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| **EQUALITY IMPACT ASSESSMENT (EQIA) and** **FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)**  |  |

1. **INTRODUCTION**

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| **Title of policy, practice or project being assessed** | AHSCP Workforce Plan – Annual Update 2023 |

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| **Type of policy, practice or project being assessed:** (please mark with a (x) as appropriate) |
|  | **New** | **Existing** |  | **New** | **Existing** |
| **Strategy** |  | x | **Policy** |  |  |
| **Guidance** |  |  | **Procedure** |  |  |
| **Operational Instruction** |  |  | **Budget Saving Proposal** |  |  |
| **Service Development Proposal** |  |  | **Other (Please specify)**  |  |  |

1. **GOVERNANCE**

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| **Lead Officer Responsible for assessment**(Name, designation) | Morgan Low – Strategy and Improvement Manager |
| **Date Assessment Started** | 30/06/2023 |

1. **BACKGROUND INFORMATION**

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| **Provide a brief description of the policy, practice or project being assessed.**(Include rationale, aims, objectives, actions, and processes) | Scottish Government requires the Angus Health and Social Care Partnership (AHSCP) to have a 3-year workforce plan commencing July 2022. In 2019, the Scottish Government’s Integrated Workforce Plan for Health and Social Care confirmed that Workforce Planning for NHS Boards and Health and Social Care Partnerships should be undertaken on a three-year cycle to align with Financial and Operational Planning cycles. The purpose of the workforce plan is to Support the AHSCP to have the right people, with the right skills, in the right places, at the right time, to fulfil its mandate and its strategic objectives, and to continue to provide high quality, person-centred care now, and in the future.This assessment is the first annual update on the AHSCP Workforce Plan.  |
| **What are the intended outcomes and who does this impact?**(E.g., service users, unpaid carers or family, public, staff, partner agencies) | The AHSCP Workforce Plan provides an analysis and forecast of workforce supply and demand informed by local and national workforce challenges and demographic changes. It is accompanied by a clear action plan on how we will attract, retain and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. The purpose of this annual workforce plan update is to support the AHSCP to have the right people, with the right skills, in the right places, at the right time, to fulfil its mandate and its strategic objectives, and to continue to provide high-quality, person-centred care now, and in the future. The plan provides data comparison and analysis from last year to the present and uses this information to reflect on whether our workforce priorities and challenges remain the same. It highlights any changes and reflects on progress made with workforce priority actions over the last 12 months and what impact, if any, these have had.It is accompanied by an update on the three-year workforce action plan. The action plan contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. The intended beneficiaries are our workforce and the supported people that receive input from our services.  |

1. **EQIA PROTECTED CHARACTERISTICS SCREENING**

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| **Impact on Service Users, Unpaid** **Carers or the Public** |
| Does the policy, practice or project have a potential to impact in **ANY** way on the service users and/or public holding any of the [protected characteristics](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics)? (Please mark as appropriate) |
|  | **Yes** | **No** |  | **Yes**  | **No**  |  | **Yes** | **No** |
| **Age** | x |  | **Race** | x |  | **Gender Reassignment** | x |  |
| **Disability** | x |  | **Pregnancy and Maternity** | x |  | **Marriage and Civil Partnership** | x |  |
| **Sex**  | x |  | **Religion or Belief** | x |  | **Sexual Orientation** | x |  |

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| **Impact on Staff or Volunteers** |
| Does the policy, practice or project have a potential to impact in **ANY** way on employees or volunteers holding any of the [protected characteristics](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics)? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations, or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark as appropriate) |
|  | **Yes** | **No** |  | **Yes**  | **No**  |  | **Yes** | **No** |
| **Age** | x |  | **Race** | x |  | **Gender Reassignment** | x |  |
| **Disability** | x |  | **Pregnancy and Maternity** | x |  | **Marriage and Civil Partnership** | x |  |
| **Sex**  | x |  | **Religion or Belief** | x |  | **Sexual Orientation** | x |  |

