

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

(Please follow the EQIA guidance in completing this form)

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

Inverclyde Health and Social Care Strategic Plan 2019- 2024

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

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

Inverclyde Health and Social Care Partnership (HSCP) functions in response to requirements laid out in the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation, The Strategic Plan is a 5 year plan that sets out the improvements local people have told us they want. These are based on a vision created by Inverclyde people including carers, service users and Inverclyde HSCP staff.

*“Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”*

There are six big actions that we aim to achieve:

- **Big Action 1:** Reducing Health Inequalities by Building Stronger Communities and Improving Physical and Mental Health
- **Big Action 2:** A Nurturing Inverclyde will give our Children & Young People the Best Start in Life
- **Big Action 3:** Together we will Protect Our Population
- **Big Action 4:** We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living
- **Big Action 5:** Together we will reduce the use of, and harm from alcohol, tobacco and drugs
- **Big Action 6:** We will build on the strengths of our people and our community

**3 Lead Reviewer**

Emma Cummings Service Manager Primary Care, Public Health & Equalities

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

Need to add once reviewed and seen by strategic planning group?

## 5. Impact Assessment

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

Inverclyde Health and Social Care Partnership (HSCP) is fully committed to delivering services that are fair for all and uphold our responsibilities as detailed in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. We take these responsibilities seriously and over the next five years will seek to identify and deliver improvements in our integrated services to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups of people and work in a way that fosters good relations within the communities of Inverclyde.

The Strategic Plan has an overall aim of 'Improving Lives' across and within Inverclyde. In order to deliver this vision the HSCP has identified values and 'big actions' that run through all of our planning. These values are based on human rights and wellbeing:

- **Dignity and Respect**
- **Responsive Care and Support**
- **Compassion**
- **Wellbeing**
- **Be Included**
- **Accountability**

Inverclyde HSCP's integrated workforce brings together staff from two public sector organisations, with a range of health and social care backgrounds. Staff understand that working together in a single organisation is far more effective in responding to the causes of poor health and social circumstances. Inverclyde HSCP also sits in a rich landscape of local statutory, independent, voluntary and third sector organisations, all of whom make a significant contribution to making Inverclyde a safe, secure healthy and equitable place to live.

**B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?**

		Source
<b>All</b>	<p>According to the mid-year estimates the population of Inverclyde is 79,160 people. Inverclyde has an increasingly older population, the percentage of people in older age groups is higher in Inverclyde compared to the rest of Scotland. There are more women than men in every age group except for those aged 0-15 and 16-24. Premature mortality is a measure of the number of deaths that occur under the age of 75 and can be used as an indicator of poor health of a population. The fewer deaths that occur under the age of 75, the healthier the population are judged to be. The rate in Inverclyde is 567 per 100,000 population whilst the Scottish rate is 425.</p> <p>In 2017 there were 439 deaths under the age of 75, 39.8% of the total deaths. This is higher than the Scottish figure in 2017, which was 36.3%.</p>	<p><b>NRS mid year population estimates</b></p> <p><b>NRS vital events reference table 2017</b></p>
<b>Sex</b>	<p>Discrimination based on the physical characteristics of men and women are arguably rarer than in previous decades, although there is significant evidence to suggest that the gender socialisation is still value-laden and leads to disproportionately poorer health and social outcomes for women. Women remain underpaid when employed in comparable jobs with men and continue to experience a disproportionate allocation of caring responsibilities. Women represent 90% of all single parent families and are more likely to experience poverty as a single parent compared to male single parents. Women are more likely to experience in-work poverty and are less likely to have access to private savings.</p> <p>Across Scotland, between 2017 and 2018, 74% of domestic abuse victims were female and there were 894 incidents reported in Inverclyde in 2017/18. Whilst</p>	<p><b>ONS 2015</b></p> <p><b>Scottish Government</b></p>

