# Amendment to the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 Responders

## Equality Impact Assessment Record

January 2021

Scottish Government
Riaghaltas na h-Alba
gov.scot

# EQUALITY IMPACT ASSESSMENT RECORD

## Amendment to the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 Responders

| | | |
|---|---|---|
| **Title of policy/ practice/ strategy/ legislation etc.** | Amendment to the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 responders | |
| **Minister** | Jeanne Freeman, MSP, Cabinet Secretary for Health and Sport | |
| **Lead official** | Paula Richardson, Team Leader, Integration Policy and Support Team | |
| **Officials involved in the EQIA** | **Name** | **Team** |
| | Paula Richardson<br>Jonathan Hamilton | Integration Policy and Support Team |
| **Directorate**<br><br>**Division**<br><br>**Team** | Directorate for Mental Health and Social Care<br>Governance, Evidence and Finance Division<br>Integration Policy and Support Team | |
| **Is this new policy or revision to an existing policy?** | New policy, the Scottish Government is laying an amendment to the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 responders | |

## Screening

### *Policy Aim*

This policy aims to formalise the role of Integration Joint Boards in emergency planning by amending the Civil Contingencies Act 2004, ensuring their inclusion in groups considering planning for emergency scenarios.

The Civil Contingencies Act 2004 establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. It requires organisations in the health system (emergency services, Local Authorities, NHS bodies) to prepare for adverse events and incidents. Integration Joint Boards were not originally included as Category 1

responders in the Civil Contingencies Act 2004 with a consequential amendment to that Act when the Public Bodies (Joint Working) (Scotland) Act 2014 was passed because they are not employers of staff who deliver services.

Integration Joint Boards, Health Boards and Local Authorities share a joint responsibility and accountability for drawing up strategic plans which take account of functions managed by each individual body. Therefore, the Integration Joint Board Chief Officer and their team are expected to work alongside Health Board and Local Authority colleagues when carrying out the duties relevant to the Civil Contingencies Act 2004.

Whilst Chief Officers have already been contributing to local emergency and resilience planning, they have only formally done so through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their accountable officer status within the Integration Joint Boards. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board there will be formal coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public. Although the Civil Contingencies Act sets out a number of requirements, it is expected the Integration Joint Board Chief Officer will draw on resources from their integrated teams, many of whom will already be involved in this work as Health Board and Local Authority staff.

As public authorities in Scotland, Integration Joint Boards must already comply with the public sector equality duty set out in the Equality Act 2010 to take action to eradicate discrimination and to pro-actively promote equality of opportunity.

This policy contributes to a number of the National Outcomes. Principally, it ensures that people:

- live in communities that are inclusive, empowered, resilient and safe,
- are healthy and active

***Who will it affect?***

Integration Joint Boards are responsible for planning, commissioning and resourcing – as a minimum – adult social care services, adult community health services and a proportion of adult acute services. This is a significant proportion of the adult health and social care functions being delivered. Ensuring Integration Joint Boards are at the centre of emergency planning enables all bodies accountable for community health and social care services to be appropriately represented. In turn, presenting the opportunity for more robust emergency plans, taking consideration of the spectrum of integrated health and social care services, and the impact on their local communities and populations, to be put in place to support individuals and their families, providers, staff and carers.

Almost anyone in the population may at some point in their lives make use of the services that are delegated to Integration Joint Boards. However, there are a number of protected characteristics that are likely to be more prevalent among health and social care service users than among the general population. For example, older people are more likely to have a long-term health condition and/or be long stay care home residents.

As well as people using services, this policy may affect Health Boards and Local Authorities who provide these services, or procure these services to be delivered by independent and third sector partners. The Health Board and Local Authorities directly employ the workforce who deliver services on the behalf of the Integration Joint Board, and on the basis of their Strategic Commissioning Plan. As with service users, a number of protected characteristics are likely to be more prevalent among the health and social care workforce compared to the general population. For example, over three quarters of the NHS Scotland workforce are women, the majority of social care employees are women and 60% of unpaid carers are female. Carers are more likely than non-carers to have a long-term condition or illness.

