Equality & Poverty Impact Assessment 00378 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care	**Lead Officer Name:**	Andrew Strickland
		Team:	Policy, Performance and Planning
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Proposal:	Review of the Health & Social Care Partnership Strategic Plan	**Reference No:**	

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	Yes	Yes	No
Other, please specify:				

Identify the main aims and projected outcome of this proposal (please add date of each update):	
31/03/2026	Individuals, their carers and families can plan and manage their own health, care and well-being. Where supports are required, people have control and choice over what and how care is provided.
31/03/2026	High quality health and social care services are delivered that promote keeping people safe and well for longer.
31/03/2026	People have a fair and positive experience of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued.
31/03/2026	Individuals and communities are resilient and empowered with a range of supports in place that are accessible and reduce health and social inequalities.

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 Joint Strategic Needs Assessment has been prepared and provides a comprehensive description of health and social care data relevant to the Partnership. This brings together demographic data about the local population, including information about deprivation, housing and lifestyle factors and data about the needs of the local population describing the current pattern and level of services, and where possible identifies the extent of the gap between need and supply.

Information on the protected characteristics of the Equality Act is often not routinely collected and the first Strategic Needs Assessment drew from information collected from the 2011 Scotland Census. Due to the impact of the COVID-19 pandemic Scotland's Census was moved from 2021 to 2022 and information is due to be published from 2023 onwards. This will allow for further detailed analysis and support our understanding of the needs of these populations. Once the census data is released and further analysis is completed, this EPIA will be reviewed and updated where appropriate.

Age:

Falkirk has a broadly similar distribution between the age bands as Scotland, with only slightly higher proportions of 0 to 15 year olds, 50 to 64 year olds and a slightly lower proportion of 16 to 49 year olds. There are slightly more males aged zero to 15, but from 65 upwards there are markedly more females in Falkirk.

The revised 25-year projection in 2018 predicted an 80.3% increase in those aged 75 and over.

There are an estimated 90,000 people with dementia in Scotland. Around two thirds are living at home with the remainder in acute or residential care. In the next 25 years it is predicted that the older adult population will rise. As a result it is likely that the number of people with dementia will also rise. Data on dementia prevalence shows that there are more women than men (most likely because women live longer), dementia risk increases with age and dementia rates are higher amongst people with a learning disability and onset is often younger.

Information on people with a physical disability is limited. In the 2011 Census there were over 10,800 people in Falkirk recorded as having a physical disability, 7% of the total population. The proportion of those with a physical disability increased as people aged – 80% were aged over 50.

It is estimated that one in six people in Scotland suffer from hearing loss, and of those, 70% are over 70.

Research by OFCOM[1] in 2022 found that 26% of people aged 75+ did not have internet access at home (compared to an average of 6% for all adults aged 18+). OFCOM also found that being older, living alone and having a limiting long-term condition increased the chances of somebody being digitally excluded. OFGEM note that 'Among those living alone who were also aged 70 and over, more than half said they didn't use the internet or have access to the internet at home (53%). This proportion rose to 60% for people who lived alone, were aged 70+ and had an impacting or limiting condition.'

The Covid-19 pandemic has been a catalyst for the adoption of digital technology and this has been greatly beneficial for many people. There is, however, a risk that difficulties for people that remain digitally excluded become more acute as the use of digital technology increases.

Disability:

Information on people with a physical disability is limited. In the 2011 Census there were over 10,800 people in Falkirk recorded as having a physical disability, 7% of the total population. The proportion of those with a physical disability increased as people aged – 80% were aged over 50.

Sensory impairment includes varying degrees of hearing loss, sight loss and loss of both of these senses. Unfortunately, data on prevalence of sensory impairment is very limited. A register of blindness and partial sightedness (Registered Blind and Partially Sighted Statistics – Scottish Government) was collected at a local authority level until 2010 but has since been discontinued. In 2010, there were 3.1 registered blind people per 1,000 population in Falkirk, and 5.8 visually impaired per 1,000. The main caveat with this data source is that it is not compulsory to register with the local authority so only counts those who have come forward. It is thought that between a quarter and a third of those who are partially sighted are registered with their local authority.

