

Assessment No	1146	Owner	aking
Resource	HSCP	Service	Joint
	FirstName	Surname	Job Title
Head Officer	Margaret-Jane	Cardno	Head of Strategy and Transformation
Members	Emily Aitken (Trauma Informed Practice Lead) WDHSCP, Ailsa Dinwoodie (The Promise Lead) WDHSCP, Ilse Sanchez Posso (Violence Against Women and Girls Lead) WDHSCP, Lauren McLaughlin (Health Improvement Lead) WDHSCP. Jenni McNab (Communication and Engagement Manager) Carers of West Dunbartonshire, Cols Young (Community Engagement and Development Officer) WDHSCP.		
	<i>(Please note: the word 'policy' is used as shorthand for strategy policy function or financial decision)</i>		
Policy Title	HSCP Engagement and Participation Strategy 2024-27		
	The aim, objective, purpose and intended out come of policy		
	The strategy aims to build active, inclusive, and strong community relationships between the Health and Social Care Partnership (HSCP) and the residents of West Dunbartonshire. The HSCP wants the local communities to help shape and influence how decisions are made and put the community needs at the heart of service design. The engagement strategy outlines the goals to be achieved in its three-year timeline, including tackling accessibility barriers that hinder seldom heard communities from participating in local democracy matters.		
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.		
	West Dunbartonshire HSCP Health Improvement Team West Dunbartonshire HSCP Strategy and Transformation Team West Dunbartonshire HSCP Children's Health, Care and Justice Team West Dunbartonshire HSCP Mental Health, Addictions and Learning Disabilities Team West Dunbartonshire Council for Voluntary Service (CVS) Service users West Dunbartonshire HSCP Health Improvement Team West Dunbartonshire HSCP Strategy and Transformation Team West Dunbartonshire HSCP Children's Health, Care and Justice Team West Dunbartonshire HSCP Mental Health, Addictions and Learning Disabilities Team West Dunbartonshire Council for Voluntary Service (CVS) Service users West Dunbartonshire Residents West Dunbartonshire Council colleagues Carers of West Dunbartonshire Scottish Recovery Consortium Improving Lives Outside the Box Mental Health Network for Greater Glasgow and Clyde (MHNGGC) Y Sort It Citizens Right Project Clydebank Asbestos Project NHS Trade Union Representatives (BAOT and Unite the Union)		
Does the proposals involve the procurement of any goods or services?			No
If yes please confirm that you have contacted our procurement services to discuss your requirements.			No
SCREENING			

<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes
Who will be affected by this policy?	
All residents of the West Dunbartonshire area.	
Who will be/has been involved in the consultation process?	
<p>As part of a three-week consultation process, the policy was brought to key stakeholders and their members to discuss their views on its effectiveness. Targeted focus groups were held with member groups from Carers of West Dunbartonshire, Alternatives, Moments of Freedom (Outside the Box) and Improving Lives who all host meetings in the West Dunbartonshire area. Two public consultations were also undertaken and publicised through social media offering opportunity for wider public feedback in both the Clydebank and Dumbarton area. All participants were given information and the opportunity to ask questions about the strategy and then asked their opinions of what they liked about the strategy, what could be improved and any areas the strategy missed. Furthermore, roundtable discussions were held monthly beginning in April of 2024 with HSCP staff and key stakeholders (CVS, Third Sector Organisations, Trade Union Reps etc.) who offered feedback and guidance for the strategy's development and progression.</p>	

