

# 1. INTRODUCTION Title of policy, practice or project being assessed Communication and Engagement Strategic Framework 2023 - 2026

| Type of policy, practice or project being assessed: (please mark with a (x) as appropriate) |     |          |                           |     |          |  |
|---|-----|----------|---------------------------|-----|----------|--|
|   | New | Existing |                           | New | Existing |  |
| Strategy  |     | Х        | Policy                    |     |          |  |
| Guidance  |     |          | Procedure                 |     |          |  |
| Operational Instruction   |     |          | Budget Saving<br>Proposal |     |          |  |
| Service Development<br>Proposal   |     |          | Other (Please<br>specify) |     |          |  |

# 2. GOVERNANCE

| Lead Officer Responsible for assessment | Sally Wilson     |
|---|------------------|
| (Name, designation)                     |                  |
| Date Assessment Started                 | 4 September 2023 |
|   |                  |

## 3. BACKGROUND INFORMATION

| Provide a brief description of the policy, practice or        | The Angus Health and Social Care Partnership's   |
|---|--|
| project being assessed.                                       | (AHSCP) Communication and Engagement   |
| (Include rationale, aims, objectives, actions, and processes) | Strategic Framework replaces and builds upon the<br>Communication and Engagement Plan approved<br>by the Angus Integration Joint Board in 2020. It aims<br>to  |
|   | Set out the HSCP's approach to communication and<br>engagement to support the delivery of AHSCPs vision<br>and priorities. It aims to:   |
|   | <ul> <li>The Framework:</li> <li>Defines the principles of the approach to engagement</li> <li>Acknowledges the different communities across Angus and their requirements to recognise the need to tailor our approach to maximise engagement opportunities and the impact these may have</li> </ul> |

|  | <ul> <li>Defines the audiences and stakeholders and different levels and methods of engagement required.</li> <li>Presents and an action plan to improve our approach to communication and engagement.</li> </ul>   |
|--|---|
| What are the intended outcomes and who does<br>this impact?<br>(E.g. service users, unpaid carers or family, public,<br>staff, partner agencies) | <ul> <li>The aims of the Framework are to:</li> <li>Raise awareness and understanding: Raise awareness of AHSCP and what we do.</li> <li>Build Reputation: Raise the profile of AHSCP, ensuring we are a 'recognisable face' within Angus.</li> <li>Listen to Stakeholders: Ensure the public/service user voice is at the centre of our decisions and there are appropriate structures in place for all stakeholders to feedback questions and comments to help shape the way health and social care services are delivered.</li> <li>Manage expectations: Help all citizens understand how and why decisions are made, reminding people of how financial and workforce challenges influence what we can and cannot do and confirm that some things cannot change quickly.</li> <li>We acknowledge that despite our best efforts to reach seldom heard groups we may not achieve the engagement we aspire to and engagement may not reach all communities. The Framework builds on our commitment to continue to develop our approach to participation and engagement activities and communications and work closer with our communities to understand how we can gain better access to engage with them.</li> </ul> |

# 4. EQIA PROTECTED CHARACTERISTICS SCREENING

| Impact on Se | Impact on Service Users, Unpaid Carers or the Public  |  |      |   |  |                     |   |  |
|--------------|---|--|------|---|--|---------------------|---|--|
|              | Does the policy, practice or project have a potential to impact in <b>ANY</b> way on the service users and/or public holding any of the protected characteristics? (Please mark as appropriate) |  |      |   |  |                     |   |  |
|              | Yes No Yes No Yes No  |  |      |   |  |                     |   |  |
| Age          | Х   |  | Race | Х |  | Gender Reassignment | Х |  |

| Disability | Х | Pregnancy and<br>Maternity | Х | Marriage and Civil<br>Partnership | Х |  |
|------------|---|----------------------------|---|-----------------------------------|---|--|
| Sex        | Х | Religion or Belief         | Х | Sexual Orientation                | Х |  |

# Impact on Staff or Volunteers

Does the policy, practice or project have a potential to impact in **ANY** way on employees or volunteers holding any of the <u>protected characteristics</u>? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark as appropriate)

|            | Yes | No |                         | Yes | No |                                   | Yes | No |
|------------|-----|----|-------------------------|-----|----|-----------------------------------|-----|----|
| Age        | Х   |    | Race                    | Х   |    | Gender Reassignment               | Х   |    |
| Disability | Х   |    | Pregnancy and Maternity | Х   |    | Marriage and Civil<br>Partnership | Х   |    |
| Sex        | Х   |    | Religion or Belief      | Х   |    | Sexual Orientation                | Х   |    |