	<p>reporting by male victims is increasing, where gender information was recorded, around four out of every five incidents of domestic abuse in 2017-18 had a female victim and a male accused. Around one in four women have experienced domestic abuse at some time in their life. Domestic abuse has more repeat victims than any other crime and is the single most quoted reason for becoming homeless.</p> <ul style="list-style-type: none"> <li>• Increasing severity of domestic violence is related to poorer mental health.</li> <li>• Domestic violence (DV) is associated with depression, anxiety, post-traumatic stress disorder (PTSD), and substance mis-use for survivors of DV.</li> <li>• The relationship between domestic violence and mental health is bidirectional, with research suggesting that women experiencing abuse are at greater risk of mental health conditions and that having a mental health condition makes one more vulnerable to abuse.</li> </ul>	<p><b>domestic abuse statistics 2017-18 Shelter 2002</b></p> <p><b>Mental Health Foundation 2016</b></p>
<p><b>Gender Reassignment</b></p>	<p>While it was not possible to find a precise estimate of the number of trans people in Scotland, the most commonly used figure is 0.5% of the population, this would be just under 24,000 adults. The number of trans people accessing services at Scottish Gender Identity Clinics is much smaller than this, around 1800 adults and 600 children over the four year period from 2014 to 2017. However, the number of referrals each year has increased markedly across Scotland in this time. Although there is no definitive figure for the number of transgender people living in Inverclyde, we know from our primary care colleagues that they are supporting people in conjunction with the Sandyford Gender Identity Service.</p> <p>Potential inequalities in accessing gender identity services have been highlighted, particularly relating to centralised services. Other inequalities related to gender identity, reported by service users are presence of co-existing mental or physical health problems, and lack of financial means to travel or access private treatments.</p> <p>Research has found:</p>	<p><b>ScotPHN</b></p> <p>ScotCen Social Research</p>

	<ul style="list-style-type: none"> <li>• Little attention has been paid to the engagement of trans people as a community</li> <li>• Levels of transphobia are high when compared to attitudes towards LGB people</li> <li>• Trans people fear discrimination at work if they reveal their trans status or want to transition. They suffer restricted job opportunities and may suffer greater debt linked to their gender identity</li> <li>• Trans people experience high levels of hate crime but are reluctant to report it because they feel police do not understand them and would be discriminatory</li> <li>• There are often long delays in trans people receiving gender reassignment treatment and services may not be sensitive to the range of individual needs. They may be at greater risk of isolation, alcohol abuse, suicide, self-harm and HIV infection</li> <li>• There is a high risk of homelessness and harassment by family, neighbours and the local community</li> <li>• Trans people are portrayed mainly as undergoing gender reassignment surgery or as isolated individuals in the media. Problems arose for trans people trying to access changing facilities that then restricted access to sport and leisure facilities</li> </ul>	
<p><b>Race</b></p>	<p>Inverclyde has one of the lowest ethnic populations in Scotland. Recent Census results (2011) indicate that only 3.2% of the total population (81,485 at 2011 Census) considers itself to be of an ethnic origin other than White British. Results are similar in the 2017 SHS. The census breakdown consists of 0.9% Irish, 0.9% Asian, 0.1% Polish, 0.8% other white and 0.4 other ethnic groups. In terms of identifying their nationality only 1.1% of the population considers itself to have a nationality other than an UK identity. 92.9% of the Inverclyde population was born in Scotland, 0.8% born in other European Union countries and 1.8% born in other</p>	<p><b>Census 2011</b></p>

	<p>countries outside the EU.</p> <p>In the 2011 Census results, 1.3% of the population reported using a language other than English at home, with 0.7% stating that they do not use English well and 0.1% of the population that they do not speak English at all.</p> <p>Data suggests that most minority ethnic groups have better general health than the majority of the white population however these differences can vary by disease and ethnic group for example:</p> <ul style="list-style-type: none"> <li>• Obesity prevalence varies substantially between ethnic groups</li> <li>• The minority ethnic population shows lower age adjusted all-cause mortality and hospitalisation rates</li> <li>• There is a greater prevalence of cardiovascular conditions and diabetes in South Asian origin populations</li> </ul> <p>There is a strong link between socio economic status and health inequalities experienced by people from ethnic minority backgrounds stemming from poor housing conditions, low paid employment, social isolation and barriers to services through language difficulties. It is important that we acknowledge barriers around accessing services, particularly in respect of women from different minority ethnic backgrounds and religions who have a lower uptake of cancer screening services such as breast and bowel cancer screening. There is no evidence to suggest that women from some ethnic or cultural communities are more at risk of domestic abuse than others although the form the abuse takes may vary; in some communities, for example, domestic abuse may be perpetrated by extended family members, or it may include forced marriage, or female genital mutilation (FGM).</p>	<p><b>Health Scotland</b></p> <p><b>Women's Aid</b></p>
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	<p>Different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments.</p> <p>In general, people from black and minority ethnic groups living in the UK are:</p> <ul style="list-style-type: none"> <li>▪ more likely to be diagnosed with mental health problems</li> <li>▪ more likely to be diagnosed and admitted to hospital</li> <li>▪ more likely to experience a poor outcome from treatment</li> <li>▪ more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.</li> </ul> <p>Research has suggested that Western approaches to mental health treatment are often unsuitable and culturally inappropriate to the needs of some communities. Whilst a close-knit family structure may provide strong support for its members, it may also generate feelings of guilt and shame, resulting in people feeling stigmatised and unable to seek help.</p>	<p><b>Mental Health Foundation</b></p>
<p><b>Disability</b></p>	<p>Long Term Conditions (LTCs) are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. Multiple morbidities bring both personal and financial challenges (Christie, 2011). Patients with complex long term conditions, often make multiple trips to hospital clinics to see a range of uncoordinated specialist services. Data from local GP's practice shows that the majority of practices in Inverclyde have higher prevalence rates for asthma, coronary heart disease, chronic kidney disease, chronic obstructive pulmonary disease, depression, diabetes, hypertension, and stroke than the NHS Greater Glasgow &amp; Clyde and Scotland averages. This indicates that practices in Inverclyde treat more patients with multiple co-morbidities, problems, and needs than other areas. From the analysis of local data we estimate that 6,300 consultations take</p>	<p><b>Quality &amp; Outcomes Framework 2016</b></p>



