



**REPORT**

Item No: 16

<b>SUBJECT:</b>	Equality Act 2010
<b>TO:</b>	Integration Joint Board
<b>Lead Officer for Report:</b>	Chief Accountable Officer
<b>Author(s) of Report</b>	Head of Planning, Performance and Quality Assurance
<b>DATE:</b>	18.10.16

**1. PURPOSE OF REPORT**

This paper is coming to the IJB

For approval <input type="checkbox"/>	For endorsement <input checked="" type="checkbox"/>	To note <input type="checkbox"/>
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This paper will set out the IJB's requirements against the Equality Act 2010 and will seek endorsement of the draft mainstreaming report and equality outcomes stipulated by the Act.

**2. ROUTE TO THE BOARD**

This paper has been:

Prepared <input checked="" type="checkbox"/>	Reviewed <input type="checkbox"/>	Endorsed <input type="checkbox"/>
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By Head of Planning, Performance and Quality Assurance.

**3. RECOMMENDATIONS**

3.1 The IJB is asked to:

- Endorse the Mainstreaming Report
- Endorse the draft equality outcomes ahead of further engagement activity
- Seek sight of the finalised equality outcomes following wider engagement
- Review the framework in 12 months

**4. BACKGROUND/SUMMARY OF KEY ISSUES**

- 4.1 The Equality Act 2010 stipulates that all public bodies across Scotland are required to produce and deliver a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty (PSED/also known as General Duty).
- 4.2 The duty has two parts – a General Duty and Specific Duties. The General Duty came into force in April 2011 and applies to any organisation which carries out a public function,

requiring due regard to be given to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
- Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and those who do not

4.3 The purpose of the general Equality Duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key functions including the development of internal and external policies, decision-making processes, procurement, service delivery and improving outcomes for service users.

4.4 In May 2012, further Specific duties came into force to support public bodies in their performance of the general equality duty. This places a statutory duty on designated public bodies to:

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible.

4.5 Linkages have been made with the equality leads in NHS Lanarkshire and North Lanarkshire Council, to share practice and align engagement activities to avoid unnecessary duplication.

4.6 A mainstreaming report has been created (see appendix 1), with equality outcomes that are based on the commissioning intentions of the strategic commissioning plan.

4.7 Progress against the equality outcomes will be monitored via the Performance, Scrutiny and Assurance sub-committee.

## **5. CONCLUSIONS**

5.1 The JIB's Strategic Plan sets out how integrated health and social care support and services will be delivered in the future, following wide engagement with the people of North Lanarkshire, users of service, their carers and public, independent and third sector providers and practitioners.

5.2 To ensure successful delivery of the plan, it is vital that the IJB is fully committed to the values and ethos placed upon it by the Equality Act 2010, ensuring equality is mainstreamed in business and that everyone in North Lanarkshire has equal opportunities regardless of their age, ability, gender, sexual orientation, race, belief, childbearing or marital status.

5.3 With regards to conducting equality impact assessments it is recommended that the board utilises the partnership designed documentation. The benefit of this approach is that it provides an effective recording mechanism that can provide management reports, internet publication of completed reports and the system can be made accessible to both Council and NHS staff as required.

## **6. IMPLICATIONS**

6.1 NATIONAL OUTCOMES

This will support the delivery of all nine health and wellbeing outcomes.

6.2 ASSOCIATED MEASURE(S)

6.3 FINANCIAL

It is unlikely there will be significant financial costs arising from this work.

This paper has been reviewed by Finance:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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6.4 PEOPLE

The Act provides specific protection to people who are discriminated against on the basis of a defined set of nine "protected characteristics". The nine protected characteristics are:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

6.5 INEQUALITIES

As discussed throughout this paper.

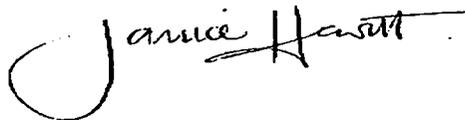
EQIA Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7. BACKGROUND PAPERS

8. APPENDICES

Appendix 1: Mainstreaming Report and Equality Outcomes



CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie  
On telephone number 01698 858122



# **Health & Social Care**

## **North Lanarkshire**

### **Equality Outcomes and Mainstreaming Report**

**2016-2018**

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## **Foreword**

This is the first equalities mainstreaming report for Health and Social Care North Lanarkshire. In 2014, the Scottish Parliament passed legislation requiring Health Boards and Local Authorities across Scotland to integrate adult health and social care functions. This is the most significant reform to Scotland's National Health Service and social care service in a generation. The purpose of integrating these services is to improve the health and wellbeing outcomes of people.

