



Perth and Kinross Integration Joint Board

22 June 2018

Equality Outcomes Progress Report

Report by Robert Packham, Chief Officer (G/18/101)

PURPOSE OF REPORT

To provide the Board with an annual update to the Equality Outcomes Report which was required to be published by all Integration Joint Boards by 30 April 2016.

1. RECOMMENDATION(S)

It is recommended that the Board notes the strong basis for continuing Joint Equalities activity and notes the first annual progress report in relation to the Integration Board Joint Equality Outcomes.

2. SITUATION/BACKGROUND / MAIN ISSUES

The public sector equality duty (Equality Act 2010) came into force in Scotland in April 2011 – this is often referred to as the general duty. Scottish public authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

The Public Bodies Specific Duties lay out that all Scottish Public authorities must publish a report on mainstreaming the equality duty; a set of equality outcomes; employee information; gender pay gap information (for authorities with more than 20 staff) and a statement on equal pay (for authorities with more than 20 staff).

The Integration Joint Board is now classed as a public body under the regulations, albeit with less than 20 employees, and must therefore; publish a set of equality outcomes and a Mainstreaming Report (2016-2020) by 30 April 2016 which it did.

The Integration Joint Board Equality Outcomes and Mainstreaming Report were shared in draft format with the Community Equality Advisory Group (CEAG) at their meeting on 18 February 2016. The CEAG comprises of a range of equality interest groups and individuals working across all of the equality characteristics (including both local and national organisations). This progress report will also be shared with CEAG members when approved.

The Integration Joint Board Equality Outcomes and Mainstreaming Report (2016-2020) were shared with the Equalities and Human Rights Commission (EHRC) during their preparation and whilst they have made it clear that they are not currently resourced to provide bespoke feedback on draft equality outcomes / mainstreaming reports ahead of the April 2016 publication date they did provide some informal feedback which has been taken into account both now and for the reporting period ahead.

Members of the Strategic Planning Group recently took part in a facilitated workshop in relation to race equality and integration. This was part of the Scottish Government's project with CEMVO (Council for Ethnic Minority Voluntary Organisations) and the outcomes of this workshop will be taken forward through the Integrated Strategic Planning process.

3. PROPOSALS

Both NHS Tayside and Perth & Kinross Council have published their next 4 year mainstreaming report and equality outcomes (2017-2021) and have their own respective organisational reporting and governance structures which will still be required in the future. These were updated recently in accordance with legislative requirements.

The Integration Joint Board Equality Outcomes have been established to ensure there remains an element of consistency with the equality outcomes which were in place for each organisation at that time.

There are 5 Equality Outcomes which were agreed by the Integration Joint Board and they were cross-referenced as appropriate to the equality outcomes for NHS Tayside and Perth & Kinross Council at that time.

It was proposed that progress in response to these Equality Outcomes was reported on an Annual Basis to the Integration Joint Board using an agreed format which evidences the outputs / actions, timeframes, targets or other measurement criteria to address any specific inequalities. This format has been agreed between both organisations and is included in this report.

The agreed Integration Joint Board Equality Outcomes are detailed in full in Appendix 1.

4. CONCLUSION

It is recommended that the Board notes the strong basis for continuing Joint Equalities activity and notes the first annual progress report in relation to the Integration Board Joint Equality Outcomes.

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

EQUALITY OUTCOMES

Background

The public sector equality duty in the Equality Act 2010 came into force in Scotland in April 2011 – this is often referred to as the general duty. Scottish public authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

The Public Bodies Specific Duties lay out that all Scottish Public authorities must publish a report on mainstreaming the equality duty; a set of equality outcomes; employee information; gender pay gap information (for authorities with more than 150 staff) and a statement on equal pay (for authorities with more than 150 staff).

The Integration Joint Board is now classed as a public body under the regulations, albeit with less than 150 employees, and must therefore; publish a set of equality outcomes and an Equality Mainstreaming Report by 30 April 2016.

This report outlines the proposed Equality Outcomes for the Health and Social Care Integration Joint Board in Perth and Kinross.