	<p>place in primary care in Inverclyde on a weekly basis and that around a quarter of these involve a long term condition.</p> <p>From the national Census 2011, there were 6,537 people who identified themselves as having a physical disability in Inverclyde. This is 8% of the whole population and the numbers increased significantly with age being 34.4% for those over 85. The Health &amp; Wellbeing survey showed that those in the more deprived areas of Inverclyde reported lower positive views of their physical and mental wellbeing and quality of life than those in other areas. Overall 30% reported having a limiting illness or condition compared to 25% in the rest of NHSGG&amp;C. In the most deprived areas of Inverclyde this was 35% and for those over 65 this rose to 51%.</p> <p><b>People with a learning disability-</b>        Figures demonstrate that there were 457 adults with a learning disability known to the Local Authority in 2018. According to data from the number of people known to local authorities per 1,000 of population this was 6.9, significantly higher than the Scottish average of 5.2. Whilst this is a decrease from 2014, many still live in areas with high levels of multiple deprivation. The largest single group is those aged 21-34 who make up a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect their quality of life.</p> <p><b>People who experience mental health issues or illness –</b>        Wellbeing is linked to mental health in that it attempts to measure how happy and content people are in their everyday lives. Residents of Inverclyde report poor levels of emotional wellbeing and quality of life and referral rates to the Primary Care Mental Health Team (per 1,000 pop of over 18) are higher than elsewhere in NHSGG&amp;C. QOF data shows that the rate of new diagnosis of depression is higher in Inverclyde (10.0) than Scotland (7.5) per 100 patients.</p>	<p><b>Inverclyde        New Ways        Week of Care        Audit        Census 2011        NHSGG&amp;C        Health &amp;        Wellbeing        Survey 2017</b></p> <p><b>Learning        Disabilities        Statistics        Scotland 2018</b></p> <p><b>Quality &amp;        Outcomes        Framework</b></p>
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	<p>Rates of antidepressant drug prescribing are widely used as an indicator of the overall mental health of the population, with a clear SIMD quintile gradient being evident in rates (per 10,000 pop) of prescribing. This gradient is also seen in the rate (per 10,000 pop) of discharges from psychiatric hospital which is higher in Inverclyde than the rest of NHHSG&amp;C, again with males being higher than females. Rates (per 100,000 pop) of suicide in males are more than three times higher in Inverclyde than females with the overall rate being the highest in NHHSG&amp;C. Inverclyde will further develop its response to crisis within the out of hours period as part of the Mental Health Strategy.</p> <p>There is increasing research that demonstrates the strong links between mental health and material deprivation. The poorest fifth of adults are at double the risk of experiencing a mental health problem as those on average incomes. The impact of welfare reform has compounded this further where 98% of respondents in the report Worried Sick: Experience of Poverty and Mental Health Across Scotland (2014) indicated their mental health had suffered.</p> <p>There is growing evidence around the impact of Adverse Childhood Events (ACEs) such as trauma or neglect on child development and the risk of mental illness or substance abuse. Given the stark deprivation, inequalities and drug and alcohol misuse in Inverclyde, children and young people are at significant risk of ACEs and the subsequent consequences.</p> <p>Dementia presents a significant challenge to individuals, their carers and health and social care services across Scotland. Data from QOF demonstrates that the rate of individuals in Inverclyde was 0.9 in 2017/18. This estimated prevalence is marginally higher than the Scottish figure of 0.8 people per 100 of the population.</p> <p>The Census 2011 estimated that 34,492 people in Scotland were living with sight loss. Over half were registered as blind, with 2 in 5 male, and the remainder female</p>	<p><b>Quality &amp; Outcomes Framework</b></p>
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	<p>74% were over 65 and a third had additional disabilities. Locally 2221 were blind or had partial sight loss (2.7% of the population). Our Sensory Impairment service has 211 individuals registered as blind and 221 as partially sighted. Significant sight loss affects around one in 30 of the Scottish population, and it is predicted that this figure will double by 2031. The vast majority are older people, with more than one in two people aged over 90 having a significant sight loss. Evidence suggests that over 50% of sight loss is due to preventable or treatable causes. It has been shown that 78% of people living with sight loss have at least one other condition for which they receive medical care</p> <p>There can be delays of up to 10 years in people addressing their hearing loss, and evidence suggests that GPs do not refer 45% of people reporting hearing problems for any intervention, such as a referral for a hearing test or hearing aids. There are many more people in Scotland who would benefit from a hearing aid than currently have one. Hearing loss is more prevalent in older age groups. In 2011 8.3% of the Inverclyde population (6730) described themselves as having deafness or partial hearing loss and 212 used British Sign Language (BSL). Inverclyde Sensory Impairment Team has 40 profoundly deaf service users who use BSL.</p>	<p><b>Census 2011</b></p> <p><b>Scottish Government See Hear 2014</b></p> <p><b>Census 2011</b></p>
<p><b>Sexual Orientation</b></p>	<p>Confirming an accurate figure for the LGB population is difficult, particularly given that the national census and other large scale population surveys do not include categories allowing LGB people to identify. The SHS 2017 estimates that for Scotland 1.2 % of the adult population identify as gay or lesbian and 0.4% as bisexual. In Inverclyde 0.5% identified as gay or lesbian. LGB people are more likely to have higher alcohol use, smoke and have poorer psychological well- being with less LGB people reporting Good / Very good health.</p> <p>A Call to Action: A Report on the Health of the Population of NHS Greater Glasgow and Clyde (2007-2008) suggested that lesbian, gay, bisexual and transgender (LGBT) people are concerned that there is an added dimension of discrimination</p>	<p><b>Scottish Household Survey 2017</b></p>