**PLEASE NOTE**: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

## 5. EQIA - SCREENING DECISION

| Is a full EQIA<br>required? (Please<br>mark as<br>appropriate) | YES - Proceed to full EQIA in section 6 below | NO – State the reason below and proceed to<br>FSDA screening in section 10 and 11 then<br>complete sections 14 and 15 to conclude. |
|--|---|--|
|  | YES   |  |

#### FULL EQUALITY IMPACT ASSESSMENT (EQIA)

# 6. EVIDENCE

| Quantitative evidence   | A Joint Needs Assessment (JNA) has been prepared to inform the priorities of the Strategic   |
|-------------------------|--|
| (numerical/statistical) | Commissioning Plan 2023 - 2026. This comprises of an Angus-wide profile and profiles on each Locality  |
| nomenear                | to allow comparisons at a to locality level. We will also work to ensure we are reaching those who   |
|                         | may face additional barriers to engagement using data sources such as <u>https://simd.scot/</u>  |
|                         | The JNA provides information to inform the Communication and Engagement Strategic Framework 2023 – 2026. For example:  |
|                         | • For the ten-year period 2018 – 2028, the population of Angus is expected to slightly decrease  |
|                         | However, we expect there will be fewer people aged 65 and under which reduces the number<br>of working aged adults. We also expect the number of people aged 75 years and over w<br>increase by 30%.   |
|                         | <ul> <li>Average life expectancy has not grown over the period of the last strategic plan 2019 – 2022.</li> </ul>  |
|                         | <ul> <li>Average life expectancy for men is 78 (two years above Scottish average) and 82 years for<br/>women (1 year above Scottish average).</li> </ul>   |
|                         | <ul> <li>Men living in the most deprived areas of Angus can live 9 years less and women 3 years less that<br/>those living in the least deprived areas.</li> </ul>                                     |
|                         | <ul> <li>Men experience 81% of their life in good health (2% above the Scottish average) compared t</li> </ul>   |
|                         | <ul> <li>women who spend 74% of their life in good health (2% less than the Scottish average).</li> <li>In 2017/2018 640 people were registered as blind in Angus.</li> </ul>                          |
|                         | • 13% of the population is aged 65+ and living in poverty.   |
|                         | <ul> <li>5.0/1,000 adults in Angus have a Learning Disability and/or are on the autism spectrum.</li> <li>Approximately 7,489 Angus residents are living with a physical disability.</li> </ul>        |
|                         | <ul> <li>Approximately 7,467 Angos residents die ining with a physical disability.</li> <li>13% or one in eight of Angus residents identify as an Unpaid Carer. 60% of the Carers living in</li> </ul> |
|                         | Angus are aged 65 years and over and 3% are aged under 16 years of age.  |
|                         | <ul> <li>Approximately one in six (15,825) adults are likely to have a mental health problem at any one</li> </ul>   |
|                         | time in Angus.   |
|                         | • From the Census in 2011, 262 people were registered as BSL users aged 3+ (0.23% of   |
|                         | population). More were female and/or aged between 35-49.   |
|                         | <ul> <li>In 2017/2018, 91 people who had a hearing impairment were accessing social care services in</li> </ul>  |
|                         | Angus.   |
|                         | <ul> <li>From the Census in 2011, 88.2% of Angus residents considered themselves to be white.</li> </ul>   |

