

# Equality & Poverty Impact Assessment 00390 (Version 1)

## SECTION ONE: ESSENTIAL INFORMATION

<b>Service &amp; Division:</b>	Social Work Adult Services Community Care	<b>Lead Officer Name:</b>	David Keenan
		<b>Team:</b>	Performance
		<b>Tel:</b>	01324501
		<b>Email:</b>	David.Keenan@falkirk.gov.uk
<b>Proposal:</b>	Recruitment and appointment process of members of the Integration Joint Board, the Clinical & Care Governance Committee, Audit Committee and Strategic Planning Group.	<b>Reference No:</b>	

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	No	Yes	No	No

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	No	Yes	No

<b>Other, please specify:</b>	In addition, this also impacts Elected Members, NHS Non-Executive Directors, members of the IJB by virtue of office, Third Sector representatives and medical representatives to the IJB.
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### Identify the main aims and projected outcome of this proposal (please add date of each update):

31/03/2023	The IJB will be notified of the re-appointment of three NHS voting members and the new nursing representative. There is a regular turnover in membership. Most of the members of the IJB are either appointed or are members by virtue of office.

**SECTION TWO: FINANCIAL INFORMATION**

For budget changes ONLY please include information below:		Benchmark, e.g. Scottish Average	
Current spend on this service (£'0000s)	Total:		
Reduction to this service budget (£'0000s)	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.

- The Gender Representation on Public Boards (Scotland) Act 2018 set a target of achieving gender parity on Boards in Scotland by 2022. The Scottish Government reported in 2019 that it had achieved this objective - however it is important to note that membership of Boards will be subject to turnover and it may be difficult to maintain gender parity on Boards.
- The membership of the IJB currently comprises 11 women and 9 men - in percentage points, this represents a gender split of 55% are women and 45% are men.
- The Chair and Vice-Chair of the Board are currently both women.
- There is gender parity in the Chair/Vice-Chair arrangements for the Audit Committee and Clinical & Care Governance Committee respectively.
- There are no BME people on the IJB.

There is a limited amount of equality data captured from IJB members. However, a recent survey on meeting arrangements did collection some equality data. Of the 13 (out of 20) members who responded:

- 7 respondents were aged 55-64; 2 respondents were aged 65+; 1 respondent was aged 35-44; 3 respondents were aged 45-54.
- 2 respondents identified as gay/lesbian and 1 respondent identified as 'other'.
- 6 respondents identified as Christian; 5 respondents declared they held 'no religion or belief', and; 2 respondents did not wish to disclose their religion or belief.
- 3 respondents indicated that they consider themselves to have a disability or health condition.

**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**

- The Race Equality Framework for Scotland 2016 - 2030 highlights that "Minority ethnic communities have proportionately lower levels of representation throughout Scotland's political, governance and decision making structures. This ranges from representation as elected politicians to representation on public boards and through community planning structures."
- Disabled people are less likely to be represented in the workforce and occupy upper managerial positions. There is also a chronic underrepresentation of disabled people in public life, including elected office. This will have a direct consequence on the representation of disabled people on the Board as most members are a combination of elected members and chief/senior officers from the Council and Health Board.

**Best Judgement:**

<b>Has best judgement been used in place of data/research/evidence?</b>	No
<b>Who provided the best judgement and what was this based on?</b>	
<b>What gaps in data / information were identified?</b>	
<b>Is further research necessary?</b>	No
<b>If NO, please state why.</b>	There is sufficient information to assess the impact of the process for the appointment and recruitment of members.

**SECTION FOUR: ENGAGEMENT**

Engagement with individuals or organisations affected by the policy or proposal must take place

<b>Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?</b>	Yes	
<b>If YES, please state who was engagement with.</b>	A stage 1 consultation on the review of the Integration Scheme was conducted in June 2021. The survey was available to members of the public.	
<b>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>	No	
<b>Survey</b>	Yes	67% of respondents agreed that the governance (including the voting membership) was a suitable area for review.
<b>Display / Exhibitions</b>	No	
<b>User Panels</b>	No	
<b>Public Event</b>	No	
<b>Other: please specify</b>		
<b>Has the proposal / policy/ project been reviewed / changed as a result of the engagement?</b>	No	
<b>Have the results of the engagement been fed back to the consultees?</b>	No	
<b>Is further engagement recommended?</b>	Yes	

## SECTION FIVE: ASSESSING THE IMPACT

**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, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
<b>Age</b>			✓	<p>From the survey of 13 Board members, all were over the age of 35 and the vast majority were aged 45+. Most of the Board members are either elected members, non-executive directors of the Health Board or appointed by virtue of their office. There is a lack of young people represented in elected office which makes it less likely for three elected members to be young people. Moreover, the professionals who attend the Board are high level chief/senior officers and directors who required years of extensive experience to reach those positions. Therefore, the age profile of the Board will naturally be higher. However, this will limit opportunities for young adults aged 18 and over to become members of the Board. As a result, there is a negative impact on age.</p>
<b>Disability</b>	✓			<p>Disabled people are less likely to be represented in the workforce and occupy upper managerial positions. There is also a chronic underrepresentation of disabled people in public life, including elected office. This will have a direct consequence on the representation of disabled people on the Board as most members are a combination of elected members and chief/senior officers from the Council and Health Board.</p> <p>However, there are other opportunities for disabled people to become involved with and members of the IJB through the stakeholder membership. The stakeholder membership includes service users and carers. From the information we hold on members, at least 15% have a disability or health condition. The figure for the population as a whole is 20%.</p> <p>Despite the professional barriers, there are routes to membership for disabled people through the stakeholder membership. In balance, there is a neutral impact on this group.</p>