Services within health and social care integration

The services provided by the new partnership will include services provided by Perth & Kinross Council and NHS Tayside as set out in the table below. A key challenge for the partnership will be to ensure services are integrated and meet the needs of people with protected characteristic(s) and communities in our localities and make the shift towards prevention and early intervention.

Services currently provided by Perth & Kinross Council	Community Services currently provided by NHS Tayside	Hospital Services currently provided by NHS Tayside (for planning purposes)
<ul style="list-style-type: none"> • <i>Social work services for adults with physical disability and older people</i> • <i>Services and support for adults with learning disabilities</i> • <i>Mental Health Services</i> • <i>Drug and Alcohol Services</i> • <i>Adult Protection and</i> 	<ul style="list-style-type: none"> • <i>District nursing services</i> • <i>Substance misuse services</i> • <i>Primary medical services</i> • <i>General dental services</i> • <i>Ophthalmic services</i> • <i>Community geriatric medicine</i> • <i>Primary medical services to</i> 	<ul style="list-style-type: none"> • <i>Accident and Emergency services provided in a hospital</i> • <i>Inpatient hospital services relating to the following areas:</i> <ul style="list-style-type: none"> - <i>general medicine;</i> - <i>geriatric medicine;</i> - <i>rehabilitation medicine;</i> - <i>respiratory medicine; and psychiatry of learning disability.</i> • <i>Palliative care services provided in a hospital</i>

<p><i>Domestic Abuse</i></p> <ul style="list-style-type: none"> • <i>Carers Support Services</i> • <i>Health Improvement Services</i> • <i>Housing Support Services (in Sheltered Housing)</i> • <i>Aids and adaptations equipment and telecare</i> • <i>Residential care homes/nursing care home placements</i> • <i>Care at Home</i> • <i>Reablement services Respite and day care</i> 	<p><i>patients out-of-hours</i></p> <ul style="list-style-type: none"> • <i>Community palliative care services</i> • <i>Community learning disability services</i> • <i>Community mental health services</i> • <i>Community continence services</i> • <i>Community kidney dialysis services</i> • <i>Public health promotion</i> • <i>Allied health professionals</i> • <i>Community hospitals</i> 	<ul style="list-style-type: none"> • <i>Inpatient hospital services provided by GPs</i> • <i>Services provided in a hospital in relation to an addiction or dependence on any substance</i> • <i>Mental health services provided in a hospital, except secure forensic mental health services</i> • <i>Pharmaceutical services</i>
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The following services are currently planned and delivered on a pan-Tayside basis, and are included in the Integrated Functions. The Perth and Kinross Integration Joint Board will host these services on behalf of the other Tayside Integration Joint Boards:

- *Learning disability inpatient services*
- *Substance misuse inpatient services*
- *Public dental services/Community dental Services*
- *General Adult Psychiatry (GAP) inpatient services*
- *Prisoner healthcare*
- *Podiatry*

Current Position

Both NHS Tayside and Perth & Kinross Council have published existing equality outcomes and mainstreaming reports. The equality outcomes for each organisation remain relevant and are noted below.

NHS Tayside Equality Outcomes (Extract from [NHS Tayside's Mainstreaming Report and Equality Outcomes 2017-2021](#))

NHS Tayside currently has four equality outcomes (2013-2017). A decision was taken through the Equality and Diversity Steering Group in December 2016 that NHS Tayside will continue to work on meeting the requirements of the current equality outcomes so further progress can be made for each outcome.

The learning from NHS Tayside and the Equality and Human Rights Commission Section 23 Agreement (2014-2016) requires to be embedded into meeting the objectives of the current equality outcomes, this will allow NHS Tayside to build an infrastructure with robust systems and processes in place for equality and diversity so NHS Tayside can monitor and show continuous improvement in delivering on meeting the current outcomes.

Equality Outcome 1 - We will ensure that care is person-centred and meets the service needs of people with relevant protected characteristic(s).

