

Equality Impact Assessment Document (EQIA)

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.

Clackmannanshire & Stirling Health and Social Care Partnership draft Strategic Commissioning Plan 2023/24 to 2033/34 & Strategic Needs Assessment

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)

Clackmannanshire & Stirling
Health and Social Care
Partnership
Adult & older adult services.

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

Yes

No

Q4: If no to Q3 what is it replacing?

Strategic Plan 2023/2033

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

Lesley Fulford, Senior Planning Manager, Clackmannanshire & Stirling HSCP
Senior Leadership Team members
Liz Rowlett, Partnership Integration Engagement Officer

Q6: Main person completing EQIA's contact details

Name:

Lesley Fulford

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Department:

Strategic Planning

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Q7: Describe the main aims, objective and intended outcomes

The scope of the health and social care partnership is adults and older adults. The Strategic Commissioning Plan has evolved into a ten-year plan.

The main aim of the draft Strategic Commissioning Plan is to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities.

The Strategic Commissioning Plan sets out the way in which the arrangements for carrying out the delegated functions are intended to achieve or contribute towards achieving the national Health and Wellbeing Outcomes. The Health and Wellbeing Outcomes are based around the principles of human rights, equality and independent living.

The Strategic Needs Assessment and analysis of the burden of disease provided data and intelligence on the demographic profile and identifies needs of the population. This was led by HSCP Senior Planning Manager and short life working group. Consulted and engaged with Strategic Planning Group, Integration Joint Board and Locality Groups.

Engagement activity with key stakeholders, e.g. Service users, carers, recovery community, travelling community, homeless and refugee / new scots, older adults, providers, workforce, Forth Valley Sensory Centre etc. Was led by the HSCP Service Improvement manager and planning and policy manager, included an online survey and a number of community events held throughout the villages and towns, online events for each of the localities, meeting local groups and regular Locality Planning Groups in each of the three localities. This work links the Locality Planning, Strategic Commissioning Plan and Health and Wellbeing Outcomes, providing the 'Golden Thread' from the grassroots up. Areas discussed were geographical not just thematic.

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	

An Online Survey on Citizen Space which ran from 30th September – 14th November 2022

[Introduction - Clackmannanshire & Stirling HSCP - Citizen Space](#)

A sample of questions asked was

- What HSCP services do you have an interest in / use?
- What supports your health and well-being in your community?
- What barriers do you face when trying to look after your Health and Well-being?
- 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

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 a 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
Aberfoyle

Cornton
Bannockburn
Cowie

Dollar

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 Community Groups, Elected Members, GPs, Third Sector Representatives, Council Officers (approx. 100 people on each mailing list)
- Stirling Council Community Development Team - Both verbal and electronic – members of the team also attend the locality planning group meetings
- Stirling Council & Clackmannanshire Council Communication Teams –Verbal when meet monthly and also tag them in any social media posts etc.
- CSHSCP Social Media (Twitter - 900 followers and Facebook - 417 followers)
- CSHSCP Newsletter (400 subscriptions)
- Internal HSCP staff emails
- External emails – on email footer
- 2,000 printed posters / postcards - Printed and distributed to community groups/offices by Service Improvement Manager and CTSI & SVE

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.

A range of staff and partner providers were invited to participate in workshops, such as independent sector providers, partners, staff, trade unions and staff side representatives. This work was led by the HSCP Organisational Development Lead.

Throughout the development of the Strategic Commissioning Plan, managers have been working and meeting with Internal Audit through an audit process of agreed self-evaluation. In October, the Audit report provided an evaluation of the position in September with recommendations. In response, an action plan was devised and implemented to the completion of writing the Strategic Commissioning Plan. This has been led by Head of Strategic Planning and Health Improvement and Chief Finance Officer.

HSCP ADP Lead has led the development of fundamental principles of the Strategic Commissioning Plan. This work seeks to develop and embed human rights based approach, equalities and ecology across all of our care and support, policy and strategic documents and our strategic partnerships across the system and our communities.

Delivery of the ethical commissioning approach, as previously agreed by the Board, to deliver all commissioning activity within a Commissioning Consortium model. The approach is reflected across the delivery of the priorities of the Strategic Commissioning Plan, led by HSCP Commissioning Manager.

Measuring the success of the previous Plan and future plans against key performance indicators, national Health and Wellbeing Outcomes and local agreed targets as well as detailed analysis of current performance and future targets is led by HSCP Principal Analysts.

Publication of Strategic Commissioning Plan

Once approved and in collaboration with communications team a press release which Chief Officer approved and a member of staff from Stirling Council Communications team circulated to local press.

It was also published on our website [Clackmannanshire and Stirling HSCP – Strategic Plan \(clacksandstirlinghscp.org\)](http://clacksandstirlinghscp.org)

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?

Comments:

All prescribed stakeholder representatives (as set out in the Public Bodies (Joint Working)(Scotland) Act (2014)) have been involved in the development of the draft Strategic Needs Assessment and draft Strategic Commissioning Plan. They have also engaged and commented on the Strategic Commissioning Plan through membership of the following groups: HSCP Strategic Planning Group, HSCP Locality Planning Groups, HSCP Carers Planning Group and Carer’s Forum, Alcohol & Drug Partnership and sup-groups, HSCP Self-Directed Support Steering Group, Dementia Friendly Communities, HSCP Commissioning Providers Forums, HSCP Joint Staff Forum, Community Justice Partnerships, Strategic Housing Forums, Tenant and residents association and Integration Joint Board.

Consultation and engagement have been ongoing over the last year to inform the development of the Strategic Commissioning Plan. This will continue over the ten years of the plan.

(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:

Please see the Strategic Needs Assessment for details of the population, including: age, gender, ethnic origin, religion, sexual orientation, population projections, physical disability, learning disability, mental health and wellbeing.

Please also see the Public Bodies (Joint Working)(Scotland) Act (2014) and supporting orders which sets out the legislative requirements for the partnership in relation to the Strategic Commissioning Plan.

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	x			<p>The Strategic Needs Assessment highlights the aging population across Clackmannanshire and Stirling with the proportion of over 75's being expected to almost double by 2037 and the increasing numbers who will experience multiple co morbidities.</p> <p>It is anticipated that the Strategic Commissioning Plan will have a positive impact on ageing and older people as parts of the plan have been specifically designed, in consultation with local people, with the specific needs of this group in mind.</p> <p>Further development of anticipatory and planned care services will ensure people are enabled to live full and positive lives in supportive communities.</p> <p>Providing more single points of entry will help ensure services are wrapped around people.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p>
Disability (incl. physical/ sensory problems, learning difficulties, communication needs;	x			<p>The Strategic Commissioning Plan & Strategic Needs Assessment highlights the number of people with care support needs and health</p>

cognitive impairment)				<p>conditions in the community:</p> <p>With a focus on early intervention, prevention and better choice and control the integrated care plan is expected to have a positive impact on disabled people.</p> <p>The plan takes a more holistic approach to the needs of disabled people and is moving to an approach more in line with the social model of disability that promotes independence and autonomy and places the service user at the centre of their care / support.</p> <p>The recognition of the role of carers, many of which may become unwell themselves, should result in more support for both service user and unpaid carers and a better environment for both groups.</p> <p>Easy read and video versions of the Strategic Commissioning Plan and Locality Plans will be produced.</p>
Gender Reassignment			x	IJB are anticipating a neutral impact.
Marriage and Civil partnership			x	IJB are anticipating a neutral impact.
Pregnancy and Maternity			x	IJB are anticipating a neutral impact.
Race/Ethnicity	x			<p>The detail of the population can be found in the Strategic Needs Assessment.</p> <p>Further development of anticipatory and planned care services will ensure people are enabled to live full and positive lives in supportive communities.</p> <p>Providing more single points of entry will help ensure services are wrapped around people.</p> <p>Locality plans will take account of</p>

				<p>communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p> <p>Translation services are available on request.</p>
Religion/Faith			x	IJB are anticipating a neutral impact.
Sex/Gender (male/female)	x			<p>The Strategic Needs Assessment highlights 70476 males and 74894 females. It further highlights the inequality in life expectancy between males and females. We anticipate the strategic Commissioning plan will have a positive impact.</p> <p>Further development of anticipatory and planned care services will ensure people are enabled to live full and positive lives in supportive communities.</p> <p>Providing more single points of entry will help ensure services are wrapped around people.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p>
Sexual orientation			x	<p>The Strategic Commissioning Plan & Strategic Needs Assessment could not accurately report sexual orientation at national or local level and believe it is likely numbers are underrepresented.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing</p>

				demographics.
Staff (This could include details of staff training completed or required in relation to service delivery)	x			<p>The Strategic Commissioning Plan & Strategic Needs Assessment highlights there are approximately 1163 staff who will be affected by the health and social care partnership strategic Commissioning plan with the three employing bodies.</p> <p>The partnership has developed training and organisational development plans to support staff.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p>

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	x			Unpaid carers are represented on the Older Adults Carers Group, Carers Planning Group, Strategic Planning Group and Integration Joint Board as well as other fora. They have been part of the development of the strategic needs assessment and strategic Commissioning plan.
Homeless	x			There is a Strategic Housing Forum in place.
Language/ Social Origins			x	Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.
Literacy			x	<p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.</p> <p>Easy read and video versions of the Strategic Commissioning Plan and Locality Plans will be produced.</p>

Low income/poverty	x			Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.
Mental Health Problems	x			See disability section above
Rural Areas	x			Throughout the consultation process the different experience of care was evident. A rural strategy will require to be developed to ensure services respond to rural needs in a way that wraps services around people and enables people to live full and positive lives in supportive communities. The internal Rural care at home team, to support other providers, is an example of this type of service provision.
Armed Services Veterans, Reservists and former Members of the Reserve Forces			x	Councils and Health Board have established policies in place.
Third Sector	x			Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.
Independent Sector	x			Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.

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.

People involved in developing this EQIA:

Lesley Fulford
Liz Rowlett
Senior leadership team

Date EQIA Completed

01/10/2023

Date of next EQIA Review

Signature

Print Name

Lesley Fulford

Department or Service

Strategic Planning

Please keep a completed copy of this template for your own records and attach to any appropriate papers / proposals etc as a record of SIA or EQIA completed.

Send copy to fv.clackmannanshirestirling.hscp@nhs.scot for publication once approved.