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

Specific group to consider	Needs	Evidence	Impact
Age	<p>The Strategic Needs Assessment (2022) and National Records Scotland (2022) have reported a 6.9% population decrease in West Dunbartonshire (WD), and an increase in its older generation. According to the predicted estimates, the WD population is due to continue its decline in population by 7.4% by 2028 and only saw 852 births in 2022. WD life expectancies for both men and women fall below the national average for Scotland, with WD experiencing a significant impact by the COVID-19 pandemic. Nationally, 29% of people over the age of 75 experience feelings of loneliness on a weekly basis. Within WD, 57% of emergency admissions to hospital were for people over the age of 65 and this age bracket is the highest resource consumption group of acute in-patient non elective services. WD also sees higher delays for discharge for over 75s with incapacity than any local authority area in Scotland.</p> <p>Although the Scottish Government implemented the Fairer Scotland for Older People framework in 2019 that intends to tackle age discrimination, nationally older people are reporting difficulty engaging with their local services. With the shift to digital platforming post-lockdown, older people are experiencing exclusion from the services that are relevant to them as they can lack digital literacy skills and confident to use online services. This makes</p>	<p>WDHSCP Strategic Needs Assessment for Adults and Older People (2022)</p> <p>WDHSCP Strategic Needs Assessment (2022)</p> <p>Census Data 2022 (keep an eye)</p> <p>National Records Scotland Population Estimates (2022)</p> <p>NHS Greater Glasgow and Clyde (NHSGGC) Health and Wellbeing Survey (2022-023)</p> <p>Scottish Government (2019) A Fairer Scotland for Older People: A framework for action</p> <p>Age UK (2023) Applying for a Blue Badge and other council services if people are not online</p> <p>Scottish Sports Futures (2022) Trauma and Poverty: Post COVID-19 challenges affecting vulnerable young people in Scotland.</p> <p>Scottish Government (2024) UNCRC (Incorporation) (Scotland) Act</p>	<p>The strategy aims to create an inclusive approach to engagement by removing accessibility barriers that may hinder marginalised voices from participation in local democracy matters. Regarding young and older people, this includes ensuring multiple formats of advertisement and hosting sessions in locations that are accessible to communities. The strategy has a goal set for its three-year timeline to involve more community voices within decision making processes by identifying and upskilling community navigators of marginalised communities. This will have a positive impact on the young and older population of WD as they will have direct representation of their wants and needs on decision-making panels.</p>

engagement difficult for older people to share their experiences of how services suit their needs as West Dunbartonshire has moved many of its services to solely online.

West Dunbartonshire has not currently published health outcomes of its younger population, but this can be garnered from national data. One in four children live in poverty in Scotland, and these young people are less likely to be physically fit, higher rates of depression and anxiety and experience social stigmatisation. The COVID-19 pandemic worsened this issue and widened the attainment gap during the lockdown, with a higher percentage of younger people now reporting PTSD and trauma from the lockdown itself. Despite Scotland being the first country to enshrine the United Nations Conventions on Rights of a Child in 2024, the COVID-19 pandemic highlighted that young people were unable to be involved in decision-making processes that mattered to them. This issue, coupled with the traumatic experiences faced over lockdown, may result in young people being hesitant to engage due to their needs being unable to be listened to during the COVID-19 pandemic.

Cross Cutting	<p>To improve equalities, uphold human rights and tackle barriers to engagement, community planning partners must work collaboratively to avoid policy siloes, maximising resources, skills and capacity.</p>	<p>West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026</p> <p>West Dunbartonshire Health and Social Care Partnership (2022) Carers Strategy 2024-2026</p> <p>Scottish Government (2024) Planning with People Guidance</p>	<p>The strategy implements a multi-agency approach. as it has an impact across all levels of society and all public, private and third sector have a role to play in widening engagement and tackling barriers to participation. By taking this multi-agency approach, it is recognised that we cannot work in isolation, and therefore, the impact on this area is positive.</p>
Disability	<p>The Scottish Census (2011) statistics show that West Dunbartonshire has a higher population of disabled people within the area at 26% compared to the national average of 24%. According to the Scottish Learning Disability Observatory, West Dunbartonshire also has a higher average of learning-disabled people within its population than the Scottish average at 6.2%. Learning disabled people experience some of the poorest health outcomes of any equalities group. It should also be noted, as it was by the Equality and Human Rights Commission (EHRC) and the Glasgow Disability Alliance, that disabled women are more likely to experience poverty, violence, and unstable employment in comparison to disabled men and non-disabled counterparts. Adding in the COVID-19 pandemic to these pre-existing issues, disabled women experienced more negative impacts of the COVID-19 pandemic including poor access to healthcare, social isolation and overwhelmingly shouldering the responsibility of unpaid care demands in the home.</p> <p>Following the Social Model of Disability's definition, disabled people face</p>	<p>Scotland Census (2011)</p> <p>West Dunbartonshire in Numbers (2020)</p> <p>NHSGGC Health and Wellbeing Survey (2022-2023)</p> <p>Scottish Health Survey (2022)</p> <p>Scottish Household Survey (2019)</p> <p>Scottish Learning Disability Observatory (2020)</p> <p>'The Double Whammy of being a disabled woman within the UK' Equality and Human Rights Commission (2018)</p> <p>'Triple Whammy' Disabled Womens Lived Experiences of COVID-19. Voices, Priorities and Actions for Change. Glasgow Disability Alliance (2022)</p> <p>Mike Oliver (2013) The Social Model of Disability: 30 Years On</p>	<p>The strategy aims to create an inclusive approach to engagement by removing accessibility barriers and enshrining marginalised voices in its practice. Regarding disabled people, the strategy outlines accessibility measures that all HSCP staff should follow when looking to engage with disabled communities, including recognising accessibility barriers and removing them prior to engagement sessions i.e. offering a step free access into a venue, including multiple format documents for materials etc. It aims to enshrine these practices in the Engagement Standards policy that will subsequently be worked on upon this strategy's release.</p>

