



EQUALITY IMPACT ASSESSMENT

BACKGROUND

Date of Assessment:	12 April 2023
Title of document being assessed:	Angus IJB Strategic Commissioning Plan 2023-2026
<p> 1. This is a new policy, procedure, strategy or practice being assessed. (If Yes please check box) <input checked="" type="checkbox"/> </p> <p> This is a new budget saving proposal (If Yes please check box) <input type="checkbox"/> </p>	<p> This is an existing policy, procedure, strategy or practice being assessed? (If Yes please check box) <input type="checkbox"/> </p> <p> This is an existing budget saving proposal being reviewed (If Yes please check box) <input type="checkbox"/> </p>
<p> 2. Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA) </p>	<p> Jillian Galloway, Head of Health and Community Care Services. </p>
<p> 3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes. </p>	<p> As required by the Public Bodies (Joint Working) (Scotland) Act 2014 (referred to as The Act), Angus IJB assumed responsibility for the strategic direction of health and social care services delegated to it from Angus Council and NHS Tayside. Every IJB is required to produce a Strategic Commissioning Plan (SCP) that sets out how the nine <u>National Health and Wellbeing Outcomes</u> will be delivered locally over the next three years. </p> <p> The SCP details plans to continue to develop further partnership working and seeks to develop stronger links with partners and the communities of Angus. </p> <p> The SCP identifies four strategic priorities: </p> <ul style="list-style-type: none"> • Prevention and proactive care • Care closer to home • Mental health and wellbeing and substance use recovery • Equity of access to high quality health and social care <p> Alongside the SCP is the Strategic Delivery Plan which provides the detail on the programmes of </p>

	<p>work and projects to be undertaken in relation to each priority, the timescale within which it will be delivered and the strategic measures.</p>
<p>4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?</p>	<p>The IJB's SCP sets out the vision of Angus IJB and our ambitions for the adult health and social care services which are delegated by Angus Council and NHS Tayside to Angus Health and Social Care Partnership (HSCP).</p> <p>The Plan aims to meeting nine <u>National Health and Wellbeing Care Outcomes</u> and describes the key themes we will focus on to address the increasing health inequalities in Angus and ensure we deliver high quality community health and social care in the most efficient and effective ways so that adults are supported to stay well and maintain their independence.</p> <p>The following commitments have been made in relation to the four strategic priorities:</p> <p>Priority 1: Prevention and Proactive Care. We will:</p> <ul style="list-style-type: none"> • Support people to look after their own health in a way which is manageable for them. • Build stronger and more resilient communities. • Act early to anticipate healthcare needs • Use prescribing resources effectively. <p>Priority 2: Care Closer to home. We will:</p> <ul style="list-style-type: none"> • Provide care closer to home whenever possible. • Work with partners to provide the right care in the right place at the right time. • Support carers to sustain their caring role and enable them to have a fulfilling life alongside caring. <p>Priority 3: Mental health and wellbeing & Substance Use Recovery. We will:</p> <ul style="list-style-type: none"> • Deliver the ambitions of the Living Life Well Improvement Plan. • Support people to recover or manage their condition. • Provide consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Angus. <p>Priority 4: Equity of access and public protection. We will:</p> <ul style="list-style-type: none"> • Remove barriers to accessing services and address inequalities. • Reduce homelessness. • Keep vulnerable people safe.

	<p>All citizens of Angus will be affected by the SCP which confirms the IJB's commitment to support and improve people's health and wellbeing. The SCP describes the vision and key priorities for the next three years. In particular, it describes how Angus HSCP wishes to support people to keep well by being more focused on what can be done to prevent ill health and offer earlier proactive support.</p>
<p>5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here?</p> <p>If Yes, please give details.</p>	<p>An initial engagement exercise was undertaken in August 2022 which invited feedback on the 2019-22 SCP and asking people to tell us about what is important to them about health and social care and what they thought about the vision and priorities. This involved an online survey.</p> <p>Engagement in relation to the draft SCP 2023-2026 took place from 6 March- 11 April. A number of methods were used including:</p> <ul style="list-style-type: none"> • Online survey • Online presentations e.g. to Locality Improvement Groups, Staff Partnership Group, Clinical Partnership Group, Angus Mental Health and Wellbeing Network, KirrieConnections. Elected Members, local MSPs and MPs were also invited to attend an online session. <p>A summary of the draft plan has been shared with NHS Tayside, Angus Council, Angus Community Planning Partnership, all of who were invited to provide comment.</p> <p>In addition conversations were held with members of the public at local supermarkets and we conducted a trial of following the ANGUSalive Mobile Library.</p> <p>An easy read version of the draft summary was shared with a range of groups who were invited to provide feedback.</p> <p>The feedback has been used to inform the final version of the Plan. A report will be produced detailing the consultation and engagement work.</p> <p>A joint needs assessment has been prepared to inform the priorities of the SCP. This comprises of an Angus-wide profile and profiles on each</p>

Locality to allow comparisons at a to locality level.

