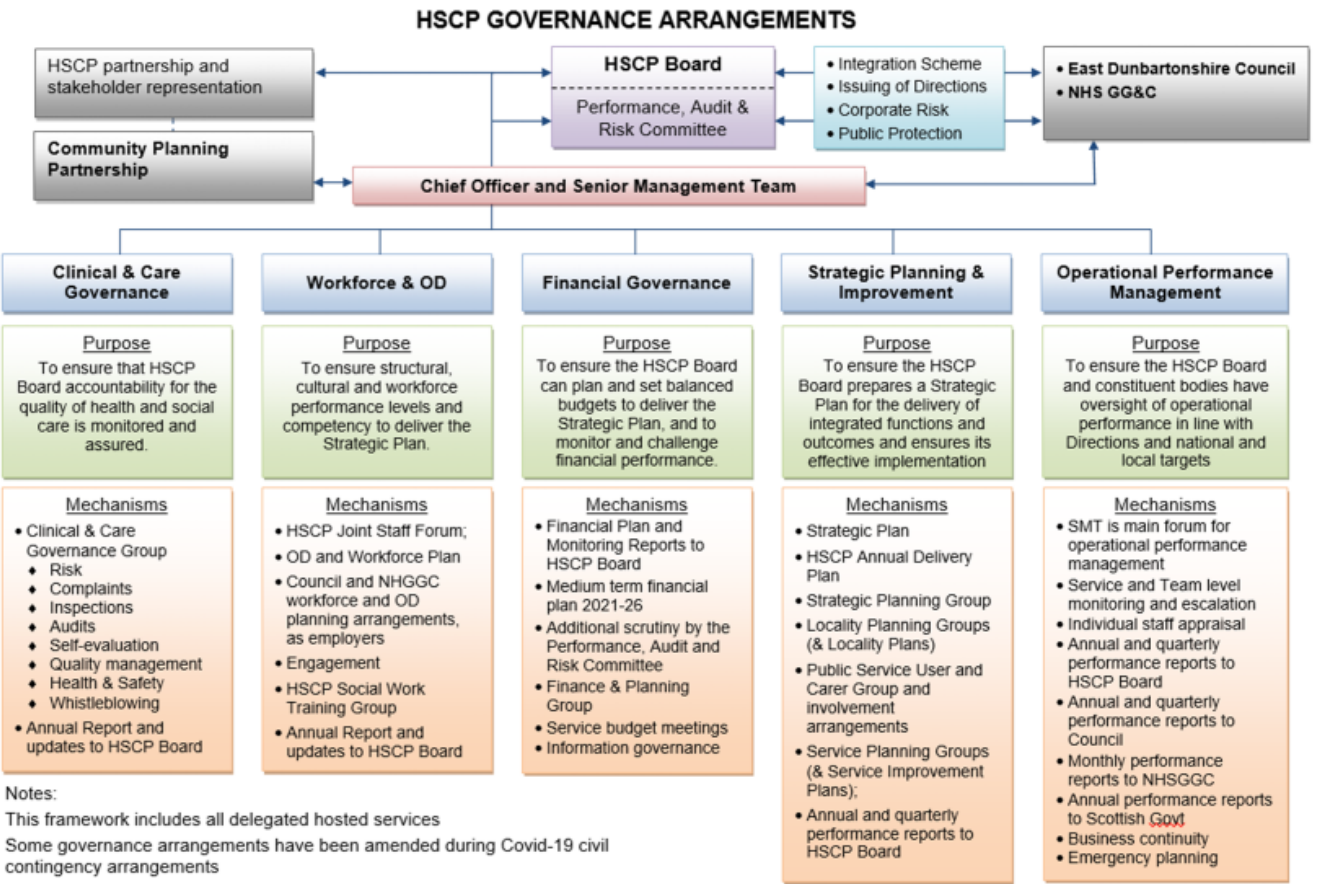


Figure 1: East Dunbartonshire HSCP governance arrangements.

Board Governance

The East Dunbartonshire Integrated Joint Board’s Executive Group consists of six members; a Chair and five executive members. The Gender Representation on Public Boards (Scotland) Act 2018 sets a gender representation objective for the non-executive member component of public boards; that 50% of non-executive members are women and the steps taken towards achieving the objective. The intention of the Act is to help address the historic and persistent underrepresentation of women in public life. The East Dunbartonshire IJB can be broken down as follows, and evidences that the ‘Gender Representation Objective’ has been met:

IJB executive group members	
Women	Men
3	3

The full Integrated Joint Board (IJB) consists of 6 voting members, supported by an additional 11 members, representing the:

- Local Authority
- NHS Greater Glasgow and Clyde
- Staff
- Third and Independent Sectors, and;
- Carer and a Service User representatives, who attend on behalf of the East Dunbartonshire Public, Service User and Carer (PSUC) group, who represent a broad spectrum of local communities of interest.
- There are currently 6 female members and 5 male members with a 55:45 split in favour of female membership for the IJB as a whole.

Equality Impact Assessment

An Equality Impact Assessment (EQIA) is a thorough analysis of a proposed policy, guideline, strategy, service, or function to determine whether it may have an unfavourable impact on some groups, particularly minority groups who may be subject to inequality, discrimination, social exclusion, or disadvantage. It applies equally to internal and external policy, strategy, functions and services.

Where barriers are identified, a plan should be created to minimise any negative effects and maximise potential for advancing equality.

HSCP services have adopted the NHS GG&C's template to carry out EQIA's. The 2017-21 Mainstreaming Report described EQIA's as an ongoing area of focus and development since the initial HSCP Equality and Diversity Mainstreaming Position Statement (2016/17).

The HSCP works closely with both NHS GG&C and EDC to mainstream our EQIA assessments and facilitate ongoing training.

The COVID-19 pandemic resulted in the IJB papers that support staff in carrying out these assessments, being further simplified and these now contain additional guidance and support (see **Appendix 2**).

The IJB papers require the author to confirm the need for completion of an EQIA. To help implement this into every one of our decision-making processes, this area of an EQIA requires and receives regular promotion.

Employment and Employee Information

The HSCP is committed to equality and treating staff with dignity and respect, supporting them to reach their full potential at work. The HSCP also recognise that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community which we serve.

We must also stress that although the HSCP/IJB does not have any direct employees, the requirement to mainstream equality and diversity provides the HSCP with an opportunity to build the knowledge and understanding of all staff to consider and promote equality within their own roles. Both NHS GG&C and East Dunbartonshire Council publish mainstreaming reports, policy statements on equal pay and employment monitoring data as required by the Specific Duties (Scotland) Act. These can be accessed here:

NHS Greater Glasgow and Clyde [opens in a new window] (<https://www.nhsggc.scot/your-health/equalities-in-health/meeting-the-requirements-of-equality-legislation/a-fairer-nhsggc/>).