The Integration Joint Board membership varies from area to area but may include Health Boards, Local Authorities, the Chief Social Work Officer for the constituent Local Authority, a general practitioner representative, a Secondary Medical Care Practitioner, a nurse, a staff-side representative, a third sector representative, a carer representative, the Chief Officer of the Integration Joint Board and a Section 95 Officer. The integrated health and social

care functions are operationally led and delivered by the Chief Officer of the Integration Joint Board. The Chief Officer is the key staffing resource, with their integrated teams drawn from the Health Board and Local Authorities, which contribute to local resilience planning for all three types of body regarding their respective accountabilities for community health and social care.

The policy will require those who sit on Integration Joint Boards to be given formal footing of the duties that they carry out to meet the requirements of the Civil Contingencies Act. Consideration will need to be given through discussion with Integration Joint Board Chief Officers and their respective Boards to ensure that members will not be unable to perform the required functions as a result of accessibility or barrier issues raised by certain protected characteristics.

***What might prevent the desired outcomes being achieved?***

Achieving the desired outcome of Integration Joint Boards being Category 1 responders under the Civil Contingencies Act will be dependent upon, and will involve a need for, Health Boards, Local Authorities, the Third Sector and Stakeholders to work in collaboration in the interest of service users. The key factors that may prevent the desired outcome may be:

- Individuals who sit on the Board of Integration Joint Boards or the Chief Officer having accessibility issues or barriers resulting from one or more protected characteristics. This may impact on their ability to carry out the requirements of the Civil Contingencies Act. As the representative for the Integration Joint Board, the Chief Officer will be responsible for ensuring that those who sit on the Board are able to fulfil, with any reasonable adjustments, the requirements of the Act.
- Integration Joint Boards, with their resilience partners, don't fully engage with local stakeholders to effectively assess risks, put in place emergency plans and make arrangements for emergency information to be available to the public. The arrangements that Integration Joint Boards put in place for emergencies will need to apply to the population as a whole and all service users will need to be considered. However, consideration will need to be given to traditionally hard to reach groups or those who may experience the delegated

services differently from the rest of the population to ensure that the arrangements are suitable for these groups.

## Stage 1: Framing

### *Results of framing exercise*

A number of protected characteristics are more prevalent among health and social care service users, workers and carers. Notably, the vast majority of users of particular services such as care homes are older people; women represent a higher proportion of health and social care jobs and unpaid carers compared to men. People with a disability use more health and social care services and have significantly poorer health outcomes and behaviours, on a wide range of measures, than the general population. How race interacts with health and social care is complex and there are very wide variations in outcomes and experiences for different groups.

By including Integration Joint Boards as first responders, we have an opportunity to promote greater equality when it comes to emergency planning in health and social care services. The policy will provide the opportunity to ensure that the groups of people who are disproportionately represented in health and social care will be better represented in risk assessments, emergency plans, business continuity arrangements and in arrangements to make emergency information available to the public.

When making arrangements for emergency planning, each Integration Joint Board will need to give consideration to certain groups. What these are specifically will depend on local demographics and circumstances, e.g. Integration Joint Boards in an area with a higher proportion of older people will need to ensure that they have suitable communication methods to make key emergency information available. As public authorities in Scotland, Integration Joint Boards must already comply with the public sector equality duty set out in the Equality Act 2010 to take action to eradicate discrimination and to pro-actively promote equality of opportunity.

***Extent/Level of EQIA required***

The evidence captured in the next section entitled 'Data and Evidence gathering, involvement and consultation' has been drawn from a broad range of Scottish Government and NHSScotland sources.

After reviewing the policy and the initial evidence gathering, it is recommended that a lighter touch EQIA is appropriate for the following reasons:

- No significant potential negative impacts have been identified. In particular service users would not be impacted by the complementary planning activities that would be put in place by the Integration Joint Boards;
- Integration Joint Boards, the bodies affected by the policy, must already comply with the equality duties set out in the Equality Act 2010 and must already include community and local population views, this would complement the work already carried out by the Integration Joint Board.

