

Scottish Borders Health and Social Care partnership

Stage 1 Equality Impact Assessment – Start Up

(For Early Proposals, Project Initiation, Start Up)

1.	Title of Proposal:	Scottish Borders Health and Social Care partnership Strategic Plan 2016-2019
2.	Service Area: Department:	Multiple – this is a pan-partnership Strategic Plan incorporating all Service and Strategic Areas that come under Health and Social Care Integration
3.	Description:	<p>Development of the first, three-year, Strategic Plan for the newly formed Scottish Borders Health and Social Care partnership. The Strategic Plan is a high-level document that sets out (amongst other things) why the delivery of Health and Social Care services need to change, our Local Objectives, and how work against the objectives will help to meet the nine National Health and Wellbeing Outcomes.</p> <p>Additionally the Plan also sets out what we will do when working together to deliver more personalised care, making best use of advancing technology to achieve “Best Health, Best Care, Best Value”.</p> <p>There are a number of supporting documents that will be published at the same time as the plan and these will be covered in this Equality Impact Assessment.</p> <ul style="list-style-type: none">• Code of Corporate Governance – sets out the basis of governance including the Scheme of Integration and the approach to risk management• Easy read version of the Strategic Plan• Engagement Report – outlines the consultation and engagement activities that have taken place throughout the development of the Strategic Plan• Facts and Statistics – sets out a number of data elements that have been fed into the process of development of the

	<p>Strategic Plan and which have previously been published</p> <ul style="list-style-type: none"> • Housing Contribution Statement – sets out how work by the Council’s own housing department, as well as local housing associations, will contribute to the delivery of the Strategic Plan • Strategic Needs Assessment – sets out the findings of research into the demographics of the people of the Borders and which was also referred to in determining the Strategic Plan • Workforce planning framework – sets out how NHS Borders and Scottish Borders Council currently develop workforce/people plans and sets out the plans for developing these forward <p>The Financial Statement will also be published with the Strategic Plan along with a separate EIA.</p>
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4.	Relevance to the Equality Duty. Do you believe your proposal has any relevance to the following duties of the Health and Social Care partnership (Integrated Joint Board) under the Equality Act 2010? (If you believe that your proposal may have some relevance – however small please indicate yes)	
	Duty	Yes/No
	Elimination of discrimination (both direct & indirect), victimisation and harassment. <i>(Could your proposal discriminate? Or help eliminate discrimination?)</i>	Yes The implementation of the Strategic Plan will impact on the whole population of Scottish Borders in that health services are universally consumed on demand by the whole population. Older people, adults, children and families and people in the Criminal Justice System who use Social Work and/or Social Care Services will also be affected
	Promotion of equality of opportunity? <i>(Could your proposal help or hinder the Health and Social Care partnership with this)</i>	Yes – The development of the Strategic Plan and turning it into action could help the Partnership to identify and promote equality of opportunity.
	Foster good relations? <i>(Could your proposal help or hinder the partnership’s relationships with those who have equality characteristics?)</i>	Yes – There is an ongoing Programme of work to engage with our current and potential service users through a variety of events and tremendous opportunity to maintain and improve upon existing relationships and positively build new ones.

5.	Which groups of people may be impacted (both positively and negatively) if the proposal is advanced?
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Equality Characteristic	Impact			Description
	No Impact	Possible Positive Impact	Possible Negative Impact	
Age (Older or younger people or a specific age grouping)		X	X	<p>The Strategic Plan is inclusive to all individuals irrespective of their age. Scottish Borders has an older age profile than the Scottish average (23% of our residents are aged 65+, higher than the 18% for Scotland overall) and the proportion of older people in our population is projected to rise faster than that for Scotland. Although people of any age may need support from Health and Social Care services, in general older people have more needs and these are likely to increase in complexity with increasing age. In principle, integrating services so that they are focussed on the needs of the individual patient or service user should benefit people of all ages.</p> <p>Consideration <i>However, as the Strategic Plan is a high-level document it is presently difficult to quantify the extent to which people in specific age groups may be either positively or negatively affected. This will need to be investigated further, for example as part of action planning by key services and strategic areas within the partnership.</i></p>
Disability e.g. Effects on people with mental, physical, sensory impairment, learning disability, visible/invisible, progressive or recurring		X	X	<p>The Strategic Plan is inclusive to all individuals with a disability/life-long limiting illness. Scottish Borders has existing services and strategies that focus on delivering care for people with disabilities in accordance with their needs. These are:</p> <ul style="list-style-type: none"> • Learning Disabilities (we have at least 555 people aged 16+ in our population who have a learning disability); • Physical Disabilities (according to the Scotland Census 2011, 6,995 people in Scottish Borders live with a physical disability); • Sensory Impairment (an estimated 500 people in our population are blind or have severe sight loss, whilst an estimated 1,800 have severe or profound hearing loss). • Mental Health (each year, around one in four adults will experience at least one diagnosable mental health problem)

