



Falkirk Integration Joint Board  
Equality Outcomes and Mainstreaming Report

April 2017 – April 2021

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## FOREWORD

The integration of health and social care has seen the establishment of a Falkirk Health and Social Care Partnership (HSCP) with its own Integration Joint Board (IJB). The IJB controls an annual budget of £200 million and is responsible for the provision of wide range of health and social care services delegated by Falkirk Council and NHS Forth Valley for the population of Falkirk. The Board ensures that these services are delivered in a way that best achieves the aims set out in the Strategic Plan.

The Strategic Plan aims to ensure that people who use health and social care services get the right care and support, whatever their needs, at any point in their care journey. The Strategic Plan describes how the Partnership will deliver services to adults who use health and social care services. Our vision will ***“enable people to live full, independent and positive lives within supportive communities”***.

The Strategic Plan is clear that equality will be at the heart of everything that we do as a Partnership, and how we will take into account the protected characteristics in the planning and delivery of health and social care services.

Every person has one or more of the protected characteristics, so the Act protects all of us against unfair treatment. The protected characteristics are:

Age	Pregnancy and maternity
Disability	Race
Gender	Religion or belief
Gender Reassignment	Sexual Orientation
Marriage and Civil Partnership	

The IJB has produced its second Equality Outcomes and Mainstreaming Report covering the period 1 April 2017 to 31 March 2021. The report also provides a progress report on how we met our duties for the period of the first plan (2016-2017).

This report and agreed equality outcomes for 2017-2021 have been developed in conjunction with the most recently available equalities information and evidence of need. It has been developed in partnership with Falkirk Council and NHS Forth Valley, taking into account the integrated arrangements in place for in-scope health and social care services. It is produced in compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

There is already a foundation of existing practice good practice relating to equalities within the Council and the Health Board. The IJB has continued to build on these foundations, embedding them within our existing and emerging plans and priorities.

**Patricia Cassidy**  
**Chief Officer**  
**Falkirk Health and Social Care Partnership**

## **1. INTRODUCTION**

The Equality Outcomes and Mainstreaming Report sets out the progress of the Falkirk Integration Joint Board (IJB) in making the public sector equality duty integral to its functions and the outcomes which it considers will enable it to better perform that duty. The report also provides a review of the IJB progress since the first published report for 2016 - 2017.

### **1.1. 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 (or to consciously consider) need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between those who have protected characteristics and those who don't
- foster good relations between those who have protected characteristics and those who don't.

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 2012. This means that all Integration Joint Boards are subject to the equality legislation and Specific Duties.

The Public Bodies Specific duties lay out that all Scottish public authorities must publish a report on mainstreaming equality and identify a set of equality outcomes. This is subject to being reviewed every 2 years within its 4 year cycle.

The Human Rights Act 1998 sets out duties that public organisations, including the IJB, must treat everyone equally, with fairness, dignity and respect. In delivering services which are compatible with the Act, we will continue to be committed to undertaking human rights based approach in line with PANEL principles (Participation, Accountability, Non-discrimination, Empowerment and Legality).

### **1.2. Health and Social Care Integration**

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Councils and Health Boards to delegate health and social care functions to an Integration Joint Board where that partnership has agreed to utilise a body corporate model. Falkirk Council and NHS Forth Valley have formed the Falkirk Health and Social Care Partnership, overseen by the IJB.

However, unlike many other public bodies in Scotland, the IJB has limited responsibility in terms of the specific duties as the Board is not an employer. The individual organisations continue to be the employers of staff who work for the Falkirk Health and Social Care Partnership (HSCP) and their respective policies and protocols governing how goods and services are purchased are also retained.

The specific duties for the IJB which are relevant to note include:

- reporting on the mainstreaming of the equality duty
- agreeing and publishing equality outcomes, including a progress report by 2019
- assessing and reviewing policies and practices
- how we will use information on members or board members gathered by the Scottish Ministers
- how we will continue to publish in a way that is accessible.

Requirements of the specific duties relating to the publishing of gender pay gap information, publishing statements on equal pay, gathering and using employee information and considerations relating to public procurement remain the responsibility of Falkirk Council and NHS Forth Valley.

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out in the Integration Scheme. The IJB has the lead responsibility to allocate resources within the shared health and social care budget and take decisions on the redesign and commissioning of services to achieve better outcomes for people. The Board will direct services to work in an integrated way to deliver the nine national Health and Wellbeing Outcomes. These are closely aligned to the IJB Strategic Plan and local outcomes and priorities.

In taking these decisions, the IJB has the public sector equality duty at the forefront of its thinking and will have information available to it of the impact of these decisions on those who share protected characteristics.

### **1.3. Operational Context**

From 1st April 2016, the Integration Joint Board assumed responsibility for planning, commissioning and overseeing the delivery of integrated health and social care services. The main purpose of integration is to improve the well-being of people who use health and social care services.

The legislation sets out that the Integration Joint Board must contribute to the delivery of nine national health and wellbeing outcomes for integration

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. People, including those with disabilities or 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
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
7. People using health and social care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care services.

#### **1.4. 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.

The IJB is directly accountable for developing a set of measureable equality outcomes related to the nine protected characteristics noted in the Foreword. These equality outcomes evidence that the HSCP will work to:

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

The performance against these outcomes will be included in the IJB Performance Framework and reported to the Board on a regular basis. In addition the IJB will publish a review every 2 years in line with requirements.

## **2. FALKIRK HEALTH AND SOCIAL CARE PARTNERSHIP**

### **2.1. Leadership and Accountability**

#### ***Integration Joint Board***

Mainstreaming the Equality Duty is an organisational responsibility to which the Integration Joint Board is fully committed. There is a continued commitment to see regular reporting to the Board through its governance structures.