Data on the population who are deaf or have a hearing impairment is even more limited. There is no national data collected on numbers of people who are deaf or have a hearing impairment. It is estimated that one in six people in Scotland suffer from hearing loss, and of those, 70% are over 70.

According to the 2019 Learning Disability Scotland publication there were 691 adults with learning disabilities known to local authorities in Falkirk. This rate of 5.2 per 1,000 population is the same as the Scotland rate. It 2019 report showed that in Falkirk:

- There were more males than females - 63% were male.
- While the majority were younger adults (45% were under 35 years of age) there was a quarter that were aged 55 and over.
- A quarter (26%) were on the Autism Spectrum.
- 40% lived with a family carer.
- 3% were in employment, 6% were in education, 20% attended a day centre.

Prevalence of Limiting Long-Term Illness is measured as part of the Scottish Surveys Core Questions set[2]. Overall, 29.6% of people in Falkirk had a limiting long-term condition and prevalence increases steadily with age. Approximately 50% of people in Scotland over 75 have a long-term condition. Deprivation also strongly correlates with prevalence of limiting long-term conditions. 34.4% of people in the most deprived quintile in Scotland had a limiting long-term condition compared with 16.3% in the least deprived quintile.

Gender reassignment:

Data on gender reassignment is very limited. Scottish Government surveys have, since 2018, asked respondents whether they describe their gender as male, female or 'in another way'. The question has not, however, helped to identify the proportion of people that have undergone gender reassignment.

Further information on gender reassignment will be available once Scotland's Census results are published. The Census asked 'What is your sex?' and included a voluntary question about trans status. Recently released figures from the 2021 Census in England and Wales suggest that 0.5% of the population have a gender identity that is different from their sex registered at birth. 0.1% identified as a trans man, 0.1% as a trans woman, 0.06% as non-binary and 0.24% did not specify.

The priorities of the Strategic Plan include commitments that will benefit transgender people, including improving access to services and focussing on early intervention and prevention. The latter includes measures to address poor mental health, which is a particular issue in relation to gender reassignment. Research commissioned by NHS Greater Glasgow & Clyde and NHS Lothian found that 72% of trans and non-binary people experienced mental health problems[3]. The same research also found that trans and non-binary people are 'more likely to have learning or developmental differences including dyslexia, Autistic Spectrum

Disorder (ASD)/Asperger's and Attention Deficit Hyperactivity Disorder (ADHD)'.

Trans and non-binary people also report that service providers sometimes make assumptions about their gender identity and that forms and data collection often do not enable them to express their gender identity[4]. The Strategic Plan commits to making services more person-centred and involving people in the design of services, which should help to alleviate some of these problems.

Marriage and civil partnership:

Further information on marriage and civil partnership will be published as part of the 2022 Census, the of which were not available at the time of writing.

Race:

Further information on race will be published as part of the 2022 Census, the of which were not available at the time of writing.

Public Health Scotland found that 'Scottish data suggest that minority ethnic groups, with some exceptions such as Gypsy/Travellers, have better general health than the majority of the white population. These differences can vary by disease and ethnic group.'[5] The difference can potentially be explained by the 'healthy migrant effect'[6] and lower prevalence of certain risk factors (e.g. smoking, alcohol consumption) among ethnic minority groups.

Differences, however, exist between ethnic groups (at a Scotland wide level) and these include:

- Obesity prevalence varies substantially between ethnic groups.
- There is greater prevalence of sickle cell disease in African origin groups.
- The minority ethnic population shows lower age adjusted all-cause mortality and hospitalisation rates.
- There is a greater prevalence of cardiovascular conditions and diabetes in South Asian origin populations.
- Mortality in Scotland is higher in the majority ethnic (white) population than in the black and minority ethnic population.