					<ul style="list-style-type: none">Additionally People with disabilities or long term conditions will be supported to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. <p>Consideration <i>In developing detailed commissioning and implementation plans for these services, they and the partnership will need to ensure that positive impacts are maximised and negative impacts are minimised</i></p>																
	Race Groups: including colour, nationality, ethnic origins, including minorities (e.g. gypsy travellers, refugees, migrants and asylum seekers)		X	X	<p>The Strategic Plan will apply equally to people of all racial groups and where information is required to be translated or provided in alternative formats it will be provided upon request as is current Council and NHS Policy</p> <p>According to the 2011 Scotland Census, 95.2% of the Scottish Borders population self-report their ethnic group as White Scottish or White British, higher than the 91.9% overall for Scotland. Around 1 in 100 of our population (a similar proportion to Scotland) are White Polish. Conversely, as shown in the table below, the numbers of people in other ethnic groups are relatively smaller in Scottish Borders compared to Scotland.</p> <p>Consideration <i>Given this scenario it is recommended that services are mindful of this and make efforts to develop and improve their understanding of how people from different ethnic minorities may face perceived or physical barriers to accessing and using health and social care services. As the Strategic Plan is a high-level document it is presently difficult to quantify the extent to which people may be either positively or negatively affected. This will need to be investigated further, for example as part of action planning by key services and strategic areas within the partnership.</i></p> <p>Scotland Census 2011; Ethnic group profile of the Scottish Borders population versus Scotland</p> <table><tr><th></th><th>Scottish Borders Number</th><th>Scottish Borders Percent</th><th>Scotland percent</th></tr><tr><td>White (All)</td><td>112,400</td><td>98.7</td><td>96.0</td></tr><tr><td>White: Scottish</td><td>89,741</td><td>78.8</td><td>84.0</td></tr><tr><td>White: Other British</td><td>18,624</td><td>16.4</td><td>7.9</td></tr></table>		Scottish Borders Number	Scottish Borders Percent	Scotland percent	White (All)	112,400	98.7	96.0	White: Scottish	89,741	78.8	84.0	White: Other British	18,624	16.4	7.9
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People with Religious or other Beliefs: different beliefs, customs (including atheists and those with no aligned belief)		X	X	<p>The Strategic Plan is fully inclusive to all e.g. religions and beliefs (including non-belief).</p> <p>According to the Scotland Census 2011, the main religion reported by Scottish Borders residents is Church of Scotland, with 39% of the population identifying with this Church, higher than the 32% on average in Scotland. This is offset by almost as many people (38%) who said they had no religion, which was the second most popular response in Scottish Borders and the single most popular response in Scotland as a whole. Less than half the Scottish average said they were Roman Catholic and a slightly higher proportion than average identified with another denomination of Christianity. Overall, the percentages of the Scottish Borders population identifying as Hindu, Muslim or Sikh were somewhat lower than across Scotland as a whole. However, we should also note that 8% of people in Scottish Borders (and 7% of people in Scotland) did not answer the question on religion, and we cannot necessarily assume that these people have a similar profile as to religious/non-religious beliefs as those who did respond to that part of the Scotland Census.</p> <p>Consideration <i>As the Strategic Plan is a high-level document it is presently difficult to quantify the extent to which people may be either positively or negatively affected. This will need to be investigated</i></p>																																									