**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:**

				parity on Boards by the end of 2022. The IJB in fact has greater representation of Women on the Board - the gender split is 55% women and 45% men.
<b>Ethnicity</b>			✓	<p>The Race Equality Framework for Scotland 2016 - 2030 highlights that "Minority ethnic communities have proportionately lower levels of representation throughout Scotland's political, governance and decision making structures. This ranges from representation as elected politicians to representation on public boards and through community planning structures." There are no BME people who are members of the Board.</p> <p>Many Scottish public bodies have very low proportions of minority ethnic staff in comparison to national and local demographic profiles. Within workforces, there is race segregation within pay grades and managerial positions. As the Board comprises elected members and chief/senior officers from the Council and NHS, it is significantly more difficult for BME people to be represented on the Board.</p>
<b>Religion / Belief / non-Belief</b>	✓			We hold limited information on our members with regard to this protected characteristic. From the information we do have, there is a fairly even split between those who have a belief and those who do not. However, within the category of members who do have a religion or belief, they all identified as 'Christian' highlighting a lack of religious diversity. The lack of religious diversity may be linked to lack of ethnic diversity on the Board. However, there is insufficient evidence to say whether the current approach to membership has a positive or negative impact on religion, therefore the impact is assessed as 'neutral'.
<b>Sexual Orientation</b>	✓			There is not enough information to assess whether there is a positive or negative impact on this protected characteristic, therefore the anticipated impact is neutral. However, at least 10% of the Board's member identify as lesbian or gay - which is more representative than the population as a whole.
<b>Transgender</b>	✓			There is not enough information to assess whether there is a positive or negative impact on this protected characteristic, therefore the anticipated impact is neutral.
<b>Pregnancy / Maternity</b>	✓			There is not enough information to assess whether there is a positive or negative impact on this protected characteristic, therefore the anticipated impact is neutral.

<b>Marriage / Civil Partnership</b>	✓			There is not enough information to assess whether there is a positive or negative impact on this protected characteristic, therefore the anticipated impact is neutral.
<b>Poverty</b>	✓			There is not enough information to assess whether there is a positive or negative impact on this protected characteristic, therefore the anticipated impact is neutral.
<b>Care Experienced</b>				
<b>Other, health, community justice, carers etc.</b>		✓		There are places on the Board for stakeholder members representing service users, carers and the Third Sector.
<b>Risk (Identify other risks associated with this change)</b>				

	<b>Evidence of Due Regard</b>
<b>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</b>	The recruitment process for stakeholder members is fair, open and transparent.
<b>Advance Equality of Opportunity:</b>	
<b>Foster Good Relations (promoting understanding and reducing prejudice):</b>	

**SECTION SIX: PARTNERS / OTHER STAKEHOLDERS**

<b>Which sectors are likely to have an interest in or be affected by the proposal / policy / project?</b>		<b>Describe the interest / affect.</b>
<b>Business</b>	No	
<b>Councils</b>	Yes	Falkirk Council appoints voting members to the Board. Some of the professional advisors and members by virtue of their office are Falkirk Council staff.
<b>Education Sector</b>	No	
<b>Fire</b>	No	
<b>NHS</b>	Yes	NHS Forth Valley appoints voting members to the Board. Some of the professional advisors and members by virtue of their office are NHS staff.
<b>Integration Joint Board</b>	Yes	This proposal relates to the IJB.
<b>Police</b>	No	
<b>Third Sector</b>	Yes	There is provision for two members who represent the Third Sector.
<b>Other(s): please list and describe the nature of the relationship / impact.</b>		

## SECTION SEVEN: ACTION PLANNING

**Mitigating Actions:** If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

### No Mitigating Actions

**Please explain why you do not need to take any action to mitigate or support the impact of your proposals.**

Membership of the Board is prescribed and therefore, the IJB is limited in taking mitigating actions.

**Are actions being reported to Members?**

Yes

**If yes when and how ?**

Through IJB Governance Paper March 2023.

**SECTION EIGHT: ASSESSMENT OUTCOME**

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	No	
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	Yes	Some changes will be required. However, the membership of the Board is prescribed in legislation and the Board has no influence on the election of Local Councillors or the appointment of staff to senior positions in the Council or NHS - who will occupy a role as a member by virtue of their office.
Stop the proposal as it is potentially in breach of equality legislation	No	

**SECTION NINE: LEAD OFFICER SIGN OFF**

Lead Officer:

Signature:	<i>David Keenan</i>	Date:	09/03/2023
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**SECTION TEN: EPIA TASK GROUP ONLY**

<b>OVERALL ASSESSMENT OF EPIA:</b> 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?	Yes / No
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<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		

<b>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>?</b>	Yes / No	If YES, please describe:
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**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**

<b>Director / Head of Service:</b>		
<b>Signature:</b>	<i>Martin David Thom</i>	<b>Date:</b> 10/04/2024