Equality Outcome 2 – Data Collection and Monitoring Patient Diversity Information

Equality Outcome 3 – Accessible Information and Inclusive Communication

Equality Outcome 4 – Workforce Data Collection and Equality of Opportunity in Employment Policy and Practice

Perth & Kinross Council Equality Outcomes (Extract from [Equalities Outcomes Progress Report](#))

Each service in the Council has a Business Management and Improvement Plan (BMIP) which annually reports on progress and performance, including specific actions which have been progressed to meet one or more of the Equality Outcomes, thus ensuring a fully mainstreamed approach. The responsibility for this lies with lead service equality contacts in each individual service. Additionally, everyone working for, or with Perth & Kinross Council has responsibility for promoting equality of opportunity in their everyday business activity, be it through day-to-day service delivery, strategic planning systems, service support or partnership work.

Equality Outcome 1 – The Council will ensure its services are accessible to individuals and community groups with relevant protected characteristics

Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate and influence Council decisions

Equality Outcome 3 – Employees in Perth & Kinross Council will have opportunities to achieve their full potential in an equal opportunity workplace

Equality Outcome 4 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area

There is clearly some correlation between the respective equality outcomes from each organisation and in addition all must satisfy at least one aspect of the General Duty of the Equality Act, 2010, namely:

- *Eliminate discrimination, or*
- *Advance equality of opportunity, or*
- *Foster good relations between communities*

By setting Equality Outcomes for the Health and Social Care Integration Joint Board in Perth and Kinross we have strived to ensure that there is an element of consistency with the existing equality outcomes for each organisation and how they are reported.

Health and Social Care Integration Board Equality Outcomes

Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics (*Cross reference to NHS Tayside Equality Outcome 1 and PKC Equality Outcome 1*)

Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate in and influence Integration Joint Board decisions (*Cross reference to PKC Equality Outcome 2*)

Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice (*Cross Reference to NHS Tayside Equality Outcome 3 and PKC Equality Outcome 3*)

Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive (*Cross reference to NHS Tayside Equality Outcomes 2 and 3*)

Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership (*Cross reference to PKC Equality Outcome 4*)

Each of these outcomes will contribute towards the ensuring the overall Health and Wellbeing Outcomes within the Joint Strategic Plan are achieved.

Progress in response to these Equality Outcomes will be reported on an Annual Basis to the Integration Joint Board using an agreed format which evidences the outputs / actions, timeframes, targets or other measurement criteria to address any specific inequalities.

Perth and Kinross Health and Social Care Integrated Joint Board - Equality Outcomes Action Plan

<p>Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics (<i>Cross reference to NHS Tayside Equality Outcome 1 and PKC Equality Outcome 1</i>)</p>			
<p><i>Context: Many people do not know how to get help from the Partnership. Many people do not know which services the Partnership provides or whether those services are available for them. Many people face barriers such as living in rural areas where transport and internet connectivity may be more difficult to access or because their age may prevent them having access to services. Some communities or individuals may not seek help if information is not available in relevant formats or community languages (for people with disabilities or minority ethnic groups) and may struggle at first point of contact if interpreting support is not available to them.</i></p>			
<p>Relevant Strategic Plan Priorities: <i>Prevention and Early Intervention</i></p> <p><i>Person centred health, care and support</i></p> <p><i>Inequality, inequity and healthy living</i></p>		<p>*Relevant Protected Characteristics: Age, Disability, Gender reassignment, Race, Religion or Belief, Sex, Sexual Orientation</p>	
		<p>Relevant Aspects of General Duty: - <i>Eliminate Discrimination</i> - <i>Advance equality of opportunity</i> - <i>Foster Good Relations between communities</i></p>	
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC	All clients assessed by the Social Work Early Intervention and Prevention team are subject to an individual needs assessment	Client details recorded on SWIFT system	Ongoing
PKC	All staff in the Council have access to Council Guidance and Standards on Translation, Interpreting and Communications in other formats for use as required	Perth & Kinross Council monitor usage of Language Line (telephone interpreting support) and Language Base (face-to-face interpreting/translation support) Main service usage (Housing/Homelessness and Welfare Rights) Main Language usage – Polish, Arabic, Romanian	Ongoing
NHS	To ensure that all staff within the IJB are aware of their responsibilities in relation to identifying and meeting the reasonable adjustment needs of patients with communication requirements.	It is important that all staff know that it is not an option or choice to have an interpreter, but a legal requirement to provide an interpreter to ensure the delivery of fair, equitable and non-discriminatory services for patients that are safe, effective and person centred. NHS Tayside, as part of an ongoing Improvement Plan in relation ensuring achievement with the Equality Act 2010, have progressed the following	Reinforce the key message to all staff who have contact with patients and members of the public, about the importance of staff undertaking and completing the Interpretation and Translation LearnPro module.