				<p><i>further, for example as part of action planning by key services and strategic areas within the partnership.</i></p> <p>Scotland Census 2011, population of Scottish Borders by religion, versus Scotland</p> <table><tr><th></th><th>Scottish Borders number</th><th>Scottish Borders percent</th><th>Scotland percent</th></tr><tr><td>Church of Scotland</td><td>44,819</td><td>39.4</td><td>32.4</td></tr><tr><td>Roman Catholic</td><td>7,219</td><td>6.3</td><td>15.9</td></tr><tr><td>Other Christian</td><td>8,599</td><td>7.6</td><td>5.5</td></tr><tr><td>Buddhist</td><td>279</td><td>0.3</td><td>0.2</td></tr><tr><td>Hindu</td><td>103</td><td>0.1</td><td>0.3</td></tr><tr><td>Jewish</td><td>55</td><td>0.1</td><td>0.1</td></tr><tr><td>Muslim</td><td>256</td><td>0.2</td><td>1.5</td></tr><tr><td>Sikh</td><td>18</td><td>0.0</td><td>0.2</td></tr><tr><td>Other religion</td><td>350</td><td>0.3</td><td>0.3</td></tr><tr><td>No religion</td><td>43,091</td><td>37.8</td><td>36.7</td></tr><tr><td>Religion not stated</td><td>9,081</td><td>8.0</td><td>7.0</td></tr><tr><td>All people</td><td>113,870</td><td>100.0</td><td>100.0</td></tr></table>		Scottish Borders number	Scottish Borders percent	Scotland percent	Church of Scotland	44,819	39.4	32.4	Roman Catholic	7,219	6.3	15.9	Other Christian	8,599	7.6	5.5	Buddhist	279	0.3	0.2	Hindu	103	0.1	0.3	Jewish	55	0.1	0.1	Muslim	256	0.2	1.5	Sikh	18	0.0	0.2	Other religion	350	0.3	0.3	No religion	43,091	37.8	36.7	Religion not stated	9,081	8.0	7.0	All people	113,870	100.0	100.0
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Sexual Orientation , e.g. Lesbian, Gay, Bisexual, Heterosexual		X	X	<p>The Strategic Plan is fully inclusive to all irrespective of a person’s sexual orientation.</p> <p>The Scottish Borders Household Survey 2015 (http://www.scotborders.gov.uk/householdsurvey) included a question on sexual orientation. Of 2,545 respondents who answered this question, 92% said that they were heterosexual, 1% were bisexual, 1% were homosexual, and 6% preferred not to say.</p> <p>Consideration</p> <p><i>As the Strategic Plan is a high-level document it is presently difficult to quantify the extent to which people may be either positively or negatively affected. This will need to be investigated further, for example as part of action planning by key services and strategic areas within the partnership.</i></p>																																																				

	<p>Carers (those who have caring responsibilities for someone with an equality Characteristic)</p>		X	X	<p>The Strategic Plan is inclusive to all those with caring responsibilities.</p> <p>The requirement to develop the Health and Social Care Strategic Plan provides a tremendous opportunity to positively impact upon unpaid carers in Scottish Borders. Health and Social Care Services are heavily dependent on the significant number of unpaid carers in the population. Approximately 12,500 of Scottish Borders residents aged 16+ provide unpaid care – which is around 13% of our population in this age group.</p> <p>There appears to be a link between deprivation and providing care as 46% of unpaid carers living in the most deprived areas of the Borders provide 35 or more hours of care per week, compared with 22% of carers living in the least deprived areas. The Scotland Census and other surveys also indicate that providing care for someone else affects the carer's own health. More carers (42%) than non-carers (29%) have one or more long-term conditions or health problems. Of people providing more than 50 hours of unpaid care per week 13% rated their own health as 'bad or very bad' compared with 4% of people who were not carers.</p> <p>Consideration <i>Support for carers is an issue that needs to be addressed. Engagement and consultation with Carers' groups in Scottish Borders is already underway and must continue as the Plan and work in relation to it is progressed, in order to help ensure that any impacts on carers are positive rather than negative.</i></p>
	<p>Employees (those employed by Scottish Borders Council, NHS Borders, or other organisations that are part of the Health and Social Care</p>		X	X	<p>The programme of Organisational Development (OD) could help to ensure that staff are supported in developing/maintaining appropriate skills, knowledge and confidence to care for their patients/clients as part of a truly integrated service. However, there is a risk that for some staff there will be a resistance to the new ways of working/changes brought about by the integrated workload.</p> <p>Consideration <i>By utilising the Workforce Plan, work will be undertaken to examine whether there is any potential impact on staff delivering health and social care services.</i></p>

	partnership including full time, part time and temporary)				
	Themes relevant to this Strategy Engagement (involving the community by asking their opinion in line with the Community Planning Partnership's Community Engagement Framework.		X	X	<p>The level of engagement activities conducted in the connection and development of this Strategic Plan included informing, consulting, and involving.</p> <p>Consideration <i>By utilising the findings from the consultation and engagement events, work will be undertaken to examine whether there is any potential impact on the delivery of health and social care services.</i></p>
	Health Issues and impacts affecting people's health		X	X	<p>It is expected that the integration of planning, resource use and service delivery as outlined in the Strategic Plan will have a positive impact on people's health.</p> <p>Consideration <i>As the Strategic Plan is a high-level document it is presently difficult to quantify the extent to which people may be either positively or negatively affected. This will need to be investigated further, for example as part of action planning by key services and strategic areas within the partnership.</i></p>
	Human Rights Issues and impacts affecting		X	X	<p>The right to be treated with dignity is a principle incorporated in the 2014 Public Bodies (Joint Working) (Scotland) Act.</p> <p>Consideration</p>