Research for the Kings Fund (2021)[7] suggests that for ethnic minority communities 'Low health literacy, potentially exacerbated by language barriers, can lead to unhealthy behaviours and poorer uptake of preventive services. Modes of disease presentation and therapeutic needs may also differ by ethnicity.'

Falkirk had the 11th highest Gypsy/Traveller population in Scotland (by Local Authority) at the time of the 2011 Census. Gypsy/Travellers more likely to report bad/very bad general health and twice as likely to report long-term health problems.

Some of the inequalities experienced by the Gypsy/Traveller community are:

- A higher suicide rate than the general population - six times higher for Gypsy/Traveller women and almost seven times higher for Gypsy/Traveller men.2
- Poorer mental health - often linked to poverty, social exclusion, stigma and hate crime. In a recent study one Gypsy/Traveller described experiences of hate crime as 'as regular as rain'.3
- Barriers when accessing health services - These included difficulties registering with GPs, poor staff attitudes and lack of trust of services because of previous experiences.4
- Lower uptake of preventative health services - Including antenatal and postnatal care, childhood development assessments and dental services, and missed routine appointments because of lack of postal address.5
- Living in unsafe environments - Little or no access to basic amenities due to lack of adequate site provision can often lead to families living next to busy roads or waste ground.

Religion or belief:

Further information on religion or belief will be published as part of the 2022 Census, the of which were not available at the time of writing.

Sex:

Mid-year population estimates for 2021 suggest that there are 78,637 males in Falkirk (48.9% of the population) and 82,063 females (51.1% of the population).

The distribution of males and females across age bands is broadly similar though a higher proportion of the older population (65+) is female.

In Falkirk, men can expect to live up to 76.6 years on average and women up to 80.4 years. Life expectancy among males is similar to the rest of Scotland, whilst female estimates are slightly below the national average.

Around 7 in 10 unpaid carers were female – 71% in 2020-21 and 73% in 2019-20. This is higher than previous estimates suggesting that female carers are more likely to seek out support from services than male carers.

As at December 2021, there were 1,380 people working in Care Homes for Adults, a 9% decrease from 1,510 in 2020. The workforce is predominately female (88%).

In December 2021, there were 1,630 people working in the Housing Support/Care at Home sector. The workforce is predominately female (87%).

According to the 2019 Learning Disability Scotland publication there were 691 adults with learning disabilities known to local authorities in Falkirk. There were more males than females - 63% were male.

In both Falkirk and Scotland, the latest estimates of rates of suicide were higher in males than females. In fact, 73.2% of the entire ScotSID cohort from 2011 to 2019 was male. This pattern is present in many other high-income countries across the world, and there are many plausible explanations it, mostly related to social expectations and pressures on men.

In 2021, the proportion of men drinking at hazardous or harmful levels in Scotland was almost twice that of women (31% for men and 16% for women)[8].

The majority of people receiving social care services and support in 2021/21 aged 65 and over were female (65%) which dropped to 48% for those aged 18-64 (61% were female overall).

The average commencement age of perimenopause is between 42 and 47, and with a predominantly female workforce aged over 40, this means most of our workforce will experience the effects of perimenopause or menopause within the workplace.

Sexual Orientation:

Further information on sexual orientation will be published as part of the 2022 Census, the of which were not available at the time of writing. However, figures from the 2021 Census in England and Wales suggest that 3.2% of the population identify as “Gay or Lesbian”, “Bisexual” or “Other sexual orientation”.

Research by NHS Digital[9] found that a slightly higher proportion of Lesbian, Gay and Bisexual (LGB) people (7%) reported ‘bad’ or ‘very bad’ health compared to heterosexual adults (6%). LGB adults also experienced a higher prevalence of limiting long-term illness (26%) than heterosexual adults (22%). The picture of general health among LGB adults was mixed, however, with other indicators, such as levels of obesity, being better than for heterosexual adults.

Mental health and wellbeing is significantly worse among LGB adults than heterosexual adults. NHS Digital[10] found that 16% of LGB adults reported a mental, behavioural or neurodevelopmental disorder as a longstanding condition compared to 6% of heterosexual adults. Research commissioned by NHS Greater Glasgow & Clyde and NHS Lothian[11] finds similar issues with mental health, estimating that approximately 38 of gay men, 40% of gay women and 61% of bisexual women had a mental health problem.