	<p>which can make the difference between good and bad health. Problems associated with homophobia in early life such as bullying and low self-esteem can continue into adulthood and have serious long term negative effects on health. This is reflected in higher suicide rates amongst gay men than in the heterosexual population and higher rates of anxiety, depression, self-harm and attempted suicide have been linked with experiences of prejudice and discrimination.</p>	
<p><b>Religion and Belief</b></p>	<p>From the Census results (2011) we know that 33% of the Inverclyde population considered themselves to be members of the Church of Scotland, 37% Roman Catholic church members and 4.1% of population belonging to other Christian denominations. 0.2% identified themselves as being of the Muslim faith and 0.5 of another faith. 19.2% stated that that they had no religion and a further 5.9% did not state anything. Findings are similar in the 2017 SHS: 37% Roman Catholic (significantly higher than the rest of Scotland), 28% Church of Scotland and 24% reporting no religious belonging (significantly lower than the rest of Scotland). New Scots from Afghanistan and Syria who have made their home in Inverclyde are adding to the range of religious groups within the area.</p> <p>Evidence has been found that discrimination based on religion in the past, may be a contributing factor in ill health amongst the catholic community in the West of Scotland, due to increased stress levels, limited employment opportunities and leaving the labour market at an early age due to ill health (Gordon et al. 2010).</p> <p>Concerns around services being culturally sensitive, respecting people's faith and religion, and language difficulties have been expressed by carers in the past and may be a barrier to individuals from different backgrounds accessing services. Positive messages around person centred care and self- directed support may help to overcome this and efforts such as recruiting carers who have an understanding of an individual's first language and religious needs could improve outcomes.</p>	<p><b>Census 2011</b></p> <p><b>Scottish Household Survey 2017</b></p>