From 1st April 2016, the North Lanarkshire Integration Joint Board, a new, legal entity is responsible for planning, commissioning and overseeing the delivery of integrated health and social care provision, covering adult and child community and unplanned hospital healthcare and adult social work in North Lanarkshire.

Our vision is to place individuals and communities at the centre of our service planning and delivery in order to deliver locality based, person-centred outcomes. Our aim is to ensure the people of North Lanarkshire receive fair, consistent and non-discriminatory decisions and services from Health and Social Care North Lanarkshire, irrespective of their origin, protected characteristics and background, and that equality is mainstreamed into all that we do.

## **1. Introduction to Mainstreaming Report and Equality Outcomes**

- 1.1 In 2014, the Scottish Parliament passed legislation requiring Health Boards and Local Authorities across Scotland to integrate adult health and social care functions. This is the most significant reform to Scotland's National Health Service and social care service in a generation. The purpose of integrating these services is to improve the health and wellbeing outcomes of people. NHS Lanarkshire and North Lanarkshire Council have chosen to integrate services through the establishment of the North Lanarkshire Integration Joint Board (NLIJB).
- 1.2 The Integration Joint Board's Strategic Plan sets out how integrated health and social care support and services will be delivered in the future, following wide engagement with the people of North Lanarkshire, users of service, their carers and public, independent and third sector providers and practitioners.
- 1.3 The Integration Joint Board is fully committed to the values and ethos placed upon it by the Equality Act 2010, ensuring equality is mainstreamed in business and that everyone in North Lanarkshire has equal opportunities regardless of their age, ability, gender, sexual orientation, race, belief, childbearing or marital status.
- 1.4 The Integration Joint Board recognises individuals, groups and communities who routinely face such disadvantages and inequalities in how they access and experience health and social care services. The Integration Joint Board is committed to making a real and lasting contribution to creating a fairer North Lanarkshire, and to reducing inequalities in health, access and opportunity for the whole population.

## **2. Legislative Context**

- 2.0.1 All public bodies across Scotland are required to comply with the three aims of the Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012.

### **2.1 The Equality Act (2010)**

- 2.1.1 In 2010, the Equality Act came into force, with the aim of consolidating and harmonising existing equalities legislation and strengthening the law to support equal opportunities in the workplace and in wider society. The Act provides specific protection to people who are discriminated against on the basis of a defined set of nine "protected characteristics". The nine protected characteristics are:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

## **2.2 Public Sector General Equality Duty**

2.2.1 On 5<sup>th</sup> November 2011, the Equality Act 2010 introduced a new public sector equality duty requiring public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
- Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and those who do not

2.2.2 The Public Sector General Equality Duty replaces the previous Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

2.2.3 The purpose of the general Equality Duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key functions including the development of internal and external policies, decision-making processes, procurement, service delivery and improving outcomes for service users.

## **2.3 Specific Duties**

2.3.1 On 27<sup>th</sup> May 2012, the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, came into force, to support public bodies in their performance of the general equality duty. This places a statutory duty on designated public bodies to:

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible.

2.3.2 In April 2015 the Scottish Government added Integrated Joint Boards to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015.

## **3. Operational Context**

3.1 From 1st April 2016, the Integration Joint Board assumed responsibility for planning, commissioning and overseeing the delivery of integrated health and social care provision, covering adult and children's community health, adult and children and families Social Work services, Criminal Justice and unplanned hospital services in North Lanarkshire.

3.2 The legislation sets out that the Integrated Joint Board must contribute to the delivery of nine national health and wellbeing outcomes for integration:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

3.3 The Integrated Joint Board will publish a detailed Annual Report on progress to achieve each Outcome, as well as on twenty-three pre-determined National Performance Indicators set by the Scottish Government. In addition, locally derived performance indicators have also been developed to ensure information is tailored to North Lanarkshire's circumstances.

#### **4. Mainstreaming Equality: Benefits**

4.1 Mainstreaming equality means integrating equality and diversity into day-to-day activity, by taking equality into account as part of the process of planning, commissioning and delivering health and social care services for the people of North Lanarkshire. Ongoing stakeholder engagement and collaboration are critical to the delivery of equality mainstreaming, activities that the Joint Integrated Board is committed to engage in to provide the best quality supports and services and deliver on the goals of integration.

