



**Clackmannanshire  
Council**



# **Clackmannanshire & Stirling**

## **Integration Joint Board**

### **Equality Mainstreaming & Outcomes Report**

**April 2016**

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<b>Approved by :</b>	Clackmannanshire & Stirling Integration Joint Board	<b>On:</b>	27 April 2016
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## 1.0 Introduction

### 1.1 Purpose of the Equality Report

The report sets out the progress Clackmannanshire & Stirling Integration Joint Board has made to meet the needs of the General Equality Duty by integrating the equality Duty into Board functions.

The Mainstreaming Report is designed to ensure:

- our organisation has an understanding of the issues in relation to diversity, including, but not limited to:
  - Equality, equity, and fairness
  - Prejudice & discrimination
  - Direct and indirect discrimination, victimisation, harassment, and reasonable adjustments
  - Positive action
  - Cultural competence in relation to the issues affecting people belonging to one or more of the protected groups
  - We promote “best practice” in relation to diversity within Clackmannanshire & Stirling Integration Joint Board, with our partners, service users and unpaid carers
  - We promote and foster good relations and understanding between different groups.
- We do not discriminate as a service provider or in our exercising of public functions.
- Equality and Diversity considerations are taken into account in all decision making;

### 1.2 Legislative Context

The public sector equality duty set out in s149 of the Equality Act 2010 places an obligation on public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

The Scottish Government added Integration Joint Board’s (IJB) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Regulations. This means that all Integration Joint Boards are subject to the equality legislation and Specific Duties.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place specific equality duties on public authorities, including the Integration Joint Board. Not all of the duties are relevant as the Integration Joint Board is not an employer. The specific duties which are relevant to note include:

- reporting on the mainstreaming of the equality duty;

- agreeing and publishing equality outcomes; and
- assessing and review policies and practices

### **1.3 Health and Social Care Integration Context**

The Public Bodies (Joint Working)(Scotland) Act 2014 places a duty on Councils and Health Boards to delegate functions to an Integration Joint Board where that partnership has agreed to utilise a body corporate model.

Clackmannanshire Council, Stirling Council and NHS Forth Valley have formed the Clackmannanshire & Stirling Health and Social Care Partnership, the only multi authority partnership in Scotland.

## **2.0 Benefits of Mainstreaming Equality and Diversity**

The Equality and Human Rights Mainstreaming Guidance identifies that mainstreaming the equality duty has a number of benefits including:

- Equality becomes part of everything we do, within our structures, behaviours and culture
- We are more transparent and can demonstrate how, in carrying out our functions, we are promoting and embedding equality
- Mainstreaming equality contributes to continuous improvement and better performance

## **3.0 Clackmannanshire & Stirling Integration Joint Board**

There is already a foundation of existing good practice relating to equalities established by our partners. We will build upon and strengthen these foundations, embedding them further within our existing priorities.

Given this, it makes sense to ensure that our equality mainstreaming agenda is aligned with existing Council, Health Board, Scottish Government policy priorities, Local Delivery Plans and Single Outcome Agreements and integrates within current performance management systems where relevant.

As an Integration Joint Board we have a role to work in partnership with service users, unpaid carers, the public, staff, third and independent sector. This will provide a coherent approach to implementation, minimise duplication and support the ongoing mainstreaming of equality into policy and practice.

## **4.0 Strategic Vision**

The Clackmannanshire & Stirling Integration Joint Boards Strategic Plan 2016 – 2019 sets out the vision and objectives for the period 2016 - 2019. The strategic

vision is in line with the Scottish Government's 20:20 vision and the objectives and values are as follows:

**Vision:** enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities.

**Local Outcomes:**

- **Self Management** - Individuals, their carers and families are enabled to manage their own health, care and well being;
- **Community Focused Supports** – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;
- **Safety** - Health and social care support systems help to keep people safe and live well for longer;
- **Decision Making** - Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;
- **Experience** – Individuals will have a fair and positive experience of health and social care