<p><b>Age</b></p>	<p>The Inverclyde Joint Strategic Needs Assessment (2019) recognises that Inverclyde's population is an increasingly elderly one as the percentage of the population in older age groups is higher in Inverclyde compared to the rest of Scotland. In addition, there are more women than men in every age group except for those aged 0-15 and 16-24 as stated above. The projections show that the percentage of the population in older age groups is due to rise, with those aged 75 and above going from about one in ten in 2012 to nearly one in five of the population by 2037. There will be more people in older age groups than in younger age groups for both men and women.</p> <p>Inverclyde is one of the few council areas where the population numbers are falling meaning that it is estimated there will be just over 65,000 people in Inverclyde in 2037. This is a challenge for Inverclyde as it will have a large proportion of the population seen as economically 'dependant' upon the working age population. Approximately 27.5% of those 16+ in Inverclyde have a limiting long term physical or mental health condition and it is recognised that disabilities and long term health conditions are more common among older people. Older people quite often experience more than one condition for which they require support from health or social care services.</p> <p>It is acknowledged that social isolation and loneliness can affect anyone at all ages and stages of life. There is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental health. The Inverclyde Health &amp; Wellbeing Survey shows that 9% of our population feel socially isolated from family and friends and that there were people in all age groups who described feeling lonely some of the time in the previous 2 weeks. This was most apparent in the age groups 16-24 (24%) and 75+ (27%). Older people are more likely to live alone and therefore be at risk of social isolation.</p>	<p><b>NHSGG&amp;C          Health &amp;          Wellbeing          Survey 2017</b></p> <p><b>Age and          Social</b></p>
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	<p>The 2015 Age and Social Isolation report by the Equal Opportunities Committee (EOC) recommended that these issues be built into the plans and strategies of HSCPs across Scotland. Older and younger people particularly experience stigma when experiencing loneliness linked to social isolation. If there are other protected characteristics in addition to being young or old then the potential impact is greater.</p>	<p><b>Isolation (EOC 2015)</b></p>
<p><b>Pregnancy and Maternity</b></p>	<p>There were 674 births in Inverclyde in 2017, a decrease of 4% from 2016. The 2017 rate, 49.0, was slightly under the Scottish figure of 51.7. The birth rate in Inverclyde has been lower than the Scottish average since 2006. One of the major challenges affecting Inverclyde is depopulation which is being addressed by Inverclyde Alliance Outcomes Improvement Plan having a priority for a stable and sustainable population with an appropriate mix of socio-economic groups.</p> <p>Scotland has a higher rate of teenage pregnancy than most other western European countries and reducing unintended teenage pregnancy is a national target for the Scottish Government. Teenage pregnancy is also linked to deprivation with the rates of teenage pregnancy in deprived areas more than treble those of the least deprived areas. Pregnancy and Parenthood in Young People Strategy aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in many young people under 18. In addition the strategy aims to provide extra support for young parents, particularly those who are looked-after up to age 26 in line with the Children and Young Peoples (Scotland) Act 2014.</p> <p>In terms of the age of the mother, the three year average rate 2014-2016 for women under 20 was marginally lower in Inverclyde than Scotland. Although this is a marginal difference it is important to acknowledge that reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next. Partnership working to reduce teenage pregnancy has been in place for many years in Inverclyde as it was recognized that teenage mothers:</p>	<p><b>ISD Teenage pregnancies report 2018</b></p> <p><b>Pregnancy and Parenthood in Young People Strategy</b></p>

	<ul style="list-style-type: none"> <li>• Are less likely to finish their education</li> <li>• Are more likely to bring their child up alone and in poverty</li> <li>• Are three times more likely to smoke during their pregnancy</li> <li>• Are 50% less likely to breastfeed</li> <li>• Have 3 times the rate of post-natal depression of older mothers</li> <li>• Have a higher risk of poor mental health for 3 years after the birth.</li> </ul> <p>The percentage of breast fed babies (both mixed and exclusively breastfed) is lower in Inverclyde than the Scotland average and continue to fall. Infants who are exclusively breastfed have fallen from approximately 30% in 2002 to 17% in 2017. Over the same time period mixed formula and breast feeding has increased by 6%. In comparison, the national figures are that exclusively breast fed decreased by 3% and mixed feeding increased by 10%. This means that the position is getting worse for exclusive breast feeding and improving for mixed feeding. The improvement in mixed feeding is not progressing at the same rate as the rest of Scotland, which means that the gap between Inverclyde and the rest of Scotland is getting wider. There will be a focus on improving breastfeeding rates with the introduction of new dedicated posts.</p>	
<b>Marriage and Civil Partnership</b>	<p>There have been no civil partnerships registered in Inverclyde since 2014 and it is likely that same sex couple are now being married.</p>	<b>NRS</b>
<b>Social and Economic Status</b>	<p>Inverclyde is considered one of the most deprived local authorities in Scotland. Just over 40% of the population of Inverclyde (33,501 people) are in the top 20% most deprived data zones in Scotland. The rest of the population is relatively evenly spread across the other deciles, except in the least deprived decile where there are two data zones in Inverclyde in the top 10% least deprived in Scotland. Both male and female life expectancy at birth is lower in Inverclyde than the Scottish average and within Inverclyde differences of 14 years for men and 15 years for women can</p>	<b>SIMD 2016</b>  <b>National Records for Scotland 2012</b>