The assessment gave results including the following:

- For the ten-year period 2018 – 2028, the population of Angus is expected to slightly decrease. However, we expect there will be fewer people aged 65 and under which reduces the number of working aged adults. We also expect the number of people aged 75 years and over will increase by 30%. This has implications for service provision as evidence indicates that the older people become, they tend to have more long-term health problems.
- Average life expectancy has not grown over the period of the last strategic plan 2019 – 2022.
- Average life expectancy for men is 78 (two years above Scottish average) and 82 years for women (1 year above Scottish average).
- Men living in the most deprived areas of Angus can live 9 years less and women 3 years less than those living in the least deprived areas.
- Men experience 81% of their life in good health (2% above the Scottish average) compared to women who spend 74% of their life in good health (2% less than the Scottish average).
- In 2017/2018 640 people were registered as blind in Angus
- 13% of the population is aged 65+ and living in poverty.
- 5.0/1,000 adults in Angus have a Learning Disability and/or are on the autism spectrum
- Approximately 7,489 Angus residents are living with a physical disability.
- 13% or one in eight of Angus residents identify as an Unpaid Carer. 60% of the Carers living in Angus are aged 65 years and over and 3% are aged under 16 years of age.
- Approximately one in six (15,825) adults are likely to have a mental health problem at any one time in Angus.
- From the Census in 2011, 262 people were

registered as BSL users aged 3+ (0.23% of population). More were female and/or aged between 35-49

- In 2017/2018, 91 people who had a hearing impairment were accessing social care services in Angus
- From the Census in 2011, 88.2% of Angus residents considered themselves to be white
- Angus residents are more affluent in income and employment than the Scottish average
- Reported in March 2015, there were just over 1,000 people in care homes, equating to 88% of care home occupancy rate. Over half of long-term residents had dementia
- Pattern of alcohol related deaths since 2010 has been increasing across Angus, highest in areas of higher deprivation
- In 2021 there were 17 drug deaths in Angus
- Scotland Household Survey 2019 showed that 81% of Angus residents had participated in some form of physical activity in the preceding 4 weeks, which is the same as the Scottish average
- ScotPHO information from 2019 showed that 16.2% of Angus residents aged 16+ were smokers and mostly men
- The Census in 2011 showed that mental health illnesses are more common in deprived areas with Angus reporting 37 per 100,000
- Alzheimer Scotland estimated that across Scotland in 2015 that 90,000 people were living with dementia. In Tayside in 2015, it was estimated that 2% of the population will be dementia sufferers
- Hypertension is the most common long-term condition (LTC) in Angus (16.4%) followed by, asthma (6.1%), diabetes (5.7%), cardiovascular disease (4.5%) and depression (3.9)
- Diabetes and heart disease are the two most common LTCs leading to emergency hospital admission
- Atrial fibrillation and dementia are the most common LTCs, as a rate of the prevalent population, causing emergency admission to hospital
- In 2016/2017, 18,299 patients used community pharmacies
- 5,491 attending (attending what?) were aged

	<p>65+ and 2,634 were below the age of 18</p> <ul style="list-style-type: none"> • The 2021 Housing Need and Demand Assessment (HNDA) draws on a range of recent data and highlighted: <ul style="list-style-type: none"> ○ There are 1,336 households in housing need in Angus. Of these around 12% (154) had a requirement for specialist provision to meet their housing need, and 8% (111) were homeless households in temporary accommodation. ○ There will be a 2% increase (1,073) in the number of households by 2043 ○ 15% of households in Angus have someone in the household with a long-term mental health condition.
<p>6. Fairer Scotland duties:</p> <p>1) Does this report have an impact for Angus citizens under Fairer Scotland?</p> <p>2) If Yes, what are these implications and how will they be addressed?</p> <p>What evidence do you have about any socio-economic disadvantage/inequalities of outcome in relation to this strategic issue?</p> <p>Are there any potential impacts this strategy may have specifically on the undernoted groupings? Please remember to take into account any particular impact resulting from Covid-19. Please state if there is a potentially positive, negative, neutral or unknown impact for each grouping.</p>	<p>The Fairer Scotland Duty (the Duty) came into force on 1 April 2018 and placed a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard to') how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Fairer Scotland Duty means we should actively consider how we can reduce inequalities of outcome caused by socioeconomic disadvantage in Angus.</p> <p>The information supporting the Joint Needs Assessment provides information about the levels of social deprivation across Angus.</p> <p>The Angus HSCP SCP may impact Angus citizens under the Fairer Scotland Duty as changes to services could result in a change to the cost to the service user as a result of changes to services.</p> <p>Any proposed changes to service delivery would be subject to consideration under the Fairer Scotland Duty and meaningful engagement and consultation with the impacted group to ensure we capture specific issues relating to any socio-economic disadvantage/inequality issues so that mitigating actions can be put in place where possible.</p>

<ol style="list-style-type: none">1. Low and/or No Wealth (e.g. those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.2. Material Deprivation (i.e. those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, leisure and hobbies3. Impact Area Deprivation (i.e. where people live (e.g. rural areas), or where they work (e.g. accessibility of transport).4. Impact Socio-economic Background i.e. social class including parents' education, people's employment and income	
--	--

EQUALITY IMPACT ASSESSMENT (EQIA) - RELEVANCE SCREENING

1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

No

1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender reassignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

Yes - Proceed to the Full Equality Impact Assessment (EQIA).

~~No - please state why not (specify which evidence was considered and what it says)?~~

1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.

Yes - Proceed to the Full Equality Impact Assessment (EQIA).

~~No - please state why not (specify which evidence was considered and what it says)?~~

2. Name: Rachel Bennison

Position: Programme Manager

Date: 12 April 2023



FULL EQUALITY IMPACT ASSESSMENT (EQIA)

Step 1.

Is there any reason to believe the proposal could affect people differently due to their protected characteristic? Using evidence (e.g. statistics, literature, consultation results, etc.), justify whether yes or no. If yes, specify whether impact is likely to be positive or negative and what actions will be taken to mitigate against the undesired impact of a negative discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council or 3rd sector social justice.

1a. The public and/or service users holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a) Positive Action	b) Negative discrimination	
AGE	<p>The SCP recognises that Angus has an ageing population</p> <p>Priorities within the Plan are around reducing health inequalities which relates to all protected characteristics. A focus on personalised, person-centred approach should also be beneficial in reducing health inequalities</p>	<p>Changes could result in it being more difficult for those who are elderly to access services.</p>	<p>The implementation of the SCP will focus on shifting the balance of care to the community and supporting individuals to have choice and control over their care. Community Led Support and supporting mental health and wellbeing is a key priority in Plan.</p> <p>Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation related to age to ensure we capture specific inequalities relating to age so that mitigating actions can be put in place where possible.</p>

GENDER	<p>One of the priorities within the Plan is around reducing health inequalities which relates to all protected characteristics. A focus on personalised, person-centred approach should also be beneficial in reducing health inequalities</p>		<p>Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to gender so that mitigating actions can be put in place where possible.</p> <p>Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with impacted group to ensure that mitigating actions can be put in place where possible. This will highlight any specific health inequalities relating to sex.</p> <p>The Plan is high level but must also consider issues predominantly specific to women and girls such as domestic abuse and sexual exploitation.</p>
DISABILITY	<p>The implementation of the SCP will focus on shifting the balance of care to the community and supporting individuals to have choice and control over their care.</p> <p>Continued development and implementation of a new Adult Physical and Learning Disability Plans will be key in delivering the strategic objectives of the Plan.</p>	<p>Changes could result in it being more difficult for those with disabilities to access services.</p>	<p>Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.</p>

ETHNICITY/ RACE	One of the priorities within the Plan is around reducing health inequalities which relates to all protected characteristics. A focus on personalised, person-centred approach should also be beneficial in reducing health inequalities.	N/A	<p>The implementation of the SCP will focus on shifting the balance of care to the community and supporting individuals to have choice and control over their care. Community Led Support and supporting mental health and wellbeing are key priorities in Plan.</p> <p>The Plan emphasises the need for meaningful engagement with communities. Angus HSCP will also engage with national and expert groups when required. This can be particularly helpful as some of these groups have fewer numbers or are hard to reach.</p> <p>Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.</p>
SEXUAL ORIENTATION	The Strategic Plan is inclusive and ensures that there are positive impacts for people of all sexual orientations.	N/A	<p>Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.</p> <p>Angus HSCP will consult with national and expert groups for them to offer their thoughts.</p>
RELIGION/ BELIEF	The Strategic Plan is inclusive and ensures that there are positive impacts		Any proposed changes to service delivery would be subject a EQIA and meaningful engagement

	for people of all religions and beliefs.		and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible. Angus HSCP will also engage with national and expert groups when required. This can be particularly helpful as some of these groups have fewer numbers or are hard to reach.
GENDER REASSIGNMENT	The Plan is inclusive and strives to ensure that there are positive impacts relating to people who have proposed, started or completed a process to change his or her sex.		
PREGNANCY/ MATERNITY	The implementation of the SCP will focus on shifting the balance of care to the community and supporting individuals to have choice and control over their care.	Changes could result in it being more difficult for those who are pregnant or young babies to access services.	Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from “discrimination by association” with the PCs of age and disability)	One of commitments of the plan is to support carers to sustain their caring role and enable them to have a fulfilling life alongside caring. This will be achieved through the development and implementation of a refreshed Angus Carers Strategy for 2023 – 2026 which will be developed in partnership with carers in Angus	Changes could result in it being more difficult for carers to access services.	Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.