|  | <ul> <li>Angus residents are more affluent in income and employment than the Scottish average.</li> <li>The Census in 2011 showed that mental health illnesses are more common in deprived areas with Angus reporting 37 per 100,000.</li> <li>Alzheimer Scotland estimated that across Scotland in 2015 that 90,000 people were living with dementia. In Tayside in 2015, it was estimated that 2% of the population will be dementia sufferers.</li> </ul>  |
|--|---|
| Qualitative evidence<br>(narrative/exploratory)  | Feedback from our engagement related to the development of the Strategic Commissioning Plan<br>2023 – 2026 emphasised that our approaches to communication and engagement should strive to be<br>clear and concise ('Plan English'); accessible and inclusive. It also highlighted the importance to<br>ensuring that communications are adapted to meet the communication needs and preferences of<br>different audiences including those with protected characteristics, for example, older service users<br>generally prefer print and face-to-face communications rather than social media. |
| Other evidence (please detail)   | It is important to create an effective communication and engagement process which creates an opportunity for stakeholders and AHSCP to shape services that are realistic, achievable and sustainable.<br>Evidence suggests that people with a protected characteristic may have more difficulties in accessing health services. The barriers that have been identified are commonly given as difficulty in reading and understanding information.   |
| What gaps in evidence/research were identified?  | Breakdown of the number of people in Angus with protected characteristic.   |
| Is any further evidence required? Yes<br>or No (please provide reasoning)  | Yes - further information required regarding a breakdown of the number of people in Angus with protected characteristic.  |
| Has best judgement been used in<br>place of evidence/research? Yes or<br>No (If yes, please state who made<br>this judgement and what was this<br>based on?) | No  |

# 7. ENGAGEMENT

| Engagement: Please provide detai  | ngagement: Please provide details on any engagement that has been conducted during the policy/practice or project.  |  |  |  |  |
|---|---|--|--|--|--|
| Has engagement taken place?<br>Yes or No  | No  |  |  |  |  |
| If No, why not?   | Feedback provided from the Strategic Commissioning Plan 2023 -2026 and other surveys has been used to inform this Communication and Engagement Strategic Framework. |  |  |  |  |
| If Yes, please answer the following   | questions:  |  |  |  |  |
| Who was the engagement with?  |   |  |  |  |  |
| Have other relevant groups i.e.<br>unpaid carers been included in<br>the engagement? If No, why<br>not?                   |   |  |  |  |  |
| How was it carried out? (Survey,<br>focus group, public event,<br>Interviews, other (please specify)<br>etc.)             |   |  |  |  |  |
| What were the results from the engagement?  |   |  |  |  |  |
| How did the engagement<br>consider the protected<br>characteristics of its intended<br>cohort?                            |   |  |  |  |  |
| Has the policy, practice or<br>project been reviewed/changed<br>as a result of the engagement? If<br>YES, please explain. |   |  |  |  |  |
| Is further engagement required?<br>Yes or No (please provide<br>reasoning)  |   |  |  |  |  |

# 8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: <u>protected characteristics</u>. Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

| Service Users, Publ         | ervice Users, Public or Unpaid Carers with Protected Characteristics |                                     |  |   |  |
|-----------------------------|--|-------------------------------------|--|---|--|
| Protected<br>Characteristic | Potential<br>Neutral<br>Impact<br>(X)                                | Potential<br>Positive<br>Impact (X) | Potential<br>Negative<br>Impact<br>(X) | Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.  |  |
| Age                         |  | Х                                   |  | Older service users generally prefer print and face-to-face communications rather than social media.  |  |
|                             |  |                                     |  | We are aware of the potential impacts associated with age discrimination that may<br>lead to inequality in terms of access to services and user experience amongst different<br>age groups and the need to develop a multi-dimensional approach to tackle inequality<br>as a consequence of age discrimination.   |  |
|                             |  |                                     |  | The Communication and Engagement Framework recognises that not everyone can or wishes to receive information digitally.   |  |
|                             |  |                                     |  | Digital engagement decreases as age rises, with the over 70s particularly less likely to<br>engage digitally. Conversely engagement with young people and those of working age<br>has traditionally been seen as difficult to achieve. With the move to embrace more<br>digital technology, creative digital methods of engagement may offer opportunities for<br>increased participation. 100 percent of young people aged 16-24 use the internet<br>(Scottish Household Survey 2021). |  |
|                             |  |                                     |  | When planning engagement and communications activity, we will utilise service data to   |  |

| Service Users, Pub          | Service Users, Public or Unpaid Carers with Protected Characteristics |                                     |  |  |  |
|-----------------------------|---|-------------------------------------|--|--|--|
| Protected<br>Characteristic | Potential<br>Neutral<br>Impact<br>(X)                                 | Potential<br>Positive<br>Impact (X) | Potential<br>Negative<br>Impact<br>(X) | Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.   |  |
|                             |   |                                     |  | identify key stakeholders and ensure that they are reaching those most impacted by service improvements and changes and that any gaps in knowledge are compensated for during engagement.  |  |
|                             |   |                                     |  | The Joint Needs Assessment provides a broad overview of demographic makeup. We will also work to ensure we are reaching those who may face additional barriers to engagement using data sources such as <a href="https://simd.scot/">https://simd.scot/</a>  |  |
|                             |   |                                     |  | We will request information regarding age when seeking feedback.   |  |
| Sex                         | Х   |                                     |  | We do not expect that this Strategic Framework will disproportionality affect<br>people on the grounds of sex although it is recognised that<br>male participation in engagement activity is less common than<br>female. This is a challenge faced across the health and social care arena.  |  |
|                             |   |                                     |  | Activities will be undertaken in a way to ensure we are actively seeking out groups that are less likely to engage and empower them to share their experiences in a safe way.  |  |
| Disability                  |   | Х                                   |  | The Scottish Household Survey reveals that those with a disability (long-term limiting physical or mental health illness) are less likely to use the internet compared to non-<br>disabled people and this increases with age.   |  |
|                             |   |                                     |  | We will build on existing links with third sector and community groups supporting those with disabilities to ensure their voices are heard and they are given the chance to be meaningfully involved in engagement activities. This greater focus on community and third sector relationships will also augment our existing communications approaches helping ensure we are sharing content that is accessible for all. |  |
|                             |   |                                     |  | Disabled people face many barriers to community engagement, due to a range of issues, potentially; financial issues, physical accessibility or a lack of understanding regarding the variety of issues that they face. Conversely some disabled and/ frail people, digital methods may provide opportunities to participate without the common barriers of having to travel far or sit/stand for long periods of time.   |  |

| Service Users, Publ         | Service Users, Public or Unpaid Carers with Protected Characteristics |                                     |  |  |  |
|-----------------------------|---|-------------------------------------|--|--|--|
| Protected<br>Characteristic | Potential<br>Neutral<br>Impact<br>(X)                                 | Potential<br>Positive<br>Impact (X) | Potential<br>Negative<br>Impact<br>(X) | Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.   |  |
|                             |   |                                     |  | We will ensure the methodologies we use to engage and communicate are appropriate<br>to the groups and we will remain flexible and work to take a different approach to<br>ensure inclusivity.   |  |
| Race                        |   | X                                   |  | We know that minority ethnic people are often underrepresented in engagement<br>activities. Cultural and language differences can be barriers to successful outreach.<br>We will continue to ensure we are providing equitable access to engagement<br>opportunities and service information for all communities across Angus.<br>We will encourage the use of appropriate communication support for those seeking to<br>engage with us, including use of interpreting and translation services. |  |
| Sexual<br>Orientation       |   | X                                   |  | We will continue to encourage LGBT+ people to engage and share with us in an appropriately targeted and sensitive manner   |  |
|                             |   |                                     |  | We aim to build and maintain relationships with the LGBT+ community across<br>Angus and ensure we are providing appropriate and safe engagement opportunities.   |  |
| Religion or Belief          |   | X                                   |  | We will be sensitive to religions and beliefs that may impact people's opportunity to attend events or receive information.<br>We will build on our relationship with faith groups across Angus to better understand any barriers to communication and engagement due to religion or other beliefs.  |  |
| Gender<br>Reassignment      |   | Х                                   |  | This Strategic Framework does not present an increased risk of<br>disadvantaging people due to gender reassignment. We remain committed to<br>providing safe spaces for people to share their views with us.   |  |
| Pregnancy and<br>Maternity  |   | X                                   |  | We will work to ensure all families accessing care and support through our services have<br>the chance to communicate with us. When carrying out key engagement or<br>communications activity we will actively work to ensure that barriers to engagement<br>faced by those who are pregnant or have recently given birth are mitigated.<br>We will work to deliver a flexible and tailored approach where possible.   |  |

| Protected<br>Characteristic  | Potential<br>Neutral<br>Impact<br>(X) | Potential<br>Positive<br>Impact (X) | Potential<br>Negative<br>Impact<br>(X) | Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.  |
|--|---------------------------------------|-------------------------------------|--|---|
| Marriage and<br>Civil Partnership                                      | Х                                     |                                     |  | This Strategic Framework does not present an increased risk of<br>disadvantaging people due to their Marriage or Civil Partnership<br>status. We remain committed to providing safe spaces for people to share their views<br>with us.  |
| Any other<br>relevant groups<br>i.e. unpaid carers<br>(please specify) |                                       | X                                   |  | This Strategic Framework recognises the needs of carers when participating in<br>engagement activities and the challenges that may exist due to their individual caring<br>circumstances. We will continue to work with Angus Carers Centre to maximise<br>opportunities to engage with carers. |