	<p>be seen between our most deprived and least deprived areas. Healthy life expectancy is lower than Scotland by 4 years for males and 2 years for females. People within deprived communities also have higher rates of coronary heart disease; some cancers; mental health problems and alcohol and drug problems.</p> <p>In 2017/18, 2.3% of all babies were identified as being of low weight for their gestational age. This was a reduction in the percentage from the previous year but was higher than the Scottish figure of 1.9%.</p> <p>5% of the working age population (aged 16-64) claimed universal credit or other out of work benefits in December 2018 compared to 2.8% for Scotland. Disability Living Allowance has been replaced by Personal Independence Payments (PIP) for those aged between 16 and 64 years (from May 2018), however at that time there were 1760 people claiming DLA 3.5% of the population in this age group as compared to 2.4% for Scotland.</p> <p>Respondents of the NHSGG&amp;C Health and Wellbeing survey were asked how they felt about the adequacy of their household income. Those aged 65 or over were the most likely give a positive view of the adequacy of their household income. Additionally, those in the most deprived areas were less likely to give a positive view. Compared to NHSGGC those in Inverclyde were less likely to have been affected by benefit changes (2% Inverclyde; 4% NHSGGC). As Inverclyde was one of the first areas to roll out Universal Credit prior to the survey, this may account for the low numbers.</p> <p>Those in the most deprived areas were more likely to have been affected by benefit changes (4% most deprived; 2% other areas). Those in the bottom 15% deprivation areas were also more likely to have difficulties meeting costs (44%) than other less deprived areas (26%). This includes costs associated with rent/mortgage payments,</p>	<p><b>ISD Child Health</b></p> <p><b>NOMIS official labour market statistics</b></p> <p><b>NHSGG&amp;C Health and Wellbeing Survey 2017</b></p>
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	<p>fuel bills, phone bills, council tax/insurance, food or clothes/shoes.</p> <p>Another group that were identified as having difficulty with these household costs were those in the younger age groups, with 41% of 16-24 year olds recording difficulty.</p> <p>Whilst fuel poverty has declined since 2016, the estimated number of all Inverclyde households in fuel poverty is 38% around 14,000 rising to 51% in older households. The estimated number of families in fuel poverty is 30%.</p> <p>Approximately a quarter of children in Inverclyde are living in poverty. The highest concentration of child poverty is in areas of high deprivation as 37.4% of children in poverty live in these areas.</p> <p>Half of adults with a learning disability live in areas with high levels of multiple deprivation and the largest single group is as those aged 21-34. As this group ages, they are likely to develop multiple morbidities which will affect quality of life. This has an effect on use of health and social care services, as those in the most deprived areas are more likely to have greater need and use of services. It is therefore imperative that the HSCP through the Strategic Plan has a clear remit to work towards reducing inequalities arising from social and economic deprivation.</p>	<p><b>Inverclyde          Housing          Contribution          Statement          2019-2022          (draft)</b></p>
<p><b>Other          marginalised          groups          (prisoners,          homelessness,          addictions,          travellers,          asylum seekers</b></p>	<p>Homelessness</p> <p>Homelessness does not only include those sleeping rough but anyone who does not have the right to stay where they are living such as those sleeping on friend's sofas. It also includes overcrowded or unsuitable accommodation. Single males are more likely than single females to make a homeless application in Scotland except for those aged under 24. Female single parents make up 17% of applications.</p>	<p><b>Shelter</b></p>



