

# **Clackmannanshire & Stirling**

## **Integration Joint Board**

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

**April 2016 to March 2020**

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## 1.0 Introduction

### 1.1 Purpose of the Equality Report

The Equality & Outcomes 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 have built upon and strengthened these foundations, embedding them further within our existing priorities.

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 Health and Social Care Partnerships Strategic Commissioning Plan 2019 - 2022 set out the vision and objectives for the period.

The strategic vision was in line with the Scottish Government’s 20:20 vision and the objectives and values were as follows:

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

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

**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

## 5.0 Profile of Clackmannanshire & Stirling

Clackmannanshire & Stirling Integration Joint Board is made up of 32 members and advisory members and these are listed on the [Integration web pages](#). The Integration Joint Board controls an annual budget of approximately £190million and is responsible for providing adult health and social services for the population of Clackmannanshire & Stirling.

The Integration Joint Board does not employ any staff, although they are required to appoint a Chief Officer and Chief Finance Officer, employed through one of the partners.

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

The Strategic Commissioning Plan, Strategic Needs Assessment, Locality Profiles, Market Position Statement and Engagement Report provide further information on the profile of population and evidence used they can be found [here](#).

## 6.0 Engagement on Development of Plans

The consultation and engagement report and staff engagement report provide evidence of the range of work carried out over 2014, 2015 and early 2016 to engage with stakeholders to build the Strategic Plan 2016 - 2019 then consult with interested parties. These can be found here <https://clacksandstirlinghscp.org/about-us/strategic-plan/>

In relation to the [Strategic Commissioning Plan 2019 – 2022](#) whilst specific reports were not drafted on consultation and engagement; the consultation undertaken included:

- An online consultation survey from February 2019
- Further co-production session with Strategic Planning Group – January 2019
- Public engagement events in each locality - January/February 2019
- Staff engagement via Toolbox Talks
- Engagement with Provider Forums – January/February 2019
- A focused session with people living with dementia led by Third Sector colleagues and the Connected Neighbourhoods Project
- Attendance at user and unpaid carer groups already established
- Further consultation with the Public Partnership Forum – February 2019
- A Strategic Planning Group workshop on Workforce Planning in February 2019

This was outlined in the report to the IJB on [27 March 2019](#), where the Board approved the Strategic Plan 2019 – 2022.

## 7.0 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.

### 7.1 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.

### 7.2 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 with relevant Board papers and will be available [here](#).

### 7.3 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 in 2019 - 2019:*

The reports demonstrate 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.

## 7.4 Monitoring and recording

### 7.4.1 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 most engagement events held by the Partnership. The consultation and engagement report for the 2016 – 2019 Strategic Plan 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 equality monitoring form at engagement events and we will continue to use this for engagement work ([appendix 1](#)).

The table below summarises the equalities data collected on individuals we engaged with through the consultation and engagement work for the 2016 – 2019 Strategic Plan, 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 Budhist 1 Church of England 1



	Episcopalean 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.

#### *7.4.2 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.

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

The Strategic Needs Assessment and Locality Profiles provide information on the Partnerships population and the protected characteristics. These are available here <https://clacksandstirlinghscp.org/about-us/strategic-plan/>

#### *7.4.4 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.

As mentioned above, to maintain and develop our understanding of the local population we utilised an equality monitoring form at engagement events and we will continue to use this for engagement work ([appendix 1](#)).

### **7.5 Mainstreaming Duty and Employment**

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

### **7.6 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)

## 8.0 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.

### 8.1 What do we have in place?

The Partnership utilises an agreed equality impact assessment tool ([appendix 2](#)) covering all protected characteristics and other factors in relation to inequalities.

Support can be provided on a need led basis.

Previous assessments completed are available on the integration web pages alongside relevant Board papers.

## 9.0 Identifying Equality Outcomes

Equality Outcomes ([appendix 3](#)) 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.

[Appendix 3](#) sets out how these outcomes align with the National Health and Wellbeing Outcomes, which part of the Duty and which protected characteristic they address.

## 9.1 Progress with Equality Outcomes

The Strategic Commissioning Plan priorities and outcomes align well with the National health and Wellbeing Outcomes as well as National Health and Care Standards.

HSCPs are measures on the Health Wellbeing Outcomes nationally by Public Health Scotland (PHS); information on this can be found here:

<https://beta.isdscotland.org/find-publications-and-data/health-and-social-care/social-and-community-care/core-suite-of-integration-indicators/>

These have demonstrated progress towards our Equality Outcomes and feature in all our Annual Performance Reports which be found here:

<https://clacksandstirlinghscp.org/about-us/annual-performance-report/>

## Annual Performance Report 2019 / 2020

The indicators below are normally reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. Data relating to these indicators for 2019/20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID19 pandemic, the publication was delayed and so the most recent survey results were not available for inclusion within this report. The survey results will be published later in 2020.

	Indicator	Title	Partnership		
			15/16	17/18	19/20
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	No Data
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	82%	No Data
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	74%	No Data
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73%	76%	No Data
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78%	No Data
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87%	No Data
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	79%	No Data
	NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38%	No Data
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86%	No Data
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	no data	no data	No Data

The Core Suite of Integration Indicators are based on Standardised Mortality Ratio (SMR) returns from the Health Board. In July 2019 SMR01 completeness fell to almost 0% due to resource issues and Trakcare transition. PHS have therefore estimated the indicators for Clackmannanshire & Stirling HSCP based on previous years. This means the Partnership cannot utilise the Core Suite of Integration Indicators to measure progress against the National Health and Wellbeing Outcomes, compare against other Partnerships or Nationally.

NHS Forth Valley have devised and implemented an action plan to address SMR completeness; significant improvement has been achieved in recent months and coding throughput has now increased to more than 3000 episodes per week and this will be followed up by two bulk correction/submission proposals that if approved will result in a significant reduction in the backlog.

Indicator	Title	Partnership				
		Baseline 15/16	Current			
			16 / 17	17 / 18	18 / 19	2019 <sup>8</sup>
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429
NI - 12	Emergency admission rate (per 100,000 adult population)	10,373	10,011	10,685	10,447	10,881
NI - 13	Emergency bed day rate (per 100,000 population)	118,800	112,450	111,813	113,106	113,106
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	105	107	108 <sup>e</sup>	108
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	87%	88%	88%
NI - 16	Falls rate per 1,000 population aged 65+	18	16	20	21	21
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	88%	96%	93%	91% <sup>9</sup>
NI - 18	Percentage of adults with intensive care needs receiving care at home	68%	68%	67%	67%	No Data <sup>10</sup>
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	579	686
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	21%	23%	24%	24%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	No Data	No Data	No Data	No Data	No Data
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	No Data	No Data	No Data	No Data	No Data
NI - 23	Expenditure on end of life care, cost in last 6 months per death	No Data	No Data	No Data	No Data	No Data

## 10.0 Appendices

### Appendix 1 – Equalities Monitoring Form

## Health and Social Care Integration

### Why are we asking you to complete this form?

We want to ensure that we receive feedback on health and social care integration for the diverse range of people within our local communities.

By filling in this form you will be helping us to:

- Find out who is and who isn't involved in consultation
- Find out why some people are not able to consult
- Take steps to ensure our consultation is more inclusive of the people within the Partnership

### Who will see this information?

- Your reply cannot be linked back to you
- We will group the replies together and only present the overall results
- We follow strict laws to ensure your personal details are protected

### Do I have to answer every question?

No. There is a 'prefer not to answer' box for each question. However, we hope you will.

Your answers will help us to gain the best possible description of people who attend our events or provide feedback.

The information we gather from this anonymous form will help us to ensure the diverse range of the people in our local communities are able to consult and engage with us as partners.

## Thank you for your help

## Monitoring Form

Please identify where you are from (please put X in **ONE** box only)

Clackmannanshire	
Falkirk	
Stirling	

Are you responding as an individual or an organisation?

Individual	
Organisation, please state organisation name:	

Please tell us which stakeholder group(s) you most identify with by marking an X the box(es):

User of health or social care	
Carer of user of health or social care	
Health professional	
Social care professional	
Staff of the Health Board and Local Authority who are not health professionals or social care professionals	
Third sector bodies carrying out activities related to health or social care	
Commercial provider of health care	
Non-commercial provider of health care	
Commercial provider of social care	
Non-commercial provider of social care	
Non- commercial provider of social housing	
Prefer not to answer	
Other, please specify:	

Please tell us the first 4 or 5 digits of your postcode, e.g. FK10 5

F	K	1	0		5

1. Are you male or female? (Please put X in **ONE** box only)

Male	
Female	
Prefer not to answer	

2. Is your gender identity the same as the gender you were assigned at birth? (Please put X in **ONE** box only)

Yes	
No	
Prefer not to answer	

3. Do you have any of the following conditions which have lasted, or are expected to last at least 12 months? (Please put X in all that apply)

The Equality Act 2010 protects disabled people. The Act defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities.

Deafness or severe hearing impairment	
Blindness or severe vision impairment	
Physical disability	
Learning disability (for example, Down's Syndrome)	
Learning difficulty (for example, dyslexia)	
Mental health condition (for example, depression or schizophrenia)	
Long-term illness (for example, diabetes, cancer, HIV, heart disease or epilepsy)	
None of the above	
Prefer not to answer	
Other condition, please specify	



4. What is your ethnic group? (Choose **ONE** section from A to E then X **ONE** box which best describes your ethnic group or background)

<b>A. White</b>			
Scottish		Welsh	
English		Gypsy/Traveller	
Irish		Polish	
Northern Irish		Any other white ethnic group, please specify:	
<b>B. Mixed or multiple ethnic groups</b>			
Any mixed or multiple ethnic groups, please specify:			
<b>C. Asian</b>			
Pakistani, Pakistani Scottish or Pakistani British		Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Indian, Indian Scottish or Indian British		Chinese, Chinese Scottish or Chinese British	
Other, please specify			
<b>D. African, Caribbean or Black</b>			
African, African Scottish or African British		Black, Black Scottish or Black British	
Caribbean, Caribbean Scottish or Caribbean British		Other, please specify:	
<b>E. Other ethnic group</b>			
Arab, Arab Scottish or Arab British			
Other, please specify:			
<b>Prefer not to answer</b>			

5. What religion, religious denomination or body do you belong to? (Please put X in **ONE** box only)

None	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Other Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Pagan	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>		
Other, please specify	<input type="checkbox"/>		

6. How would you describe your sexual orientation? (Please put X in **ONE** box only)

Heterosexual/straight	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Gay Woman/Lesbian	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	Other:	<input type="checkbox"/>

7. What was your age last birthday?

Age at your last birthday?	<input type="checkbox"/>	_____years
Prefer not to answer	<input type="checkbox"/>	

**Thank you for taking time to complete this form**

Please return to:

XXXXXX

## Appendix 2 – Equality and Diversity Impact Assessment

### Equality & Diversity Impact Assessment

Guidance on how to complete an EQIA can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>

and here

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty>

**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  Discipline  Other (Please   
Specific  Specific  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:


Telephone  
Number:


Department:

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 \_\_\_ Providers,  
third sector,  
independent  
sector

**(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 ( <b>do not leave this area blank</b> )
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 (male/female)				
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

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**Signature**

Print Name

**Department or  
Service**

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Equality & Diversity 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:



## Appendix 3 – Agreed Equality Outcomes

National Health & Wellbeing Outcomes	Partnership Specific Outcomes OR Potential Action Area	Component Duty	“Protected Characteristic”	Sources of evidence justifying identification as a priority
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	