		<p>pieces of improvement work:</p> <ul style="list-style-type: none"> • Development of an Interpretation and Translation LearnPro module (which is highlighted to all staff during corporate induction) and now has a robust monitoring system in place to record the uptake of the Interpretation and Translation LearnPro module. The activity is being reported on a quarterly basis. • To continue to influence education providers about the importance of interpreting services, ensuring that undergraduate training programmes incorporate learning about interpretation and translation services. • The NHS Tayside Communications Team has worked with partners across Tayside to explore how a collective message about the importance of securing interpreters is delivered across the population of Tayside. The BSL Act now provides a useful driver to continue to progress this work. • Further cohorts of Equality and Diversity Champions have been trained. Equality and Diversity Champions have a key role in raising awareness, supporting staff and signposting them to relevant information about interpretation services. There are currently 22 Equality & Diversity Champions in Perth & Kinross HSCP. 	
NHS	<p>To ensure that all services within the IJB are able to provide reasonable adjustment needs of patients with communication requirements.</p>	<p>A mapping exercise was completed with staff and service users and an algorithm developed about how to contact Interpretation and Translation Services within NHS Tayside. This algorithm was developed into a Standing Operating Procedure which now forms part of NHS Tayside's Interpretation and Translation Policy.</p> <p>Yellow posters were developed and distributed in all wards, General Practice (GP) surgeries and within community health and primary care services.</p> <p>A survey was sent to Registered Nurses in the community and a follow up survey is planned for September/October 2016 with GP practices to ensure the posters are still being displayed.</p> <p>There are ongoing awareness sessions for staff on Interpretation and Translation Services and on the Interpretation and Translation Policy and its application.</p>	

	<p>Regular audits are undertaken to test staff members' understanding around the content.</p> <p>Ongoing monitoring will continue through regular auditing with a six monthly audit report which will be monitored and reviewed by NHS Tayside's Interpretation and Translation Operational Group.</p> <p>Information regarding the Online Relay Service was communicated to all staff. This is available on Staffnet and on NHS Tayside's Facebook page.</p> <p>Mobile phones are now available and used by staff to communicate by text with the deaf community.</p>	
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<p>Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate in and influence Integration Joint Board decisions (Cross reference to PKC Equality Outcome 2)</p>			
<p>Context: Some individuals or community groups may be under-represented in different parts of the local community and may not have the same opportunity to have their 'voice' heard or understand how they can put their points of view forward.</p>			
<p>Relevant Strategic Plan Priorities: <i>Person centred health, care and support</i></p> <p><i>Inequality, inequity and healthy living</i></p> <p><i>Work together with communities</i></p> <p><i>Making the best use of available facilities, people and resources</i></p>	<p>*Relevant Protected Characteristics: All</p>	<p>Relevant Aspects of General Duty: <i>- Eliminate Discrimination</i> <i>- Advance equality of opportunity</i></p>	
	<p>Action</p>	<p>Evidence of Progress (Year 2 update as at 31 March 2018)</p>	<p>Delivery timescales and future actions</p>
<p>PKC</p>	<p>Undertake consultation events with equalities groups as part of strategy/policy development</p>	<p>Continuation of a Safe Place programme of meetings for adults with disabilities in partnership with Centre for Inclusive Living. 2017/18 sessions focussed on Self-Directed Support; Access to Ambulance services; Access to social care services.</p> <p>Establishment of a new Equalities Governance Structure reporting to the Community Planning Partnership Executive Officer Group - this involved</p>	

Perth & Kinross Council and NHS Tayside membership of the 2 key groups (Equalities Strategic Forum and Community Equalities Advisory Group)

Continued participation in the Multi-Agency Working Group (and associated sub-groups) in relation to migrant workers

Continued monitoring of actions in relation to the Gypsy/Traveller Strategy 2013-18 which is currently under review and will be reported to Housing and Communities Committee in May 2018

Monitoring of those voluntary organisations which have a Service Level Agreement that work specifically with an equality protected characteristic group

Syrian Refugee Multi-agency group established to support new families resettled here. New joint project with Angus Council has just been commissioned to provide community integration support for families.

Continued engagement with Perth Islamic Society regarding relocation to new Mosque

Us and the Housing Group for people with learning disabilities continues

Homeless Voice Group continues

Regular tenant participation continues

Investment made through the Integrated Care Fund and Carers Information Strategy for development worker to specifically work with minority communities and individuals to provide information and signposting to appropriate services (PKAVS Minority Communities Hub)

NHS		Community Engagement Workers recruited through PKAVS who are linking with communities across P&K, and this includes minority groups	The feedback feeds into the Strategic Plan.
		Locality participation framework which includes ensuring engagement with minority groups.	Local Action Partnerships now in place

Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice (Cross Reference to NHS Tayside Equality Outcome 3 and PKC Equality Outcome 3)			
Context: As major local employers the Council and NHS wishes to play their part in encouraging a thriving, expanding local economy with suitable employment opportunities and development opportunities for staff and a diverse workforce which reflects the local population.			
	Relevant Strategic Plan Priorities: <i>Making the best use of available facilities, people and resources</i>	Relevant Protected Characteristics: All	Relevant Aspects of General Duty: - Eliminate Discrimination - Advance equality of opportunity
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC	Provision of an employment support service (Employment Support Team) which will assist people with Learning Disabilities, Autism, Acquired Brain Injury, or Mental ill Health to access employment opportunities. Percentage of people with LD, MH, ABI, ASD accessing service who become paid PKC employees because of the actions of the service.	9 people (13% of the total number in paid employment)	Ongoing programme
	Percentage of people with LD, MH, ABI, ASD accessing service who take up a PKC voluntary position.	25 People (45% of the total number of people supported in voluntary/work experience) 14 of these people are in projects directly supported by EST such as Working Roots and Green2Go.	
	Ensure equality issues are a key element of staff learning and development programme	PKC training and events: Revised Programme introduced January – March	Ongoing programme

		2018 Anti-Sectarianism (online abuse) HIV Awareness LGBT Awareness Disability Communications Immigration, Asylum and Discrimination Andy's Man Club Cultural Awareness (South Asian) Cultural Awareness (Eastern European)	
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Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive (Cross reference to NHS Tayside Equality Outcomes 2 and 3)			
<i>Context: People who cannot speak English or have limited understanding of English will have access to effective and inclusive communication which will meet their individual needs. Inclusive communication means we will share information in a way that everyone will understand and enable people to express themselves in the way they find easiest. Inclusive communication is written information, online information, telephone and face to face information. We will provide and publish information in an accessible format that is easy to understand, in different languages, easy to read and in plain language. for all The partners will monitor, collect, record and analyse appropriate data on protected characteristics.</i>			
	Relevant Strategic Plan Priorities: <i>Person centred health, care and support</i> <i>Inequality, inequity and healthy living</i> <i>Making the best use of available facilities, people and resources</i>	*Relevant Protected Characteristics: All	Relevant Aspects of General Duty: - Foster Good Relations Between communities - Advance equality of opportunity
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC / NHS	Ensure internal and external communications are provided in accessible formats if required	We have a Communications Plan which is equality proofed for both electronic and written communications.	Ongoing
	With regards data collected, ensure	Race/Ethnicity is continuing to be collected at above	