1b. The employees holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a) Positive Action	b) Negative discrimination	
AGE	<p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce dataset • Support the health and wellbeing of our workforce • Promote learning and development 	<p>Changes to services could result in a change of work-base making it more difficult to access services.</p>	<p>Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with staff from the impacted group to ensure we capture specific inequalities relating to age so that mitigating actions can be put in place where possible.</p>
GENDER	<p>It should be noted that a high proportion of the Angus HSCP staff are female. 78% of Council staff working within the Angus HSCP are female and 83% of NHS Tayside staff are female.</p> <p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce dataset • Support the health and wellbeing of our workforce • Promote learning and development 	<p>Changes to services could result in a change of work-base making it more difficult to access. This could impact on childcare arrangements where applicable.</p>	<p>Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with staff from the impacted group to ensure we capture specific inequalities relating to age so that mitigating actions can be put in place where possible.</p>

DISABILITY	<p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce dataset • Support the health and wellbeing of our workforce • Promote learning and development 	<p>Changes to services could result in a change of work-base thereby making it more difficult to access.</p>	<p>Any proposed changes to service delivery would be subject to meaningful engagement and consultation with impacted group to ensure that mitigating actions can be put in place where possible.</p>
ETHNICITY/ RACE	<p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce dataset • Support the health and wellbeing of our workforce • Promote learning and development 	N/A	N/A
SEXUAL ORIENTATION	<p>The Strategic Plan is inclusive and ensures that there are positive impacts for people of all sexual orientations.</p> <p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce 	N/A	N/A

	<p>dataset</p> <ul style="list-style-type: none"> • Support the health and wellbeing of our workforce • Promote learning and development 		
RELIGION/ BELIEF	<p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce dataset • Support the health and wellbeing of our workforce • Promote learning and development 	N/A	N/A
GENDER REASSIGNMENT	<p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce dataset • Support the health and wellbeing of our workforce • Promote learning and development 	N/A	N/A
MARRIAGE/CIVIL PARTNERSHIP	<p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop 	N/A	N/A

	<p>workforce dataset</p> <ul style="list-style-type: none"> • Support the health and wellbeing of our workforce • Promote learning and development 		
PREGNANCY/ MATERNITY	<p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce dataset • Support the health and wellbeing of our workforce • Promote learning and development 	Changes to services could result in a change of work-base thereby making it more difficult to access.	Any proposed changes to service delivery would be subject to meaningful engagement and consultation with impacted group to ensure that mitigating actions can be put in place where possible.
<p>OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from “discrimination by association” with the PCs of age and disability)</p>	<p>Priorities within the Plan are cognisant of the priorities of the Angus HSCP Workforce Plan 2022 – 2025:</p> <ul style="list-style-type: none"> • Improve Recruitment and retention • Develop workforce dataset • Support the health and wellbeing of our workforce • Promote learning and development 		Any proposed changes to service delivery would be subject to meaningful engagement and consultation with impacted group to ensure that mitigating actions can be put in place where possible.

1c. Does the proposal promote good relations between any of the Protected Characteristics?

YES ✓ NO NOT SURE

Specify further (e.g. between which of the PCs, and in what way, or why not or not sure)

Feedback has been used to inform the final version of the Plan. Angus Health and Social Care Partnership (HSCP) want to continue the conversation with the people of Angus as we deliver the ambitions of the Plan.

1d. What steps will you take to collect the Equality Monitoring information needed to monitor impact of this proposal on PCs, and when will you do this?

Where will the Equality Impact Assessment (EQIA) be published?

Angus Health and Social Care Partnership website and Angus Health and Social Care Partnership page on Angus Council website

CONTACT INFORMATION

Name of Department or Partnership:	Angus Health and Social Care Partnership
---	---

Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	✓
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Manager Responsible	Author Responsible
Name: Jillian Galloway	Name: Rachel Bennison
Designation Head of Community Health and Care Services	Designation: Programme Manager
Base: Angus House	Base: Angus House
Telephone 01307 492560	Telephone: 01307 492560
Email: tay.angushscp@nhs.scot	Email: tay.angushscp@nhs.scot

Signature of author of the policy: **Date:** 12 April 2023

RACHEL BENNISON

Signature of Director/Head of Service:

Date: 12 April 2023

JILLIAN GALLOWAY

Name of Director/Head of Service: JILLIAN GALLOWAY

Date of Next Plan Review: April 2024

For additional information and advice please contact:
tay.angushscp@nhs.scot