**Objectives:**

- Placing communities and individuals at the centre of planning and delivery of services
- Putting individuals, their carers and families at the centre of their own care pathway by prioritising the most appropriate care
- Working with voluntary and community organisations (e.g. Third Sector, Independent Sector)
- Provide joined up services to improve quality of lives
- Building on the strengths of our communities
- Recognising the importance of encouraging independence by focusing on re-ablement, rehabilitation and recovery;
- All communication is clear, accessible and understandable and ensures a two way conversation
- Encouraging continuous improvement by supporting and developing our workforce.
- Reducing avoidable admissions to hospital
- Information will be shared appropriately to ensure a safe transition between all services
- Providing timely access to services, based on assessed need and best use of available resources
- Identify and address inequalities

## 5.0 Profile of Clackmannanshire & Stirling

Clackmannanshire & Stirling Integration Joint Board is made up of 35 members and these are listed on the [Integration web pages](#). The Integration Joint Board controls an annual budget of £165.265million, and is responsible for providing health and social services for the population of Clackmannanshire & Stirling.

The Integration Joint Board does not employ any staff.

Clackmannanshire & Stirling has a population of approximately 142,770 and covers a large rural area in Stirling.

The Integration Joint Boards [Strategic Plan](#) and [Strategic Needs Assessment](#) provide further information on the profile of population and evidence used.

The [consultation and engagement report](#) and [staff engagement report](#) provides evidence of the range of work carried out over 2014, 2015 and early 2016 to engage with stakeholders to build the Strategic Plan then consult with interested parties.

## 6.0 Mainstreaming

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. It requires the integration of equality into day-to-day working, taking equality into account in the way we exercise our functions.

The following sections confirm how the IJB has mainstreamed equalities into its activities to date.

### 6.1 Board Membership

Professional Board members were approached to join by virtue of the position of the office they hold such as Chief Social Work Officer, Chief Officer, Elected Member, Health Board non executive director.

Other members were elected to the Board through a nomination and voting process designed in partnership with organisations such as: Stirling Carers Centre, Falkirk and Clackmannanshire Carers Centre, Public Partnership Forum, Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise.

### 6.2 Board Papers

The Clackmannanshire & Stirling Integration Joint Board has been meeting regularly and further information is available [online](#).

To ensure that the needs of the general equality duty are considered in exercising our business functions and processes, including budget setting and project planning we have set as mandatory within the papers submitted to the Integration Joint Board an "Equality and Human Rights Impact Assessment" section which identifies if the

papers have been assessed for equality and diversity and what the outcome has been.

Equality Impact Assessments will be published online and will be available [here](#).

### **6.3 Partnership Working**

We have a commitment to working in partnership with: other agencies and organisations from the public, third and independent sector as well as with our staff and service users, to plan and deliver services.

Our aim is to ensure that our services meet the needs of the whole community in the most effective way.

Through our partnership work we have been able to look at creative ways of involving communities in consultation and dialogue, as well as allowing us to actively promote the 3 principles of the General Duty.

The [consultation and engagement report](#) along with the [staff engagement report](#) highlights some of the work completed and how it represents the principles of the General Duty.

*Extract from the consultation and engagement report:*

The reports demonstrates broad engagement with a wide variety of stakeholders: approximately 700 people attended over 30 face to face sessions, whilst 56 individuals provided comment on the draft Strategic Plan and 27 sessions provided written group feedback.

### **6.4 Monitoring and recording**

#### *6.4.1 Monitoring within community involvement exercises*

Processes are available within partner bodies which enables monitoring and recording of the profile of people attending general involvement exercises.

Equalities monitoring data has been collected at all engagement events held by the Partnership. The [consultation and engagement report](#) provides more detail. These engagement events have been supported by Public Partnership Forum, Scottish Health Council and others.

To maintain and develop our understanding of the local population we utilised an equalities monitoring form at all engagement events and we will continue to use this for engagement work.

The table below summarises the equalities data collected on individuals we engaged with through the consultation and engagement work, in total there were 36 completed forms.

Equality Dimension	
Area	26 Respondents lived in Clackmannanshire, 9 in Stirling and 1 in Falkirk.
Individual / Group	30 were responding as individuals, 3 as a group, 1 as an individual and group and 2 were left blank
Stakeholder Group	The majority of respondents were users of services as well as providers of unpaid care
Gender	27 Respondents were female, 6 male and 3 declined to answer.
Ethnic Group	Scottish 17 Polish 14 English 2 British 1 Scottish & English 1
Religion	Church of Scotland 10 Roman Catholic 8 Buddhist 1 Church of England 1 Episcopalian 1 Other Christian 3 None 5
Sexual Orientation	Heterosexual / straight 30 Prefer not to answer / blank 6
Age	The average age of respondents who completed the equalities information was 49, with the oldest being 76 and youngest 19.

