



Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 1 Proportionality and Relevance

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

This assessment concerns the Community Care and Treatment (CTAC) element of the nationally designed and mandated Primary Care Investment Plan.

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (clients, customers, people using services, employees) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Neurodiversity Neurological Condition	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
x	x	x	x			x	x	x

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (highlight those that apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings Occupational segregation Forced Labour and trafficking*	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	Conditions of detention Hate crime, homicides and sexual/domestic abuse Criminal civil justice Restorative justice Reintegration, resettlement and rehabilitation*	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

*Supplementary indicators



Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
<p>The plan aims to replace the existing treatment room model, where NHS-employed nurses and healthcare assistants currently provide some routine care (e.g., blood tests) within GP practices. Under the new model, additional NHS staff will be hired to deliver these services, replacing some GP-employed staff. Importantly, patient care will remain unchanged and continue in the same locations.</p>	<p>Positive</p>	<p>Significant</p>
<p>A new telephone booking hub will be established to streamline appointment scheduling. This assessment will evaluate the impact on patients who will use the hub to book appointments. The call handlers are not clinically trained and will simply be booking appointments not giving any medical advice.</p>	<p>This will have a combination of positive and negative impacts. Measures to mitigate negative impact to be coproduced and documented in Stage 3 of the impact assessment</p> <p>Negative impacts</p> <ol style="list-style-type: none"> 1. As with any change process, the initial transition may cause confusion for some patients as they adjust to the new system. 2. We need to ensure that the switch to a phone-based booking system does not negatively affect patients, especially those who may have difficulty using this method 	



	<p>Positive Impacts</p> <ol style="list-style-type: none"> 1. Tailored training will equip staff to better engage with and support patients who face communication barriers, improving their care experience. By supporting staff with tools and training, the service should become more responsive to the needs of protected populations, which should positively impact patient outcomes. 2. The hub provides more options for patients to book their appointments, offering flexibility which can be particularly helpful for people with limited transport options or working in jobs which do not offer flexibility to attend appointments, for example truck driving or people working a long distance away from their practice. 3. By shifting this task away from GP practices, we are freeing up practice staff to focus on other important work and hope to reduce waiting times for all patients including those in protected categories 	
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<p>Is the proposal considered strategic under the Fairer Scotland Duty?</p>	<p>Yes</p>
<p>E&HRIA to be undertaken and submitted with the report –Yes</p> <p>If no – please attach this form to the report being presented for sign off</p>	<p>Proportionality & Relevance Assessment undertaken by:</p> <p>Name of Officer: Alice Maguire, Project Manager PCIP</p> <p>Date: 24 February 2025</p>



Equality Human Rights and Fairer Scotland Duty Impact Assessment

Impact Assessment Team Initial Inequality Discussion

Protected characteristic	Potential Inequality	Data to be sourced	Consultation Events Organisation to be contacted	E&HRIA Subgroup Lead	To be completed by:
Age	<ul style="list-style-type: none"> Older adults may not be confident using digital technology or navigating complex phone systems benefit from having GP practice support to book appointments. Particularly affected if they live alone, are isolated, or have sensory impairments More likely to be users of the service 	<ul style="list-style-type: none"> 2022 Census Data Scottish Borders Anti-Poverty Strategy (2021) Scottish Borders Strategic Assessment 2023 – Theme 3: Enjoy Good Health and Wellbeing Scottish Borders Research and Data Hub https://www.scotborders.gov.uk/strategies-plans-policies/research-data-scottish-borders-topic/6 The National Performance Framework (NPF) 	<ul style="list-style-type: none"> Border Older People’s Partnership Borders Care Voice: Borders Dementia Working Group Borders carers Centre Ability borders 		



Disability	<ul style="list-style-type: none"> • May face barriers navigating online systems due to visual, hearing, cognitive, or motor impairments • However, some may benefit from non-verbal communication options such as text or email • People with disabilities are more likely to experience socio-economic deprivation • Some disabled people may experience challenges using a smart phone due to a sensory impairment (or combination of impairments) Scottish Household Survey, 2018 Poverty and Inequality Commission • Some disabled people may benefit from the service such as those with hearing loss or deaf who may prefer text communication and online viewing of information to telephone calls. 	<ul style="list-style-type: none"> • 2022 Census Data • Scottish Borders Anti-Poverty Strategy (2021) • Scottish Borders Strategic Assessment 2023 – Theme 3: Enjoy Good Health and Wellbeing • Scottish Borders Research and Data Hub • https://www.scotborders.gov.uk/strategies-plans-policies/research-data-scottish-borders-topic/6 <p>The National Performance Framework (NPF)</p>	<ul style="list-style-type: none"> • Borders Additional Needs • National Institute for the Deaf - Scottish Borders • Border Older People’s Partnership • Borders Care Voice: Borders Dementia Working Group • Borders carers Centre • Ability borders 		
Gender Reassignment	<ul style="list-style-type: none"> • May experience distrust or anxiety around healthcare due to past experiences of discrimination • Some trans people may experience mis-gendering depending on a number of factors. It may be that their CHI details do not recognise the gender they identify as, or staff could mistakenly assume someone’s gender • Inclusive communication and staff training are essential to ensure respectful and accessible care 		Scottish Borders LGBTQ+ Forum		



Marriage and Civil Partnership	No specific impact was identified for this group. It is noted that the public sector equality duty applies only in respect of eliminating discrimination.		N/A		
Pregnancy and Maternity	No specific impact was identified for this group. It is noted that the public sector equality duty applies only in respect of eliminating discrimination.		N/A		
Race	<ul style="list-style-type: none"> Ethnic minority groups and people with limited English proficiency may struggle to engage with the service without accessible formats or translated materials Cultural views on healthcare and communication may influence engagement 				
Religion & Belief including non-belief	No specific impact was identified for this group. It is noted that the public sector equality duty applies only in respect of eliminating discrimination.		N/A		
Sex	<ul style="list-style-type: none"> There is a higher ratio of women to men in older age groups, reflecting women's longer life expectancy. Therefore, it is possible that women will be the highest users of the CTAC service Some women may face additional barriers such as coercive control, which can restrict access to phones and services Women are more likely to be caregivers and often face time constraints and access issues, particularly when balancing their own health needs with caregiving responsibilities 	Scottish Health Survey 2022 Main Report Volume 1			
Sexual Orientation	<ul style="list-style-type: none"> May experience distrust or anxiety around healthcare due to past experiences of discrimination 		<ul style="list-style-type: none"> Scottish Borders LGBTQ+ Forum 		



	<ul style="list-style-type: none"> • Inclusive communication and staff training are essential to ensure respectful and accessible care • Though there is evidence to suggest that LGBTQIA+ people can experience poorer health outcomes than non LGBTQIA+ people, it is unclear if the Patient Hub project would present any new issues / barriers 				





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Stage 2 Empowering People - Capturing their Views

Equality and Human Rights Impact Assessment for the establishment of a NHS Community Treatment and Care (CTAC) telephone booking Hub in the Scottish Borders

(What will change because of this report/proposal?)

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
E&HR Service Specialist	Wendy Henderson	Equality and Human Rights Strategic Lead	-
Responsible Officer	Cathy Wilson	General Manager Primary and Community Services	23/02/203
Main Stakeholder (NHS Borders)	Alice Maguire	PCIP Project Manager	-
Support	Owain Simpson	PCIP Senior Project Manager	23/02/2023



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Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the Protected Characteristics/Communities Experiencing Inequalities/People with Lived Experience
What equalities information is routinely collected from people currently using the service or affected by the policy?	Discovery conversations with patients using the service about their experience using the service.	Indications are that patients with protected characteristics or other factors that make it harder for them to access care may be impacted through this change if sufficient mitigations are not put in place to provide alternative ways to book appointments
Data on populations in need	Socio-economic specific and wider demographic data compared to CTAC users to understand needs of specific patient groups.	
Data on relevant protected characteristic	Age of patients used to understand access to service	
Data on service uptake/access & Evidence of unmet need	Missingness data captured through patients who are not booked based on referrals without an appointment. 'Did not attend' rates for clinics booked through the CTAC admin hub compared to conventional booking routes.	
Data on socio economic disadvantage	SIMD deciles compared to CTAC users to understand needs of specific patient groups.	
Research/literature evidence	<ul style="list-style-type: none"> - [ARCHIVED CONTENT] National Performance Framework National Performance Framework anti-poverty strategy 2021.pdf - strategic-assessment-2023-theme-3-enjoy-good-health-and-wellbeing - Population information Research and data in the Scottish Borders: People Scottish Borders Council 	



Existing experiences of service information	Discovery conversations with patients using previous iteration of the service about their experience using the service before the change.	
Risks Identified	Patients not contacting the hub to book their appointment due to perceived barriers or confusion in process.	
Additional evidence required	Data from GP practices now on uptake of appointments compared to after the change is implemented.	

Consultation/Engagement/Community Empowerment Events

Event 1: Meeting with National Institute for the Deaf - Scottish Borders

Date	Venue (if in person) Otherwise state format	Number of People in attendance by category*	Protected Characteristics/Communities Experiencing Inequalities/People with Lived Experience Represented
02/04/25	Teams Meeting	1 – person using the service with PI; 1 – Group Coordinator with understanding of service users needs; 2 – NHS Borders staff implementing service change	Disability

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
Advice given on speaking clearly to people with hearing difficulties and checking they have heard correctly	Officer response was that feedback would be communicated back to delivery group team who would build up appropriate training and adjustments to address views expressed.
Allow support people to call but realise that this is not always appropriate due to privacy concerns	
Follow up text messages would be helpful	
Self-referral for ear syringing should be considered	



Once people take out hearing aids in a clinical setting care should be taken to speak clearly	
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Event 2: Borders Carers Centre

Date	Venue (if in person) Other state format	Number of People in attendance by category*	Protected Characteristics/Communities Experiencing Inequalities/Lived Experience Represented
01/05/25	Café - Galashiels	5 – people using the service as carers; 1 – Group Coordinator with understanding of service user's needs; 2 – NHS Borders staff implementing service change	Disability and Age

Views Expressed	Officer Response
Importance of patient communications to prevent confusion	Communication would be developed and reviewed with group and conveyed at the practice level to ensure changes made practice by practice didn't disrupt patients understanding of process in other locations ahead of the change.

Event 3: Borders additional needs- Neurodivergent Community

Date	Venue (if in person) Other state format	Number of People in attendance by category*	Protected Characteristics/Communities Experiencing Inequalities/Lived Experience Represented
29/05/25	Teams Meeting	4 service users with protected characteristics; 1 – NHS Borders staff implementing service change	Disability and Age

Views Expressed	Officer Response



Offer More Than One Way to Book – e.g. by text or email; online booking portal; someone can book on persons behalf	Able to accommodate booking on a persons behalf will explore further booking options in the future.
Make Written Information Easy to Read and include information ahead of time about what process will involved for service user.	Feedback would be communicated back to delivery group team who would build up appropriate training and adjustments to address views expressed.
Offer a call back at a set time if the caller is feeling overwhelmed or needs more time to think.	

Event 4: Border Older People's Partnership

Date	Venue (if in person) Other state format	Number of People in attendance by category*	Protected Characteristics/Communities Experiencing Inequalities/Lived Experience Represented
06/05/25	Team's Meeting		Age

Views Expressed	Officer Response
Importance of patient communications to prevent confusion	Feedback communicated back to delivery group team who would make adjustments to address views expressed and check-in with patient reps regarding communications.
Asked about possibility of follow up texts	Will explore options for patients texting in further enhancements to the service
Some concerns raised, particularly around disclosure during phone calls.	Reassurance was provided regarding data handling and privacy safeguards
Positive feedback that booking hub could book appointments all day not just at 8am as for GP practices	

Event 5: Ability borders

Date	Venue (if in person) Other state format	Number of People in attendance by category*	Protected Characteristics/Communities Experiencing Inequalities/Lived Experience Represented
03/06/25 &	Teams Meeting &	In person meeting: 4 Group Coordinators with understanding of service users needs;	Disability



26/06/25	In person meeting – St Boswells	2 service with protected characteristics; 1 Carer for a service user with PI; 2 representative of NHS Borders CTAC Delivery Group; 1 representative from SBC; 1 representative Citizens Advice Bureau	
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Views Expressed	Officer Response
Concern about service users struggling to manage the process of calling hub and therefore not accessing CTAC services	Explained the many alternative ways of accessing care that would give different ways to still access the service.





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Stage 3

Analysis of findings and recommendations

Equality and Human Rights Impact Assessment for the establishment of a NHS Community Treatment and Care (CTAC) telephone booking Hub in the Scottish Borders

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

Community Treatment and Care (CTAC) services form a key component of the Primary Care Improvement Plan (PCIP). In line with the 2018 GMS Contract and MoU2, this model supports the shift of routine care from GPs to multi-disciplinary teams.

CTAC services include tasks like wound care, bloods, injections, and chronic disease monitoring, delivered by NHS-employed nurses and healthcare support workers (HCSWs), either in GP practices or nearby treatment rooms.

NHS Borders has been selected as a national demonstrator site, with two key aims:

- A fully staffed CTAC clinical workforce across all localities
- A centralised booking hub to streamline appointments

While the location and type of care remain unchanged, we acknowledge that shifting to a central booking process is a significant change and are proactively exploring the implications

This EQHRA explores how setting up a central telephone booking hub may impact people with protected characteristics and those experiencing socioeconomic disadvantage. Where negative impacts are identified, appropriate mitigation will be planned and monitored.



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This EQHRA will be reviewed following the rollout of the service.

Intended Outcomes of the CTAC Booking Hub

- **Improved access and efficiency** through better appointment allocation across the region
- **Reduced GP workload**, allowing GPs to focus on patients with more complex needs
- **Enhanced patient safety**, with digital systems supporting timely referrals and results
- **Greater equity of service**, ensuring consistent access regardless of locality or practice

Who Will Be Affected?

The project affects all patients accessing CTAC services across NHS Borders, including:

- Individuals with one or more protected characteristics
- People living in rural or digitally excluded areas
- Older people, disabled people, carers, and those with long-term conditions
- Members of the NHS workforce, who are expected to deliver these services equitably

The Booking Hub is designed to ensure consistent, safe, and person-centred access to care across all communities.

Section 1: Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	- Many older people have chronic illnesses and often juggle multiple appointments, adding CTAC must not increase burden.	- Use of the new GPOC system for managing referrals to CTAC service will allow those booking to see all of the patient’s current requirements and book them in for a single session.



		<ul style="list-style-type: none"> - Carers acting on behalf of patients was recognised as critical and must be consistently supported across the system. - Concerns were raised that adding an extra step could cause confusion or for some people to forget their appointments 	<ul style="list-style-type: none"> - Clinician will also see all requirements at time of appointment and be able to action any new orders come in in the time between booking and appointment. - Carers will be able to book on behalf of those they care for. - Additional pathways for vulnerable patients have been identified to mitigate against the risk to patients likely to be confused or unable to book through call centre.
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	<ul style="list-style-type: none"> - Physical disabilities: Receptions must ensure phone equipment is accessible to all users. - Low literacy or dyslexia: Need for accessible formats such as easy-read versions and simplified paper-based information. 	<ul style="list-style-type: none"> - CEIM conversations to further understand patients experiences of using service - Continued engagement with groups representing service users with protected characteristics.
	Advancing equality of opportunity	<ul style="list-style-type: none"> - Neurodivergent individuals (e.g., autism, ADHD) face barriers with phone communication and need calm, predictable language, written confirmation, and flexibility. - Hearing impairments: Prefer visual communication; staff should be trained in face-to-face engagement with hearing aid users. 	
	Fostering good relations by reducing prejudice and promoting understanding	<ul style="list-style-type: none"> - Mental health: Anxiety and cognitive overload are common, reassurance and support are essential 	



Gender Reassignment	Fostering good relations by reducing prejudice and promoting understanding	Trans and non-binary individuals highlighted the importance of inclusive language and correct use of names and pronouns.	Training and monitoring to ensure that staff are using the forms of being addressed that are expressed by callers and not assuming pronouns or other ways of addressing those calling the hub.
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Women's disproportionate representation amongst carers were noted	Monitor for any additional impacts through patient feedback and discovery conversations
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	No specific impact was identified for this group. It is noted that the public sector equality duty applies only in respect of eliminating discrimination.	
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	No specific impact was identified for this group. It is noted that the public sector equality duty applies only in respect of eliminating discrimination.	
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	No specific impact was identified for this group. It is noted that the public sector equality duty applies only in respect of eliminating discrimination.	
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	No specific impact was identified for this group. It is noted that the public sector equality duty applies only in respect of eliminating discrimination.	
Sexual Orientation	Fostering good relations by reducing prejudice and promoting understanding	The LGBTQ+ Forum felt the CTAC changes would not disproportionately affect their community. However, they emphasised the importance of inclusive practices.	