Research by NHS Digital[12] found that some health-related behaviours including smoking and harmful levels of alcohol consumption were higher among LGB adults than heterosexual adults.

[1] OFCOM (2022), ‘Digital exclusion: A review of Ofcom’s research on digital exclusion among adults in the UK’, Available at: https://www.ofcom.org.uk/__data/assets/pdf_file/0022/234364/digital-exclusion-review-2022.pdf, Accessed on: 16/01/2023

[2] ScotPHO, ‘Disability: limiting long-term health conditions and illness’, Available at: https://www.scotpho.org.uk/population-groups/disability/data/limiting-long-term-health-conditions-and-illness/, Accessed on 30/01/2023

[3] Leven, T. (2022), 'Health needs assessment LGBT+ people: Transgender and non-binary supplementary report', Available at: Health needs assessment LGBT +people: Transgender and non-binary supplementary report (scot.nhs.uk), Accessed 10 January 2023

[4] Leven, T. (2022), p.59

[5] Ethnic groups and migrants - Population groups - Public Health Scotland

[6] The King's Fund (2021), 'The health of people from ethnic minority groups in England', Available at: 'https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#Overall, Accessed on: 16/01/2023

[7] The Kings Fund (2021), 'The health of people from ethnic minority groups in England'

[8] Scottish Government (2021), 'Scottish Health Survey 2021', Available at: https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/, Accessed on: 30/01/2023

[9] NHS Digital (2021), 'Health and health-related behaviours of Lesbian, Gay and Bisexual adults', Available at: Health and health-related behaviours of Lesbian, Gay and Bisexual adults (digital.nhs.uk), Accessed on 10th January 2023

[10] NHS Digital (2021), p.11

[11] Leven, T. (2022)

[12] NHS Digital (2021), p.11

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	
Please see section 'A - Quantitative Evidence'. Quantitative and qualitative evidence have been combined into this section.	

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	No
Who provided the best judgement and what was this based on?	

What gaps in data / information were identified?	Detailed local data relating to some of the protected characteristics will become available when the Census results are published. Particular data gaps that the Census will help to address relate to the size of the transgender population, proportion of people with a disability, the size of ethnic minority groups and the size of the LGB population. The EPIA will be updated once the Census data for Scotland has been published.
Is further research necessary?	No
If NO, please state why.	No. The equality impact of health and social care services is relatively well researched, even if local data can be difficult to ascertain. Research relating to Scotland or the UK as a whole can be used to fill gaps in local data.

SECTION FOUR: ENGAGEMENT	Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	Yes
If YES, please state who was engagement with.	The Health and Social Care Partnership (HSCP) set out to involve key stakeholders during the production of the Strategic Plan. Service users, carers, health and social care staff, the public and key partners have had various opportunities to tell us what they think and participate in the production of the Strategic Plan. This was done through a series of information and consultation methods. The report to the IJB will be accompanied by a consultation report. An equalities monitoring proforma was distributed as part of the consultation document and the on-line survey.
If NO engagement has been conducted, please state why.	

How was the engagement carried out?		**What were the results from the engagement? Please list...**
Focus Group	Yes	The report to the IJB will be accompanied by a consultation report. A link to the consultation report will be provided here when it is published.
Survey	Yes	The report to the IJB will be accompanied by a consultation report. A link to the consultation report will be provided here when it is published.
Display / Exhibitions	No	
User Panels	No	
Public Event	No	
Other: please specify	Key issues highlighted by the consultation include: Access to services: - Waiting times (mental health assessments, housing adaptations, packages of care) - Difficulty getting appointments, particularly in-person - Lack of services in some areas (e.g. respite care facilities, care home beds) Communication: - Need to raise awareness of what support is available - Provide regular communication to service users to keep them informed and help manage expectations	