This was not always completed by people attending engagement events therefore; we recognise additional work is required to inform the people as to the reasons why we are asking these questions and the benefits that can occur with the results identified from it.

#### *6.4.2 Service delivery*

Understanding how different people use our services is an important step in mainstreaming the equality duty in our service delivery functions. We are aware that gathering and using evidence is crucial to gaining this understanding. This information is currently collated by partner bodies and will continue to be so.

#### *6.4.3 Existing equality data collection within Clackmannanshire & Stirling Partnership*

The [Strategic Needs Assessment](#) and Locality Profiles (when developed) provide information on the Partnerships population and the protected characteristics.

#### *6.4.4 Participation and Engagement*

The Partnership has developed and approved a [Participation and Engagement Strategy](#) which sets out the principles to be followed when any participate and engagement work is being taken forward.

The strategy was developed by a wide range of stakeholders and the action plan to implement the strategy will be developed over 2016.

## **6.5 Mainstreaming Duty and Employment**

The Integration Joint Board is not an employing body and therefore is not subject to this duty.

## **6.6 Procurement**

Procurement will be undertaken by each of the three partner bodies in line with their procurement strategy / policy. More information can be found on the partners web sites.

[www.nhsforthvalley.com](http://www.nhsforthvalley.com)  
[www.clacksweb.org.uk/](http://www.clacksweb.org.uk/)  
[www.stirling.gov.uk/home](http://www.stirling.gov.uk/home)

## **7.0 Equality Impact Assessments**

As a public body we are required to assess the effectiveness of our policies, strategies, services, functions and business plans that could impact on those with protected characteristics.

The equality impact assessment process is a way of examining new and existing policies, strategies, and changes or developments in service provision and functions to assess what impact, if any, they are likely to have.

Our legal requirement to do this covers only those individual characteristics identified in the Equality Act.

In Clackmannanshire & Stirling, we recognise that these categories are only one element of the inter-related determinants of health, social care and life experience. We have reflected this in our impact assessment process by including categories to reflect the cross cutting issues which may affect people including poverty, homelessness, carers etc.

The aim of the Equality Impact Assessment process is to anticipate whether the proposed policy, strategy, service or function has the potential to affect groups differently and to identify any likely positive or negative impact(s) that may be experienced. By following this process, we can ensure that we are better able to take advantage of every opportunity to promote equality and can embed plans to avoid disadvantage and discrimination.

### **7.1 What do we have in place?**

The Partnership utilises an agreed [equality impact assessment tool](#) (appendix 1) covering all protected characteristics and other factors in relation to inequalities.

Support can be provided on a needs led basis.

The impact assessment tool and previous assessments completed are available on the [Equality & Diversity section of the integration web pages](#).

## 8.0 Identifying Equality Outcomes

Equality Outcomes are distinct to each organisation and need to reflect its functions, responsibilities, priorities and methods of working. The Integration Joint Board has adopted outcomes based on the local outcomes already identified in the preparation of the [Integration Scheme](#) and the [Strategic Plan](#).

These are:

- **Self Management** - Individuals, their carers and families are enabled to manage their own health, care and well being;
- **Community Focused Supports** – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;
- **Safety** - Health and social care support systems help to keep people safe and live well for longer;
- **Decision Making** - Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;
- **Experience** – Individuals will have a fair and positive experience of health and social care

These outcomes were developed in consultation with a broad range of stakeholders in 2014/15.

Table 1 sets out how these outcomes align with the National Health and Wellbeing Outcomes, which part of the Duty and which protected characteristic they address.