4.2 Mainstreaming equality has a number of benefits including:

- Ensuring equality becomes part of the culture, structures and behaviours of the partnership
- Helping to ensure that services are fit for purpose and meet the needs of our community
- Attracting and retaining a productive workforce, rich in diverse skills and talents
- Contributing to continuous improvement, better performance and best value.

## **5. Mainstreaming Equality: Our Approach**

### **5.1 Leadership and Corporate Commitment**

5.1.1 Mainstreaming the Equality Duty is an organisational responsibility to which the Integrated Joint Board is fully committed. There is a commitment to see regular reporting to the Board through its governance structures.

5.1.2 The Integration Joint Board will ensure that clear and consistent messages are given to senior officers about the importance of meeting the equality needs of service users, their carers and employees.

5.1.3 Integration Joint Board members are committed to undertaking training to ensure a clearer understanding of the main requirements of the Equality Act, including:

- Defined roles and responsibilities in ensuring compliance
- Identifying a number of actions to be taken forward by senior officers
- Able to use the Equality and Diversity Impact Assessment (EDIA) guide to inform and support them in understanding the role of EDIA in their decision making process.

### **5.2 Workforce and Workforce Development**

5.2.1 Whilst the staff within Health and Social Care North Lanarkshire continue to be employed by NHS Lanarkshire and North Lanarkshire Council, rather than by the Integrated Joint Board, the importance of valuing employees and supporting their development is still understood.

5.2.2 Through the Strategic Planning Process, a lot of work was undertaken in partnership with staff to agree values for staff working in North Lanarkshire, with the aim of creating a positive culture where staff are valued and fully involved in decision making.

5.2.3 Staff training on Equality and Diversity is strongly championed in both NHS Lanarkshire and North Lanarkshire Council, with Health and Social Care North Lanarkshire keen to maintain this focus with all staff. Other training and courses to support a better work-life balance and improved health and well-being can be applied to everyday personal and professional interactions and understanding, reinforcing the culture and environment we wish to engender.

5.2.4 Publication of equal pay and gender pay analysis will be undertaken by NHS Lanarkshire and North Lanarkshire Council as the employing bodies.

### **5.3 Impact Assessments**

5.3.1 We are committed to carrying out Equality Impact Assessments on our strategies, policies and services to ensure there is no unlawful discrimination in the way that they are designed, developed or delivered and that, wherever possible, equality is promoted.

5.3.2 In meeting this commitment, we will ensure that:

- Equality Impact Assessments will be carried out on all relevant strategies, policies and service re-designs
- Equality Impact Assessments will be undertaken on any potential budget savings

5.3.3 Completed Equality Impact Assessments will be electronically accessible via the Integration Joint Board website.

5.3.4 All Committee and Board meeting paper templates have been updated to include a section on Equality Impact Assessments to ensure a strong focus throughout the structure.

#### **5.4. Participation and Engagement**

5.4.1 The Integration Joint Board recognises the value of engaging with Equality Groups and with people who experience prejudice and discrimination as a result of protected characteristics.

5.4.2 The Participation and Engagement strategy will strengthen this dialogue and build a good understanding of the range of complexity of risk and needs in communities (both geographical and communities of interest).

5.4.3 The Integration Joint Board recognises the importance of ensuring that the services it provides are responsive to the needs of the whole population and specifically, the protected characteristic groups that are served. The opportunity to mainstream equalities within all activities and services delivered is welcomed, as this is essential to the successful delivery of quality, person-centred and effective health and social care supports are services for the people of North Lanarkshire.

5.4.3 Through strong partnership working, Health and Social Care North Lanarkshire will utilise a number of different existing forums and groups already engaged in work with NHS Lanarkshire and North Lanarkshire Council, including:

- NLC Disability Monitoring and Review Group
- Community Groups and Community Councils
- Lanarkshire Ethnic Minority Action Group
- Lanarkshire Carer's Centre
- Mosques
- Citizen's Panel
- Employee Groups
- Regional and National Groups such as Stonewall Scotland, Terrence Higgins Trust, Scottish Government, Equality and Human Rights Commission and Scottish Councils Equality Network

5.4.4 A wide range of networks and groups exist across North Lanarkshire and the Health and Social Care Partnership is keen to explore alternative means of engagement, such as focus groups for specific topics, rather than relying on only existing mechanisms.