	- Better information sharing required between services regarding service users Person centred care: - Do more to involve service users, relatives and carers in the decision-making process - Re-assess people's needs on a more regular basis - Need a more joined-up approach between different health and social care services - Ensure that there is greater consistency in the social worker and carer allocated to individuals - Make greater use of SDS Prevention, early intervention and harm reduction - Adopt a whole system approach, recognising the links between issues such as gender-based violence, mental health and substance use - Staff should receive more training on issues including mental health, suicide and substance use Unpaid Carers: - There should be greater recognition of the role and value of unpaid carers - People may not be aware that could be eligible for support as an unpaid carer - Lack of respite opportunities for unpaid carers - Need to address the stigma around being a carer Workforce: - Pressure resulting from staff shortages and demand for services affecting the mental health of employees - Cost of living pressures causing financial hardship for lower paid staff and impacting on recruitment - Need to improve pay and conditions - Younger people not being attracted to a career in care - Most carers have very little training or professional support Technology: - Need to ensure that the use of technology does not exclude people from accessing services - Ensure that different systems 'talk to one another' - It's not just technology that we need, but the 'right technology'
Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	Yes
Have the results of the engagement been fed back to the consultees?	No

Is further engagement recommended?	No

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.
Age		✓		Older people are the highest users of health and social care services. Overall, the Priorities of the Plan will have a positive impact on older people as they promote greater independence, which contributes to improved health outcomes. One potential negative impact arising from digital exclusion is recognised and it will be addressed via the mitigating actions.
Disability		✓		The Strategic Plan will benefit people with disabilities. The focus on developing person centred care and will result in greater choice and control for people with a disability. Supporting mental health is also a key part of the priority 'Focus on prevention, early intervention and harm reduction'.
Sex		✓		The Plan and its supporting evidence recognise the different challenges relating to sex. The associated Workforce Plan addresses issues specific to the predominantly female workforce, for example the menopause. The Strategic Plan also seeks to address some sex-based health inequalities including harmful substance use and suicide among males, and the impact of gender-based violence on females.
Ethnicity		✓		The Strategic Plan includes a commitment to 'Provide people who require assessment, treatment, care and support (and those involved in their care) with access to local services free from barriers, behaviours and discrimination'. This will be delivered by taking a person-centred approach to the development of services and will help to address discrimination on the grounds of ethnicity.
Religion / Belief / non-Belief		✓		The Strategic Plan includes a commitment to 'Provide people who require assessment, treatment, care and support (and those involved in their care) with access to local services free from barriers, behaviours and discrimination'. This will be delivered by taking a person-centred approach to the development of services and will help to address discrimination on the grounds of religion or belief.

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:				
				access to local services free from barriers, behaviours and discrimination'. This will be delivered by taking a person-centred approach to the development of services and will help to address discrimination on the grounds of sexual orientattion.
Transgender		✓		The Strategic Plan includes a commitment to 'Provide people who require assessment, treatment, care and support (and those involved in their care) with access to local services free from barriers, behaviours and discrimination'. This will be delivered by taking a person-centred approach to the development of services and will help to address discrimination on the grounds of gender reassignment. The Plan also highlights the importance of mental wellbeing support, which is a more significant issue for transgender people. This will be available to people of all protected characteristics.
Pregnancy / Maternity	✓			The Plan will not impact upon pregnancy / maternity.
Marriage / Civil Partnership	✓			The Plan will not specifically impact upon marriage / civil partnership.
Poverty		✓		Poverty is one of the social determinants of health. People living in more deprived circumstances are more likely to have poor health outcomes. The Joint Strategic Needs Assessment and our Locality Profiles identify inequalities in Falkirk. Tackling poverty is part of the priority 'Focus on prevention, early intervention and harm reduction'. We will do this in conjunction with Community Planning Partners.
Care Experienced				
Other, health, community justice, carers etc.		✓		The Strategic Plan includes a priority to 'Ensure carers are supported in their caring role'.
Risk (Identify other risks associated with this change)	The Strategic Plan promotes the use of technology. There is a risk of digital exclusion for some groups, especially older people and people living in more deprived circumstances.			