East Dunbartonshire Council (<https://www.eastdunbarton.gov.uk/equality-and-human-rights>) - Equality and Human Rights (<http://www.eastdunbarton.gov.uk/equality-and-human-rights>)

All new employees as well as all existing staff, including Senior Managers and IJB members, are required to complete equality and diversity awareness training every two years. The HSCP is conscious that every employee has a duty to promote equality and diversity within the organisation.

The HSCP will continue to look at specific training, where required, and mainstream equality into all training and awareness sessions. Equality and Diversity continues to be a core requirement of the professional development record (PDR) of our staff as part of the Knowledge Skills Framework. Staff are expected to demonstrate to their line manager, as part of their Annual Development Record that they have promoted and acted in ways which support equality and diversity. Staff must provide examples of how they have done this, or are working towards this in their role.

Equality of Access to Health and Social Care Services

The IJB are cognisant that many people face difficulties either in accessing healthcare services, getting information or communication due to language, literacy or disability barriers.

Physical Access

Every public building that the HSCP operates from has parking for people with disabilities, accessible bathrooms and hearing loop systems. Every year, the HSCP submits a "Property and Asset Management Strategy" to the IJB for approval. This document identifies any issues that need to be resolved. By adhering to this process and mainstreaming equality, this has become standard practise for both new developments and the refurbishment of existing buildings.

Information

The HSCP have in place a Communication Strategy (2020-2023) ([filedepot_download/18043/4100](#)) and a Community Engagement and Participation Strategy (2020-2023) ([filedepot_download/18043/4101](#)) which ensures that all written information for patients, carers and people who access our services is of a high standard and easily understood. This policy makes it clear that written information is not always the best form of communication for some people as not everyone can read, see or understand English.

Legislative Changes

There have been a number of significant legislative developments since the creation of East Dunbartonshire HSCP in 2016 including;

- The Fairer Scotland Duty (2018) [opens in a new window] ([https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/#:~:text=The%20Fairer%20Scotland%20Duty%20\(the,disadvantage%2C%20when%20making%20strategic%20decisions.\)](https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/#:~:text=The%20Fairer%20Scotland%20Duty%20(the,disadvantage%2C%20when%20making%20strategic%20decisions.))).

The Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force on 1 April 2018. It requires IJBs across Scotland to actively consider (pay due regard to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Living on a low income in comparison to others, with little or no accumulated wealth, leads to increased material deprivation and restricts access to basic goods and services. In addition to deprivation, the guidance mentions 'communities of place' and 'communities of interest.'

Inequalities of outcome refer to quantifiable differences between the socioeconomically disadvantaged and the wider population. Examples include life expectancy and educational attainment.

The Key requirement of the duty is to publish a written assessment which will be regulated by the Equality and Human Rights Commission (EHRC), showing how we put tackling inequalities at the heart of decision making. Through this equality mainstream report it will become evident that EDHSCP genuinely considers the impact of socio-economic disadvantage at a strategic level.

A written assessment that demonstrates how we address inequalities at the core of our decision-making must be published and will be monitored by the Equality and Human Rights Commission (EHRC). This Equality Mainstream report will demonstrate that EDHSCP will take socioeconomic disadvantage into account on a strategic level. While socioeconomic disadvantage will be taken into consideration in all EDHSCP decisions, it is not a supplementary protected characteristic. This duty will be incorporated by the HSCP into the Equality Impact Assessment process, which provides documentation of the measures made to evaluate and reduce the risk of escalating socioeconomic inequality.

- [British Sign Language \(BSL\): National Plan 2017 to 2023](https://www.gov.scot/publications/british-sign-language-bsl-national-plan-2017-2023/) [opens in a new window] (https://www.gov.scot/publications/british-sign-language-bsl-national-plan-2017-2023/)

The British Sign Language (Scotland) Act 2015 promotes the use of BSL and specifies that authorised authorities develop and publish action plans in relation to their duties. NHS Boards and local authorities, but not integration authorities. As a result, EDHSCP supports and contributes to the plans of NHS GGC and East Dunbartonshire Council and will support and promote measures as applicable.

- [The Gender Representation on Public Boards \(Scotland\) Act 2018](https://www.gov.scot/publications/gender-representation-public-boards-scotland-act-2018-statutory-guidance-2/) [opens in a new window] (https://www.gov.scot/publications/gender-representation-public-boards-scotland-act-2018-statutory-guidance-2/)

In March 2018, the Gender Representation on Public Boards (Scotland) Act was given royal assent. By the end of 2022, public boards must include 50% female non-executive members, according to the Act. Action must also be taken to entice women to apply to serve on public boards as non-executive members.

- [The New Scots Refugee Integration Strategy 2018 – 2022](https://www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/) [opens in a new window] (https://www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/)

This strategy is an updated strategy to promote the goal of a welcoming Scotland, where those seeking safety from persecution and human rights violations can start rebuilding their lives the moment they arrive. By encouraging partnership approaches, joined-up working, and early intervention, the strategy offers a clear framework for everyone working towards refugee integration and supports the efforts of all partners to make the greatest use of resources and expertise that are available throughout Scotland. This backs up the idea of a welcoming Scotland, where those looking for safety from persecution and violations of their human rights can settle and start over in our communities.

East Dunbartonshire Overview

When planning and delivering health and social care services, it is essential to have a thorough understanding of the communities and people who make up the

East Dunbartonshire area population. The HSCP utilises many sources of data to gain an understanding of our communities and people across the area.

GENERAL POPULATION PROFILE DATA (Source: East Dunbartonshire Council Population Profile 2021 and Joint Strategic Needs Assessments prepared by East Dunbartonshire HSCP 2021).

The 2019 population estimate showed that East Dunbartonshire had a population of 108,640 people, an increase of 0.3% from the 2018 estimate. The estimated number of older people was higher than the national average with 22.5% aged over 65yrs (Scotland 19.1%), and 10.8% aged over 75yrs (Scotland 8.5%). The population aged 16-29yrs was 14.6% (Scotland 17.5%).

Life Expectancy

- Life expectancy at birth of 83.7 for females in East Dunbartonshire (Scotland 81.1) and 80.5 for males (Scotland 77.1).

Population Projections, By 2028:

The overall population of East Dunbartonshire will increase by 3.8%

- Children aged 0-15 are projected to increase by 4.5%
- The working age population is predicted to increase by 3%, and;
- The highest population increase is expected to be seen in those aged 75+ with a predicted increase of 26% and by more than 40% for people over 85 (the highest in Scotland).

Ethnicity

- The 2011 Census reported that 88.6% of the population in East Dunbartonshire were White Scottish with 4.8% being White Other British. 4.2% of the population were from a minority ethnic group.

Household Composition

- The 2011 Census reported that 11.8% of East Dunbartonshire households were one person households and is projected to rise by 10% between 2018 and 2043, with other household sizes remaining the same or reducing.