	race/ethnicity of patient is recorded.	Scottish average and at our bi-annual meeting with Information Services Division (ISD) at NHS National Services Scotland they had no issues around NHS Tayside's ethnicity data collection please see link attached for published report (August 2017).	
	Ensure that all patient / client information leaflets and publications are in an accessible format and is made available in different languages.	<p>NHS Tayside has a wealth of healthcare information in printed format. Making this information accessible to people whose first language is not English is important. Some literature is available through NHS Inform and NHS Tayside Board translates information for patients on an individual basis. Three core patient information leaflets have been produced in Polish and BSL (NHS Tayside's top two languages), they are:</p> <ul style="list-style-type: none"> - Coming into Hospital - Food and Fluids - Going to Theatre. <p>Further leaflets will be agreed based on usage and with input from the deaf and Polish communities. Individual leaflets are translated on request.</p>	
	Employment monitoring now includes the protected characteristics of religion or belief and sexual orientation.	<p>Percentage of employees updated their personal details to include religion or belief or sexual orientation since May 2014 -</p> <ul style="list-style-type: none"> • Religion or Belief – 19.3% <p>Sexual Orientation – 19.4%</p>	Ongoing

<p>Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership (Cross reference to PKC Equality Outcome 4)</p>		
<p>Context: Context: An increased migration to the area in recent years has seen the local population become more diverse. We want everyone to have the opportunity to be fully involved in events and activities which take place in the area</p>		
<p>Relevant Strategic Plan Priorities:</p>	<p>*Relevant Protected Characteristics: All</p>	<p>Relevant Aspects of General Duty:</p>

	<p><i>Prevention and early intervention</i></p> <p><i>Inequality, inequity and healthy living</i></p> <p><i>Work together with communities</i></p> <p><i>Making the best use of available facilities, people and resources</i></p>		<p>- Foster Good Relations Between communities</p> <p>- Advance equality of opportunity</p>
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC	Co-ordinate annual programme of 'see me' activities (mental health anti-stigma campaign)	The Council committed to the 'See Me In Work' programme in 2017 and an Action Plan is in place	Annual programme
	Co-ordinate multi-cultural events programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project	<p>Annual multi-cultural Events Programme in place:</p> <ul style="list-style-type: none"> • Diwali • Eid • Chinese Autumn Mooncake Festival • Chinese New Year • Polish St. Nicholas Day • Wellbeing Mela (co-ordinated by Gypsy/Traveller community) • Gypsy/Roma/Traveller Holocaust Memorial Day Exhibition held January 2018 	Ongoing programme of events
PKC	Co-ordinate programme of LGBT History month events	LGBT History month programme of community and internal staff events held February 2018	Ongoing programme
PKC / NHS	Co-ordinate minority ethnic community lunch club programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project	Regular programme of activities continues for minority ethnic community lunch clubs programme in place	Co-ordinate minority ethnic community lunch club programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project
	Provision of funding towards the SAINTS (Saints Academy Inclusion Through Sport) Project	Increased sporting opportunities and activities for those with learning disabilities, autism or mental wellbeing issues – ongoing programme.	Ongoing programme

		Now part of St. Johnstone Community Trust also delivering Street Sports and Football Memories (as well as Show Racism the Red Card)	
	Contribute to the Stonewall Good Practice Programme for Public Services	Now part of Stonewall Diversity Champions programme – annually assessed LGBT+ Development Group in place to identify specific actions, improvements, events or initiatives which are required for our LGBT+ community to ensure that our services are inclusive, safe and welcoming for anyone who needs to access them or who live in or comes to visit Perth and Kinross.	Ongoing programme
		Through PKAVS participate in events such as carers and participatory budgeting.	
		TullochNet is a network which offers guidance support to minority groups in the community (particularly those who are vulnerable and those from more deprived areas)	
		Perth and Kinross “Your Community” website.	
PKC		Continuation of a Golf Memories group for adults with dementia which has involved them being able to meet weekly at a Golf Driving Range to hit a golf ball and reminisce	Ongoing programme