The Integration Joint Board, through its Chief Officer, has responsibility for the planning, resourcing and the operational oversight of a wide range of health and social care services. The IJB was incorporated in October 2015 and took on responsibility for the delegated functions on 1 April 2016.

The Integration Joint Board controls an annual budget of approximately £193.5m, and is responsible for providing health and social services for Falkirk area population.

#### ***Chief Officer***

The Chief Officer is accountable for ensuring equality legislation is upheld and services are designed and delivered in a way that meets the general duty and those specific duties that are the responsibility of the HSCP.

#### ***HSCP Leadership Team***

This responsibility is delegated in part to the HSCP Leadership Team who will:

- collectively ensure that service planning and delivery evidences compliance with legislation
- approve equality outcomes
- ensure that the annual performance monitoring reports to the IJB include specific reference to progress in delivering the outcomes.

The lead officer for equality and diversity within the HSCP Leadership Management Team is the Programme Manager – HSCP.

### **2.2. Strategic Vision, Outcomes and Objectives**

The Falkirk Strategic Plan 2016 – 2019 sets out the vision, outcomes and priorities for the Falkirk area. This is in line with the Scottish Government's 20:20 vision and the national Health and Well-being Outcomes. This is as follows:

**Vision:** *enable people in the Falkirk area to live full, independent and positive lives within supportive communities.*

#### **Local Outcomes:**

- *Self-Management* - Individuals, their carers and families are enabled to manage their own health, care and well-being
- *Autonomy and Decision Making* – Where formal supports are required, people are enabled to exercise as much control and choice as possible over what is provided

- *Safe* - Health and social care support systems help to keep people safe and live well for longer
- *Experience* – People have a fair and positive experience of health and social care
- *Community based Supports* – Informal supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community.

**Objectives:**

- Putting individuals, their carers and families at the centre of their own care by prioritising the provision of support which meets the personal outcomes they have identified as most important to them
- Recognising the importance of encouraging independence by focusing on re-ablement, rehabilitation and recovery
- Providing timely access to services, based on assessed need and best use of available resources
- Providing joined up services to improve quality of lives
- Reducing avoidable admissions to hospital by ensuring that priority is given to strengthening community based supports
- Sharing information appropriately to ensure a safe transition between all services
- Encouraging continuous improvement by supporting and developing our workforce
- Identifying and addressing inequalities
- Building on the strengths of our communities
- Planning and delivering Health and Social Care in partnership with Community Planning Partners
- Working in partnership with organisations across all sectors e.g. Third Sector and Independent Sector
- Communicating in a way which is clear, accessible and understandable and ensures a two way conversation.

**2.3. Profile of the Falkirk Health and Social Care Partnership**

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

In addition, research and evidence completed has informed the report as follows:

- NHS Forth Valley Clinical Services Review and subsequent NHS Forth Valley Health Care Strategy 2016-21
- Falkirk Council – Our Profile work
- Local and national research
- findings from the Forth Valley Lesbian Gay Bisexual Transgender and Intersex (LGBTi) Steering Group Survey 2016 completed with partners was used to inform the outcomes. The findings identified the experiences, barriers and good practice within public services and the community and in particular those relating to Local Health Service provision (full results are available in NHS Forth Valley Evidence Report 2017).



### **3. EQUALITY OUTCOMES**

#### **3.1. Integration Joint Board**

Falkirk Council and NHS Forth Valley have formed the Falkirk Health and Social Care Partnership, overseen by the IJB. Therefore it makes sense to ensure that our equality mainstreaming agenda is aligned with existing Council, Health Board and Scottish Government policy priorities. This approach will ensure there is an element of consistency for people and integrates within current work and performance management reporting where relevant.

Through work with Falkirk Council and NHS Forth Valley there has been engagement and consultation with a range of stakeholders to develop equality outcomes. This will continue through discussions with, for example, NHS Forth Valley Fair for All Group and local forums to ensure the existing actions and outcomes meet the needs of our communities. This engagement and consultation work has informed the development of the outcomes listed at section 3.4 so that they are relevant and meaningful.

#### **3.2. NHS Forth Valley Equality Outcomes**

NHS Forth Valley completed work to understand where priorities and investment for the future should be directed. They have reflected on past performance, completed consultations to inform the Healthcare Strategy 2016 - 21 and used findings to inform our equality outcomes and actions, completed local and national research as well as continuous involvement with communities to ensure actions taken meet our community and staff needs.

During November and December 2016 a range consultations within communities, including the Public Participation Forum; Fair for All Groups; BME communities, people with disabilities took place. These meetings were held both during the day and during the evening to enable accessibility. These discussions identified the direction that should be taken to inform our equality practice and the proposed Equality Outcomes for 2017-21. There were no negative comments received and offers of support to deliver them were received from members of the community.

These contributions and information set out in 2.3, as well as local and national equality priorities has informed the final equality outcomes.

In March 2017 the NHS Forth Valley Board approved their Mainstreaming Report 2017 – 2012. This followed a process to present the draft plan to the 'Fair for All' Development Group and to respective NHS Forth Valley Committees and management teams for comment prior to submission to the Board.

### 3.3. Falkirk Council Equality Outcomes

The Council's community consultation provided information to the IJB in relation to the development of the IJB's equality outcomes.

The Equality Outcomes and Mainstreaming Reports for each organisation are noted below:

- [NHS Forth Valley Mainstreaming Report 2017-21](#)
- Falkirk Council

### 3.4. IJB Equality Outcomes

Setting specific outcomes by which to measure and manage performance is a key step in not only meeting our Equality Act 2010 Specific Duties but also in achieving effective transformation of joined-up, person-centred care for our diverse communities.