A technical consultation was placed on Citizen's Space as well as the Scottish Government consultation web pages. As a technical consultation it was directed to the Integration Joint Board Chief Officers, the Chief Executives of the Health Boards and Local Authorities as well as some key Third Sector organisations.

The consultation identified no additional impacts on protected characteristics for service users or employees of the Integration Joint Boards or the wider public.

## Stage 2: Data and evidence gathering, involvement and consultation

Included here are the results from the evidence gathering (including framing exercise), including qualitative and quantitative data and the source of that information, whether national statistics, surveys or consultations with relevant equality groups.

| Characteristic[1] | Evidence gathered and Strength/quality of evidence | Source | Data gaps identified and action taken |
|---|---|---|---|
| **AGE** | We have good evidence across a range of services and needs in health and social care (H&SC) by age group from a range of sources, including official and national statistics, administrative data and surveys with the public. These show that use of delegated services is patterned by age. Older people, in particular, are highly reliant on H&SC, especially towards the end of life.<br><br>Specific age groups are also more likely to provide a relative or friend with care.<br><br>Integration Joint Boards do not directly employ staff, the relevant Health Board and Local Authority continue to be the employers. The Integration Joint Board workforce is therefore already factored into the planning assumptions for those organisations. As at end September 2020, 15.8% of the NHS Scotland workforce (whole time equivalent) were aged under 30 years, whilst just under half (45.9%) were aged between 30 and 49 years, and 38.3% were aged 50 years and over. At end August 2020, the median age of the social care workforce ranged from 33 to 51 depending on the sub-sector. Care home staff had a median age of 45. | **Population level data**<br>The Scottish Health Survey includes self-reported health status, conditions which impact on daily life and caring responsibilities; social care and a range of health statistics are published by Public Health Scotland; report on Scotland's Carers.<br><br>The Care Experience Surveys are the Scottish Government's main national data source about individuals' interactions with general practice, cancer care, as an inpatient and or maternity services. Results are broken done by age and gender. However, detailed breakdown by other ethnicity, disability, religion, sexual orientation are not included in regular reports. The last time such analysis was undertaken was in 2011 for general practice – "Scottish Patient Experience Survey of GP and Local NHS Services | N/A for the Scottish Government in the context of this specific policy.<br><br>(Statutory responses to emergencies are likely to have unequal impacts on different groups which should be taken into account in impact and risk assessments and in monitoring of any measures taken. Integration Joint Boards should already consider whether they have the data they need at the local level.) |

[1] Refer to Definitions of Protected Characteristics document for information on the characteristics

| | | | |
|---|---|---|---|
| | Interactions with other protected characteristics and socio-economic status (SES) create compounded inequalities for individuals. | 2011/12 Volume 3: Variation in the Experiences of Primary Care Patients."<br><br>**Workforce data**<br>NHS Workforce Statistics (Last updated: September 2020, NHS Education for Scotland)<br>Scottish Social Service Sector: Report on 2019 Workforce Data, SSSC, August 2020 | |
| **DISABILITY** | People with a disability use more H&SC services and have significantly poorer health outcomes and behaviours, on a wide range of measures, than the general population.<br><br>Many carers also have a disability.<br><br>We have good statistics for many policy areas at a general level.<br><br>At end March 2020, 1.1% of the staff employed by NHSScotland declared a disability. (Information on disability, ethnicity, religion, sexual orientation and transgender status is based on data from a self-reported questionnaire. As this is not mandatory, response rates and completion are variable across NHSScotland.) In August 2020, the proportion of social care staff declaring a disability ranged from 0 to 4% depending on the sub-sector.<br><br>Interactions with other protected characteristics and socio-economic status (SES) create compounded inequalities for individuals. | **Population level data: see entry at 'Age'.**<br><br>**Workforce data**<br>NHS Workforce Statistics Equality and Diversity table (Last updated: March 2020, NHS Education for Scotland)<br>Scottish Social Service Sector: Report on 2019 Workforce Data, SSSC, August 2020 | As for age. |
| **SEX** | We have good evidence across a range of services and needs in H&SC by sex (for those self-identifying as male or female) from a range of sources, including official and | **Population level data: see entry at 'Age'.** | As for age. |