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	
Transformation Programme	
Resource Implications	
Financial	
Workforce	
Assessments	
Equality Impact Assessment	
Risk	
Other assessments (enter here from para 3.3)	
Consultation	
External	
Internal	
Legal & Governance	
Legal	
Clinical/Care/Professional Governance	
Corporate Governance	
Communication	
Communications Plan	

1. Strategic Implications

1.1 Strategic Commissioning Plan

This section should set out how the proposals relate to the delivery of the Perth and Kinross Strategic Commissioning Plan

- 1 *prevention and early intervention,*
- 2 *person centred health, care and support*
- 3 *work together with communities*
- 4 *inequality, inequity and healthy living*
- 5 *best use of facilities, people and resources*

2. Resource Implications

2.1 Financial

The Chief Finance Officer must be consulted on all proposals with financial implications. No report with such implications should be presented at a meeting when this has not been done and it should be explicitly stated that the Chief Finance Officer has been consulted, and has indicated agreement with the proposals.

This section should state the specific amount of revenue and capital funding required in the current financial year and the full year effect of any future funding and how that will be met. Detail should be provided of where the financial provision has been made e.g. the Revenue Budget / Capital Programme or a special monies allocation.

All reports should contain clear and unambiguous financial information. It could also be helpful to provide an outline of the budget or overall investment in this area of activity.

2.2 Workforce

The Lead for Human Resources and Partnership Representatives must be consulted on all proposals with workforce implications.

All reports should contain adequate workforce information such as workforce planning issues, skill mix, recruitment and retention, training and development issues.

3. **Assessments**

3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA
- (ii) Assessed as **relevant** and actions taken to reduce or remove the following negative impacts: (add summary points only here)
- (iii) Assessed as **relevant** and the following positive outcomes expected following implementation: (add summary points only here).

3.2 Risk

This section should set out the key risks associated with the proposals which have not been addressed elsewhere in the report, including any implications for the corporate risk management process, and also the controls required to mitigate those risks as follows:

Risk Description:

Current Rating of Likelihood

Current Rating of Consequences

Actual control level and main control tools

Target control level

Tolerance control level

3.3 Other assessments

The following headings should be included in the report where relevant:

Measures for Improvement – a list of the measures that will be monitored as part of the implementation of the service change

Patient Experience – details of how you intend to improve the experience of hospital and community patients and demonstrate a positive impact that will be measurable.

Health and Safety - Major Health & Safety implications should be included.

Healthcare Associated Infection - This heading must be included with adequate detail if the report will impact on Healthcare Associated Infection in NHS Tayside.

Benefit Realisation – details of the benefits should be noted here.

Quality – Quality improvements should be included here.

IT – any significant IT implications should be included.

4. Consultation – Patient/Service User first priority

4.1 External

This section should detail who has been consulted outwith the Partnership in the development of the proposals and the preparation of the report, and also the views of the consultees.

4.2 Internal

This section should detail who has been consulted within the Partnership (other than the statutory officers already mentioned previously), including elected members, in the development of the proposals and the preparation of the report, and also the views of the consultees.

5. Legal and Governance

5.1 *The Head of Legal Services must be consulted on all proposals with legal implications. No report with such implications should be presented at a meeting when this has not been done and it should be explicitly stated that the Head of Legal Services has been consulted. Where appropriate, this section should set out clearly set out the legal basis for the proposals*

5.2 *This section should also include details of the Governance arrangements in place.*

6. Communication

6.1 *Where appropriate, this section should set out the communications which will be undertaken in implementing the proposals, including the key target audiences and the communication methods.*

7. BACKGROUND PAPERS/REFERENCES

This section should list the documents that have been relied on in preparing the report, other than those committee reports already referenced within the main body of the report. All documents must be kept available by the author for inspection by the public for four years from the date of the meeting at which the report is presented.

8. APPENDICES

This section should list the appendices to the report.