	<p>times higher than that of females. There were 834 alcohol related hospital stays in 2017/18. The majority of alcohol related deaths in NHSGG&amp;C occur in the most deprived groups with rates (per 100,000 pop) in Inverclyde higher than those of Scotland.</p> <p>Alcohol related health issues are a major concern for public health in Scotland. Excessive consumption of alcohol can cause both short and long term health and social problems. This includes liver and brain damage, as well as mental health issues, and it is also a contributing factor in cancer, stroke and heart disease. Since 2010 the prevalence of alcohol related mortality has fallen in Inverclyde however, compared with Scotland the rate remains higher. Although significant advances have been made in tackling alcohol and drug related harm in Inverclyde there is considerable progress to be made in supporting the realisation of an environment where alcohol and drug misuse impact less on the achievement of better outcomes for individuals, children and communities. Minimum unit pricing for alcohol may have an impact over time.</p> <p>Criminal and Community Justice</p> <p>Inverclyde has a prison based population at HMP Greenock that includes both male and female prisoners and it is recognised that offenders are marginalised, facing long term discrimination and stigma due to passed and spent convictions. Two thirds of young offenders were under the influence of alcohol at the time of committing their offence and a significant number of prisoners report having problems with alcohol and drugs outside prison. A third of young offenders and almost a third of the adult prison population self- identify as Care Experienced with the actual figure likely to be higher. All of these criminogenic conditions impact on community justice and highlight the multi-layered and complex nature of issues facing our community. Importantly the profile also speaks to the variety of community assets that may be utilised in developing community capacity to facilitate</p>	<p>SPS 2016</p>
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	<p>the desistance of offenders.</p> <p>Women entering prison are more likely to have been imprisoned for a non-violent offence but are highly likely to have been victims as well as offenders with more than half reporting emotional, physical or sexual abuse as a child. Studies have found that mental health problems are much more common in prisoners of both sexes than in the general population. As many as 9 out of 10 prisoners report some kind of mental health problem.</p> <p>Traveller Communities</p> <p>Gypsies and Travellers are a particularly marginalised group and suffer poor outcomes in many areas of life. Just over 4,000 people in Scotland identified in the census that their ethnic group was 'white: Gypsy/Traveller' and this represented 0.1% of the population. The lowest numbers were resident in the island councils and Inverclyde – less than 20; however it should be noted that organisations working with these groups in Scotland estimate that the population figure is much higher. Gypsies and Travellers reported being less proficient in spoken English than the population as a whole.</p> <p>The Equality and Human Rights commission reported experiences of inequality across a wide range of areas which largely remained invisible and ignored within wider agendas. Media reporting of stories about Gypsies and Travellers tend to reinforce negative stereotypes and in 2003 Stonewall found the most negative attitudes to any minority group were targeted at Gypsies and Travellers. Roma communities are the most deprived and vulnerable ethnic group within Europe stemming from their deliberate exclusion from citizenship in the EU countries from which they originate.</p> <p>Inverclyde HSCP is responsible for co-ordinating Inverclyde Council's services to</p>	<p>Across a wide range of areas  <b>Prison Reform Trust National Strategy for Criminal Justice 2018</b></p> <p><b>EHRC Cemlyn et al 2009</b></p>
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	<p>Gypsies and Travellers and a draft policy on the management of unauthorised encampments exists. This ensures that we will adopt an approach of co-operation and assistance in response to encampments, to ensure that the rights of Gypsy/Travellers and those in the broader community are mutually respected. Regular checks of any encampments which are established will ensure that welfare, education and health needs are being met.</p> <p>People Seeking Asylum and Refugees</p> <p>Inverclyde is participating in 2 refugee resettlement schemes which include Afghan and Syrian nationals. There are a small number of asylum seekers who have come to Inverclyde due to having family within the area. Language and communication are key factors affecting this group despite investment in translation services and English lessons compounded by a lack of literacy in their native language.</p> <p>There is evidence to suggest that the health of New Scots may worsen in the first 2 or 3 years following entry to the UK because of a complexity of pre and post migration factors. Mental health appears to be the biggest health issue affecting asylum seekers and refugees once in this country. Many studies have documented the high prevalence of post-traumatic stress disorder (PTSD) and depression within this community. Women, children, the elderly and those with disabilities are the most vulnerable of those who have been forced to leave their country. There remains little information on the needs of disabled asylum seekers &amp; refugees, however the HSCP receives advance information on disabilities and once settled in Inverclyde, support needs are assessed. Likewise little is known about drug and alcohol issues in this group, however research suggests risks of developing addiction problems due to unemployment, poverty and exposure to drugs and alcohol in the areas where they live. Within Inverclyde most refugees follow the Muslim faith and as such do not drink alcohol, however the long term influence of living within a new country is not known.</p>	
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	A number of studies have demonstrated that asylum seekers and refugees experience particular problems in accessing and using health services because of language barriers and a lack of information.		
<b>C Do you expect the policy to have any positive impact on equalities or on different equalities groups?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	Inverclyde Health and Social Care Partnership (HSCP) is fully committed to delivering services that are fair for all and to upholding the responsibilities as detailed in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. The Strategic Plan is explicit in its approach to reducing inequalities and we have undertaken an inclusive approach to consulting on the plan.		
<b>Sex</b>	The Strategic Plan sets out its focus in terms of ensuring delivery of services that are fair to all. No services are delivered that are likely to negatively		

	impact upon either gender, however staff must be cognisant of the barriers which may be present for either sex when accessing services.		
<b>Gender Reassignment</b>		Across all services there is a commitment that staff will receive additional learning opportunities to better understand the barriers to access experienced by trans people. Our equality outcomes will ensure that trans people will not be discriminated against because of their protected characteristic.	
<b>Race</b>		Although Inverclyde has a low ethnic population, this makes it all the more important that our services and plans are sensitive to the needs of minority groups and staff know how to access additional support such as interpreters.	
<b>Disability</b>	Inverclyde HSCP Strategic		