| | | | |
|---|---|---|---|
| | national statistics, drawn from administrative data and surveys with the public. We know that some services are used more by women and there are various reasons for this (e.g. most unpaid care is provided by women, higher life expectancy, pregnancy and maternity).<br><br>The H&SC workforce is predominantly female. At end September 2020, 77.2% of the staff employed by NHSScotland were female, while 22.8% were male. At end August 2020, 83% of social care staff were female, with 15% male and 2% unknown.<br><br>Interactions with other protected characteristics and socio-economic status (SES) create compounded inequalities for individuals. | **Workforce data**<br>NHS Workforce Statistics (Last updated: September 2020, NHS Education for Scotland)<br>Scottish Social Service Sector: Report on 2019 Workforce Data, SSSC, August 2020 | |
| **PREGNANCY AND MATERNITY** | Pregnant women and new mothers use specific services in H&SC and are part of the workforce.<br><br>Interactions with other protected characteristics and socio-economic status (SES) create compounded inequalities for individuals. | **Population level data:**<br>Information on the use of specific health services by pregnant women and recent mothers are included in NHS data published by PHS.<br><br>The Scottish Government's Maternity Care Survey has run three time and asks 2,000 women about their most recent experiences. | As for age. |
| **GENDER REASSIGNMENT** | At end March 2020, 0.1% of the staff employed by NHSScotland declared that they were transgender. (Information on disability, ethnicity, religion, sexual orientation and transgender status is based on data from a self-reported questionnaire. As this is not mandatory, response rates and completion are variable across NHSScotland.) We do not have reliable data on the numbers of transgender individuals working in social care; rates of use of health and social care service use or needs; | **Workforce data**<br>NHS Workforce Statistics Equality and Diversity table (Last updated: March 2020, NHS Education for Scotland) | N/A for the Scottish Government in the context of this specific policy. |

| | | | |
|---|---|---|---|
| | or health outcomes. Any figures would be likely to be inaccurate for a number of reasons.<br><br>Interactions with other protected characteristics and socio-economic status (SES) create compounded inequalities for individuals. | | |
| **SEXUAL ORIENTATION** | Survey data indicates that LGBT people often have poorer health behaviours and poorer self-reported health than other groups which may mean they need more services.<br><br>Non-response in surveys often makes it difficult to analyse responses. However, this may be changing as social attitudes evolve and people become more comfortable in sharing information about sexual orientation.<br><br>There is research literature indicating that gay and bisexual people have more negative experiences of health and care services.<br><br>At end March 2020, 55.4% of the staff employed by NHSScotland declared their orientation as heterosexual, 0.7% as gay, 0.4% as lesbian, 0.5% as bisexual and 0.2% responded 'other'. (Information on disability, ethnicity, religion, sexual orientation and transgender status is based on data from a self-reported questionnaire. As this is not mandatory, response rates and completion are variable across NHSScotland.)<br><br>Interactions with other protected characteristics and socio-economic status (SES) create compounded inequalities for individuals. | **Workforce data**<br>NHS Workforce Statistics Equality and Diversity table (Last updated: March 2020, NHS Education for Scotland) | N/A for the Scottish Government in the context of this specific policy. |
| **RACE** | How race interacts with health and social care is complex and there are very wide variations in outcomes and experiences for different groups within 'Race' as a characteristic. In Scotland, BAME groups have better | **Population level data**<br>See Scottish surveys Core Questions for detailed results by ethnicity for a number of questions: | N/A for the Scottish Government in the context of this specific policy. |

| | | | |
|---|---|---|---|
| | population health outcomes and behaviours than White population across many measures (e.g. lower level of smoking, healthier diet); other conditions are more prevalent in certain groups (e.g. Type 2 diabetes on South East Asian populations). It is well established that Gypsy Travellers have by far the worst outcomes of any ethnic groups and face multiple compounding disadvantages.<br><br>Reliable data by ethnicity is often not available for specific services or conditions.<br><br>One reason is the relatively low proportion of the overall population who are not White Scottish/British which means that response numbers in population surveys with a representative sample of the population will be small and numbers from administrative data sources too small to report, especially if there is a risk of identify disclosure.<br><br>Scottish Surveys Core Questions Analysis:<br>Data for core questions across the SG's main general population surveys are combined in an annual Official Statistics publication which allows breakdowns by ethnicity for relevant measures. This results in an annual sample of around 20,000 respondents, providing unprecedented precision of estimates at national level. This size enables the detailed and reliable analysis of national indicators by protected equalities characteristics such as ethnic group, religion, country of birth, sexual orientation, age, and gender. Further variables are education level, economic activity, tenure, car access and household type. The analysis employs age-standardised rates to compare people of similar age, which avoids the often misleading direct comparisons between populations with very different age structures.<br><br>SSCQ also enables more detailed analysis of sub-national geographies than source surveys allow (Local Authorities, | https://www.gov.scot/publications/scottish-surveys-core-questions-2017/<br>• "White: Other British", "White: Other" and "All other ethnic groups" reported higher good/very good general health than the "White: Scottish" reference group.<br>• Since 2012, levels of good/very good general health have increased by 3.0 percentage points for the "White: Other British" group.<br><br>The Scottish Government (2015) "Which ethnic groups have the poorest health?" report based on analysis of 2011 Census data. Key findings:<br>• Most ethnic groups in Scotland reported better health than the 'White: Scottish' ethnic group;<br>• Across most ethnic groups, older men reported better health than older women. Older Indian, Pakistani and Bangladeshi women reported poor health, and considerably worse health than older men in these ethnic groups;<br>• Gypsy/Travellers in Scotland had by far the worst health, reporting twice the 'White: Scottish' rate of 'health problem or disability' and over three and a half times the 'White: Scottish' rate of 'poor general health';<br>• 'White: Polish' people aged under 65 reported relatively good health, whereas those aged 65 or over reported relatively poor health;<br>• The age-standardised rates of 'health problem or disability' by ethnic group | The Scottish Government recognises the need to improve the recording of ethnicity in health and social care datasets based on administrative and clinical and is currently exploring options for this. Covid-19 has made this issue all the more important.<br><br>Different BAME groups are not evenly distributed across Scotland, so ensuring they have good quality data on BAME populations in their area will be more pressing for some Integration Joint Boards than for others. |

| | | | |
|---|---|---|---|
| | Health Boards, Police Divisions and some smaller geographies - see Supplementary Tables).<br><br>Recording of ethnicity in secondary care is patchy and almost non-existent in primary care. Service use data may not be disagreggable to sub-national levels at all or on a regular basis.<br><br>At end March 2020, 69.8% of staff employed by NHSScotland declared their ethnicity as White, 0.4% as Mixed, 2.3% as Asian, 0.7% as Black and 0.3% as Other. Ethnicity is unknown or not declared for 26.5% of staff. (Information on disability, ethnicity, religion, sexual orientation and transgender status is based on data from a self-reported questionnaire. As this is not mandatory, response rates and completion are variable across NHSScotland.) The proportions for social care staff in August 2020 were 74% White, 1% Asian, 1% Black, and 22% unknown.<br><br>Interactions with other protected characteristics and socio-economic status (SES) create compounded inequalities for individuals. | in Scotland followed a similar pattern to the results for England and Wales.<br><br>**Workforce data**<br>NHS Workforce Statistics Equality and Diversity table (Last updated: March 2020, NHS Education for Scotland)<br>Scottish Social Service Sector: Report on 2019 Workforce Data, SSSC, August 2020 | |
| **RELIGION OR BELIEF** | Religion sometimes interacts/aligns with ethnicity in health behaviour and outcomes.<br><br>As at end March 2020, 30.8% of staff employed by NHSScotland declared their religion as Christian. 4.0% of staff declared their religion as belonging to another faith group (Buddhist, Hindu, Jewish, Muslim, Sikh or Other). 25.7% declared they follow no religion, and religion is unknown or was not declared for 39.5% of staff. (Information on disability, ethnicity, religion, sexual orientation and transgender status is based on data from a self-reported questionnaire. As this is not mandatory, | **Population level data**<br>https://www.gov.scot/publications/scottish-surveys-core-questions-2017/pages/5/<br><br>• In comparison to those with no religious affiliation:<br>• A lower proportion of “other” religious groups reported good/very good general health and a higher proportion reported having a limiting long-term condition. | N/A for the Scottish Government in the context of this specific policy. |