**PLEASE NOTE**: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

1. **EQIA - SCREENING DECISION**

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| **Is a full EQIA required?** (Please mark as appropriate) | **YES** - Proceed to full EQIA in section 6 below | **NO** – State the reason below and proceed to FSDA screening in section 10 and 11 then complete sections 14 and 15 to conclude. |
| Yes  |  |

**FULL EQUALITY IMPACT ASSESSMENT (EQIA)**

1. **EVIDENCE**

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| **Evidence: Please provide detailed evidence (e.g., statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy,** **practice or project that this EQIA relates to.**  |
| Quantitative evidence (numerical/statistical)  | A comparison snapshot of the total number of staff employed across a range of services in the AHSCP in July 2022 and July 2023. This illustrates a significant increase in Angus Council staff in the last 12 months. This could be attributed to a range of factors such as more vacant posts being filled, additional posts being created either in response to growing demand, staff health and wellbeing issues and service redesign or existing resources being utilised more efficiently. It may also be attributed to services being creative around ‘hard to fill’ posts by identifying alternative posts to meet specific gaps in the workforce. NHS Tayside total numbers of staff have remained mainly static, with a slight increase of 4 whole time equivalent posts since last year. Difficulties remain in obtaining workforce data from the Third Sector although the Scottish Social Services Council release an annual data return.National Records of Scotland (NRS) - Angus Council Area Profile statistics have been used in relation to current and future population projections, labour supply and unemployment information.Local data referring to whole time equivalent posts, contract status, vacancy information, staff absence, age profiling, anticipated retirement rates and gender ratios have also been sourced to inform workforce planning via the workforce plan annual update 2023.  |
| Qualitative evidence (narrative/exploratory)  | Cognisance has been taken of several national and local strategies and plans such as ‘The six steps to workforce planning, the National Workforce Strategy for Health and Social Care’ and ‘An Integrated Health and Social Care Workforce Plan for Scotland.’ Cognisance has also been given to the NHS Recovery Plan as well as local plans such as the Angus Health and Social Care Partnership Strategic Commissioning Plan and Strategic Financial Plan. This Workforce Plan Annual Update for 2023 also links with both the national and local Remobilisation Plans that have been developed. Cognisance has also been taken of the Independent Review of Adult Social Care, the Health and Care (Staffing) (Scotland) Act 2019, The Angus Health and Social Care Partnership (AHSCP) Strategic Commissioning Plan 2023 – 2026 and the NHS Tayside Annual Delivery Plan 2023/24.The Scottish Government directive “National Health and Social Care Workforce Strategy: Three Year Workforce plans (DL 2022 09) and ‘Three Year Workforce Plans: Developing an Integrated Process’ issued in May 2023 also refer.  |
| Other evidence (please detail)  | Evidence from across the totality of the AHSCP in relation to service improvement activity and priority actions progressed by the 4 workforce subgroups. |
| What gaps in evidence/research were identified? | Workforce Statistics for the Third and Independent Sector.Workforce Statistics on protected characteristics including Race, Sexual Orientation, Marriage and Civil Partnerships and Gender Reassignment.  |
| Is any further evidence required? Yes or No (please provide reasoning)  | The development of workforce data and accompanying Key Performance Indicators (KPI’s) continues to be a priority. A core dataset for wider workforce planning purposes is now in place and has been used to inform the AHSCP Workforce Plan Annual Update 2023. This will be further developed to include KPIs (Key Performance Indicators) and further qualitative as well as quantitative data. Work is progressing to develop a Tayside wide minimum dataset for workforce planning, and this will enhance our local dataset. Care Home/ Care at Home viability dashboards are complete and have gone live. The dashboards contain information in relation to care homes and care at home which includes a RAG status based on staffing levels, care inspectorate grades, details of any investigations or complaints, number of hours being delivered and vacancies. The information is starting to be populated and will further enhance the core dataset and development of associated KPI’s. |
| Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)  | No – the annual workforce plan update and accompanying action have been informed by the evidence and research available. |