	Evidence of Due Regard

Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	The Strategic Plan includes a commitment to 'Provide people who require assessment, treatment, care and support (and those involved in their care) with access to local services free from barriers, behaviours and discrimination'.
Advance Equality of Opportunity:	The Strategic Plan and associated documents - the Participation and Engagement Strategy and the Communications Framework – will ensure a focus on enabling participation, access to information and services across all groups, particularly those noted as hard to reach. The partnership will ensure that information will be available in suitable formats to meet the needs of a range of audiences.
Foster Good Relations (promoting understanding and reducing prejudice):	The Strategic Plan and Joint Strategic Needs Assessment will help to create a greater understanding of the needs of different communities.

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.
Business	Yes	The Strategic Plan will be underpinned by a Market Facilitation Plan. The plan will give the Partnership a good understanding of the current levels of need and demand for health and social care services. This will then help us to identify what the future demand for care and support might look like and help support and shape the market. This will ensure there is a diverse, appropriate and affordable provision available to deliver effective outcomes and to meet needs. The plan will represent the dialogue with service providers, service users, carers and other stakeholders about the future shape of our local social care and support market. By implementing the plan, we can ensure that we are responsive to the changing needs and aspirations of Falkirk's residents.
Councils	Yes	The Integration Joint Board through the Integration Scheme and the Strategic Plan will direct those health and social care functions delegated from the parties. In the Forth Valley area, there has been the development of shared services across NHS FV and the 3 Local Authorities, which will be considered through the Integration Joint Board and the Strategic Plan. In relation to specialist health services there will be engagement for regional services where required.
Education Sector	Yes	There are a number of areas where the education sector will have an interest and where the IJB will actively engage with partners. These include: • Children and young people at points of transition from children's to adult services • Community based learning opportunities • Workforce and availability of appropriate further and higher education courses and training • Routes into employment for service users
Fire	Yes	The IJB as a community planning partner will work with these services in relation to adult support and protection issues and wider community safety work.
NHS	Yes	The Integration Joint Board through the Integration Scheme and the Strategic Plan will direct those health and social care functions delegated from the parties. In the Forth Valley area, there has been the development of shared services across NHS FV and the 3 Local Authorities, which will be considered through the Integration Joint Board and the Strategic Plan. In relation to specialist health services there will be engagement for regional services where required.
Integration Joint Board	Yes	The IJB are responsible for the Strategic Plan.
Police	Yes	The IJB as a community planning partner will work with these services in relation to adult support and protection issues and wider community safety work.

Third Sector	Yes	The sector is integral to the delivery of the Strategic Plan and has a role in contributing to the partnership's Outcomes. The Third sector is represented on the Integration Joint Board and the Strategic Planning Group, and will be involved as locality planning develops over the period of the plan.
Other(s): please list and describe the nature of the relationship / impact.		

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
Potential for people to be digitally excluded	Older people; People living in more deprived circumstances	Develop a new Digital Strategy (with 'digital inclusion' as a theme)	Technology Enabled Care Officer	31/03/2024	Strategic Plan Priority: 'Technology'

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.	
Are actions being reported to Members?	No
If yes when and how ?	

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	Yes	The outcomes and priorities of the Strategic Plan are intended to improve health and social care for all people in Falkirk. Few adverse impacts have been identified. The Partnership will encourage all staff and partners to have a human rights approach and complete all required fields on client based records, to ensure there is robust monitoring of all protected characteristics over the period of the plan.
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	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:			
Signature:	Andrew Strickland	**Date:**	07/02/2023

SECTION TEN: EPIA TASK GROUP ONLY

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?**	Yes

ASSESSMENT FINDINGS **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**	Findings of strategic needs assessment presented in Section 3.	
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>?	No	If YES, please describe: No adverse impact identified.

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	The Strategic Plan will have a positive impact on most protected characteristics.
MEDIUM	Yes / No	
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	Suzanne Thomson	**Date:**	04/02/2025