	<p>physiological and psychological barriers in their daily lives. This is due to society being built for the needs of abled-bodied people and it is the barriers that disabled people in society rather than impairments. Barriers can be found in every aspect of a disabled person's life – for example, as stated in the GDA Triple Whammy Report, disabled people are more likely to live and experience extreme negative impacts of poverty. It is due to these societal barriers that disabled people can struggle to engage and have their voices heard.</p>		
Social & Economic Impact	<p>West Dunbartonshire has some of the most socially deprived areas of Scotland which has a direct outcome on health equalities – including alcohol and drug addiction rates, life expectancy and aspirations.</p>	<p>The Scottish Index of Multiple Deprivation (SIMD)</p> <p>West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026</p>	<p>Improving health outcomes via community involvement and engagement will support a positive social and economic impact. When undertaken successfully, community engagement leads to services that are proactive and planned for the needs of the community. Communities feel more trusting to governing bodies and as a result, can participate wider in their communities through social and economic means. Health inequalities act as a root cause of socio-economic issues; therefore, the strategy will have a positive impact as it aims to use engagement to tackle these issues.</p>
Sex	<p>In 2021, there were more women (52.2%) than men (47.8%) living in the West Dunbartonshire (WD) area. Life expectancy remains higher for women in WD however both are significantly under the national Scottish life expectancy age. West Dunbartonshire has experienced the joint lowest percentage increase of life expectancy for both men and women out of any local</p>	<p>National Records of Scotland (2022) West Dunbartonshire Council Area Profile</p> <p>NHS Scotland National Data (2022) Scotland Workforce Data</p> <p>Carers UK (2024) Women and Unpaid Care in Scotland.</p> <p>Glasgow Disability Alliance (2022) 'Triple Whammy' Disabled Women's Lived Experience of COVID-19.</p>	<p>The strategy aims to create a standard that ensures there is choices of engagement therefore creating a positive impact. This means that there is multiple formats of feeding back experiences and all feedback can be anonymous to protect identities. The need for strong community navigators, particularly in men and boy's mental</p>