1. **ENGAGEMENT**

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| **Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project.**  |
| Has engagement taken place? Yes or No  | YesEngagement 1 - During October 2021, the AHSCP Workforce Steering Group commissioned a questionnaire to be sent to all services across the AHSCP to inform the draft workforce plan in relation to: • Vacancy Information • Recruitment Challenges • Changes to staffing models (current and projected) • Planned Workforce Efficiencies and Likely Impact • Wider Issues Affecting Service Demand and Anticipated impact on Staffing • Skills development and Future Models of Care • Main Workforce Challenges • Workforce Risks. The draft plan was then developed. Engagement 2 - Further engagement took place to share the draft plan developed, via a survey monkey, across a wide range of stakeholders. The survey ran from 10 March 2022 – 15 April 2022. It asked for information in relation to: How clear and easy the plan was to understand • If the content of the plan included everything that it should • If all the current improvement programmes were included and the information accurate • If we had accurately identified those posts services have difficulty recruiting to • If we had accurately identified the additional staffing resources already in place and those it has been agreed to establish • If we have identified, at a strategic level, the major workforce risks • If the draft plan covers the issues being experienced by teams/services • If the draft plan covers our main workforce challenges • If the action plan includes everything that it shouldEngagement 3 – In May 2023, an online MS Forms Survey was sent to staff in all services across AHSCP to ask for information in relation to informing the first annual update of the Workforce Plan and action plan. The engagement ran for 1 month and asked responders to provide an update on the key areas of the plan. The survey included questions on workforce challenges, workforce risks, hard to fill posts, workforce priorities, new posts, improvement activity, achievements, and annual changes/updates.Engagement 4 – In August 2023, an online MS Forms Survey was distributed across the statutory services, third and independent sectors to ask for feedback on the first draft of the workforce plan annual update and updated action plan 2023. The engagement ran for 16 days and ask responders for their thoughts on the draft annual update and action plan 2023 and if there was any information missing or requiring further detail.  |
| If No, why not?  | N/A |
| If Yes, please answer the following questions:  |
| Who was the engagement with? | Internal online questionnaires with staff from all service areas within AHSCP and the statutory services, third and independent sectors. |
| Have other relevant groups i.e., unpaid carers been included in the engagement? If No, why not? | The target of the strategy and engagement is the workforce. A cohort of employees face the challenge of balancing their employment with a caring role. AHSCP strives to ensure that carers of all ages are recognised and valued as equal partners, are fully involved in shaping services in Angus and are supported to have fulfilling lives alongside caring. Angus Unpaid carers, alongside a wide range of third and independent sector providers were included in the engagement. |
| How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)  | Online feedback surveys sent to staff, statutory organisations, third and independent sector providers with an accompanying verbal update. Discussion at various meeting forums. |
| What were the results from the engagement?  | Engagement 1 - A positive response was received across services, and this provided information to inform the workforce plan.Engagement 2 - The feedback received from the survey monkey was used to inform the final version of the plan. The plan was formally approved by the Angus Integration Joint Board (IJB) on 22 June 2022.Engagement 3 – The submitted responses from a wide range of AHSCP services detailed qualitative and quantitative data on current and comparative progress/issues for workforce challenges (50% same as last year), workforce risks (69% same as last year), hard to fill posts (75% same as last year) , workforce priorities (94% same as last year), new posts (69% have added new/additional posts), improvement activity (81% have undertaken improvement activity), achievements and annual changes/updates. The collated feedback has informed the draft 2023 annual workplan and the action plan update. Engagement 4 – The feedback received from the survey illustrated that most respondents felt that the plan was clear and easy to understand, that it included what it should, and that workforce challenges and risks were correct. Some feedback illustrated several inaccuracies in the draft plan and several additional challenges and actions. The draft plan and action plan were updated informed by this feedback. |
| How did the engagement consider the [protected characteristics](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics) of its intended cohort? | The surveys did not ask for personal information relating to protected characteristics. |
| Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.  | Yes – as the action plan is a live document, engagement feedback received informs the action plan document to highlight the most current status of the actions and any changed/emerging actions. The annual update of the workforce plan has had several amendments made to it and additional information added as a result of feedback received from the engagement. |
| Is further engagement required? Yes or No (please provide reasoning) | Not for this annual update, but additional engagement will occur every year to inform the annual updates.  |