Section 2: Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1

Domain	Indicator	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education and lifelong learning	Enhancing	Training and education of staff to enhance their competencies professionally as an entry route into nursing and other further education opportunities in Healthcare	Improved training monitored through Nursing and HCSW competencies frameworks.
Work	Employment Earnings	Enhancing	Significant recruitment of new workforce into NHS Borders – both clinical and non-clinical. Standardised workforce model across the Borders ensures improved equality of earning – being paid the same for the same job.	None required
Living Standards	-	-	-	-
Health	Access to health care	Enhancing	Fairer service with access to the same treatments across the Borders based on need of local population.	Service offered across the Borders will be standardised and demand for treatments in different localities will be met with a focus on delivering what is needed to the population instead of allocation based on population or GP registered list size.
Justice and Personal Security	-	-	-	-
Participation	Access to services	Enhancing	As for Access to Healthcare	



Section 3: Fairer Scotland Duty

<p>Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts on equality of outcome and or improving health inequalities</p>	<p>Short-Term Actions and Improvements</p> <p>1. Referral Exceptions Introduced Initial access to CTAC services required a referral from a healthcare professional. However, feedback from patients and carers highlighted that this created barriers to timely care, particularly for procedures like ear syringing. In response, a self-referral pathway was introduced for specific cases, such as access to ear care prior to private audiology appointments. This exception improves patient autonomy and access to care. The team is now exploring additional exceptions</p> <p>2. Booking Support for Those Who Need It Recognising that some patients may struggle to navigate booking systems, a dedicated hotline was introduced, allowing GP practice staff to book CTAC appointments on behalf of patients who need additional support. This offers a more personalised and supportive experience, particularly for those with lower digital literacy, learning difficulties, or additional communication needs.</p> <p>3. Enhanced Support for Neurodiverse and Anxious Patients To support neurodivergent individuals and those experiencing anxiety, the NHS Borders website was updated with clearer, step-by-step information about the booking process. In addition, call handlers received training to recognise when a patient is struggling during a call and offer a call-back at a more suitable time.</p> <p>4. Inclusive Communication Practices To foster a more inclusive and respectful environment, the team has promoted the use of inclusive language, including avoiding gendered terms unless they are introduced by the</p>
<p>Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities</p>	



	<p>patient. This small but meaningful change contributes to creating safer, more welcoming interactions, especially for transgender and non-binary individuals.</p> <p>Long-Term Recommendations</p> <p>As CTAC services continue to be tested and scaled across NHS Borders, the following strategic actions are recommended to promote equity, improve user experience, and support continuous improvement:</p> <ul style="list-style-type: none"> • Develop hybrid booking models: Expand beyond phone systems to include digital booking, text messaging, and in-person options, ensuring inclusivity and flexibility. • Improve patient-facing communications: Continue refining patient materials using co-design and user testing, with particular focus on literacy, accessibility, and inclusive language. • Continue data collection and analysis: Implement improved systems for collecting and analysing data related to protected characteristics to better monitor equity and service access. • Share learning: Disseminate key findings and successful adaptations through local quality improvement forums and national networks to support learning across NHS Scotland. • Use the Care Experience Improvement Model (CEIM): Formalise ongoing patient engagement through CEIM to regularly gather and act on user feedback.
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Section 4: Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

No significant negative impacts without mitigation were identified. Any emerging issues will be monitored and addressed through service redesign and engagement with affected groups.



Section 5: Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Adjustments to admin process including additional training and alternative processes made for various groups with protected characteristics to eliminate discrimination; advance equality of opportunity; and fostering good relations by reducing prejudice and promoting understanding	Cathy Wilson, General Manager for Primary and Community Services	1 st October 2025	19 th November 2025
Continuous engagement with service users throughout launch of the service to identify further impact on Equality, Human Rights and Fairer Scotland Duty through surveys and discovery conversations.	Cathy Wilson, General Manager for Primary and Community Services	1 st October 2025	19 th November 2025

Section 6: Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposal affects different groups, including people with protected characteristics, communities experiencing equalities and people with lived experience?

<p>Impact will be monitored via:</p> <p>Continuous patient and carer feedback using the Care Experience Improvement Model (CEIM).</p>



Tracking booking, service usage and demographic data for equity monitoring.

Regular review of complaints, incidents, and suggestions from stakeholder groups.

Section 7: Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

No

Section 8: Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

Information will be shared using:

- Clear, jargon-free language
- A mix of paper and web based materials
- Support for people with visual, hearing, or literacy difficulties, including alternative formats, interpreters, and carer involvement.
- Engagement with community groups to ensure communication reaches those with English as a second language.



Signed Off By:

Name Joint Executive Team

Date