| Employees or Volu           | Employees or Volunteers with Protected Characteristics |  |  |  |  |
|-----------------------------|--|--|--|--|--|
| Protected<br>Characteristic | Potential<br>Neutral<br>Impact<br>(X)                  | Potential<br>Positive<br>Impact<br>(X) | Potential<br>Negative<br>Impact<br>(X) | Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact. |  |
| Age                         | Х  |  |  |  |  |
| Sex                         | Х  |  |  |  |  |
| Disability                  | Х  |  |  |  |  |
| Race                        | Х  |  |  |  |  |
| Sexual<br>Orientation       | Х  |  |  |  |  |
| Religion or Belief          | Х  |  |  |  |  |

| Employees or Volu  | Employees or Volunteers with Protected Characteristics |  |  |  |  |
|--|--|--|--|--|--|
| Protected<br>Characteristic  | Potential<br>Neutral<br>Impact<br>(X)                  | Potential<br>Positive<br>Impact<br>(X) | Potential<br>Negative<br>Impact<br>(X) | Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact. |  |
| Gender<br>Reassignment   | Х  |  |  |  |  |
| Pregnancy and<br>Maternity   | Х  |  |  |  |  |
| Marriage and<br>Civil Partnership                                      | Х  |  |  |  |  |
| Any other<br>relevant groups<br>i.e. unpaid carers<br>(please specify) | Х  |  |  |  |  |

# 9. EQIA FINDINGS AND ACTIONS

| Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning. |  |  |
|---|--|--|
| <b>Option 1 - No major change required</b> (where no impact or potential for improvement is found and no actions have been identified)  |  |  |
| <b>Option 2 - Adjust</b> (where a potential negative<br>impact or potential for a more positive impact is<br>found, make changes to mitigate risks or make<br>improvements)   |  |  |

| Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning. |   |  |  |
|---|---|--|--|
| <b>Option 3 - Continue</b> (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)  | X |  |  |
| <b>Option 4 - Stop and review</b> (where a serious risk<br>of negative impact is found, the policy, practice<br>or project being assessed should be paused until<br>these issues have been resolved)                |   |  |  |

| Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken | Date for Completion | Who is responsible<br>(initials) |
|---|---------------------|----------------------------------|
| forward.  |                     |                                  |
| <b>Action 1</b> - Engagement with people with protected characteristics will play a key role in the ongoing implementation and embedding of the Communication and Engagement Strategic                | Ongoing             | SW                               |
| Framework with inclusive communication and engagement being a key component.<br>Action 2 - We will work to use a range of communications and engagement approaches and targeted social media.         | Ongoing             | SW                               |
| Action 3 – We will include the use of an equalities monitoring form when appropriate with the data recorded securely.   | Ongoing             | SW                               |
| Action 4 - We will work to ensure key messages are shared in other languages, and take into account particular needs or challenges faced by people.   | Ongoing             | sw                               |

#### **10. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)**

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit: Fairer Scotland Duty Guidance - Scottish Government

## 11. FSDA- SCREENING DECISION

| Is your policy,<br>practice or project<br>strategically  | <b>YES</b> - Proceed to section 12. Full Fairer<br>Scotland Duty Assessment (FSDA) below | <b>NO</b> – Provide reasoning below and proceed to sections 13 onwards to conclude. |
|--|--|---|
| important? Yes or<br>No? (FSD<br>assessments are<br>only required for<br>strategic, high-level<br>decisions) | Yes  |   |