1. **PROTECTED CHARACTERISTICS**

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: [protected characteristics.](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics) Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or 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, AHSCP or 3rd sector social justice.

| **Service Users, Public or Unpaid Carers with Protected Characteristics** |
| --- |
| **Protected Characteristic** | **Potential Neutral Impact (X)** | **Potential Positive Impact (X)** | **Potential Negative Impact (X)** | **Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.** |
| **Age** |  | X | X | There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.In October 2022 additional funding was identified from the older people care at home budget to increase the capacity of the Enablement Response Team through an increase in staff hours. This change was in response to the increasing extreme pressures across health and social care, unmet need and hospital discharges and delays. |
| **Sex**  |  |  | X | The high percentage of female staff across the AHSCP raises implications for the workforce in terms of the impact of service users receiving personal care services where it may not always be possible to have personal care needs attended to by the sex of their choice. E.g., male service users having personal care undertaken by male staff members.  |
| **Disability** |  | X | X | Clinic activity in local areas to facilitate easier access for people who are unable to leave home are being implementedThere remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  |
| **Race** |  |  | X | There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  |
| **Sexual Orientation** |  |  | X | There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  |
| **Religion or Belief** |  |  | X | There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  |
| **Gender Reassignment**  |  |  | X | There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  |
| **Pregnancy and Maternity** |  |  | X | There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  |
| **Marriage and Civil Partnership**  |  |  | X | There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  |
| **Any other relevant groups i.e., unpaid carers (please specify)** |  |  | X | There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  |