In setting equality outcomes, the IJB has also considered the Strategic Plan local outcomes and their alignment to the national Health and Wellbeing outcomes. Work has been done to align these with the partner equality outcomes, identify which part of the General Duty and which protected characteristic they address. This is set out in Appendix 1.

The IJB Equality Outcomes will be taken forward over a four year period and reported regularly and are summarised as follows:

**Outcome One:** People within the relevant protected characteristic groups or who experience other forms of discrimination or disadvantage are able to be themselves and can achieve their full potential

**Outcome Two:** Our service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility

**Outcome Three:** Our approach to engagement and participation will give a voice to our diverse communities

**Outcome Four:** People who experience mental health problems and /or learning disabilities will be supported to live fulfilled lives without stigma

**Outcome Five:** Access to our services will be improved by understanding and reducing barriers

**Outcome Six:** People from the 'LGBTi' community will not experience barriers to accessing or receive end of life care

The Outcomes Framework is attached at Appendix 2 and sets out:

- specified outcomes
- context and evidence derived from local strategies which are evidence-based quality standards, local data sources, national research and guidance and evidence from patient experience, the expert perspective of service leads and patient views from our local population.
- measurements in place.

These outcomes will be taken forward over a four year period in partnership with relevant agencies involved in their development and implementation. The actions identified to deliver on each of the outcomes may be developed and changed as work progresses and as circumstances change. There will be regular reports on progress submitted to the Falkirk Leadership Team and the IJB on a regular basis. The IJB reports are published.

## 4. MAINSTREAMING EQUALITY

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.

Mainstreaming simply means that equality is built into the way the IJB works; the way decisions are made; the way people who work for and on behalf of us behave; how we perform and even in the way we improve our services. In other words we need to make sure that equalities are a key component of our work and not an afterthought.

The IJB is committed to integrating equalities into our business, using tools such as Equality and Poverty Impact Assessment (EPIA), and by ensuring that equalities feature explicitly and proportionately in business planning, Board meetings or other decision-making, and reports and through all other policy development and review mechanisms.

The following sections set out how the IJB has mainstreamed equalities into its activities.

### 4.1. Integration Joint Board membership

Falkirk Integration Joint Board is made up of 19 members (12 females and 7 males) and these are listed on the [Falkirk Integration Joint Board web page](#)

The Board membership is prescribed within the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the IJB Regulations). The Board has 6 voting members – 3 Falkirk Council elected members and 3 NHS Forth Valley non-executive Board members.

The IJB Regulations state that membership of the Board must include the following representation:

by virtue of role:

- Chief Officer
- Chief Finance Officer
- Chief Social Work Officer
- Chief Executives

by health profession:

- registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Scotland (Scotland) Act 1978
- registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract
- registered medical practitioner employed by the Health Board and not providing primary medical services.

by stakeholders:

- service user representative
- carer representative
- staff representatives of Falkirk Council and NHS Forth Valley
- Third Sector representative.

***Progress to date***

The IJB has approved a process to identify stakeholder members, who will be members of the IJB for a time limited period. The positions for service users, carers and Third sector representatives were widely advertised and information distributed through a range of groups and Forums asking them to disseminate the advert and contact details for further information across their networks. They were elected to the Board through a nomination and voting process designed in partnership with organisations such as CVS Falkirk, Falkirk and Clackmannanshire Carers Centre and the Falkirk Public Partnership Forum. The staff representatives were selected through the Joint Staff Forum.

***Future actions for 2017 - 21***

The IJB will take into account the Scottish Government's intention to introduce the Gender Representation on Public Board (Scotland) Bill, planned for the summer of 2017. As part of its drive to realise women's equality in Scotland, the Bill will require positive action to be taken to redress gender imbalance on public sector boards and will apply to non-executive appointments to the boards of Scottish public authorities.

The stakeholder representative's term of office will end on 30 April 2018 and a recruitment process will be held during 2017/18 to identify new members. This will include hosting information sessions about the work of the board specifically targeted at diverse communities.

**4.2. Board Reports**

The Falkirk Integration Joint Board meets every 2 months, with the ability to call special business meetings as required. All reports are published and further information is available [online](#).

***Progress to date***

To ensure that the needs of the general Equality Duty are considered in exercising business functions and processes, including budget setting and project planning, there is a mandatory "Equalities Assessment" section within the IJB reports. This identifies if the papers have been assessed for equality and diversity and what the outcome has been.

***Future actions for 2017 - 21***

Equality and Poverty Impact Assessments will continue to be completed and published online. These will be available on the [Falkirk health and social care integration web-page](#)

#### **4.3. Partnership Working**

The HSCP is committed to building on our existing arrangements to work with service users and carers, employees and other agencies and organisations from the public, Third and Independent sector to plan and deliver services.

The IJB has recognised its equality duties in the preparation of its Strategic Plan 2016 - 19. Our aim is to ensure that our services meet the needs of the whole community in the most effective way. This was informed by a Strategic Needs Assessment to provide a fuller picture of the profile of the local population. The IJB will build upon this and ensure that a better understanding of the needs of its communities, including those who share protected characteristics. This will better inform our equality outcomes and progress against these and our future plans.

##### ***Progress to date***

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.

##### ***Future actions for 2017 – 21***

The IJB will work with the Community Planning Partnership to implement the Strategic Outcomes and Local Delivery Plan, including work within the three defined locality areas. Through this work we will engage with our communities inform the development of local services to ensure these are responsive and improve outcomes for people, including those who share protected characteristics.