	<p>authority area in Scotland. 21.1% of jobs held in West Dunbartonshire are within the Healthcare sector, and according to NHS data, 78% of all healthcare jobs within Scotland are held by women. Carers UK found in 2024 that women are statistically more likely to shoulder the responsibility of unpaid care with 59% of carers being women. More than the majority (71%) of these unpaid carers were also working over 35 hours a week. 55% of respondents from the same report advised they were struggling with their own physical health due to the pressures of being unpaid carer. Disabled women are more likely to experience domestic violence and the burden of unpaid care within the household. Women are also statistically more likely to experience domestic and sexual violence and more likely to live in poverty. Nationally, two thirds of alcoholic related deaths were men and alcohol-related hospital admissions were 2.3 times higher for men. The morality rate for suicide is 2.9 times higher for men in Scotland compared to women which has been a consistent recorded gap since the 1990s. Men are also more reported to experience addiction issues within Scotland in comparison to women. West Dunbartonshire experiences significantly higher drug related hospital stays than the Scottish average and has also seen a 333% in drug related deaths in 2023 since 2019.</p> <p>There is concern that traditional masculinity ideals hinder men from engaging with healthcare services, particularly mental health support networks. Women, although more likely to engage, may experience barriers such as domestic violence situations that stop</p>	<p>Voices, Priorities and Actions for Change.</p> <p>Scottish Government (2023) Minister for Men's Health FOI Request</p> <p>Scottish Health Survey (2021)</p> <p>Scottish Government (2023) National Mission on Drugs: annual monitoring report 2022-23</p> <p>National Records for Scotland (2024) Drug-related deaths in 2023</p> <p>Kwon et al (2023) Understanding Men's Engagement and Disengagement when Seeking Support in Mental Health</p>	<p>health circles and for domestic violence support for women and girls, will be crucial in beginning to tackle some of the structural inequalities that Scotland sees within its population. The strategy could potentially have a positive effect on men and women within West Dunbartonshire as it looks to enshrine lived experience in its practice to help support positive change.</p>
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	them from leaving the house or speaking to perceived authority figures.		
Gender Reassign	<p>There is no local data that records the trans community of West Dunbartonshire. The Scottish 2022 Census found that approximately 20,000 people who live in Scotland identify as trans, which is 0.44% of the total population of Scotland. The Census does not provide a definitive number of trans people who live in West Dunbartonshire but have identified that it is approximately 0.33% of the total WD population. Using the most recent population count of 87,790 provided by the National Records for Scotland, WD has approximately 272 trans people living in its boundaries.</p> <p>Almost half of respondents of the Scottish census who answered as identifying as trans selected 'non-binary', with one in six respondents identified as a trans-man or trans-woman or did not provide further detail. Half of the trans respondents were aged between 16-24.</p> <p>Transgender hate crime has continued to rise since 2012 throughout Scotland, but it should be noted that hate crime is significantly underreported. Stonewall has also reported that two in five trans people in Scotland have reported avoiding healthcare due to fears of discrimination and three in five have experiences of healthcare staff lacking understanding of trans healthcare needs. These barriers could potentially withhold trans people from engaging with institutions like HSCPs due to fear and stigmatisation.</p>	<p>Scottish Census (2022) Sexual Orientation and Trans Status or History</p> <p>National Records for Scotland (2022) Mid-2021 Population Estimates by Council Area in Scotland.</p> <p>Crown Office and Procurator Fiscal Service (2024) Hate Crime in Scotland 2023-24</p> <p>Stonewall (2023) LGBT in Scotland (Health) 2018</p>	<p>The strategy aims to create an inclusive approach to engagement by removing accessibility barriers that may hinder marginalised voices from participating in local democracy matters therefore having a positive impact. Regarding the trans community, the strategy seeks to enshrine lived experience to shape positive change by identifying third sector organisations who are running support services for communities. These partners will bring invaluable evidence and guidance on the landscape of WD and how best to build and grow a relationship with the trans community.</p>

Health	Barriers to engagement can have an impact on health outcomes, specifically when issues cannot be identified and rectified. West Dunbartonshire has a lower life expectancy than the national average and experiences poorer health outcomes. Healthcare services available within the area may not be extensive enough to tackle the health inequalities experienced by West Dunbartonshire communities.	West Dunbartonshire in Numbers (2020) West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026 NHSGGC Health and Wellbeing Survey (2022-2023)	The strategy supporting engagement within West Dunbartonshire will help identify areas of improvement and feedback lived experience of using and accessing services. It aims to tackle health inequalities by widening participation to create positive change and therefore would have a positive impact for West Dunbartonshire communities.
Human Rights	The United Nations Article 21 codifies the right for participation in governance, public affairs and access to services. The West Dunbartonshire Health and Social Care Partnership (WDHSCP) also has a legal duty to ensure participation and engagement with its communities which WDHSCP dedicated itself to in its Strategic Plan.	United Nations (1948) Universal Declaration of Human Rights Scottish Government (2024) Planning with People Guidance West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026	The strategy aims to uphold Article 21 and commits to the legal duty of engagement and by its implementation, it will be contributing to upholding Human Rights within West Dunbartonshire and therefore will have a positive impact
Marriage & Civil Partnership	There were 203 marriages, and 3 civil partnerships registered in West Dunbartonshire in 2023.	National Records of Scotland (2024) Marriage and Civil Partnership – Time Series Data	The strategy applies to any resident who lives in the West Dunbartonshire area regardless of their marital or civil partnership status. There is no national or local data to suggest an equalities impact based on engagement and therefore the impact of this strategy on this equalities group will be neutral.