Average Weekly Earnings

- The average gross weekly earnings for full time workers living in East Dunbartonshire in 2020 was 22% higher than the Scottish average, with female full time workers earning more than male full time workers.

Children in Families with Limited Resources

- East Dunbartonshire has an estimated 12.4% of children who live in families with limited resources after housing costs, considerably lower than Scotland as a whole at 20.7%.

Health (2011 Census)

General Health

- 84.9% of residents in East Dunbartonshire reported their health as being very good or good, 2% higher than the Scottish average.
- The percentage of East Dunbartonshire residents reporting their health as bad or very bad (4.3%) was lower than the Scottish average (5.6%).

Long Term Conditions

- 28% of East Dunbartonshire residents identified themselves as having one or more long term conditions (Scotland 30%);
- 6% of individuals on East Dunbartonshire GP registers had a diagnosis of cancer in 2018/19, and;
- Arthritis, cancer and CHD were the most prevalent conditions in East Dunbartonshire, though prevalence was lower than the Scotland figures for all.

Limiting Illness or Disability

- In East Dunbartonshire fewer people reported that their day-to-day activities were limited because of illness or disability (19.4%) compared to Scotland as a whole (21.4%).

Provision of Unpaid Care (2011 Census)

- 10.9% of residents across East Dunbartonshire were reported to be providing unpaid care to relatives, friends or neighbours compared with 9.4% in Scotland.
- Of those who provided 50 hours or more of unpaid care the majority were aged 65 and over and were female.

Deprivation

- East Dunbartonshire is, as a whole, is relatively less deprived than many other local authorities in Scotland. However, East Dunbartonshire has 8 datazones in the most deprived 25% in Scotland.

Findings of Health and Social Care Joint Strategic Needs Assessment (All sources detailed within)

Population Health

- 41.1% of East Dunbartonshire residents reported feeling in 'very good health' compared with 34.4% for Scotland (Source: Scottish Surveys Core Questions 2019)
- The proportion of the East Dunbartonshire population prescribed drugs for anxiety, depression or psychosis has increased from 13.6% in 2010/11 to 18.4% in 2019/20. Nationally the figure increased from 15% to 19.7%.
- 5.6% of the adult population in East Dunbartonshire reported a disability. Nationally this figure is 6.7% (Source: Census 2011)
- Of those with a reported disability, 48% were related to sensory impairment (Source: Census 2011).

Equalities Outcome Progress Reporting

HSCP Equality Outcomes (2017-21). Please see page 4 of this document, for the 2017-21 outcomes progress report. The following pages show further equalities progress activity carried out by the HSCP.

Below are the 8 equality outcomes which were set in the 2017-2021 report:

	Outcome
Equality Outcome 1:	Barriers to HSCP services are removed for people with relevant protected characteristics.
Equality Outcome 2:	Age discrimination in services is removed.
Equality Outcome 3:	The risk of homelessness amongst vulnerable individuals is reduced.
Equality Outcome 4:	A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.

	Outcome
Equality Outcome 5:	East Dunbartonshire Council and NHS GGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.
Equality Outcome 6:	The likelihood of people with different protected characteristics accessing service appointments is maximised.
Equality Outcome 7:	Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.
Equality Outcome 8:	Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.

To date, the following improvements have been made:

Equality Outcome 1: Barriers to HSCP services are removed for people with relevant protected characteristics.

- The HSCP recruited Local Area Coordinators (LACs) for younger and older people. The LACs provide support to people in East Dunbartonshire who are over 14 years old and have a diagnosis of autism and/or learning disability. They use an asset-based approach to identify service user's personal goals and to help them overcome any barriers in working towards their goals. For older people, the LAC's help to identify suitable local resources and assets and connect the older person to their community. The LACs work closely with local communities, groups and third sector organisations.
- In 2019, the HSCP and the Public, Service User and Carer representatives group created a hospital discharge leaflet covering key issues such as; patient transport, valuables and belongings, medication and any follow up appointments and/or home care requirements, combining as an aid to a more seamless and cohesive discharge. NHS GGC then approached the HSCP for permission to make the leaflet available to all NHS GGC patients and carers and have produced a Board wide version of the leaflet.
- In 2019/20 the HSCP produced a "Fair Access to Community Care (Adults) Policy and associated updated Eligibility Criteria Policy." The aim of the policy is that HSCP services meet statutory duties for service users care provision and complies with the Equality Act (2010). This is also to ensure that there is a fair, equitable and transparent allocation of resources to individuals with complex needs who require significant levels of community care support and that there are no barriers to receiving a service/support.
- The Community Mental Health Team (CMHT) implemented an annual service user survey called 'Having Your Say'. The CMHT consult patients and service users to establish what did the service do well? What they could have done better and also asks for comments. The aim is to understand patients/ carers satisfaction levels and to identify areas of improvement.
- A Perinatal Mental Health Service was established in 2018/2019. This joint project between PCMH / Health Visiting / Health Improvement, was developed following an identified need to improve access to Psychological Therapies for postnatal women within East Dunbartonshire. Planning has now commenced to offer a similar service to women in the antenatal period who are experiencing mild to moderate mental health difficulties.

Equality Outcome 2: Age discrimination in services is removed.

- The HSCP Public, Service User and Carer representatives' group has created a number of visual aids (short films, a monthly newsletter and leaflets) to inform our older and vulnerable community members on how and where to access services during the pandemic. Further, this approach also was utilised to inform and raise awareness of our older population, by providing correct and up to date Covid-19 information. Information shared included transmission rates, vaccination schedules and Covid-19 guidance. This information was disseminated through social media platforms, GP practices, libraries, hubs, community buildings, community groups, churches and HSCP services.
- The Care at Home Service created information leaflets for their community alarm service, they did this through consultation with carers, service users and their families on its content and appearance.
- A District Nurse Advanced Nurse Practitioner (DNANP) role was introduced within the HSCP District Nursing service in East Dunbartonshire. The purpose was to support the team to meet the increasing complexity of health needs for patients living in our community. This role was the first to be introduced within Greater Glasgow and Clyde in 2021 and it has made a significant impact in providing seamless advanced clinical assessment, diagnosis and treatment for patients on the DN caseload with acute illness, complex health conditions and palliative care needs in a timely way.

Equality Outcome 3: The risk of homelessness amongst vulnerable individuals is reduced.

- The HSCP Social Work team has created a risk register that tracks elderly carers and their cared for to minimize the risk of possible future homelessness.

Equality Outcome 4: A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.