## **5.5 Commissioning**

- 5.5.1 As part of the Public Bodies Act, the Integrated Joint Board will develop a Strategic Commissioning Plan. Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.
- 5.5.2 The equality outcomes listed in section 6 were developed as part of the commissioning process, to ensure the commissioning intentions fully consider equalities.
- 5.5.3 Procurement of services will take place via NHS Lanarkshire and North Lanarkshire Council, with relevant staff fully aware of the duties and responsibilities for Equality and Diversity legislation.

## **5.6 Monitoring, Reporting and Publishing**

- 5.6.1 Monitoring will be an important aspect of the Integrated Joint Board's commitment to equality, diversity and inclusion. The collection and analysis of equality data enables the recognition of trends and identification of any barriers facing specific equality groups. The use of equality data collection is embedded into service delivery and design to ensure that services are reflective of the needs of the wider population and target groups.
- 5.6.2 The Strategic Needs Assessment process which forms part of the Commissioning process is crucial in undertaking this role to support the development of the plan.
- 5.6.3 National and local systems will be used to ensure accurate data is utilised as part of this process. For example, national data capture through Information Services Division provides a useful repository of data around acute inpatients and day cases, whilst local service data can also provide a useful breakdown of characteristics such as age and sex.
- 5.6.4 Reporting against the Equality Outcomes will be a formal task of the Integrated Joint Board's Performance, Scrutiny and Assurance Sub-Committee and progress will be included in the Board's annual report.

## **6. Mainstreaming Equality: Equality Outcomes**

- 6.1 An equality outcome is the desired aim to further one or more of the general equality duties; eliminate discrimination, advance equality of opportunity and foster good relations. By focusing on outcomes rather than objectives or outputs, it is possible to bring practical improvements in the lives of those experiencing unlawful discrimination or disadvantage.
- 6.2 Outcomes are changes that result for individuals, communities, organisations or society as a consequence of action taken. Outcomes include short-term benefits such as changes in awareness, knowledge, skills and attitudes, and long-term benefits such as changes in behaviours, decision-making, or social or environmental conditions.
- 6.3 NHS Lanarkshire and North Lanarkshire Council have published existing equality outcomes and they are outlined in Appendix 1.

- 6.4 Based on the Strategic Commissioning Plan intentions, the equality outcomes for the Integration Joint Board are as follows, with detailed action plans outlined in Appendix 2:
1. Through development of the single point of access, we will make services *equally* accessible to meet the needs of people with a protected characteristic(s).
  2. Through development of integrated services, people, including those with disabilities, long term conditions or frailty will be supported to live more independently within their communities
  3. Through development of the Keep Well service, black and minority ethnic, older and disabled people and their carers will have increased uptake of health checks and positive experiences of the service
  4. Young women in vulnerable groups and their babies will get the best start in life through uptake of services such as First Steps and Family Nurse Partnership
  5. Through development of Self Directed Supports, people, including those with disabilities, long term conditions, or who are frail will have greater choice and control over their care
- 6.5 Progress against the outcomes will be monitored on a quarterly basis at the Performance, Scrutiny and Assurance Sub-Committee of the Integrated Joint Board.

## **Appendix One**

### **North Lanarkshire Council**

1. Black and minority ethnic people, older people and disabled people have improved access to a range of housing options which meets their needs and supports independent living
2. Gypsies and travellers, disabled (Deaf) people and LGB&T people have improved mental health
3. Girls and women, disabled people and people from BME groups enjoy physical activity
4. Young women and LGB&T people have improved sexual health
5. Women, BME and young carers are supported in their role
6. The educational attainment and achievement of Gypsy and Traveller, disabled and LGB&T children is improved
7. More disabled and BME people are taking part in community learning and development activities
8. Young women are successfully undertaking science, engineering maths and technology (STEM) subjects
9. The job prospects for Black and disabled people are improved
10. More women and disabled people have businesses and are self-employed
11. People live and learn in our communities free from discrimination, harassment, victimisation, violence and abuse.
12. More young, BME and disabled people are participating in local decision making and engagement mechanisms
13. The protected characteristics of our employees are supported throughout their employment by our policies and procedures