The Community Empowerment (2016) Scotland Act will give increased opportunities to involve all our diverse communities in the development and provision of our services. It is important that the views of all our communities are heard when we are developing our locality plans.

The IJB will work with Falkirk Council and NHS Forth Valley to implement respective Equalities Mainstreaming reports.

#### **4.4. Monitoring and recording**

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.

##### ***Progress to date***

The Strategic Needs Assessment and Locality Profiles provide information on the population and the protected characteristics of our population.

##### ***Future actions for 2017 – 21***

We will link our equality outcomes to local and national measures to enable the IJB to continue to deliver high quality care, organisational performance and achievement of specific goals.

Reporting against the Equality Outcomes will be contained in the Performance report to the Integration Joint Board and will be included in the IJB's Annual Report from July 2018.

#### **4.5. Participation and Engagement**

The IJB is committed to improving outcomes for people who use our services and their carers. In order to improve outcomes, services need to be responsive, supportive, empowering and reflect the needs and aspirations of both current and future service users and their carers and families.

##### ***Progress to date***

Falkirk's HSCP Participation and Engagement Strategy is intended to set out principles for participation and engagement, which will make sure that people are involved, consulted with and actively engaged with the integration of health and social care. The principles for participation and engagement are relevant to staff, individuals, communities and agencies. To ensure that participation and engagement activities are accessible to a wide range of people, the Strategy draws on existing networks and fora that currently operate within the Falkirk Council area and within Forth Valley.

Processes are available within partner services which enables monitoring and recording of the profile of people attending general consultation and engagements events. Completion of an equalities monitoring form has been encouraged to maintain and develop our understanding of the local population involved in engagement events. People however have an option not to complete and this is always respected.

##### ***Future actions for 2017 – 21***

The Partnership will put people first and involve them in how services are redesigned to meet their individual needs and the need across communities. People who we will involve will include service users, staff, providers and partners such as the Third and Independent Sectors and Housing Services to deliver on the Strategic Plan and locality plans. We will combine our resources to provide person-centred and integrated support.

#### **4.6 Mainstreaming Duty and Employment**

The Integration Joint Board is not an employer and therefore is not subject to this duty. Falkirk Council and NHS Forth Valley respective Equalities Mainstreaming reports identify actions taken to support employees and how these duties are met.

#### **4.7 Procurement**

Procurement will be undertaken by Falkirk Council or NHS Forth Valley in line with their respective procurement strategies and policies.

##### ***Falkirk Council***

Falkirk Council's contract standing orders, procurement procedures, relevant guides and contract terms and conditions promote equal opportunity, fairness and transparency in the evaluation, award and management of contracts.

The Council's Corporate [Procurement Strategy 2017 - 2020](#) specifically recognises equalities in 2 out of its 7 key principles. These are:

- all procurement carried out must comply with the EC Treaty principles of equal treatment, non-discrimination and transparency and the requirements of European (EU), United Kingdom and Scottish legislation. Procurement activity will also be guided by applicable EU; UK and Scottish public procurement policy and guidance;
- recognising that equalities are a key factor in the procurement activity and the procurement approach will encompass equality, gender and disability and these are incorporated into the standard procurement templates.

The Council's sustainable procurement action plan also promotes our active participation in the Supplier Development Programme and aims to reduce barriers to participation so as to improve opportunities for SMEs and Local Companies to bid for public sector contracts.

### ***NHS Forth Valley***

NHS Forth Valley Board currently complies with national tendered contracts managed by NHS National Services Scotland (covering 83% of Board spending on contracts).

These national contracts are awarded by National Procurement who applies the following principles to contract awards:

- Ensure that they purchase goods, services and facilities in line with public sector equality and diversity commitments
- They will not use agencies or companies who do not share our NHS values on equality of opportunity and diversity
- Meet all the New Procurement (Scotland) Regulations 2016 effective from 18th April 2016
- Use the European Single Procurement Document (ESPD) that suppliers can advise if they are Small Medium Enterprises (SME's) or supported businesses as part of the Procurement Process.

Their procedures will make sure that businesses from diverse communities have an equal opportunity of competing for NHSScotland contracts. In awarding our contracts, the Board will seek suppliers who can demonstrate that they understand their responsibilities and operate with due regard to equality legislation. The Board are keen to encourage all their suppliers to introduce appropriate equal opportunities policies and procedures and to demonstrate that their practices eliminate unlawful discrimination and promote equality.

The [NHSFV Procurement Strategy 2015 - 2018](#) published on the NHS Forth Valley website and has '12 Strategic Objectives,' one of them is Ethical Trading Credentials. In this area the Board will be using the new Procurement Regulations 2016 to inform the market on tenders due out in next two years via our Annual Report to comply with the act.



## **5 EQUALITY AND POVERTY IMPACT ASSESSMENT**

As a public body we are required to assess the impact of our decisions, changes to policies and practices and services against the requirements of the public sector equality duty

The equality impact assessment process is a way of examining new and existing policies, strategies, and changes or developments in service provision to assess what impact, if any, they are likely to have. In doing this we will consider the evidence of that impact on those who share a protected characteristic including feedback from consultation or engagement received from people sharing that characteristic.

Our legal requirement to do this covers only those individual characteristics identified in the Equality Act. However, in Falkirk, 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 and Poverty 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.

The Partnership had agreed to use the Falkirk Council Equality and Poverty Impact Assessment (appendix 3) covering all protected characteristics and other factors in relation to inequalities.

The impact assessment tool and previous assessments completed are available on the Falkirk Integration web page.