| | | | |
|---|---|---|---|
| | response rates and completion are variable across NHSScotland.) | • "Other Christians" reported a higher level of good/very good general health than the 'no religion' reference group.<br><br>**Workforce data**<br>NHS Workforce Statistics Equality and Diversity table (Last updated: March 2020, NHS Education for Scotland) | |
| **MARRIAGE AND CIVIL PARTNERSHIP** | The Scottish Government does not require assessment against this protected characteristic unless the policy or practices relates to work, for example HR policies and or practices. This policy amendment relates to the planning of services and not to work policies, therefore we have not considered it for this EQIA. | | |

## Stage 3: Assessing the impacts and identifying opportunities to promote equality

Having considered the data and evidence gathered, this section requires considers the potential impacts – negative and positive – that the policy might have on each of the protected characteristics. It is important to remember the duty is also a positive one – which we must explore whether the policy offers the opportunity to promote equality and/or foster good relations.

### Do you think that the policy impacts on people because of their age?

| Age | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination, harassment and victimisation | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider age equalities within decision making and delivery of service. |
| Advancing equality of opportunity | | | X | The Integration Joint Boards have strong third sector and community partnership engagement and working. These relationships are instrumental in the planning and delivery of services and have played a key role in the planning of emergency services with the Chief Officers utilising these relationships and the information provided through them. This role can only be strengthened with the Integration Joint Boards formally holding a Category 1 status alongside the Health Boards and Local Authorities. |
| Promoting good relations among and between different age groups | | | X | The Integration Joint Boards status as a Category 1 responder under the Civil Contingencies Act 2004 is unlikely to impact on the promotion of good relations between different age groups. |

**Do you think that the policy impacts disabled people?**

| Disability | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination, harassment and victimisation | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider disability status equalities within decision making and delivery of service. |
| Advancing equality of opportunity | | | X | The Integration Joint Boards have strong third sector and community partnership engagement and working. These relationships are instrumental in the planning and delivery of services and have played a key role in the planning of emergency services with the Chief Officers utilising these relationships and the information provided through them. This role can only be strengthened with the Integration Joint Boards formally holding a Category 1 status alongside the Health Boards and Local Authorities. |
| Promoting good relations among and between disabled and non-disabled people | | | X | The Integration Joint Boards status as a Category 1 responder under the Civil Contingencies Act 2004 is unlikely to impact on the promotion of good relations between disabled and non-disabled people. |

**Do you think that the policy impacts on men and women in different ways?**

| Sex | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil |

| | | | | |
|---|---|---|---|---|
| | | | | Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider gender and inequality within decision making and delivery of service. |
| Advancing equality of opportunity | | | X | The Integration Joint Boards have strong third sector and community partnership engagement and working. These relationships are instrumental in the planning and delivery of services and have played a key role in the planning of emergency services with the Chief Officers utilising these relationships and the information provided through them. This role can only be strengthened with the Integration Joint Boards formally holding a Category 1 status alongside the Health Boards and Local Authorities. |
| Promoting good relations between men and women | | | X | The Integration Joint Boards status as a Category 1 responder under the Civil Contingencies Act 2004 is unlikely to impact on the promotion of good relations between different genders. |