<p>Pregnancy & Maternity</p>	<p>In 2022, there were 852 births in West Dunbartonshire, according to the National Records of Scotland. West Dunbartonshire had the second highest rate of teenage pregnancy in Scotland. WD had the second highest percentage in Scotland of pregnant people who continued to smoke throughout their pregnancy. National data shows that Black pregnant people are 3 times more likely to die during their labour. The maternal death rate has continued to grow. Women who lived in deprived areas continue to have the highest rate of maternity mortality. Mental health related issues accounted for 40% of the maternity deaths between six weeks to a year postpartum. Scotland is also seeing the average age of pregnant people increase as 59% of live births were of a person over the age of 30 in 2021. There is also a strong association with pregnancy terminations and areas of high deprivation within Scotland, with the average rate of terminations approximately 13.1 per every 1,000 in 2021. Engagement barriers that can be faced by this group can be issues like face-to-face sessions taking place during key childcare hours (school pick up and drop off times). Pregnant people living in deprivation may not be able to afford transport or have to choose between heating their home or eating that day.</p>	<p>National Records of Scotland (2023)</p> <p>West Dunbartonshire Council Profile</p> <p>Public Health Scotland (2024) Teenage Pregnancies</p> <p>NHSGGC (2012) Healthy Mum, Healthy Babies</p> <p>Scottish Public Health Observatory (2023) Pregnancy, births and deaths: Stillbirth, neonatal, infant and maternal deaths</p> <p>MBRRACE-UK (2023) Perinatal Morality Surveillance: Report for Births in 2022</p>	<p>The strategy is aiming to support the positive change of health and social care services by including voices of lived experience people to shape policy design. Pregnant people have been considered in the strategy by acknowledging accessibility barriers that may stop communities from getting involved in local democracy. This includes hosting sessions in multiple formats (i.e. not solely face to face engagement) and building in community outreach work to link pregnant people to support services. Pregnant people will continue to be considered, involved and instrumental to further change by informing the Engagement Standards project and representing pregnant people's voices in decision-making panels.</p>

Race	<p>Using the 2022 Census Data, 3.3% of the West Dunbartonshire population identifies as Black and Minority Ethnic. Nationally, Scotland is becoming more ethnically diverse, with its largest ethnic minority group being from Pakistan. Minority ethnic groups recorded better health than the overall Scottish population, but it should be noted that their population age was younger. Out of the ethnicity categories, according to Allik et al (2023), South Asian men within Scotland are more likely to experience poor health and morality from specific diseases than other ethnicity groups. The Romani/Traveller communities of Scotland experience the worst overall health outcomes by any ethnicity group. The Romani/Traveller communities were more likely to have lower literacy and comprehension skills of English compared to the general Scottish population. A report from SDS Scotland in 2019 highlighted that Black and Minority Ethnic people experienced more issues accessing SDS. Engagement barriers can be as simple as materials not being made available in multiple languages or more complex as cultural differences towards health that may not translate for practices in Scotland. An example of this can be Asian cultures requiring strict rules during a postpartum period that Scottish culture does not practice.</p>	<p>Scottish Census (2022)</p> <p>Scottish Government (2015) Gypsy/Travellers in Scotland: A Comprehensive Analysis of the 2011 Census</p> <p>National Records of Scotland (2019) Analysis of Equality Results from the 2011 Census, including Ethnicity, Religion and Disability</p> <p>Self-Directed Support Scotland (2020) My Support, My Choice: Black and Minority Ethnic experiences of Self-Directed Support (SDS) and Social Care</p> <p>Scottish Government (2016) Race Equality Framework for Scotland 2016-2030</p>	<p>Based on the highlighted health inequalities presented by the evidence, the strategy needs to involve multiple ethnic communities in its work to be successful. It aims to do this by identifying community representatives and supporting their development to join decision-making panels within the HSCP, therefore creating a positive impact. It will create an Engagement Standard that will use the voices of lived experience people to shape its work by using their expertise to create the policy. It will also be linking in with key third sector organisations who are supporting ethnic communities daily to use their expertise and guidance to support more inclusive decision making.</p>
Religion and Belief	<p>Overall, Scotland's religious identities reduced between the 2001, 2011 and 2022 Census. In the West Dunbartonshire area according to the 2022 Census, 24,906 people identified as Catholic, 17,269 people identified as Church of Scotland, 2,401</p>	<p>Scottish Census (2011)</p> <p>Scottish Census (2022)</p> <p>West Dunbartonshire Council (2020) West Dunbartonshire in Numbers</p> <p>Scottish Health Survey (2012) Topic Report: Equality Groups</p>	<p>Based on the health inequalities highlighted in the evidence, the strategy needs to involve multi-cultural experiences that include different faith-based and agnostic groups. As there is a lack of national or local data to discuss</p>