- The HSCP produced and created, in cooperation with the PSUC group, a HSCP Communications Strategy and a Participation and Engagement Strategy. The HSCP consulted widely across our area with our local communities, service users, carers, patients, community groups, the third and independent sectors and with our community planning partners to create documents that are fit for purpose and have participation standards and models of engagement that are open to all.
- The HSCP works closely with the National 'Coalition of Carers' and our local third sector carers organisations, to reduce any barriers for Carer participation and engagement and we ensure that;
- carer engagement is fully resourced
- carers on HSCP planning groups represent the views of local carers, and;
- the involvement of carers on strategic planning groups is meaningful and effective.
- The HSCP created a suite of induction documents, including a 'Glossary of Terms' and an 'Aide Memoire' for the PSUC group members and third sector colleagues who attend HSCP planning meetings. The aim is to improve and capacity build their knowledge of health and social care services and to address any stigma by providing information resources and we will continually develop the glossary and promote this information across East Dunbartonshire.

Equality Outcome 5: East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.

- In 2022 the HSCP carried out an equalities engagement and consultation programme, giving all staff the opportunity to participate, to understand their awareness of equalities, the determinants to health and wellbeing and to gauge their awareness of how to contact interpretation (BSL) and translation services.
- The HSCP Public Health Improvement Team (PHIT) has devised and implemented a training calendar with course input from staff teams across the HSCP that is shared across all staff teams and includes Adult Support and Protection, Self-Directed Support and Suicide Intervention Skills Training.
- The HSCP has four lead EQIA reviewers who are fully trained and who quality assure HSCP policies and strategies and work closely with colleagues across the HSCP and with the GGC Equalities Team.
- The HSCP Community Mental Health Team (CMHT) and Primary Care Mental Health Team (PCMHT) has devised a peer support service for patients to access. The peer support service staff use their lived experience of mental health challenges to help others in their recovery journey, aiming to inspire hope and encouragement through conversation around recovery, and current challenges a person may be experiencing.

Equality Outcome 6: The likelihood of people with different protected characteristics accessing service appointments is maximised.

- The Primary Care Mental Health Team (PCMHT) annually review their service by engaging with service users and carers. The team incorporates the 'near me' service enabling service users to attend appointments from home or wherever is convenient. This service is devised to engage with their 'harder to reach' clients. The team also introduced (pre-pandemic) evening appointments and home visits to allow service users with disabilities to receive a service. This is continually under review and evaluation.
- The HSCP contracts the local Citizens Advice Bureau (CAB) in East Dunbartonshire to deliver an "Income Maximisation Service". The aim is to maximise income and or to reduce debt, by increasing the amount of money that residents have coming in and minimizing their expenditure going out. The service is aimed at families with children under 5 years of age or with a person in the household under 25yrs, or mature adults aged over 50 yrs. Over the past 4 years that data has been collected, 898 referrals have been made to the service and a total of £3,209,067 of income has been maximised and disseminated back to East Dunbartonshire residents.
- Equality Impact Assessments will continue to be carried out thoroughly across the HSCP. Through training, the HSCP works to ensure that its employees are knowledgeable and equipped to conduct equality impact assessments and 6 month reviews should be carried out.

Equality Outcome 7: Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.

- The Public Health Improvement Team (PHIT) has recently completed a three month consultation within our four 'Place Areas', these are localities of deprivation in East Dunbartonshire. This was to determine if there are any challenges that exist to accessing services, what services would be beneficial to their communities and how has COVID-19 affected them and their communities. A full evaluation with a 'Place Area' report with recommendations is currently being produced.
- East Dunbartonshire Community Wellbeing Service (CWS) was created in 2016 and uses social prescribing approaches to enable GPs to refer patients to a Community Wellbeing advisor (CWA). The service provides a face to face conversation during which service users can be informed about the possibilities and co-design their own personalised solutions to health or social issues. Each GP practice has a designated CWA, providing patients with extended time to focus on 'what matters to them'. The approach undertakes a holistic approach to people's health and wellbeing. CWA's connect people to community groups and statutory services so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary, community and social enterprise sector. The CWA can motivate and support individuals to achieve the change(s) that they want to achieve. People can ask for a referral to the service through their GP practice.
- In August 2022, East Dunbartonshire HSCP and Macmillan Cancer Support launched a new service called Improving the Cancer Journey Service (ICJ). The aim of the ICJ service is to ensure cancer patients are offered emotional, practical and financial support and will see every newly-diagnosed cancer patient in East Dunbartonshire sent a letter offering a meeting with a

dedicated one-to-one Cancer Wellbeing Practitioner. They will then help the patient access a wide range of support – from benefits advice and emotional support, to help at home or with other practical needs. Anyone currently living with cancer can also access the service by simply calling the team to arrange an appointment.

Equality Outcome 8: Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.

- A training needs assessment, including an equalities questionnaire was carried out with all existing Public, Service User and Carer (PSUC) group members in 2019/2020. This was also put in place as part of the induction for all new recruits, culminating in a number of actions being added to the group’s annual plan.
- The HSCP work in partnership with the local Third Sector Interface (East Dunbartonshire Voluntary Action (EDVA)), who work with over 400 local third sector organisations, community groups and local volunteers. EDVA provide support, help, expertise and assistance and play a vital role in ensuring that the third sector, community groups and volunteers are integral to improved planning and delivery of services resulting in better, more coordinated outcomes for local communities and organisations.

East Dunbartonshire HSCP Staff Equalities Survey.

The HSCP collaborated with East Dunbartonshire Council and NHS GGC, to create a staff equalities survey, which involved asking colleagues questions about two main topics: "general information about you", which included protected characteristics, and "What Equalities Means to You." The goal was to gain insight into what key priorities that could be identified and be taken forward. The survey comprised of 14 questions on their views of Equalities, with added questions on protected characteristic. There were 76 staff members who responded.

Key findings: General information:

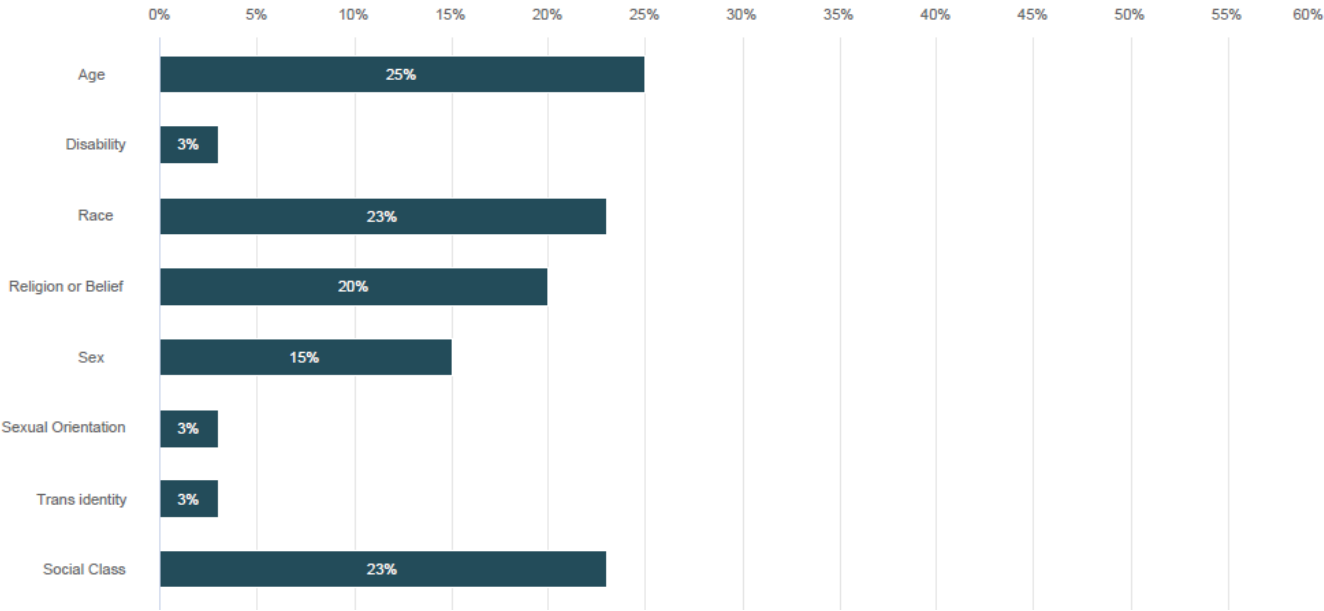
- **Two thirds of staff taking part in the survey said they have direct contact with service users/patients**

• The following features were determined from the sample of participating personnel:	
Age:	▪ The majority of staff members who participated in the survey were between the ages of 56 and 60. There was low involvement in other age categories, such as those between 26 and 30 and those under 25. We must include a wider age range in future surveys.
Gender:	▪ 74% identified as female compared to 21% who identify as male, with 4% preferring not to answer.
Sexual Orientation:	▪ From the sample 88% identify as heterosexual, with low numbers representing Lesbian, Gay or Bisexual, with 3% preferring to self-describe and 9% who preferred not to say.
Race:	▪ 93% of staff who participated, described themselves as being Scottish, 1.4% stated Other British, 4% of staff who took part in the survey identify as Asia, Asian Scottish, Asian British Ethnicity.
Disability:	▪ Out of the sample, 8% of participants are considered to have a disability, with 4% preferring not to say.
Religion:	▪ 23% of the people who took the survey identify as Church of Scotland, 25% identified as Roman Catholic and 11% identified as being Atheist.

The tables below display the percentages of those who took part in the survey and have experienced or witnessed discrimination in the workplace.

The protected characteristics of; Age, Race and Social Class had the highest numbers of experience and witnessed discrimination.
Have you ever experienced or witnessed discrimination in your workplace in relation to any of the following?

Please note this is a small sample, however actions from these results will be incorporated into our priorities.



Have you ever experienced prejudice in your workplace in relation to pregnancy, marriage or caring responsibilities?

- 12% of staff who participated stated they have experienced prejudice, with 85% stating they have not. 3% preferred not to say.

Key Findings: ‘Your views in terms of HSCP Equality Policy’.

The section of the survey allowed us to enquire about employee awareness and their views on Equalities.

We asked;

East Dunbartonshire HSCP can improve health and social care services to patients and service users when staff have a better understanding of the discrimination faced by people in East Dunbartonshire:

- 42% strongly agreed, 38% agree, with 19% neither agreeing nor disagreeing, with 1% strongly disagreeing.

East Dunbartonshire HSCP has got better at recognising and responding to the health effects of discrimination on patients and service users over the last 4 years (e.g. gender-based violence, lower life expectancy caused by poverty):

- 10% strongly agreed, 39% agree, with 45% neither agreeing nor disagreeing, with 5% disagreeing and 1% strongly disagreeing.

We then asked if staff have been involved in any of the following to tackle poverty in their work.

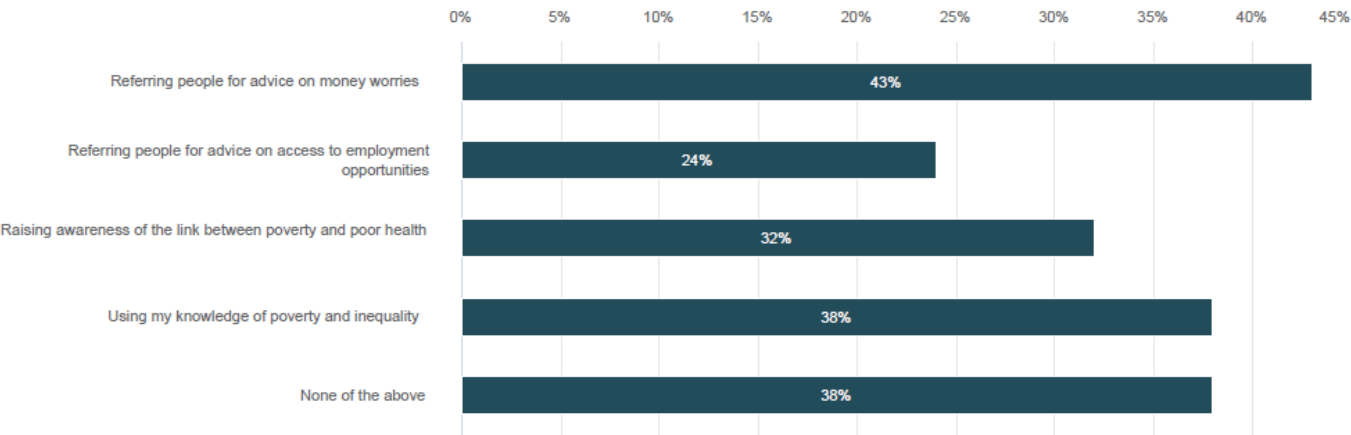


Figure 3: Actions taken from staff to support client groups with protected characteristics

What action, if any, would you take if you overheard a patient or colleague saying something discriminatory (racist, homophobic etc)?

- 47% said they would challenge them and discuss why, with 43% stating they would report them to a manager. 10% preferred not to say.

We asked;

In your workplace, which of the following actions do you take if you have a patient who doesn't have English as a first language?

- 30% book an interpreter for every clinical encounter, 32% use telephone interpreting, 23% said none of the above.

We asked;

In your workplace, which of the following applies in relation to hearing impairment (staff or patients)?

- 12% are aware of the loop system and know how to use it. 16% are aware of the loop system but are unaware how to use it, 52% are unaware we have a loop system, with 20% stating they do not have a loop system in their area.

We then asked;

Have they have taken any of the following actions to support people with a learning disability to access your service(s)?

- 22% have arranged communication support. 28% have extended the appointment time. 28% have used a communication aid and 54% have worked with the patients advocate or support worker. 5% stated they have taken no action.

The next question explained that some groups face particular issues which make them vulnerable to discrimination.