| **Employees or Volunteers with Protected Characteristics** |
| --- |
| **Protected Characteristic** | **Potential Neutral Impact (X)** | **Potential Positive Impact (X)** | **Potential Negative Impact (X)** | **Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.** |
| **Age** |  | X | X | The current proposed changes to the GP (General Practitioner) recruitment programme includes a programme for those reaching retirement age however still wish to work part-time or on a flexible work pattern.The projected retirement of staff within the next few years will result in loss of experience across the Partnership. This has the potential to impact on all staff and highlights the importance of robust succession planning across the AHSCP to mitigate the risk presented by this loss in experience and numbers of staff. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these. This includes a focus on opportunities for attracting young people into the workforce. School career events have been taking place in Angus schools and the AHSCP has been represented to encourage young people to embark on a career in health and social care. We have supported ten Foundation Apprentices to successfully complete their placement - double last year’s figure and we continue to support Modern Apprentice and Angus Works placement opportunities, sharing these opportunities with schools. The AHSCP have also been represented at University Graduate Recruitment Fairs, Local Employability Events and Career Events organised by the Department of Works and Pensions.Work is also progressing in relation to succession planning. This includes the development of a staff assistance scheme, an AHSCP mentor scheme and the development of a workforce toolkit for staff, available on SharePoint that hosts a variety of tools, guidance, and resources for staff in relation to recruitment, retention, leadership, succession planning etc. Business critical posts within the AHSCP are now regularly monitored, reported on and actions in place for succession planning for these posts. Information has been collated and analysed to provide a holistic overview across the AHSCP and inform future planning regarding required minimum SW staff in each service area to meet statutory duties. |
| **Sex**  |  | X | X | Current proposed change ideas for GP recruitment include a programme for working mothers and options to recruit more male GPs (General Practitioners) (currently female-dominant workforce). The high percentage of female staff across the AHSCP raises implications for the workforce in terms of the impact of maternity leave. Although it is recognised that carers leave, childcare and flexible working arrangements are available to staff of both genders, the high proportion of female staff across the AHSCP means this may also have an impact on the workforce.Menopause policy/guidance is being promoted and opportunities explored to arrange menopause information sessions, including podcasts to support the mental health and wellbeing of women that are experiencing the peri/menopause. |
| **Disability** |  | X |  | Current proposed change ideas for GP recruitment include looking at all options to attract GPs into Angus. This may include specific working patterns aligned to individual GP needs.  |
| **Race** | X |  |  | Data on Race and Ethnicity is not currently collected in the Workforce Plan Update, but there is no perceived impact. National level data can be difficult to interpret due to a large proportion of unknown responses.  |
| **Sexual Orientation** | X |  |  | Sexual Orientation data is not currently collected in the Workforce Plan Update, but there is no perceived impact. |
| **Religion or Belief** |  | X |  | Current proposed change ideas for GP recruitment include looking at all options to attract GPs into Angus. This may include specific working patterns aligned to individual GP needs.  |
| **Gender Reassignment**  | X |  |  | Gender Reassignment data is not currently collected in the Workforce Plan Update, but there is no perceived impact. |
| **Pregnancy and Maternity** |  | X |  | Current proposed change ideas for GP recruitment include a programme for working mothers, those on maternity leave and those returning to work following maternity leave. |
| **Marriage and Civil Partnership**  | X |  |  | Marriage and Civil Partnership data is not currently collected in the Workforce Plan Update, but there is no perceived impact. |
| **Any other relevant groups** **i.e. unpaid carers (please specify)** |  | X |  | Current proposed change ideas for GP recruitment include looking at all options to attract GPs into Angus. This may include specific working patterns aligned to individual GP needs.  |

1. **EQIA FINDINGS AND ACTIONS**

| **Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.**  |
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| **Option 1 - No major change** **required** (where no impact or potential for improvement is found and no actions have been identified) |  |
| **Option 2 - Adjust** (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) |  |
| **Option 3 - Continue** (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes) | X – There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges. |
| **Option 4 - Stop and review** (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved) |  |

| **Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.** | **Date for Completion** | **Who is responsible (initials)**  |
| --- | --- | --- |
| The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.  | Ongoing  |  |

1. **FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)**

**The Fairer Scotland Duty (FSD) places a legal responsibility on** **particular public bodies in Scotland to actively consider (‘pay due regard’ to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.** **FSD assessments are only required for strategic, high-level decisions. There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. In broad terms, ‘socio-economic disadvantage’ means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic** **disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit:** [**Fairer Scotland Duty Guidance - Scottish Government**](https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/)

1. **FSDA- SCREENING DECISION**

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| **Is your policy,** **practice or project strategically important?** Yes or No?  | **YES** - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below | **NO** – Provide reasoning below and proceed to sections 13 onwards to conclude. |
| X |  |