	<p>Plan 2016-2019, Strategic Needs Assessment and Housing Contribution statement demonstrates that it has taken cognizance of inequalities and needs of people with disabilities. The overarching Strategic Plan links to a range of existing strategic plans which in the main have been the subject of an independent EQIA review.</p> <p>This ultimately ensures positive outcomes for service users, carers, and employees with protected characteristics.</p>		
<p><b>Sexual Orientation</b></p>		<p>There is an organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers to access experienced by LGB people. Our mainstreaming aspirations and evolving equality</p>	



		outcomes will ensure that LGB people will not be discriminated against because of their protected characteristic.	
<b>Religion and Belief</b>		The emphasis on building stronger communities should ensure that there is greater understanding and tolerance across the range of religions and beliefs amongst our citizens. The HSCP should continue to increase the understanding of staff around respecting the needs of individuals in relation to their spiritual, cultural and dietary needs. The HSCP may wish to consider using the new West of Scotland Regional Equality Council Mainstreaming Anti-Sectarianism in Equalities toolkit in future.	
<b>Age</b>		The Strategic Plan highlights our inclusive approach to nurturing Inverclyde- Getting it right for every child, citizen and community. The HSCP	

		<p>will ensure that in meeting its outcomes and indicators that no service adversely impacts on any specific age group, for example older people, through meeting any reduction in delayed discharges or bed days. As far as possible the HSCP should aim to commission services which meet the needs of the whole population unless there are specific, defined reasons for services to be targeted at any particular age group.</p>	
<b>Marriage and Civil Partnership</b>		<p>The Strategic Plan sets out an organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers.</p>	
<b>Pregnancy and Maternity</b>	<p>The Strategic Plan Big Action 2 focuses on giving our children and young people the best start in life. The partnership approach to delivering this should have a positive impact.</p>		

<b>Social and Economic Status</b>	During the implementation of the Strategic Plan, Inverclyde will move to 6 localities in line with the Community Planning Partnership. This should have a positive impact on planning and delivering services which can meet specific needs related to the particular characteristics of those localities related for example to deprivation.		
<b>Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)</b>	The HSCP has given commitment in the Strategic Plan, Big Action 1 to reducing inequalities by building stronger communities and improving physical and mental health. This statement includes all marginalised groups.		

<b>D Do you expect the policy to have any negative impact on equalities or on different equalities groups?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>			If the HSCP does not monitor and see progress on the Equality

			<p>Outcomes then there may be a detrimental effect across any or all of the different equalities groups. Staff requires to be fully conversant with the equalities legislation and contribute to reducing any negative impact.</p> <p><b>This applies to all groups listed below.</b></p>
<b>Sex</b>			As above
<b>Gender Reassignment</b>			As above
<b>Race</b>			As above
<b>Disability</b>			As above
<b>Sexual Orientation</b>			As above

<b>Religion and Belief</b>			As above
<b>Age</b>			As above
<b>Marriage and Civil Partnership</b>			As above
<b>Pregnancy and Maternity</b>			As above
<b>Social and Economic Status</b>			As above
<b>Other</b>			

<b>marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)</b>			
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<b>E Actions to be taken</b>		
		<b>Responsibility and Timescale</b>
<b>E1 Changes to policy</b>		
<b>E2 Action to compensate for identified negative impact</b>	Continue to ensure a robust Staff training programme is delivered to raise awareness of equalities for all staff.	<b>Learning &amp; Education            Lifetime of plan</b>
<b>E3 Further monitoring – potential positive or negative impact</b>		<b>Planning &amp; Performance            Lifetime of plan</b>
<b>E4 Further information required</b>		

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

The Strategic plan covers 2019-2024, however there will be a refresh at year 3, at which point the EQIA will also be reviewed.

**Lead Reviewer: Name: Emma Cummings**  
**Sign Off: Job Title Service Manager**  
**Signature**  
**Date: March 2019**

Please email copy of the completed EQIA form to [eqia1@ggc.scot.nhs.uk](mailto:eqia1@ggc.scot.nhs.uk)

All other enquiries please to:

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