# 12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

| Evidence  |   |  |                                     |  |
|---|---|--|-------------------------------------|--|
| What evidence do you<br>have about socio-   |   | •                                      | -                                   | e in the most deprived Quintile              |
| economic disadvantage<br>and inequalities of<br>outcome in relation to this<br>strategic decision?<br>Is it possible to gather new<br>evidence, involving<br>communities of interest? | <ul> <li>(SIMD 1) and 12% live in the least deprived Quintile (SIMD 5).</li> <li>Community engagement is generally undertaken by people with higher socio-economic status due to them having the finance, time and ability to engage.</li> <li>We often, but unintentionally, use jargon which can be intimidating and off-putting which can present an additional though often unintended barrier to engagement for many.</li> <li>There is a strong relationship between the Scottish Index of Multiple Deprivation (SIMD) and internet uptake in Scotland. According to the Scottish Household Survey 2021, those living most deprived areas are less</li> </ul> |  |                                     |  |
|   | •   |  |                                     | pared to those living in least               |
| Please state if there is a pote   | deprived arec   |  | ,                                   | or each of the below groupings:              |
|   | Potential<br>Neutral<br>Impact<br>(X)   | Potential<br>Positive<br>Impact<br>(X) | Potential<br>Negative<br>Impact (X) | Please provide evidence on<br>your selection |
| Low and/or No Wealth (thos  |   | Х                                      |                                     | The Communication and                        |
| with enough money to mee  |   |  |                                     | Engagement Strategic                         |
| basic living costs and pay bi   |   |  |                                     | Framework aims to support                    |
| but have no savings to deal   |   |  |                                     | everyone in Angus to have their              |

| with any unexpected spends<br>and no provision for the future  |   | say regardless of<br>socioeconomic status. We will<br>work with our partners to ensure<br>everyone is provided with the<br>opportunity to shape the future<br>of health and social care<br>services in Angus. |
|--|---|---|
| Material Deprivation (those<br>unable to access basic goods<br>and services e.g.<br>repair/replace broken<br>electrical goods, warm home,<br>life insurance leisure and<br>hobbies | X | As above  |
| Area Deprivation (where<br>people live (e.g. rural areas),<br>or where they work (e.g.<br>accessibility of transport)  | X | As above  |
| Socio-economic Background<br>(social class including parents'<br>education, people's<br>employment and income)   | X | As above  |
| Unpaid Carers  | Х | As above  |
| Homelessness, Addictions and<br>Substance Use  | X | As above  |
| Children's, Family and Justice   | Х | As above  |
| Other (please specify)   | Х | As above  |

#### **13. EVIDENCE OF DUE REGARD**

<u>Public Sector Equality Duty</u>: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.

| Eliminate unlawful discrimination, victimisation |  |
|--|--|
| and harassment.                                  |  |
| Advance equality of opportunity                  |  |
|  |  |
| Foster good relations between any of the         |  |
| Protected Characteristic groups                  |  |
|  |  |

#### **14. PUBLICATION**

| Is the corresponding IJB/Committee paper | No |
|--|----|
| exempt from publication?                 |    |

#### **15. SIGN OFF and CONTACT INFORMATION**

| Head of Service Responsible |                              | Lead Officer Responsible |                    |  |
|-----------------------------|------------------------------|--------------------------|--------------------|--|
| Name:                       | Jillian Galloway             | Name:                    | Sally Wilson       |  |
| Designation:                | Head of Community Health and | Designation              | Service Manager,   |  |
|                             | Care Services, AHSCP         |                          | Integration, AHSCP |  |

| Signature of Lead Officer:    | Date: |
|-------------------------------|-------|
| Signature of Head of Service: | Date: |

For further information on this EQIA and FSDA, or if you require this assessment is an alternative format, please email: tay.angushscp@nhs.scot

| 16. EQIA REVIEW DATE                               |            |
|--|------------|
| A review of the EQIA should be undertaken 6 months | April 2024 |
| later to determine any changes.                    |            |
| (Please state planned review date and Lead         |            |
| Reviewer Name)                                     |            |

#### 17. EQIA 6 MONTHLY REVIEW SHEET

| Title of policy, practice or project being reviewed                      |  |                        |                   |
|--|--|------------------------|-------------------|
| Lead Officer responsible for review                                      |  |                        |                   |
| Date of this review  |  |                        |                   |
| Please detail activity undertaken and progress on actions highlighted in |  | Status of action (with |                   |
| the original EQIA under section 9.                                       |  | reasoning)             |                   |
|  |  | •                      | Complete          |
|  |  | •                      | Outstanding       |
|  |  | •                      | New               |
|  |  | •                      | Discontinued etc. |
| Action 1 -   |  |                        |                   |
|  |  |                        |                   |
| Action 2 -   |  |                        |                   |
|  |  |                        |                   |
| Action 3 etc   |  |                        |                   |
|  |  |                        |                   |
| 1  |  | 1                      |                   |