	<p>people identified as 'Other Christian, 685 people identified as Muslim, 148 people identified as Buddhist, 100 people identified as Hindi, 31 people identified as Jewish, 101 people identified as Sikh, 268 people identified as Pagan and 37,012 people identified as not religious. National data suggests that Hindi communities are the most likely to report good health in comparison to other religious identities. Roman Catholics reported having lower mental wellbeing and score significantly lower on the GHQ12 scale than any other religious identity. Buddhists and Hindus had the lowest rates for obesity than other religious identities. Muslims had a higher prevalence of having diabetes than the Scottish national average. Those who identified with Christian faiths were more likely to drink harmful level in comparison to Muslims, Hindus and Buddhists. Roman Catholics and those who did not identify with a faith were more likely to be smokers than any other religious identity and were significantly higher than the Scottish National Average.</p> <p>Different religious groups may have opposing views to the HSCP on healthcare, and this could hinder their want or ability to be engaged. For example, some religions do not allow blood transfusions and people could feel concerns about judgement for following that religious practice. English may not be a person's first language when approaching engagement and that barrier can stop them from participating.</p>	<p>Scottish Government (2013) Scottish Government Equality Outcomes: Religion and Belief Evidence Review</p>	<p>the specific experiences of people who identify with a faith in healthcare settings, there is an opportunity to recognise this gap when approaching inclusive engagement. The strategy aims to involve all residents of the West Dunbartonshire community regardless of faith and would therefore have a neutral impact on the local faith-based groups. It will, however, be able to widen the inclusivity of faith-based groups and their needs when accessing health and social care services, therefore creating a positive impact. This will be achieved by identifying community navigators and support their training to sit on decision-making panels. This will help bring lived experienced voices into policy creation and tackle accessibility barriers that may hinder a person who identifies as religious from being involved in local democracy matters. For example, some devout religious people may object to an opposite gender healthcare worker conducting their care due to the teachings of their religion.</p>

<p>Sexual Orientation</p>	<p>Using the 2022 Census data, 1.5% of the West Dunbartonshire population identifies themselves as 'Lesbian, Gay, Bisexual, Transgender, Queer' or other (LGBTQ+). Using national data provided by LGBT Youth Scotland and Stonewall Scotland, there is a high rate of anxiety, depression and suicidal thoughts amongst the LGBT community. Stonewall Scotland found that LGBT people felt healthcare had irrelevant information or experienced gaps in care due to their sexual orientation. There was also reporting of LGBT people feeling like they had been outed by healthcare staff without their consent.</p> <p>These issues contribute to feelings of stigmatisation and stress when an LGBT person is looking to traverse healthcare settings. It may cause barriers to engagement due to feelings that their identity may be discriminated against or outed without their consent</p>	<p>Scottish Census (2022) Council Area by Sex and Sexual Orientation</p> <p>LGBT Youth Scotland (2022) Life in Scotland for LGBT Young People</p> <p>Stonewall Scotland (2019) It's Time to Talk about LGBT Mental Health in Scotland</p>	<p>The engagement strategy looks to enshrine lived experience into its practice by co-producing work with communities and partners therefore creating a positive impact. It aims to identify key community navigators who can be trusted figures in a community to highlight issues that can be faced by LGBT people. It will therefore have a positive impact by offering direct representation to support positive change for health and social care services.</p>
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Actions

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.

Will the impact of the policy be monitored and reported on an ongoing basis?

The strategy will be reviewed every three years. Using this strategy, the Community Engagement and Development Officer will devise an action plan which will be monitored and reported back to the IJB every 6 months.

Q7 What is your recommendation for this policy?

Introduce

Please provide a meaningful summary of how you have reached the recommendation

1146 By examining the impact evidence given in this document, the strategy will consistently have positive impacts on equality groups and support positive change in working practices for the HSCP. There are no negative impacts to consider at this time and therefore the recommendation to implement is justified based on the content of this document.