Have they done anything for any of the following groups in your service?

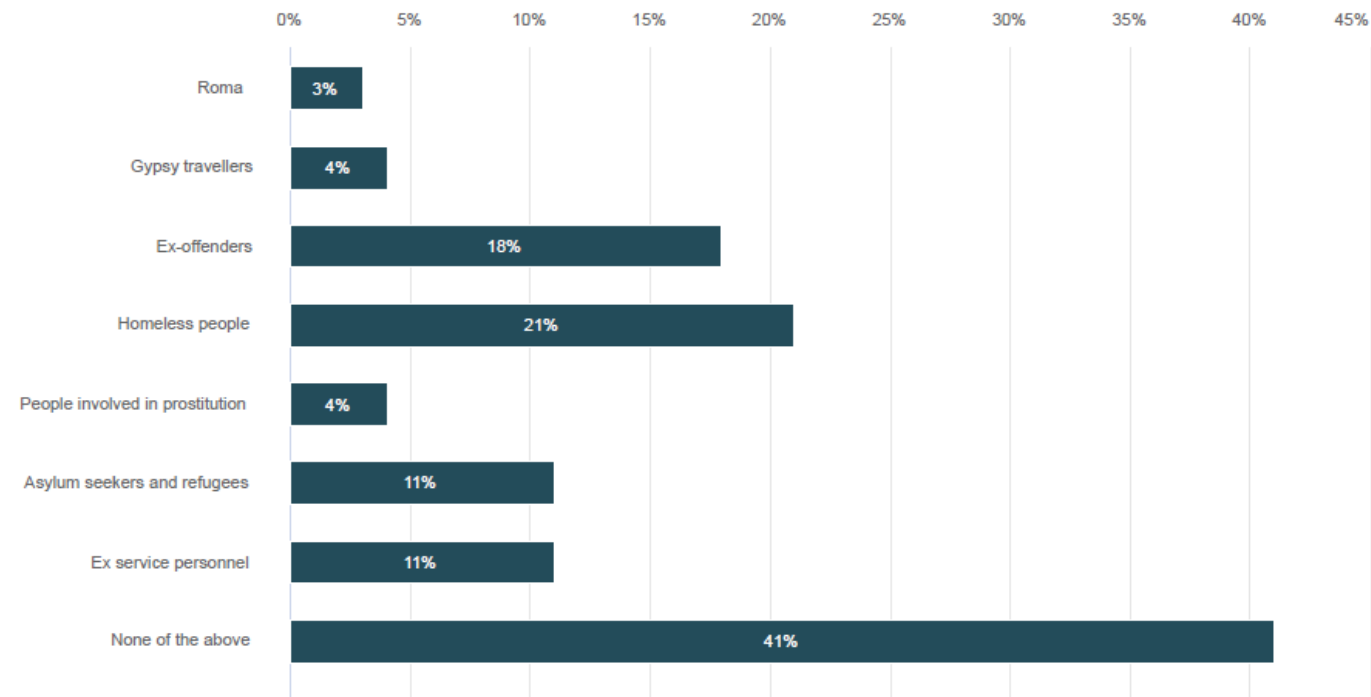


Figure 4: Have they done anything for any of the following groups in your service?

We then asked what actions they have taken to assist;

Actions

- Liaised with charity workers for patients to get help to come to appointments.
- Extended the appointment time and gave more flexibility.
- Provided letters of support for housing and referred to income maximisation service.
- Provided rehabilitation and signposted for ongoing services.

Actions

<ul style="list-style-type: none">• Encourage to seek support from dedicated services.
<ul style="list-style-type: none">• Encouraged to contact specialist services, taken service users to meet services face to face, made referrals. Given information and supported to make phone calls.

We asked;

Do you ask your patients about gender-based violence? (e.g. Domestic abuse):
<ul style="list-style-type: none">• 15% stated always, 33% said sometimes, with 52% saying they never have.

The next question asked

Why do they think there is a health gap in our society?
<ul style="list-style-type: none">• 3% said because some people have been unlucky. 3% of those stated that some people are lazy and lack willpower. 64% because of injustice in our society and 30% stated it's an inevitable part of modern life.

There is a widening gap in health between the richest and poorest - often referred to as "health outcomes" and "life expectancy". For example, men in the most affluent areas can expect to live 13-14 years more than those in the least affluent areas. For women the gap is 8-9 years.

Do you think East Dunbartonshire HSCP should be using its resources to make this situation more equal?

<ul style="list-style-type: none">• 87% stated yes, 3% said no, with 10% stating they don't know.

The key findings and feedback from this survey have been valuable and even though it is a small sample, it will support our key priorities for equalities planning in 2023 -2027.

Partnership Working

The advancement of our equalities and mainstreaming responsibilities is dependent on partnership working. We collaborate as a "partnership" to accomplish our goals, which are outlined in all areas of the HSCP. In order to understand and have open discussions about what we can do to provide effective and inclusive health and social care services, we strive to have open and effective lines of communication with the public, service users, carers, stakeholders, and our communities.

East Dunbartonshire Council and NHSGGC have set outcomes, mainstreaming duties and reports which incorporate our staff profile and gender pay gap reporting. Information on this can be found at:

- [NHS GGC Equalities in Health](https://www.nhsggc.scot/your-health/equalities-in-health/) [opens in a new window] (https://www.nhsggc.scot/your-health/equalities-in-health/), and;
- [East Dunbartonshire Council Equalities](https://www.eastdunbarton.gov.uk/equality-and-human-rights#:~:text=All%20children%20in%20Scotland%20have,live%20or%20any%20other%20status.) [opens in a new window] (https://www.eastdunbarton.gov.uk/equality-and-human-rights#:~:text=All%20children%20in%20Scotland%20have,live%20or%20any%20other%20status.)

The HSCP has adopted the NHSGGC Equality Impact Assessment Tool. As a partnership, we work together with East Dunbartonshire Council and NHSGGC to collectively streamline our equalities.

The HSCP provides funding and support to a number of local groups and third sector organisations that promote, support, and uphold the rights of individuals with protected characteristics. Several organisations collaborate openly and honestly to improve the lives of people in East Dunbartonshire who have a protected characteristic. The East Dunbartonshire Strategic Planning Group also brings together representatives from organisations in the voluntary sector that support equality via their networks and activity. It promotes improved cooperation on equality issues as a mechanism for local strategic planning.

Appendix 1 - Local Equality Outcomes and National Health and Wellbeing Outcomes

Local Equality Outcomes and National Health and Wellbeing Outcomes - Key

HSCP Equality Outcomes		National Health and Wellbeing Outcomes	
Equality Outcome 1:	Barriers to HSCP services are removed for people with relevant protected characteristics.	1.	Healthier living: People are able to look after and improve their own health and wellbeing and live in good health for longer

HSCP Equality Outcomes		National Health and Wellbeing Outcomes	
Equality Outcome 2:	Age discrimination in services is removed.	2.	Independent living: People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community
Equality Outcome 3:	The risk of homelessness amongst vulnerable individuals is reduced.	3.	Positive experiences: People who use health and social care services have positive experiences of those services, and have their dignity respected
Equality Outcome 4:	A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.	4.	Quality of life: Health and social care services are centred on helping to maintain or improve the quality of life of service users
Equality Outcome 5:	East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.	5.	Reducing health inequalities: Health and social care services contribute to reducing health inequalities
Equality Outcome 6:	The likelihood of people with different protected characteristics accessing service appointments is maximised.	6.	Carers are supported: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being
Equality Outcome 7:	Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.	7.	People are safe: People who use health and social care services are safe from harm.
Equality Outcome 8:	Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.	8.	Engaged workforce: People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do, and;

Appendix 2 - Developing New Outcomes 2023 - 2027

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
Empowering people	Improve personalisation		Embed and further develop digital solutions, to support self-management	Continue to improve the range of telehealth and telecare services available and monitor uptake in East Dunbartonshire	1, 2, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
			Increase in choice and control and flexibility for service users	We will promote and monitor the uptake of SDS options through 'Number of people taking up SDS'	1, 2, 3, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
	How will we know we have achieved these outcomes? I. Benchmark of current Telehealth user numbers and publish updated figures in 24 and 48 month increments to the IJB. II. Benchmark of current SDS user numbers and publish updated figures on options 1, 2 and 3 users in 24 and 48 month increments to the IJB.					
	Reduce inequality and inequity of outcomes		Further reduce inequality of health outcomes and embed fairness equity and consistency in service provision	We will develop an HSCP Public Health Strategy and refresh objectives for the Public Health improvement Team (PHIT)	1, 2, 3, 4, 5, 6, 7 and 8	1, 3, 4, 5, 6, 7, 8 and 9
How will we know we have achieved this outcome? I. Public Health Strategy developed and approved by the IJB, the Strategy will be made available on HSCP webpages and progress will be reported on regular intervals to IJB.						

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
	Improving information and communication		Improve service information and public communication systems, advice, reflecting specific communication needs and preferences	Scope, plan aim to redesign and improve the HSCP webpages on the EDC website.	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Alternative communication formats available and will be proactively offered on all of our communications, for example, easy-read, Braille, BSL and community languages	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Review our Communication Strategy to ensure that there is a focus on engagement with the BAME communities	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Continue to implement our Participation and Engagement strategy, including a range of actions to better engage with our stakeholders	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Develop a Digital Strategy for the HSCP that considers the needs of those with protected characteristics, e.g. older people, people with disabilities, and those whose first language is not English	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Implementation with partners of the of the BSL strategy recommendations and uptake of users	1, 5, 6, 7 and 8	1, 3, 4, 5, 6, 7, and 9
				All Equality Mainstreaming Reports, plans, EQIA's and updates to be accessible and visible on the HSCP webpages	1, 2, 3, 7 and 8	1, 3 and 5

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
	<p>How will we know we have achieved these outcomes?</p> <ul style="list-style-type: none"> I. Website redesign has been actioned and completed and reported to IJB and is minuted. II. All communication options will be included in the updated Communications Strategy and will be accessible on the HSCP webpages. III. The HSCP Communications Strategy and will be updated, approved by the IJB and accessible on the HSCP webpages. IV. Annual review of the Participation and Engagement strategy, reported to the IJB. V. Digital Strategy completed, approved by the IJB and accessible on the HSCP webpages. VI. BSL strategy outcomes are accessible on-line with biennial evaluation with partners. VII. Creation of Equalities page on the HSCP webpages with all information available and accessible. 					

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
Empowering Communities	Building informal support options		Work with communities to develop a network of assets	The East Dunbartonshire Asset Map will be further developed and promoted to all community groups (older persons, BAME, Health) and 3rd sector orgs.	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, and 9
				Wellbeing worker project to be rolled out across the 'GP Clusters', monitoring the uptake of users and GP practice involvement	1, 2, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
				Income Max Service to be improved and enhanced, will cover all areas of East Dunbartonshire in partnership with CAB	1, 2, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
			Work with communities to develop support options such as 'compassionate communities' model	Pilot 'No one dies alone' programme to be created, uptake of volunteer roles and people being supported in East Dunbartonshire monitored	1, 2, 3, 5, 6, 7 and 8	2, 3 4, 6, 7, and 9
			How will we know we have achieved these outcomes? I. Evaluation of Asset Map, to include report to IJB with update on assets included and actual website hits. II. Annual evaluation to IJB, reporting actual users, outcomes achieved and GP practices involved. III. Annual evaluation to IJB, reporting number of people, demographics and financial gain for communities. IV. Creation of programme, volunteers recruited, number of users, with evaluation reported to IJB.			

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
	Build local integrated teams		Develop local, colocated services with integrated multi-disciplinary teams to improve service provision and access across East Dunbartonshire	Identification of physical premises for collocation of services (x 2)	1, 2, 5, 6 and 7	3, 4, 5, 6, 7, 8 and 9
				Provision of services are available, with ease of access for East Dunbartonshire residents	1, 2, 5, 6, 7 and 8	3, 4, 5, 6, 7, 8 and 9
			Refresh HSCP locality planning groups (x2)	Locality plans created with involvement from PSUC group	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Locality groups to include PSUC members/volunteers from BAME communities and/or SIMD 1 areas	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
	How will we know we have achieved these outcomes? I. Physical premises identified, leases signed and IJB approval has been received and minuted. II. Premises are open, staffed and provide care, treatment and support to residents. III. Terms of reference for Locality Planning Groups has been created and published on HSCP webpages. IV. Locality Planning Groups first meeting has been minuted with attendees (membership) published, including PSUC member(s) involvement.					
	Drive participation and engagement		Promote and recruit to the PSUC group from a wide cross section of our communities	Inclusion of those with protected characteristics / and/or from SIMD1 area joining PSUC group in the design, planning and the review of HSCP services	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
	How will we know we have achieved this outcome? I. The demographic of those who engage with us will be reflective of the whole community of East Dunbartonshire and will be reported on an annual basis to the IJB.					

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
	Modernising day services		Redesign of day services, to create more choice for users and their carers	Older persons strategy developed with views of relevant stakeholders informing the plan	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Develop an approach to build community capacity and social prescribing across partner orgs, for example, peer support and volunteer programmes	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			Learning disability move to Allander Day Service	Transition to new service is seamless, feedback from users and carers involved	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Increased number of community support options available to users and carers	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Development of employability and community based support alternatives to formal day care	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				How will we know we have achieved these outcomes?		
			I. The Older Persons Strategy will be developed with input from all stakeholders and approved by the IJB, the Strategy will be made available on HSCP webpages and then progress will be reported on regular intervals to IJB.			
II. Creation of a stakeholder group, with terms of reference and agreed actions reporting to the IJB, with an annual evaluation report.						
III. An Allander Centre service user and carer evaluation to be created with spotlight on user carer feedback.						
IV. Published figure of options available, Inc community support options and of employability programmes accessed.						