**Table 1 – Agreed Equality Outcomes**

<b>National Health &amp; Wellbeing Outcomes</b>	<b>Partnership Specific Outcomes OR Potential Action Area</b>	<b>Component Duty</b>	<b>“Protected Characteristic”</b>	<b>Sources of evidence justifying identification as a priority</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	<b>Self Management</b> - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;	Advance equality of opportunity	All (Age, Disability , Gender Reassignment, Pregnancy & Maternity, Race, Religion & belief) Sex , Sexual Orientation), particularly elderly and disabled - Age and Disability	Evidence / data may also assist in identifying delivery targets and performance measurement
People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	<b>Community Focused Supports</b> – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;	Advance equality of opportunity  Foster good relations	All - as above, particularly elderly and disabled - Age and Disability.	
People who use health and social care services have positive experiences of those services, and have their dignity respected.	<b>Experience</b> – Individuals will have a fair and positive experience of health and social care	Advance equality of opportunity  Eliminate discrimination , harassment and victimisation	All - as above, particularly elderly, disabled and LGBTI – Age, Disability, Gender Reassignment and Sexual Orientation.	User satisfaction survey results. Complaints
Health and social care services are centred on helping to maintain or improve the quality of life of service users	<b>Decision Making</b> Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;	Advance equality of opportunity  Eliminate discrimination , harassment and victimisation	All – as above, particularly elderly, disabled and carers - Age and Disability	
Health and social care services contribute to reducing health inequalities	<b>Safety</b> Health and social care support systems help to keep people safe and live well for longer	Advance equality of opportunity	All – as above , particularly vulnerable elderly and disabled - Age and Disability	

Over the coming year, the development of the Locality Profiles and Plans will provide an opportunity to review the Equality Outcomes for the Partnership. The IJB have agreed to review these outcomes in April 2017 with a view to more focussed outcomes informed by the first year of operation. This provides the opportunity to align with the review of Equalities Outcomes by NHS Forth Valley, Clackmannanshire Council and Stirling Council.

## **9.0 Outcomes Monitoring and Evaluation**

### **9.0 Year One (2016 / 2017)**

The focus in year one will be on developing Locality Plans and refining the outcomes to align with partner review cycles.

### **9.2 Year 2 (2017 / 2018)**

The focus in year two will be on further mainstreaming equality outcomes.

## 10.0 Appendices

### 10.1 – Appendix 1 – Equality Impact Assessment Tool

#### Standard Impact Assessment Document (SIA)

Please complete electronically and answer all questions unless instructed otherwise.

#### Section A

**Q1: Name of EQIA being completed i.e. name of policy, function etc.**

Q1 a; Function  Guidance  Policy  Project  Protocol  Service  Other, please detail

**Q2: What is the scope of this SIA**

Service Specific  Discipline Specific  Other (Please Detail)

**Q3: Is this a new development? (see Q1)**

Yes  No

**Q4: If no to Q3 what is it replacing?**

**Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)**

**Q6: Main person completing EQIA's contact details**

Name:

Department:

Telephone Number:

Email:

**Q7: Describe the main aims, objective and intended outcomes**

**Q8:**

**(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?**

Staff  Service Users  Other  Please identify \_\_\_\_\_

**(ii) Have they been involved in the development of the function/service development/other?**

Yes  No

**(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?**

**(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)**

Comments:

**Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:**

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age				
Disability (incl. physical/sensory problems, learning difficulties, communication needs; cognitive impairment)				
Gender Reassignment				
Marriage and Civil partnership				
Pregnancy and Maternity				
Race/Ethnicity				
Religion/Faith				
Sex/Gender				
Sexual orientation				
Staff (This could include details of staff training completed or required in relation to service delivery)				

**Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B**

Unpaid Carers				
Homeless				
Language/ Social Origins				
Literacy				
Low income/poverty				
Mental Health Problems				
Rural Areas				
Armed Services Veterans, Reservists and former Members of the Reserve Forces				
Third Sector				
Independent Sector				

**Q10: If actions are required to address changes, please attach your action plan to this document.**

**Action plan attached?**

Yes

No

**Q11: Is a detailed EQIA required?**

Yes

No

Please state your reason for choices made in Question 11.

The Strategic Needs Assessment at a Local Authority level will help inform the more detailed iteration of plans which will set out more detail of how we will achieve the vision and ambitious outcomes for the partnership.

N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

**Date EQIA Completed**

DD / MM / YYYY

**Date of next EQIA**

DD / MM / YYYY

**Review**

**Signature**

**Department or Service**


Print Name

--

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to [CS.integration@nhs.net](mailto:CS.integration@nhs.net)

**B: Standard/Detailed Impact Assessment Action Plan**

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date: