

**Clackmannanshire & Stirling**

**Integration Joint Board**

**Equality Mainstreaming &  
Outcomes Report**

**April 2021 to March 2023**

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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 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 Boards (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 several 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.

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

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 wellbeing;
- **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 29 members and 4 advisory members and these are listed on the [Integration web pages](#). The Integration Joint Board controls an annual budget of approximately £243.670m 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

In relation to the [Strategic Commissioning Plan 2023-2033](#) a range of engagement and consultation events took place.

Planning for the Strategic Commissioning Plan (SCP) began in March 2022. Short-life working groups were created by April (this included an engagement group - made up for members of the HSCP and wider partners) taking into consideration the following strategy and guidance.

- [CSHSCP Engagement & Participation Strategy 2020-2023](#)
- Scotland's National Standards for Community Engagement [Participation Scotland's National Standards for Community Engagement - Participation \(blogs.gov.scot\)](#)
- [Scottish Government Strategic Commissioning Plans: guidance 2015](#)
- [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- [Community Empowerment \(Scotland\) Act 2015](#)

It is important to note this engagement work was undertaken during restricted engagement times due to the ongoing pandemic and not everyone could attend face to face sessions due to health issues, they were supported to engage in different ways.

Monthly planning meetings with HSCP Strategic Planning and Health Improvement have been held throughout the year focused on the development of the required information for the new Plan - Strategic Needs Assessment; Burden of Disease;

Integrated Workforce Plan; Engagement Plan; and relevant performance and financial information.

The engagement and participation approach included creating a more dynamic approach to involving a wider group of people who had not previously been involved, using lessons learned from the pandemic, we made better use of on-line platforms and working closely with our smaller communities.

This involved creating a dedicated HSCP Facebook page to enable us to reach community groups and interested citizens.

We invested in securing a platform via [citizenspace](#) to host our surveys and to create a 'Get Involved' page on the CSHSCP website [Clackmannanshire and Stirling HSCP – Get Involved \(clacksandstirlinghscp.org\)](#).

In addition to the engagement sessions, we also ran an Online Survey on Citizenspace which ran from 30 September – 14 November 2022 [Introduction - Clackmannanshire & Stirling HSCP - Citizen Space](#)

Face to face opportunities for groups and communities throughout the summer and autumn throughout Clackmannanshire & Stirling.

15 Engagement 'Drop in' meetings took place across all three of the HSCP's communities from June to October 2022.

'Drop in's' took place in the following communities at a range of times:

Rural Stirling	Urban Stirling	Clackmannanshire
Killin	City Centre	Alva
Callander	Dunblane	Alloa
Kippen	Raploch	Clackmannan
Killearn	Cornton	Dollar
Aberfoyle	Bannockburn	
	Cowie	

In addition to these in person meetings, the HSCP held three virtual meetings on MS Teams for each locality – these were held in the evening to provide opportunity for those who couldn't make the in person engagement session.

HSCP officers also met with the following groups; Recovery Community, the travelling community, refugees, Forth Valley Sensory Centre, Clackmannanshire Older Adults Forum and Balfron Lunch Club as well as community councils who asked for officer attendance.

**Sample of questions asked were:**

- What HSCP services do you have interest in / use?
- What supports your health and wellbeing in your community?

- What barriers do you face when trying to look after your Health and Wellbeing?
- What would you like the future of health and social care services to look like in your community?
- How best can CSHSCP communicate with you?
- And equality questions

### **How was this information shared/dispersed?**

- Through each of our three Locality Planning Network Groups – mailing list including Elected Members, GPs, Third Sector Representatives, Council Officers (approx. 100 people on each mailing list)
- Stirling Council Community Development Team
- Stirling Council & Clackmannanshire Council Communication Teams
- CSHSCP Social Media (Twitter - 800 followers and Facebook - 300 followers)
- CSHSCP Newsletter (340 subscriptions)
- Internal HSCP staff emails
- External emails – on email footer
- 2,000 printed posters / postcards

### **Feedback**

There have been 254 online survey participants and 82 drop in participants.

#### *Face to face events*

Sixteen events were held within communities throughout October and November 2022.

#### Key findings:

- In all three localities, people were proud of the community spirit, community groups and volunteers in their area.
- Local facilities, the environment, staff and services were also considered good in the three localities.

#### Areas of improvement highlighted by the discussions included:

- How the Partnership communicates with people and groups.
- How the Partnership delivers services and how people access services
- Greater support for Carers, mental health and substance use.

When asked about what is good about the area responses included community groups and volunteering.

Communication, delivery of service and GP were highlighted as areas for improvement. This was the common thread across all three localities, with primary care / GPs being highlighted as an opportunity to be improvement in urban Stirling.

## Online Survey

Key findings were:

- Most participants access or have an interest in primary care, health improvement, mental health, carers and dementia.
- Friends & family, exercise and interests and the environment were stated as the top three support to health and wellbeing.
- Accessing services, time and knowing where to go and where to get information were listed as the main barriers to looking after health and wellbeing.
- In future people want to see “flexible, accessible, speedy provision, less bureaucracy and more communication”.
- There was also a want for human rights, person centred approach to services, and focus on wellbeing and prevention and mental health.
- Communication is also a priority, and we must use multiple methods to reach as many people as possible.

The majority of people who accessed the online survey mentioned accessing GPs / physiotherapists / community nurses, Health Improvement & Wellbeing, Mental Health and Carers. Table below illustrates by locality what the priorities were.

	HSCP	Clackmannanshire	Stirling Rural	Stirling Urban
1	GP/Physio etc.	GP/Physio etc.	GP/Physio etc.	GP/Physio etc.
2	Health Improvement	Health Improvement	Carers	Health Improvement
3	Mental Health	Mental Health	Mental Health	Mental Health
4	Carers	Physical Disability	Health Improvement	Carers
5	Dementia	Carers	Dementia	All services

The majority of respondents stated Friends and Family and Exercise and Interests supported their mental health and wellbeing.

Access to services was the most frequently given response. This includes the way services are delivered, face to face, digitally etc., appointments, speed of appointments and waiting times, “easier access to health professionals, its often difficult for people to access care through GP surgeries”; “easily accessible services to meet mine and my family’s needs, single point of access”. Service delivery looked more specifically at how appointments were made, resources and management of services. Calls for more types of care, support for carers, more care at home and “more help for homeless, drug and alcohol problems”.

Locality is closely linked to access to services as many of the comments in this category spoke about local access to services, or services closer to people rather than centralised. It was about bringing services to people, for example “Local hubs, open to everyone”; services that are “accessible locally, when needed”; Communication demonstrated a need to better communicate the role of CSHSCP, the services we deliver and who the partners are. Signposting and providing information on all the services, organisations, groups and events is required and

respondents showed a clear want for this information. There is a mix between “less online and more person to person contact”; “online appointment booking” and “interactive”.

The top four wish list items for the future of health and social care services are very much interlinked and what the respondents stated, reflects our aims too. As one participant stated we need “flexible, accessible, speedy provision, less bureaucracy and more communication”.

Health Improvement and Early Intervention looked at what we can do to prevent and avoid crisis. What steps we can do to help people make better health decisions. “Improved health literacy, improved self-care and responsibility by citizens”; “focus on well-being rather than ill health”, “people and activities to help reduce loneliness”. “Put the individual’s needs at the centre and work from there”, “focus on the need of the individual and need for change”, “Choice and control of care”. The focus on person centred care, human right and equalities is very important to CSHSCP and we will be embedding this into the way our services are designed and delivered.

“Quicker and better access to mental health services would be the main wish”. Mental health is a priority for many participants, especially in terms of waiting times and access. Support for young people in transition from children’s services to adult services and those who are neurodivergent. “Inclusion with community and further training in all aspects of care. Non derogatory or discriminatory and for all staff to be trauma informed for mental health”. “More befriending support for those who feel isolated”.

When asked what the best way for the HSCP to communicate to share information and news with you the responses are in the table below

	HSCP	Clackmannanshire	Stirling Rural	Stirling Urban
1	Social Media	Social Media	Social Media	Social Media
2	Community News	Community News	Digital newsletter	Community News
3	Digital Newsletter	Digital Newsletter	Community News	Meetings & Forums
4	Meetings & Forums	Meetings & Forums	Meetings & Forums	Digital newsletter
5	HSCP Website	HSCP Website	HSCP Website	HSCP Website

### *Collation of Feedback*

The feedback was collated and presented to the three Locality Planning Network Groups, in November 2022 and through the CSHSCP e-newsletter December 2022. The key areas of priority which are beginning to emerge are:

- Carers Support
- Self Directed Support information and advice promoted across all communities
- Mental health and well-being (including the impact of COVID)
- Support for those affected by dementia at all stages of their journey
- Drug and alcohol care and support capacity across communities
- Early intervention model linking people with third sector and community supports

- Health promotion & self care / self management
- Good public information across all care and support available
- Development of patch based multi-agency working across communities
- Ethical commissioning
- Workforce capacity and recruitment

Following this process of engagement citizens living across our localities have signed up to receive the HSCP e-newsletter and join the Locality Planning Network and overall feel more informed about the work of the HSCP.

This engagement informed the development of the Strategic Commissioning Plan and Locality Plans.

### **Consultation and Approval**

A draft of the Strategic Commissioning Plan was presented to the Integration Joint Board (IJB) in December 2022 and amended per recommendations and then consultation was undertaken in January 2023 via Locality Planning Networks with the Strategic Commissioning Plan was approved and published at the 29 March 2023 IJB.

## **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, 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.

### **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.

To maintain and develop our understanding of the local population we have in the past utilised an equality monitoring form at engagement events and we will continue to use this for engagement work ([Appendix 1](#)).

This will not always be 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 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.

#### *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.

### **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 IJB is required to assess the effectiveness of its 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 needs 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 Commissioning Plan](#).

These are:

- **Self Management** - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;
- **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.

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

[Core suite of integration indicators 20 September 2022 - Core suite of integration indicators - Publications - Public Health Scotland](#)

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 21/22*

The indicators below are normally reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. The table below illustrates the numbers reported in the [Annual Performance Report for 21/22](#).

	Indicator	Title	15/16	17/18	19/20	21/22
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	93.6%	91.7%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	82%	82% Not comparable with 19/20	76.1%	72.5%
	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%	74.4%	64.3%
	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% Not comparable with 19/20	68.8%	61.7%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78% Not comparable with 19/20	75.2%	67.8%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87% Not comparable with 19/20	78.8%	67.3%
	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%	79.1%	79.2%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38% Not comparable with 19/20	29.6%	25.6%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86% Not comparable with 19/20	83.5%	75.3%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	No data	No data	No Data	No Data

The 'outcome' indicators above are normally reported every 2 years from the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years. The Health and Care Experience survey for 2021/2022 was published by the Scottish Government on 10 May 2022 with local-level results available via interactive dashboards on the PHS website. Please note that the figures presented in the Core Suite Integration Indicators may differ from those published.

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 has therefore estimated the indicators for Clackmannanshire & Stirling HSCP based on previous years. This means HSCP 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 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.

The table below illustrates the numbers reported in the Annual Performance Report for 21/22.

Indicator	Title	Partnership						
		Baseline 15/16	Current					
			16/17	17/18	18/19	19/20	20/21	21/22
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429	459	440
NI - 12	Emergency admission rate (per 100,000 adult population)	9,985	10,703	10,467	12,660	11,940	12,605	12,758
NI - 13	Emergency bed day rate (per 100,000 population)	116,465	113,592	110,147	113,022	106,429	93,593	97,710
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	107	107	104	133	146	134
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86.3%	86.0%	87.2%	87.4%	87.6%	90.9%	89.6%
NI - 16	Falls rate per 1,000 population aged 65+	14.2	16.3	18.5	20.7	22.3	20.9	23.6
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.0%	88.3%	96.2%	93.4%	91.0%	91.1%	87.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	69.7%	70.0%	66.7%	66.7%	69.8%	69.2%	71.2%
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	665	448	761
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.9%	20.9%	22.7%	23.7%	23.2%	No Data	No Data
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	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	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	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

<b>F</b>	<b>K</b>	<b>1</b>	<b>0</b>		<b>5</b>

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		Buddhist	
Church of Scotland		Sikh	
Roman Catholic		Jewish	
Other Christian		Hindu	
Muslim		Pagan	
Prefer not to answer			
Other, please specify			

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

Heterosexual/straight		Gay Man	
Bisexual		Gay Woman/Lesbian	
Prefer not to answer		Other:	

7. What was your age last birthday?

Age at your last birthday?	_____years
Prefer not to answer	

**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**

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**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?**

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**(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:

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**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

**Date of next EQIA  
Review**

DD / MM / YYYY

**Signature**

Print Name

**Department or  
Service**

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:  
[fv.clackmannanshirestirling.hscp@nhs.scot](mailto:fv.clackmannanshirestirling.hscp@nhs.scot)

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	

Approved at IJB 24 March 2021