## Appendix 1

### Falkirk Integration Joint Board Equalities Outcomes 2017 – 2021

Equality Outcomes	Falkirk Partnership Strategic Plan Outcomes aligned to Equality Outcomes	National Health & Wellbeing Outcomes	Component Duty	'Protected Characteristic'	Sources of evidence
<p><b>Outcome One:</b> People within the relevant protected characteristic groups or who experience other forms of discrimination or disadvantage are able to be themselves and can achieve their full potential</p> <p><b>Outcome Two:</b> Service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility</p>	<p><b>Self-Management -</b> Individuals, their carers and families are enabled to manage their own health, care and well-being.</p>	<p>People are able to look after and improve their own health and wellbeing and live in good health for longer.</p>	<p>Advance equality of opportunity Eliminate discrimination , harassment and victimisation Foster good relations</p>	<p>Disability, gender reassignment, race/ethnicity, religion/belief, sexual orientation</p>	<p>Falkirk Council Equalities and Mainstreaming Report</p> <p>NHS Forth Valley Mainstreaming Equality 2017</p>
<p><b>Outcome Three:</b> Our approach to engagement and participation will give a voice to our diverse communities</p>	<p><b>Autonomy and Decision Making</b> Where formal supports are required, people are enabled to exercise as much control and choice as possible over what is provided</p>	<p>Health and social care services are centred on helping to maintain or improve the quality of life of service users</p>	<p>Advance equality of opportunity Eliminate discrimination , harassment and victimisation Foster good relations</p>	<p>Disability, gender reassignment, race/ethnicity, religion/belief, sexual orientation</p>	<p>Falkirk Council Equalities and Mainstreaming Report</p>
<p><b>Outcome Four:</b> People who experience mental health problems and/or</p>	<p><b>Safe -</b> Health and social care support systems help to keep people safe and live</p>	<p>Health and social care services contribute to</p>	<p>Advance equality of opportunity Eliminate</p>	<p>All however key focus on; Disability, Gender</p>	<p>NHS Forth Valley Mainstreaming Equality 2017</p>

## Falkirk Integration Joint Board Equalities Outcomes 2017 – 2021

Equality Outcomes	Falkirk Partnership Strategic Plan Outcomes aligned to Equality Outcomes	National Health & Wellbeing Outcomes	Component Duty	'Protected Characteristic'	Sources of evidence
learning disabilities are supported to live fulfilled lives without stigma	well for longer.	reducing health inequalities	discrimination , harassment and victimisation	Reassignment, Race/ethnicity, sexual orientation	
<b>Outcome Five:</b> Access to our services will be improved by understanding and reducing barriers	<b>Experience</b> – People have a fair and positive experience of health and social care	People who use health and social care services have positive experiences of those services, and have their dignity respected	Advance equality of opportunity  Eliminate discrimination , harassment and victimisation  Foster good relations	Disability, Gender Reassignment, Race/ethnicity, religion/belief, sexual orientation, gender	Falkirk Council Equalities and Mainstreaming Report
<b>Outcome Six:</b> People from the 'LGBTI' community will not experience barriers to accessing or receiving end of life care	<b>Community based supports</b> – Informal supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community.	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	Advance equality of opportunity  Eliminate discrimination, harassment and victimisation	All – however a key focus is on Lesbian Gay Bisexual Transgender & Intersex (LGBTI) people	NHS Forth Valley Mainstreaming Equality 2017

## Appendix 2

### Falkirk IJB Equality Outcomes Framework

#### Outcome One

People within the relevant protected characteristic groups or who experience other forms of discrimination or disadvantage are able to be themselves and can achieve their full potential

#### *What is the issue?*

The 'Is Scotland Fairer' report identified that although young people are well qualified they are experiencing considerable disadvantage in the labour market. People aged 16-24 had the highest unemployment rates. The employment gap between young people and other age groups widened between 2008 and 2013. Young people are more likely to be under-employed.

Although girls and women perform well academically this is not reflected in the workplace. People from minority ethnic community are successful academically but again are more likely to be unemployed than white people. Disabled people are more likely to be unemployed. The ethnic minority community are more likely to be living in relative poverty after housing costs, more likely to live in overcrowded households and less likely to receive support from family and friends. Increasing proportions of women are reporting poor or bad health. Gypsy travellers also report high levels of very bad health.

In our local conversations, the issue of mental health services was raised by people in our protected characteristic communities. It is clear from those exercises that there is a shortage of specialist mental health services where people can be communicated with in their first language. Whilst the Council has a limited role in relation to direct provision of mental health services we do have a role in relation to working with our Community Planning partners to develop services and appropriate response to this issue.

Our local snapshot survey on LGBT issues showed that out of 37 people 28 (76%) had not been discriminated against when receiving a service. However the response to other questions in this survey were more mixed and showed that 60% of those responding had experienced biphobic, homophobic or transphobic bullying at school. Half of those people responding to the survey felt that biphobia, homophobia and transphobia had a negative impact on their education, training and employment opportunities.

Our community consultation exercise again highlighted the need for people who did not have English as a first language or who had poor literacy skills to be able to find out about the services that the Council provided. One of the biggest barriers to employment and accessing services is to have a reasonable level of literacy

### ***Actions***

- We will have regular conversations with our protected characteristic communities so that we can understand the barriers they face in accessing our services
- We will establish a communications strategy in partnership with our protected characteristic groups to give clear messages that we want the Falkirk Health and Social Care Partnership area to be a safe place that welcomes diversity
- Services understand and remove and reduce the barriers that people with protected characteristics can experience
- Increase awareness about the need to provide interpreters when engaging with people who do not have English as first language
- To work with our partners and protected characteristic groups to develop appropriate responses to these complex issues

### ***Measurement***

- Increase in satisfied customer satisfaction in council survey's
- Increase in numbers of people with protected characteristics using Council services
- Increase in use of BIG Word

## Outcome Two

Service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility

### ***What is the issue?***

- NHS Forth Valley Health Care Strategy 2016-21 and action plan is based on findings from public involvement and legislative requirements its intention to:
- Support patients to be more independent and take a greater role in managing their own conditions.
- Adopt a model that engages, empowers and supports people in a partnership approach with their healthcare professionals, unpaid carers and community.
- Direct people with the appropriate risk factors to services such as Keep Well clinics
- Supports Implementation of NHSFV Person Centred Care Strategy 2017

### ***Actions***

- Complete baseline during 2017-18
- Introduce an Anticipatory Care Plan which will work across all Forth Valley to anticipate people's healthcare needs in a person centred way
- Implementation of Carers assessment within services areas
- Through continuous public/community involvement identify barriers to healthcare and health inequalities
- Engage with and elicit feedback from people from the 'protected characteristics' in order to identify barriers to their access to services
- Patients are informed about their care/condition using their preferred format thereby enabling them to have informed choice.
- Use patient experience/opinion & complaints data to identify areas for improvement related to patients from the protected groups

### ***Measurement***

- Anticipatory care process in place and findings demonstrate improvement in care.
- Carer's assessment process in place.
- Identify through key themes from patient concerns or complaints % issues relating to Person Centred Care.
- Evidence actions taken to address barriers identified by members of the public via NHSFV Person Centred Care Strategy Annual reports.
- Public involvement activities can demonstrate actions taken to involve all communities in planning and decision making work programmes via breakdown of attendees by protected characteristics
- Evidence of action taken to involve seldom heard communities
- Evidence of access to communication support incl. BSL Interpreters, Community Languages and AAC support.
- Evidence of percentage of EQIA's being completed on policy, functions, services which may impact on this equality outcome

## Outcome Three

Our approach to engagement and participation will give a voice to our diverse communities

### ***What is the issue?***

Evidence from our Citizen's panel demonstrates that this is an area for improvement. As we need to make sure that the Citizen's panel reflects the make up of the Falkirk Council area. We asked our Citizens panel to describe themselves: 80% are over the age of 45, 96% are white, 88% are Scottish, 91% are heterosexual, 53% male and 4% transgender. Only 2% are from a religion that is not Christian, and 35% have no belief. Our consultations showed that many people from protected characteristic groups were not aware of the ways they could actively contribute to influencing the development of Council Services or the Community Planning partnership priorities. Our community consultation highlighted that it was difficult for groups who had low levels of literacy or who did not speak English as a first language or who used BSL, often did not know how they could take part. Our Citizen's panel said that Community Council's could be daunting and a number of suggestions made as to how the Council could help support this outcome.

The Community Empowerment (2016) Scotland Act will give increased opportunities to involve all our diverse communities in the development and provision of our services. It is important that the views of all our communities are heard when we are developing our locality and neighbourhood plans.

The 'Is Scotland Fairer' report identifies that young people and people from some ethnic minorities were less likely to report being politically active. Women disabled people and people from minority ethnic minorities were politically under-represented both at national and local levels across Scotland. It also identified small groups such as gypsy travellers and transgender people are effectively invisible and suggested that these groups could be experiencing significant disadvantage. The experience of our consultation suggested that this was the case but more work is needed to understand how we can better support these communities and ensure that our services are accessible.

### ***Actions***

- We will have regular conversations with our protected characteristic communities so that we can understand the barriers they face in accessing our services
- Increase awareness about the need to provide interpreters when engaging with people who do not have English as first language
- We will use information gathered in these conversations to identify solutions and ambassadors within our communities to remove barriers and increase understanding with and between communities
- We will work our protected characteristic and other communities to ensure our approach to locality planning is fair
- To explore the role of the bystander in supporting people who are experiencing prejudiced based incidents and crime and gender based violence.

### ***Measurement***

- No of people from protected characteristics participating in locality planning
- No of people from protected characteristics participating in any consultation
- No of people from protected characteristics groups participating in our citizens panel



## Outcome Four

People who experience mental health problems and /or learning disabilities will be supported to live fulfilled lives without stigma

### **What is the issue?**

- Evidence regarding breakdown of population available within [NHSFV Health Care Strategy 2016-21](#) <sup>1</sup>
- People who are lesbian, gay and bisexual all have a higher risk of mental health problems and of self-harm". Equality and Human Rights Commission (2010) <sup>2,3</sup>
- Stigma includes experiences such as name-calling, ridicule and regular hurtful criticism that have a cumulative effect, and feeling humiliated or ashamed as a result of the attitude and behaviour of others. There are gaps in robust evidence relating to stigma in Scotland in relation to transgender people, Gypsy/ Travellers, Islamophobia and anti-Semitism. <sup>4</sup>
- Scotland has a long-running national mental health campaign called 'See Me', aimed at tackling stigma and discrimination. However, unlike in England and Wales where public attitudes to mental health have improved slightly, in Scotland attitudes to mental health saw little change over the last decade. <sup>5</sup>
- Specific evidence on the health of transgender people is limited. However, at UK level there is research, which indicates that transgender people can experience problems accessing health services. A Trans Mental Health and Emotional Wellbeing Study in the UK and Ireland in 2012 (with part-funding from the Scottish Government) found that 6 out of 10 respondents had experienced negative questions, attitudes or services in relation to Gender Reassignment clinics (62%), mental health services (63%) and general health services (65%) <sup>6</sup>
- 48% of trans people in the study had attempted suicide at least once. 84% had thought about ending their lives at some point. 53% had self-harmed at some point. <sup>(6)</sup>
- Depression and anxiety stats e.g. 75% lifetime prevalence of antidepressants <sup>6</sup>
- Research shows that 40% of LGBT young people considered themselves to have a mental health problem, compared with the overall Scottish figure of 1 in 4. Transgender respondents were the most likely to consider themselves to have mental health problems (67%) followed by bisexual women and lesbian and gay women <sup>7</sup>
- National Health & Wellbeing Outcome 4: 'Health and social care services are centred on helping to maintain or improve the quality of life for service users'. <sup>8</sup>
- National Health & Wellbeing Outcome 5 Health & Social Care Services contribute to reducing health inequalities <sup>9</sup>

### **Actions**

- Base line to be completed during 2017-18
- We will raise awareness and challenge stigma and discrimination
- Peoples protected characteristics are identified and recorded (with patients permission) to enhance care experience.
- Promote positive mental health through schools, workplaces and communities
- We will provide holistic assessments that identify the outcomes important for the individual

- Providers will work with community groups, organisations and individuals to develop ways of keeping people well and providing help, which go beyond statutory health and social care provision
- Patients, carers and professionals will have the information needed to access the right care at the right time; printed versions available via intranet by GP's, A&E, Mental Health etc
- Establish mechanisms that allow local user groups to engage with providers and that empowers and supports them so that they can engage effectively.
- Seamless, person-centred care will be provided by integrated teams

### **Measurement**

- The percentage of LGBTI patients and carers satisfied with the care they receive increases.
- Percentage of peoples protected characteristics is recorded and information used to enhance care.
- Percentage of people report less stigma and discrimination about mental health in the Forth Valley area
- Tailored approaches in place to improve information and support regarding mental health in specific equality groups.
- Evidence from work completed with public and voluntary organisations across Forth Valley to ensure that people can access services without fear of discrimination
- Information on mental health developed ensuring that where appropriate all protected characteristics needs are identified.
- Care plans/pathways reflect (with patient's permission) the patient's specific protected characteristic to ensure person centred care approach is taken/considered.
- Equality Impact Assessments completed on policies, functions and services by monitoring and evaluating effectiveness of service delivery, especially around equality needs.

## Outcome Five

Access to our services will be improved by understanding and reducing barriers

### ***What is the issue?***

The Council's EPIA process has identified that services, where possible, need to improve the way data is gathered on the protected characteristics of their customers. Information about our customers is not gathered consistently across the Council or collected in a way that allows us to analyse our data to the extent that we would want. This means that even where data exists it can not be used in to understand, identify and then reduce the barriers our customers face in accessing our services.

Our community consultation also identified issues with access to Council services. People, particularly if English is not their first language or if they had poor literacy skills found it hard to access services. People also said that staff could be more proactive in informing people about the services that they might need and that all too services were found through word of mouth. There were issues raised about cuts that are being made to services and questions being asked about how can services be more accessible if services are being reduced and criteria for access being tightened. Some people also expressed preferences to have face to face contact, particularly those with poor literacy skills.

EHRC report 'Is Scotland Fairer' states that having access to more comprehensive and better quality evidence to help improve access to services is a key challenge nationally.

As we improve and redesign our services, it is important that our services understand the needs of our most vulnerable communities particularly those who do not have English as a first language, are gypsy travellers and are transgender.

### ***Actions***

- We will design and implement a process so that services can monitor, report and identify who uses their service and who does not
- This information will be used to inform service improvement and development
- We will have regular conversations with our protected characteristic communities so that we can understand the barriers they face in accessing our services

### ***Measurement***

- satisfaction surveys

## Outcome Six

Within NHS Forth Valley people from the 'LGBTI' community will not experience barriers to accessing or receive end of life care

### **What is the issue?**

- The report by the London School of Economics in provision of palliative care in the UK (April 2015), found a startling lack of evidence about LGBT people's experiences of palliative and end of life care<sup>1</sup>
- More recently, a 2016 systematic review, looking at evidence around the bereavement experience of partners of LGBT people, identified 13 relevant studies. All of them highlighted additional barriers faced by bereaved LGBT people, beyond the universal pain experienced after losing a partner<sup>2</sup>
- The Scottish Strategic Framework for Action on Palliative and End of Life Care makes a specific reference to the difficulties facing LGBT communities in accessing palliative care and commits to ensuring that everyone who needs palliative care has access to it by 2021<sup>3</sup>
- Research identified by Marie Curie within 'Hiding who I really am' 2016 -The reality of end of life care for LGBT people<sup>4</sup>

### **Actions**

- Baseline study of existing palliative care NHSFV service provision 2017-18
- Engagement with Forth Valley LGBTI Steering Group and National LGBTI people in relation to end of life care
- Evidence of NHS recording of individual's sexual orientation or gender identity within palliative care services (prefer not to answer allowed)
- Evaluate current bereavement services ability to meet the needs of LGBTI people and other communities
- Enact NHS Scottish Strategic Framework recommendations for LGBTI people as well as ensuring other protected characteristics needs are met
- People's religious needs are met within care areas
- LGBTI Guidance in place for end of life care.

### **Measurement**

- Report available on recommendations and actions from baseline study are in place
- LGBTI engagement evidence supports existing and future service delivery
- % Increase in the recording of individual's sexual orientation or gender identity
- Increased visibility of same sex / transgender resources within support delivered by palliative care and bereavement services
- NHSFV meets the recommendations identified within the Scottish Strategic Framework actions for LGBTI people
- Analysis and evidence of action taken of complaints received in relation to end of life care in relation to LGBTI
- Evidence of EQIA's being completed on policy, functions, services which may impact on this equality outcome.

## Equality & Poverty Impact Assessment

### SECTION ONE: ESSENTIAL INFORMATION

<b>Service &amp; Division:</b>				<b>Lead Officer:</b>	<b>Name</b>			
						<b>Team:</b>		
						<b>Tel:</b>		
						<b>Email:</b>		
<b>Proposal:</b>						<b>Reference No. (if applicable):</b>		
<b>What is the Proposal?</b>	<b>Budget &amp; Other Financial Decision</b>		<b>Policy (New or Change)</b>		<b>HR Policy &amp; Practice</b>		<b>Change to Service Delivery / Service Design</b>	
	Yes / No		Yes / No		Yes / No		Yes / No	
<b>Who Does the Proposal Affect?</b>	<b>Service Users</b>	<b>Members of the Public</b>	<b>Employees</b>	<b>Job Applicants</b>	<b>Other, please specify:</b>			
	Yes / No	Yes / No	Yes / No	Yes / No				
<b>Identify the main aims and projected outcome of this proposal (please add date of each update):</b>								

## SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this Service (£'000s):	Total:		
Reduction to this service budget (£'000s)	Per Annum:		
Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

**SECTION THREE: EVIDENCE** Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups)

**A - Quantitative Evidence:** This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

**B - Qualitative Evidence:** This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

**Social** - case studies; personal /group feedback / other:

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**Best Judgement:**

**Has best judgement been used in place of data / research / evidence?**

Yes / No

**Who provided the best judgement and what was this based on?**

**What gaps in data / information were identified?**

**Is further research necessary?**

Yes / No

**If NO, please state why.**

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**SECTION FOUR: ENGAGEMENT Engagement with individuals or organisations affected by the policy or proposal**

<b>Has the proposal / policy / project been subject to engagement?</b>	Yes / No	
<b>If YES, please state who was engagement with.</b>		
<b>Engagement with users of service / stakeholders should take place. If NO engagement has been conducted, please state why.</b>		
<b>How was the engagement carried out?</b>	<b>What were the results from the engagement? Please list...</b>	
<b>Focus Group</b>	Yes / No	
<b>Survey</b>	Yes / No	
<b>Display / Exhibitions</b>	Yes / No	
<b>User Panels</b>	Yes / No	
<b>Public Event</b>	Yes / No	
<b>Other: please specify</b>		
<b>Has the proposal / policy / project been reviewed / changed as a result of the engagement?</b>	Yes / No	
<b>Have the results of the engagement been fed back to the consultees?</b>	Yes / No	
<b>Is further engagement recommended?</b>	Yes / No	



**Equality Protected Characteristics:** What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, public protection etc.

Protected Characteristic	Neutra l Impact	Positiv e Impact	Negati ve Impact	Please provide evidence of the impact on this protected characteristic.
Age				
Disability				
Sex				
Ethnicity				
Religion / Belief / non-Belief				
Sexual Orientation				
Transgender				
Pregnancy / Maternity				
Marriage / Civil Partnership				
Other, socio-economic status, e.g. Poverty				
Other				

**Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:**

duty to report progress on mainstreaming the equality duty; duty to publish equality outcomes and report progress; duty to assess and review policies and practices; duty to gather and use employee information; duty to publish gender pay gap information; duty to publish statements on equal pay, etc; duty to consider award criteria and conditions in relation to public procurement; duty to publish in a manner that is accessible, etc.; duty to consider other matters; and, duty of the Scottish Ministers to publish proposals to enable better performance.

	<b>Evidence of Due Regard</b>	<b>Negative Impact</b>
<b>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</b>		
<b>Advance Equality of Opportunity:</b>		
<b>Foster Good Relations (promoting understanding and reducing prejudice):</b>		

**SECTION SIX: PARTNERS / OTHER STAKEHOLDERS**

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
<b>Business</b>	Yes / No	
<b>Councils</b>	Yes / No	
<b>Education Sector</b>	Yes / No	
<b>Fire</b>	Yes / No	
<b>NHS</b>	Yes / No	
<b>IJB (Integrated Joint Board)</b>	Yes / No	
<b>Police</b>	Yes / No	
<b>Third Sector</b>	Yes / No	
<b>Other(s): please list and describe the nature of the relationship / impact</b>		

**SECTION SEVEN: ACTION PLANNING**

**Mitigating Actions: As a result of performing this assessment, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by the Equality Act**

Identified Impact	To Who	Recommendation to address the issues raised	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

**No Mitigating Actions**

**Where a negative impact on diverse communities has been identified what is the justification for continuing with the proposal / policy / project and why the recommendation cannot be implemented?**

<p><b>Are actions being reported to Members? If yes when and how?</b></p>	<p>Yes / No</p>
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**SECTION EIGHT: ASSESSMENT OUTCOME**

Only one of following statements best matches your assessment of this proposal / policy / project. Please select on and provide your reasons.		
No major change required	Yes / No	
The proposal has to be adjusted to reduce impact on protected characteristic groups	Yes / No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	Yes / No	
Stop the proposal as this is potentially in breach of equality legislation	Yes / No	

**SECTION NINE: LEAD OFFICER SIGN OFF**

Lead Officer:			
Signature:		Date:	

**SECTION TEN: EPIA TASK GROUP USE ONLY**

<b>OVERALL ASSESSMENT OF EPIA: Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?</b>		Yes / No
<b>ASSESSMENT FINDINGS</b>  If YES, use this box to highlight evidence in support of the assessment of the EPIA If NO, use this box to highlight actions needed to improve the EPIA		
Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made?</u>	Yes / No	If YES, please describe:

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA:		
LEVEL		COMMENTS
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

**SECTION ELEVEN: CHIEF OFFICER SIGN OFF**

Director / Head of Service:			
Signature:		Date:	