**Do you think that the policy impacts on women because of pregnancy and maternity?**

| Pregnancy and Maternity | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider pregnancy and maternity inequality and/or discrimination within decision making and delivery of service. |
| Advancing equality of opportunity | | | X | The Integration Joint Boards have strong third sector and community partnership engagement and working. These relationships are instrumental in the planning and delivery of services and have played a key role in the planning of emergency services with the Chief Officers utilising these |

| | | | | |
|---|---|---|---|---|
| | | | | relationships and the information provided through them. This role can only be strengthened with the Integration Joint Boards formally holding a Category 1 status alongside the Health Boards and Local Authorities. |
| Promoting good relations | | | X | The Integration Joint Boards status as a Category 1 responder under the Civil Contingencies Act 2004 is unlikely to impact on the promotion of good relations between pregnant women and other people. |

**Do you think your policy impacts on people proposing to undergo, undergoing, or who have undergone a process for the purpose of reassigning their sex? (NB: the Equality Act 2010 uses the term 'transsexual people' but 'trans people' is more commonly used)**

| Gender reassignment | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider inequality or discrimination as a result of gender reassignment within decision making and delivery of service. |
| Advancing equality of opportunity | | | X | The Integration Joint Boards have strong third sector and community partnership engagement and working. These relationships are instrumental in the planning and delivery of services and have played a key role in the planning of emergency services with the Chief Officers utilising these relationships and the information provided through them. This role can only be strengthened with the Integration Joint Boards formally holding a Category 1 status alongside the Health Boards and Local Authorities. |
| Promoting good relations | | | X | The Integration Joint Boards status as a Category 1 responder under the Civil Contingencies Act 2004 is unlikely to impact on |

| | | | | |
|---|---|---|---|---|
| | | | | the promotion of good relations between transgender people and others. |

## Do you think that the policy impacts on people because of their sexual orientation?

| Sexual orientation | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider sexual orientation equalities within decision making and delivery of service. |
| Advancing equality of opportunity | | | X | The Integration Joint Boards have strong third sector and community partnership engagement and working. These relationships are instrumental in the planning and delivery of services and have played a key role in the planning of emergency services with the Chief Officers utilising these relationships and the information provided through them. This role can only be strengthened with the Integration Joint Boards formally holding a Category 1 status alongside the Health Boards and Local Authorities. |
| Promoting good relations | | | X | The Integration Joint Boards status as a Category 1 responder under the Civil Contingencies Act 2004 is unlikely to impact on the promotion of good relations between people of different sexual orientation. |

## Do you think the policy impacts on people on the grounds of their race?

| Race | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health |

| | | | | |
|---|---|---|---|---|
| | | | | Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider race inequalities or discrimination within decision making and delivery of service. |
| Advancing equality of opportunity | | | X | The Integration Joint Boards have strong third sector and community partnership engagement and working. These relationships are instrumental in the planning and delivery of services and have played a key role in the planning of emergency services with the Chief Officers utilising these relationships and the information provided through them. This role can only be strengthened with the Integration Joint Boards formally holding a Category 1 status alongside the Health Boards and Local Authorities. |
| Promoting good race relations | | | X | The Integration Joint Boards status as a Category 1 responder under the Civil Contingencies Act 2004 is unlikely to impact on the promotion of good race relations. |

## Do you think the policy impacts on people because of their religion or belief?

| Religion or belief | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider inequality as a result of religion or belief within decision making and delivery of service. |
| Advancing equality of opportunity | | | X | The Integration Joint Boards have strong third sector and community partnership engagement and working. These relationships are instrumental in the planning and delivery of services and have played a key role in the planning of emergency services with the Chief Officers utilising these relationships and the information provided through them. This role can only be strengthened with the Integration Joint Boards |

| | | | | |
|---|---|---|---|---|
| | | | | formally holding a Category 1 status alongside the Health Boards and Local Authorities. |
| Promoting good relations | | | X | The Integration Joint Boards status as a Category 1 responder under the Civil Contingencies Act 2004 is unlikely to impact on the promotion of good relations between people of religion and belief and others. |