	people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections.				<i>As the Strategic Plan is a high-level document it is presently difficult to quantify the extent to which people's Human Rights may be affected. This will need to be investigated further, for example as part of action planning by key services and strategic areas within the partnership.</i>
	Poverty (people who are on a low income including benefits claimants, people experiencing fuel poverty, isolated rural communities etc)		X	X	<p>Deprivation has a big effect on the need for, and use of, health and social care services. Taken as a whole, levels of deprivation in the Borders' population are relatively lower in comparison to Scotland. Evidence tells us that we have an uneven distribution of within our population. We know, however, that deprivation is not confined to geographical areas. It also applies to more vulnerable groups who may live in deprived circumstances, such as homeless people, offenders, people with disabilities and/or mental health problems.</p> <p>Consideration</p> <p><i>As the Strategic Plan is a high-level document it is presently difficult to quantify the extent to which people facing poverty may be either positively or negatively affected. This will need to be investigated further, for example as part of action planning by key services and strategic areas within the partnership and or by cross referencing work already being developed under our Reducing Inequalities Strategy.</i></p>
	Rurality Impacts relating to living and working in a rural community		X	X	<p>The Public Bodies (Joint Working) (Scotland) Act, 2014 introduces a requirement for locality planning in the provision of integrated functions and services which:-</p> <ul style="list-style-type: none"> • takes account of the particular needs of service-users in different parts of the area in which the service is being provided; • takes account of the participation by service-users in the community in which service-users

					<p>live;</p> <ul style="list-style-type: none"> • is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care); • best anticipates needs and prevents them arising; and makes the best use of the available facilities, people and other resources. <p>The adoption of a Scottish Borders approach to locality planning by the Integration Joint Board as set out in its Strategic Plan will potentially have a positive impact on health and social care issues and on wider economic and social issues in rural areas.</p> <p>Consideration <i>As the Strategic Plan is a high-level document it is presently difficult to quantify the extent to which people living in rural areas may be either positively or negatively affected. This will need to be investigated further, for example as part of action planning by key services and strategic areas within the partnership and or by cross referencing work already being developed under our Reducing Inequalities Strategy and Locality Plans.</i></p>
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6.	Mitigation	
	Where you have identified a potential negative impact, please detail what mitigations will need to be put in place in order for your proposal to progress. If you are unsure of the answer please state this and recommend further investigation.	
	Characteristic	Mitigation
	All characteristics and themes relevant to this Strategy including Engagement, Health, Human Rights Poverty and Rurality.	It is envisaged that the adoption and the implementation of the Strategic Plan will bring many positive aspects for all of the communities of the Scottish Borders indeed this is the very essence of the Strategy. Many service areas are already set up in support of specific strategies (such as those in relation to Learning Disabilities, Mental Health, Physical Disability and Carers). However, the partnership will need to ensure that all services that come under its legal remit are developed with explicit consideration of all the protected characteristics. Systems and practices need to be introduced whereby the considerations identified above are investigated, resolved and maintained that ensure that there are no associated risks that could unintentionally discriminate against those who associate with the protected characteristic. This workload is outwith of the remit of this Strategic Plan. Therefore it is recommended that this workload should be undertaken directly in partnership with all relevant front line service providers whereby is monitored, evaluated and reviewed on a regular basis

		and adjusted accordingly.
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7.	How certain are you of the answers you have given?	
	Answer	Tick One
	Certain - I have populated the evidence base to support my answers.	
	Fairly Certain – but don't have concrete evidence to support my answers so would recommend further assessment is conducted if the proposal is progressed.	X
	Not Certain – further assessment is recommended if proposal is progressed.	

Completed By		
Name	Role	Organisation
Sandra Campbell	Programme Manager for Health and Social Care Integration Manager	Scottish Borders Council
Joanne Craik	Planning and Performance Officer	NHS Borders
Simone Doyle	Equality and Diversity Officer	Scottish Borders Council
Stephanie Errington	Head of Planning and Performance	NHS Borders
Julie Kidd	Principal Information Analyst	NHS National Services Scotland
Clare Malster	Strategic Community Engagement Officer	Scottish Borders Council
Carin Pettersson	Communications & Engagement Officer for Integration	Scottish Borders Council
On the following dates:-		
Initial meeting and start of work:	25 th November 2015	
Interim meetings on the following dates:	8 th December 2015, 1 st , 4 th 10 th 18 th February 2016, 1 st March 2016	
Finalised on:	1 st March 2016	

This assessment should be presented to those making a decision about the progression of your proposal.

If it is agreed that your proposal will progress, you must send an electronic copy to corporate communications to publish on the webpage within 3 weeks of the decision.

For your records, please keep a copy of this Equality Impact Assessment form.

EIA Stage 1 Signed Off By		
Name	Role	Date
Eric Baijal	Director of Strategy (Integration)	2nd March 2016

Name	Role	Date
Susan Manion	Chief Officer Health & Social Care Integration	2nd ^h March 2016