1. **FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)**

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| **Evidence**  |
| What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest? | We continue to experience a range of workforce challenges driven by: • Demographic changes including an ageing population and an increase in complexity of need. • Increase in end-of-life care. • Increase in quantity of care and support required by individuals. • Increase in Adult Support and Protection referrals. • Increase in Adults with Incapacity Act work and the number of Guardianships. • Difficulties recruiting staff in general and difficulties recruiting to specific posts.• Increase in demand for care at home provision. • Difficulties with staff retention.• Social care staff paid low wages. • Increased improvement activity impacting on workforce capacity. • The cost-of-living crisis.The purpose of this annual workforce plan update is to support the AHSCP to have the right people, with the right skills, in the right places, at the right time, to fulfil its mandate and its strategic objectives, and to continue to provide high-quality, person-centred care now, and in the future. The plan provides data comparison and analysis from last year to the present and uses this information to reflect on whether our workforce priorities and challenges remain the same. It highlights any changes and reflects on progress made with workforce priority actions over the last 12 months and what impact, if any, these have had. It is accompanied by an update on the three-year workforce action plan. Financial planning remains key to addressing the workforce challenges facing the AHSCP and robust processes are in place to ensure our actions are achievable within the current financial constraints. |
| **Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:** |
|  | **Potential Neutral Impact (X)** | **Potential Positive Impact (X)** | **Potential Negative Impact (X)** | **Please provide evidence on your selection** |
| Low and/or no income (those living in relative poverty.)  |  | X |  | The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. |
| Low and/or no wealth (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.) |  | X |  | The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. |
| Material Deprivation (those unable to access basic goods and services e.g., repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.) |  | X |  | The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. |
| Area Deprivation (where people live e.g., rural areas, or where they work e.g., accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.) |  | X |  | The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. |
| Socio-economic Background (social class including parents’ education, people’s employment and income) |  | X |  | The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. |
| Unpaid Carers |  | X |  | The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. |
| Homelessness, Addictions and Substance Use |  | X |  | The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. |
| Children, Family and Justice  |  |  |  | Not Applicable as the Workforce Plan is only for AHSCP.  |
| Other (please specify)  |  | X |  | The AHSCP undertook various initiatives to support care at home providers during 2022/23. This has included temporarily increasing the mileage rate within care at home rates in recognition of the increased costs relating to fuel prices, increasing the staff hourly rate element within the care at home rates and making the Angus Council job portal available for employers to advertise free of charge. |

1. **EVIDENCE OF DUE REGARD**

|  |
| --- |
| [**Public Sector Equality Duty**](https://www.equalityhumanrights.com/en/public-sector-equality-duty-scotland/public-sector-equality-duty-faqs)**: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given ‘due regard’ to the below duties. Please evidence which parts of the General Equality Duty have been considered. To ‘have due regard’ means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and** **in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any** **particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.** |
| Eliminate unlawful discrimination, victimisation and harassment.  |  |
| Advance equality of opportunity | X |
| Foster good relations between any of the Protected Characteristic groups  | X |

1. **PUBLICATION**

|  |  |
| --- | --- |
| **Is the corresponding IJB/Committee paper exempt from publication?** | No |

1. **SIGN OFF and CONTACT INFORMATION**

|  |
| --- |
| **Lead Officer Responsible** |
| Name:  | Eunice McLennan |
| Designation: | Head of Community Health and Care Services |
| Date: | 18 September 2023 |

|  |  |
| --- | --- |
| **Lead Equalities Officer Responsible** | **Service Leader Responsible** |
| I confirm that the EQIA 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. | I confirm that the EQIA 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. |
| Name:  | Morgan Low | Name:  | Fiona Davidson |
| Designation: | Strategy and Improvement Manager | Designation | Service Leader – Improvement and Development |
| Date: | 18 September 2023 | Date: | 18 September 2023 |

**For further information on this EQIA and FSDA, or if you require this assessment is an alternative format, please email: tay.angushscp@nhs.scot**

1. **EQIA REVIEW DATE**

|  |  |
| --- | --- |
| **A review of the EQIA should be undertaken 6 months later to determine any changes.**(Please state planned review date and Lead Reviewer Name) | 18 March 2024Fiona Davidson |

1. **EQIA 6 MONTHLY REVIEW SHEET**

|  |  |
| --- | --- |
| **Title of policy, practice or project being reviewed**  |  |
| **Lead Officer responsible for review** |  |
| **Date of this review**  |  |
| **Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.** | **Status of action (with reasoning)** * **Complete**
* **Outstanding**
* **New**
* **Discontinued etc.**
 |
| **Action 1 -**  |  |
| **Action 2 -** |  |
| **Action 3 etc. -**  |  |