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
Supporting Families and Carers	Supporting carers		Better recognising the contribution of informal carers in keeping people safe and well	Update Carers Strategy to enhance access to carers support	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Improve carer access to information and advice	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Review reporting and collation of carers unmet need	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				<p>How will we know we have achieved these outcomes?</p> <p>I. Carers Strategy will be developed which will include a Carers Plan, with input from all stakeholders and approved by the IJB, the Strategy and plan will be made available on the HSCP webpages and promoted across East Dunbartonshire to identify hidden Carers.</p> <p>II. Creation of new and updated information if required (using the criteria of, credibility, content, disclosure, links, design and interactivity) published information disseminated.</p> <p>III. PSUC group to engage with the HSCP and Carers and identify where unmet need is collated, report and publish findings with recommendations if required.</p>		

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
Improving mental health and recovery	Improving adult mental health and alcohol and drugs recovery		Mental health services	Review of all leaflets and patient information with input from staff and users of service.	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				PCMHT – review service to re-establish 'out of working hours' clinics	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Aim to develop a programme to improve access to Psychological Therapies for women in the antenatal period	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				The Workstream Group to review and implement a 'Benchmarking Tool' with all partners involved	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				<p>How will we know we have achieved these outcomes?</p> <p>I. Creation of new and updated information if required (using the criteria of, credibility, content, disclosure, links, design and interactivity), published information disseminated.</p> <p>II. Needs assessment completed, planning and monitoring in place, service re-established and patient feedback received.</p> <p>III. Programme in place, with an annual evaluation, Inc patient feedback.</p> <p>IV. 'Benchmarking tool' produced with recommendations.</p>		
			Alcohol and drug services	Update Alcohol and drug Strategy to enhance access to support and recovery		
				<p>How will we know we have achieved this outcome?</p> <p>I. Alcohol and Drug Strategy developed and approved by the IJB, the Strategy will be made available on HSCP webpages and progress will be reported on regular intervals to IJB.</p>		

Key area	Commitment	Strategic Objective	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
Workforce and Organisational Development	Supporting staff to improve knowledge and be better engaged with the communities they provide services to.		Equality Impact Assessments (EIAs) and equality and diversity is promoted.	The HSCP will carry out EQIAs on all strategies, policies and service redesigns	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				EQIA training will be offered to staff and training will be sourced by the HSCP through GGC / EDC.	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				Staff across the HSCP will have opportunities to improve their knowledge, understanding and skills around equality and diversity and the public sector equality duty and its relevance to their roles	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				The HSCP will aim to source and introduce the LGBT+ charter	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
				<p>How will we know we have achieved these outcomes?</p> <p>I. Completed EQIAs will be found on the HSCP webpages, with full accessibility and ease of access.</p> <p>II. Training courses sourced and completed will be published on the HSCP webpages, with an annual report to the IJB.</p> <p>III. Staff uptake will be monitored on NHS Turas and EDC health and social care training portal.</p> <p>IV. LGBT+ Charter training will be sourced and approved by the IJB, the LGBT+ Charter will be promoted on HSCP webpages and progress will be reported on regular intervals to IJB.</p>		

Appendix 3 - Board Report

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:

REPORT REFERENCE:

CONTACT OFFICER:

SUBJECT TITLE:

1.0 PURPOSE

2.0 RECOMMENDATIONS

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

4.0 IMPLICATIONS

4.1 Relevance to HSCP Strategic Plans 2022-2025 Priorities

4.2 Frontline Service to Customers

4.3 Workforce (including any significant resource implications)

4.4 Legal Implications

4.5 Financial Implications

4.6 Procurement

4.7 ICT

4.8 Corporate Assets

4.9 Equalities Implications

4.10 Sustainability

4.11 Other

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

6.0 IMPACT

6.1 STATUTORY DUTY

6.2 EAST DUNBARTONSHIRE COUNCIL

6.3 NHS GREATER GLASGOW & CLYDE

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH

7.0 POLICY CHECKLIST

8.0 APPENDICES

Appendix 4 - Protected Characteristics

Age	The Equality Act 2010 protects people of all ages.	Disability	Disability includes people with physical, learning and sensory disabilities, people with a long term illness and people with mental health problems.
Race	Under ‘The Equality Act 2010’ ‘race’ includes, colour, nationality and ethnic or national origins. It also includes Gypsy Travellers.	Religion or Belief	In The Equality Act 2010, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.

Sex	Both males and females are protected under The Equality Act 2010.	Pregnancy and Maternity	The law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breastfeeding.
Sexual Orientation	The Equality Act 2010 protects lesbian, gay, bisexual and heterosexual people.	Gender Reassignment	The Equality Act 2010 provides protection to someone who proposes to, starts or has completed a process to change his or her gender.
Marriage and Civil Partnership	<p>Marriage is defined as a union between two people of different or of same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognised as ‘civil partnerships’.</p> <p>This category only applies to eliminating unlawful discrimination in employment.</p>		

Appendix 5 - Abbreviations

Abbreviations

Abbreviation	Definition	Abbreviation	Definition
ASP	Adult Support and Protection	ADP	Alcohol and Drug Partnership
ASD	Autistic Spectrum Disorder	CAMHS	Child and Adolescent Mental Health Services
CLW	Community Link Worker	EHRC	Equality and Human Rights Commission
EDC	East Dunbartonshire Council	EQIA	Equality Impact Assessment
GP	General Practice	HSCP	Health and Social Care Partnership
IJB	Integration Joint Board	LAAC	Looked After and Accommodated Children
LPG	Locality Planning Group	NHS	National Health Service
TSI	Third Sector Interface		

Main menu

Residents >>
Health and Social Care >>
Employee Zone >>

A (https://www.eastdunbarton.gov.uk/a-to-z-of-services/a)	B (https://www.eastdunbarton.gov.uk/a-to-z-of-services/b)
C (https://www.eastdunbarton.gov.uk/a-to-z-of-services/c)	D (https://www.eastdunbarton.gov.uk/a-to-z-of-services/d)
E (https://www.eastdunbarton.gov.uk/a-to-z-of-services/e)	F (https://www.eastdunbarton.gov.uk/a-to-z-of-services/f)
G (https://www.eastdunbarton.gov.uk/a-to-z-of-services/g)	H (https://www.eastdunbarton.gov.uk/a-to-z-of-services/h)
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Y (https://www.eastdunbarton.gov.uk/a-to-z-of-services/y)	Z (https://www.eastdunbarton.gov.uk/a-to-z-of-services/z)

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