**Do you think the policy impacts on people because of their marriage or civil partnership?**

| Marriage and Civil Partnership[2] | Positive | Negative | None | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | Although this will be the first time that Integration Joint Boards will be formal Category 1 responders under the Civil Contingencies Act 2004, they have been involved in emergency planning as part of their roles as directors within the Health Boards and Local Authorities. There is already a duty as Scottish public sector organisations to consider marital or civil partnership status equalities within decision making and delivery of service. |

[2] In respect of this protected characteristic, a body subject to the Public Sector Equality Duty (which includes Scottish Government) only needs to comply with the first need of the duty (to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010) and only in relation to work. This is because the parts of the Act covering services and public functions, premises, education etc. do not apply to that protected characteristic. Equality impact assessment within the Scottish Government does not require assessment against the protected characteristic of Marriage and Civil Partnership unless the policy or practice relates to work, for example HR policies and practices.

## Stage 4: Decision making and monitoring

### *Identifying and establishing any required mitigating action*

| | |
|---|---|
| Have positive or negative impacts been identified for any of the equality groups? | There have been no positive or negative impacts identified for any protected characteristic group under the Equality Act 2010. The Integration Joint Boards are already involved in the decision making process of emergency planning under the Civil Contingencies Act 2004 within their roles as directors within the Health Boards and Local Authorities. Including the Integration Joint Boards within the Civil Contingencies Act 2004 formalises their role and responsibilities but it is not anticipated that this will alter delivery for any service users. |
| Is the policy directly or indirectly discriminatory under the Equality Act 2010[3]? | There is no evidence during the review that the change to Civil Contingencies Act 2004 would directly or indirectly discriminate against any protected characteristic under the Equality Act 2010 |
| If the policy is indirectly discriminatory, how is it justified under the relevant legislation? | N/A |
| If not justified, what mitigating action will be undertaken? | N/A |

### *Describing how Equality Impact analysis has shaped the policy making process*

The Equality Impact Assessment has helped to consider each of the protected characteristics covered by the Equality Act 2010. Through a methodical and considered process it was confirmed that each of the duties are already part of the consideration process that the Integration Joint Boards make as part of any decision making, either within the Integration Joint Board planning and delivery function or within the role

[3] See EQIA – Setting the Scene for further information on the legislation.

of the Chief Officer being a director of the Health Board or Local Authority. This role for the Chief Officer means that they are currently part of any emergency planning which requires collaboration across first responders under the Civil Contingencies Act. Inclusion of the Integration Joint Board within the Civil Contingencies Act 2004 will formalise the role but it is not expected that it will add significant additional burden to the Integration Joint Board.

***Monitoring and Review***

As public sector bodies the Integration Joint Boards, Health Boards and Local Authorities have responsibility to consider, collect and analyse equality data including under emergency planning, this requirement does not change with the addition of the Integration Joint Boards having a formalised role as a Category 1 responder under the Act. No positive or negative impacts in relation to equalities have been identified as part of the impact assessment, nor through the consultation, therefore no additional monitoring is required for the purposes of the Integration Joint Boards becoming Category 1 responders under the Civil Contingencies Act 2004.

**Stage 5 - Authorisation of EQIA**

Please confirm that:

- This Equality Impact Assessment has informed the development of this policy:

  Yes ☒ No ☐

- Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

  - Eliminating unlawful discrimination, harassment, victimisation;
  - Removing or minimising any barriers and/or disadvantages;
  - Taking steps which assist with promoting equality and meeting people's different needs;
  - Encouraging participation (e.g. in public life)
  - Fostering good relations, tackling prejudice and promoting understanding.

Yes ☒ No ☐

- If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment and victimisation in respect of this protected characteristic:

  Yes ☐ No ☐ Not applicable ☒

**Declaration**

**I am satisfied with the equality impact assessment that has been undertaken for Inclusion of Integration Joint Boards as Category 1 responders under the Civil Contingencies Act 2004 and give my authorisation for the results of this assessment to be published on the Scottish Government's website.**

**Name: Iain MacAllister**
**Position: Deputy Director: Governance, Evidence and Finance Division**
**Authorisation date: 23/12/2020**






This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80004-556-9 (web only)

Published by The Scottish Government, January 2021

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS814186 (01/21)