### **NHS Lanarkshire**

1. Black and minority ethnic, older and disabled people will have a positive experience of health check services and the uptake of these services will increase within these groups.
2. Women in vulnerable groups and their babies will get the best start in life through improved engagement and uptake of antenatal care. In addition the provision of vital pregnancy screening programmes and early healthcare interventions will be targeted to those who may be at more risk of conditions due to ethnicity, age, disability or social disadvantage.
3. Looked after and accommodated children in the community will experience an increased sense of wellbeing and associated positive health outcomes
4. People from Lesbian, Gay, Bisexual & Transgender (LGBT) communities within Lanarkshire will have an increased awareness of mental health service provision and experience informed and sensitive healthcare responses.
5. Young people who are disabled and socially disadvantaged experience equality of opportunity in relation to training and employment within NHS Lanarkshire.

**Appendix Two**

Equality Outcome	Protected Characteristics	Actions	Lead
<p>Through development of the single point of access, we will make services more accessible to meet the needs of people with a protected characteristic(s) to allow them to be as independent as possible</p>	<p>1,2,3,4,5,6,7,8,9</p>	<p>Improve access to community services through development of a first point of contact approach that will ensure people will receive the same advice and support no matter where they access the system.</p> <p>Develop resources such as Making Life Easier to ensure they are accessible to all.</p> <p>Proactively identify individuals who make frequent use of unscheduled services to provide additional support and education.</p>	<p>Head of Health Head of Adult SW Head of Children &amp; Families and Justice</p>
<p>Through development of integrated services, people, including those with disabilities, long term conditions or frailty will be supported to live more independently within their communities</p>	<p>1,2,3,4,5,6,7,8,9</p>	<p>Develop Locality Profiles to fully understand the needs of each Locality area.</p> <p>Create education programmes that are accessible to all to support self management of conditions.</p> <p>Proactively identify individuals who make frequent use of unscheduled services to provide additional support and education.</p> <p>Provide rapid responses in Localities to support people to remain at home.</p> <p>Target support and interventions to at risk populations within each Locality.</p>	<p>Medical Director Nurse Director Adult Services Manager (SW)</p>
<p>Through development of the Keep Well service, black and minority ethnic, older and disabled people and their carers will have increased uptake of health checks and positive experiences of the service</p>	<p>1,2,6</p>	<p>Develop the Keep Well Service to have a greater focus on key populations who are known to be vulnerable to poorer health outcomes.</p> <p>Utilise the Vulnerable Populations Team as a proactive health service working with a range of vulnerable groups, to complement any other health and social care service the individual may be receiving.</p>	<p>Head of Health Improvement</p>

Equality Outcome	Protected Characteristics	Actions	Lead
<p>Young women in vulnerable groups and their babies will get the best start in life through uptake of services such as First Steps and Family Nurse Partnership</p>	<p>1,5</p>	<p>Proactively engage a second cohort of young mothers with children at risk of poor outcomes into the Family Nurse Partnership programme to improve pregnancy outcomes, child health and development and parental economic self sufficiency.</p> <p>Utilise First Steps workers to support Health Visitors in providing proactive support to vulnerable first time mothers from 16wks antenatal to 6 months postnatal, improving uptake of services and overall health and wellbeing.</p> <p>Make us of Solihull approach to increase emotional health and wellbeing in vulnerable parents and young people from conception to 18 years of age.</p>	<p>Nurse Director Head of Children &amp; Families and Justice</p>
<p>Through development of Self Directed Supports, people, including those with disabilities, long term conditions, or who are frail will have greater choice and control over their care</p>	<p>1,2,3,4,5,6,7,8,9</p>	<p>Extend the use of SDS to ensure people, including those with physical or learning disabilities, long term conditions, mental health problems and frailty are able to exercise choice and control over their care.</p> <p>Develop a culture where people are recognised as the expert in how their support and care is delivered and that they are central to decisions that are taken concerning them.</p> <p>Continue to develop and promote the uptake of self-directed support within social care, particularly for people over 65.</p> <p>Develop the joint commissioning of SDS for individuals who have a higher degree of need or complexity of care.</p> <p>Scope out the application of self-directed support within Community based NHS Services.</p>	<p>Adult Services Manager (SW) Head of Health Head of Adult SW</p>

Equality Outcome	Protected Characteristics	Actions	Lead
		Develop a joint integrated self-directed support approach across Health and Social Care.	

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation