

NES Full Equality Impact Assessment

Name of function, policy or programme:

Health and Social Care Integration

NES directorate or department:

NMAHP, NHS Education for Scotland (NES) and Scottish Social Services Council (SSSC)

Name of person(s) completing EQIA:

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1. Define the function

The Health and Social Care Integration (HSCI) programme is a partnership programme jointly developed and delivered by NES and SSSC. Its purpose and function is to;

- support health and care workers in the NHS and social care sector to develop, share and apply skills, practices and learning which support joint working and achieve better outcomes for people who use the services and carers
- promote a culture which understands and puts into action national policy and direction for health and social care, including a focus on personal outcomes, person centeredness and working in partnership with carers and young carers
- engage with key stakeholders in the design, delivery and implementation of workforce education, development and partnership initiatives, according to identified need to ensure a proactive and sustainable approach

The programme is intended to benefit;

Health and social services staff – who will have access to learning resources and development opportunities to enhance their values, knowledge and skills in relation to the integration of health and social care, working in partnership with carers and young carers and Reshaping Care for Older People.

Employers, training providers and HE/FE educators – who will benefit from resources to underpin workforce education and access to learning resources to inform curricula

Service users – who will benefit from enhanced practice, which will focus on achieving personal outcomes for individuals

Carers and young carers – who will benefit from enhanced practice, which will focus on achieving outcomes for carers, and be recognised as equal partners in care

The Health and Social Care Integration (HSCI) programme of work is responsive to Scottish health and social care policy and the wider public sector reform agenda. It is taking place within the context of the cultural, organisation and practice change required by the

- Public Bodies (Joint Working) (Scotland) Bill
- Self-Directed Support Bill
- Person-Centred Health and Care agenda ambitions.
- Reshaping Care of Older people – A Programme for change 2011-2021
- Scotland’s National Action Plan for Human Rights (SNAP)

2. Consider the status of the function

SGHD asked NES and SSSC to develop workforce training and education that supports and enables NHS and social services staff to effectively meet peoples’ health and social care needs. A formal partnership has been agreed to support this shared approach. The intention is that the co-ordination of activities will increase effectiveness and efficiencies through ensuring that the key messages of integration, self-directed support and other major policies are coherent and are threaded through all the workforce development activity where this is appropriate. NES and SSSC also work with Joint Improvement Team and the Improvement Service to co-ordinate activity and create opportunities for added value.

The specific plan and deliverables for the 2014/15 HSCI programme of work will be further defined but will encompass activity related to;

Workforce Development for Integration: Themes, Strategic Model and Plan. This is a newly agreed plan which identifies 5 workforce outcomes. These are that the workforce is supported to;

- Understand, promote and achieve better outcomes for people
- Engagement in meaningful co-production with people and communities
- Affirm professional values and identify, and to take responsibility for career long development
- Demonstrate authentic and collaborative leadership behaviours
- Actively engage in locality planning and service improvement

A Project Group will be established to co-ordinate work related to each outcome and will report to the Workforce Development Strategy Group. Each outcome will have an associated workstream lead by a member of the Project Group. The workstreams will build on current work being done, make recommendations and, where appropriate, take forward future activity. The NES/SSSC partnership will support the Project Group to adopt and model collaborative, outcome focused ways of working together which are consistent with the policy direction of integration and reflect a Human Rights approach.

Caring Together, National Carers Strategy 2010-15 and Getting it Right for Young Carers 2010-15. 2014/15 is the final year of the workforce training and education plan. Work will continue to sustain and embed the EPiC core

principles, develop learning resources and to evaluate the programme of work.

Consultation and involvement is integral to both of these elements of the HSCI programme. Actions and activity will be responsive to change if adverse impact is identified. There is scope for them to be adapted or revised to address any adverse impact.

3. Assess the evidence available to support impact assessment

What evidence is available?

- Public Bodies (Joint Working) (Scotland) Bill (passed by parliament Feb 2014)
- Reshaping Care of Older people – A Programme for change 2011-2021
- The Skills Agenda in the UK (CIPD, 2008)
- Scottish Social Services Sector: Report on 2011 Workforce Data (2012)
- Information Services Division: NHS Scotland Workforce report (August 2012)
- Learning and Development: Summary of key survey findings (CIPD, 2009)
- A Guide to Public Sector Equality Duties (EHRC 2011)
- Census 2011
- Scottish Household Survey 2009
- In Sickness and in Health: a survey of UK carers (Carers UK, 2012)
- Scotland's National Action Plan for Human Rights (SNAP)
- Caring Together, a national carers strategy 2010-15, and Getting it Right for Young Carers (2010)
- Scottish Government EQIA of Carers Strategy, 2010
- Scottish Government EQIA of Public Bodies (Joint Working) (Scotland), 2013
- Voices of Carers Across Lothian (VOCAL) report on LGBT carers (2012)
- Hidden Carers – Unheard Voices: initial findings from the Gypsy/Traveller Carers' Project (MECOPP 2012)
- Improving Support for Black and Minority Ethnic (BME) Carers (IRISS 2011)

Which strands are covered?

Age, gender, sexuality, ethnicity, disability.

How old is the data?

All of the data is recent (within five years). It is anticipated that the age profile of the population will increase significantly due to a number of factors,

including the aging demographic profile, a greater awareness of integration and RCOP in government policy and the media, and the terminology used in the most recent Census survey.

Are there any known quality issues with the data?

Some of the reports are small-scale and may not have been peer-reviewed or evaluated. The workforce data for health does not capture ethnicity or disability, while the data for social services does not break down contract type (part-time / full-time) by gender.

Having reviewed the evidence available, do you have any remaining questions that would prevent you from continuing with the impact assessment?

No.

4. Assessment of Impact

Using the evidence, assess the likely impact on different groups and identify opportunities to promote equality and diversity. Consider impacts on groups affected directly (eg, trainees, staff, tutors) and groups affected indirectly (eg, patients).

Race (including colour, nationality, ethnic or national origin).

What does the evidence tell us about different needs, experiences or outcomes for particular communities?

A full review of the literature on ethnicity and education has not yet been undertaken. However, recent studies on educational experience and attainment of minority ethnic medical students suggests that stereotyping by educational supervisors and cultural difference are still salient issues in medical education.¹

Lack of recognition or lower value attributed to overseas qualifications is another issue which has been identified for migrants more generally in professional employment.²

In terms of workforce, it is common for people of different nationalities and minority ethnic backgrounds to use voluntary, relief or bank work as an entry route into employment³. These workers may be less likely to be able to access training provided by employers or to have access to computers in the

¹ Wolf, K., Cave, J., Greenlaugh, T., and Dacre, J., Ethnic stereotypes and the underachievement of UK medical students from ethnic minorities: qualitative study, *BMJ*, 2008; 337:a1220

² Li, Y., Devine, F., Heath, A., Equality group inequalities in education, employment and earning: A research review and analysis of trends over time, Equality and Human Rights Commission, 2008

³ SSSC workforce data 2011

workplace. Learners whose first language is not English may have difficulty participating fully in training or accessing resources online. Although NHS and SSSC posts will generally require a certain level of English language ability, language may still impact on education, particularly if learning resources are written in language that is overly complex.

There is evidence that individuals from minority ethnic (BME) communities may experience discrimination due to preconceptions of health and social workers about their culture, or may face barriers to accessing the support they need if English is not their first language.

Arrangements would need to be made to accommodate the needs of individuals whose first language is not English to ensure they participate fully.

In what areas might there be an impact (eg, health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

The issues highlighted above may impact on access to education, progression/success, the useability of educational resources and quality of educational provision or clinical supervision.

For staff, participating in training or accessing online learning may have an impact on employment progression and learning outcomes.

For carers, training which reflects the diversity of the caring experience will contribute to culturally competent practice and improve outcomes for carers from all communities.

Is the impact negative or positive for people from that group?

The provision of training and learning resources which are accessible to staff from all backgrounds and reflect the diversity of the caring experience should have a positive impact on learners' practice and career progression and on outcomes for individuals from different communities.

What is the risk of discrimination?

There is a risk that staff from minority ethnic communities will experience indirect discrimination if they are unable to access training and learning resources not because of their race but due to them being more likely to comprise part-time or bank staff, or because their first language is not English. This may also influence their opportunities to participate in and influence the work of the five outcomes workstreams. Carers may experience discrimination by association with the person they care for due to the person's ethnicity.

How can the function promote equality of opportunity, diversity or good race relations?

The programme will promote equality, diversity and good relations through the development of learning resources which will promote culturally

competent practice. We will seek out case studies reflecting diversity to improve staff understanding and contribute to better outcomes. We will explore ways to ensure that training and learning resources are accessible to the widest possible pool of learners. We will also work with the Integration Workforce Development Project Group (Project Group) to identify ways to ensure that the workstreams are representative of the workforce and create opportunities for people to be involved in a range of ways

Disability

What does the evidence tell us about different needs, experiences or outcomes for people with particular impairments? This may be different for different impairment groups.

Disabled people make up 6% of the social services workforce (SSSC 2012). In NHSScotland the overall number of staff who identified as disabled is very low, at no more than 0.5% (no population size provided). It is difficult to estimate the number of disabled learners within the NHS, but reported evidence from both the Royal College of Nursing and the British Medical Association suggests that staff may be reluctant to disclose their disability for a variety of reasons. A review of literature on dyslexia in nursing undertaken for the Royal College of Nursing (Dale & Aiken, 2007) noted that previous studies had indicated that between 3% and 10% of the nursing population admit to having dyslexia, to give an example of only one type of impairment. We should, therefore, assume that available statistics underestimate the number of disabled learners and that an unknown percentage of staff will have an undisclosed or hidden disability.

Carers may have support needs themselves while providing care to a family member or friend. 28% of carers have a physical disability (Carers UK 2012). Disabled carers may be perceived as 'service users' and not recognised by staff as partners in care.

Staff in both health and social care may have needs relating to flexible employment and any training and learning resources would have to accommodate these needs. This would also apply to any opportunities to be involved in the five workforce outcomes workstreams. Depending on their disability, the following would have to be considered:

- Temporary or bank staff may include people with disabilities who are exploring alternative but flexible types of employment to suit their needs and abilities, but may be less likely to be offered access to learning and development opportunities provided by employers.
- Some methods of training delivery and opportunities for engagement in development may not take into account the needs of people with learning difficulties such as Dyslexia, sensory impairments and the variety of learning styles of learners.
- Reasonable adjustments in practice learning may be required to support participants. (This can be cross referenced with the practice learning EQIA)

http://www.nes.scot.nhs.uk/media/2500521/eqia_nmahp_practice_education.pdf

- On-line learning resources may not be accessible to all staff. There is a need to ensure that e-learning developed is built to appropriate standards of accessibility in accordance with NES Inclusive Learning and Education Policy and the Digital Resource Accessibility Guide

In what areas might there be an impact (eg, health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

For staff, participating in training, accessing online learning and involvement in development opportunities (such as the five workforce outcome workstreams previously noted) may have an impact on employment progression and learning outcomes.

Is the impact negative or positive for people from that group?

The provision of training and learning resources which are accessible to staff of all abilities and which reflect diversity should have a positive impact on learners' practice and career progression and on personal outcomes for individuals. For carers, training which reflects the diversity of the caring experience will contribute to better awareness of disabled carers

What is the risk of discrimination?

There is a risk that disabled staff will experience discrimination if they are unable to access training and learning resources which do not meet their needs or if they are unable to participate in development activities (such as the five workforce outcome workstreams).

How can the function promote equality of opportunity, diversity or the participation of disabled people in public life?

The programme will promote equality, diversity and good relations through the development of learning resources which will raise awareness. We will seek out case studies reflecting the diversity to improve staff understanding and contribute to better outcomes for individuals. We will explore ways to ensure that training and learning resources are accessible to the widest possible pool of learners.

We will work with the Integration Workforce Development Project Group to ensure that they ask themselves some key questions as the five workforce outcomes workstreams are established and progress. For example;

- Who is involved in this workstream and how can we make sure it is representative of the workforce?
- Who might be disadvantaged by the arrangements/organisation of this workstream?
- Who will this workstream impact and how can we promote equity of opportunity and participation within these groups?
- What action do we need to take or what do we need to set up

to enable different ways of influencing or engaging with this workstream?

Gender

What does the evidence tell us about different needs, experiences or outcomes for men or women, or for transgender people?

The gendered nature of care is evident in the predominantly female workforce in the 'caring professions' of nursing (81%) and social services (84%).

When selecting learners and participants for training, there are barriers experienced by some staff groups which may disproportionately affect women:

- Part time staff, of whom the majority are women, are more likely to be excluded from accessing training programmes or may have less opportunity to participate in other development opportunities. If courses are not run/repeated on different days/times there would be a negative impact on part time staff, or on staff working atypical shifts such as permanent night shifts. Operational issues such as absence management / securing backfill staff, pressures on budget, working time regulations requirements may limit the release of staff to attend training.
- Women make up a bigger percentage of voluntary, relief or bank staff than men (16:1). Depending on the Health Board or Local Authority Area and or budgeting considerations, these staff may not be offered opportunities to participate in learning events.

The EQIA for the Public Bodies (Joint working) (Scotland) Bill identifies that women are more likely to be affected by the policy because they are more likely to work in health or social care role and are more likely to be a carer (i.e. unpaid carer for family member/friend/neighbour). It notes that an Integration Workforce Development Strategy Group has been established to identify and address the key workforce developments necessary to support the effective integration of adult health and social care delivery. This will include consideration of staff side issues. The group will monitor progress and provide recommendations as appropriate with the aim of creating an engaged workforce that values equality. NES is a member of this group

In what areas might there be an impact (eg, health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

For staff, participating in training or accessing online learning may have an impact on employment progression and learning outcomes.

Is the impact negative or positive for people from that group?

The provision of training and learning resources which are accessible to all staff and which reflect the diversity of the caring experience should have a positive impact on learners' practice and career progression and on outcomes for individuals.

What is the risk of discrimination?

There is a risk that female staff will experience indirect discrimination if they are unable to access training and learning resources or participation in development activities due to the nature of their work patterns.

How can the function promote equality of opportunity, diversity or good relations?

The programme will promote equality, diversity and good relations through the development of learning resources which will enhance practice. We will seek out case studies reflecting the diversity of the caring experience to improve staff understanding and contribute to better outcomes for individuals. We will explore ways to ensure that training and learning resources are accessible to the widest possible pool of learners. We will work with the members of the Integration Workforce Development Project Group to ensure they ask themselves key questions about who is involved in the workstreams and what they need to set up to ensure issues related to access and participation are addressed (as previously noted)

Sexual orientation

What does the evidence tell us about different needs, experiences or outcomes for gay, lesbian or bisexual people?

There is no identified impact of the programme on staff as a result of sexual orientation.

Is the impact negative or positive for people from that group?

The provision of training and learning resources which reflect the diversity of the caring experience should have a positive impact on learners' practice and career progression and on outcomes.

What is the risk of discrimination?

Individuals may experience discrimination due to the person's sexual orientation.

How can the function promote equality of opportunity and diversity?

The programme will promote equality, diversity and good relations through the development of learning resources which will enhance practice. We will seek out case studies reflecting diversity, improve staff understanding and contribute to better outcomes for individuals.

Religion or belief

What does the evidence tell us about different needs, experiences or outcomes for people from different religions or belief groups? Which groups are affected?

At this point we do not have evidence about specific educational needs of people from different religions or belief groups. The most significant issue may be timetabling of courses, events meetings and assessments to ensure that they do not occur on religious holidays. Individuals from some religious groups may not attend events on certain days, and others may prefer not to participate in mixed gender groups.

Is the impact negative or positive for people from that group?

The provision of training and learning resources which are accessible to staff of all religions and beliefs and which reflect the diversity of the caring experience should have a positive impact on learners' practice and career progression and on outcomes for individuals.

What is the risk of discrimination?

There is a risk that staff will experience discrimination if they are unable to access training and learning resources which does not recognise their needs.

How can the function promote equality of opportunity and diversity?

The programme will promote equality, diversity and good relations through the development of learning resources which will enhance practice and cultural competence. We will seek out case studies reflecting the diversity of the caring experience to improve staff understanding and contribute to better outcomes for individuals. We will explore ways to ensure that training and learning resources are accessible to the widest possible pool of learners.

Age

What does the evidence tell us about different needs, experiences or outcomes for people of different ages, particularly older people or younger people?

Older staff (particularly those closer to retirement age) may be treated differently from their younger colleagues in terms of the level of learning and development opportunities offered to them. This will be based on the assumption that younger employees are more likely to stay longer in the sector to apply the knowledge and skills acquired from training opportunities. Levels of IT literacy among staff may vary considerably, particularly among older people, so publishing resources solely online may discriminate against some staff.

In what areas might there be an impact (eg, health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

For staff, participating in training or accessing online learning may have an impact on employment progression and learning outcomes.

Is the impact negative or positive for people from that group?

The provision of training and learning resources which are accessible to staff of all ages and which reflect the diversity of the caring experience should have a positive impact on learners' practice and career progression and on outcomes for individuals.

What is the risk of discrimination?

There is a risk that disabled older staff will experience discrimination if they are not considered a priority group for training.

How can the function promote equality of opportunity and diversity?

The programme will promote equality, diversity and good relations through the development of learning resources which will enhance staff awareness. We will seek out case studies reflecting the diversity of the caring experience to improve staff understanding and contribute to better outcomes for individuals. We will explore ways to ensure that training and learning resources are accessible to the widest possible pool of learners. We will work with the members of the Integration Workforce Development Project Group to ensure they ask themselves key questions about who is involved in the workstreams and what they need to set up to ensure issues related to access and participation are addressed (as previously noted)

Other groups

Are there other groups that may be at risk of being adversely impacted by the function (eg, people in rural communities, carers, people living in deprived areas, staff with low levels of literacy or for whom English is not a first language, etc)? If so, consider impact for these groups using the same method.

Remote and rural staff – may be disadvantaged in terms of accessing training or events which tend to be held in main urban locations. Even when video conferencing facilities are provided to facilitate this, there are limitations in terms of interaction with the rest of the group. Video conferencing may not always be an adequate substitute for face-to-face training or participation.

Internet access and IT literacy – online resources may not be accessible to all staff as internet / computer access cannot be assumed. In addition, NHS firewalls routinely block Adobe Flash and other interactive software utilised for learning resources. Levels of IT literacy among staff may vary considerably so publishing resources solely online may discriminate against some staff. The main media used to advertise learning and development activities (in-house) courses within NHS Scotland and Social Services is electronic, through websites, intranet or by email. Other methods of promoting learning resources and activities will be considered to ensure staff without internet access or IT skills do not miss out on learning and development opportunities.

Carers – a key part of the plan is to continue to engage with carers and

young carers to ensure their perspective is integral to the training and learning developed and delivered to staff. Carers have been recruited to the reference pools which informed the development of core principles for staff working with carers. As work progresses to embed the core principles and develop more learning resources arrangements will be made to accommodate the needs of carers whose first language is not English, disabled carers, and carers with literacy issues. Carers who work full-time and young carers who attend school, training or education may have difficulty accessing daytime events. Carers from some religious groups may not attend events on certain days, and others may prefer not to participate in mixed gender groups. Travel to venues for area-based focus groups or training may also prove a barrier.

A further barrier to carers' participation may be that they require alternative care arrangements for the person they care for. Carers with intensive caring roles may be less likely to engage as it may be more problematic for them to take time away from the person they care for. Carers who have more time available to participate may not be the most representative of the caring experience and it is important to ensure that participants have current or recent experience of engaging with health and/or social services staff in their caring role in order for their contribution to be most relevant

Monitoring and tracking of learners – with very few management systems in place across NHSScotland to monitor expressions of interests, access and attainment by equality/diversity staff groups, it will be difficult to track groups that are under represented throughout the Learning and Development processes. Detailed data on the social services workforce is available from the SSSC and ISD.

5. Consideration of Alternatives

Based on your assessment of impact, consider whether changes to the function are required.

What, if any steps have you already taken in the development of the function to address issues that may have a potential negative impact?

Some potential adverse impacts have been identified in terms of accessibility of the training and learning resources produced by the programme.

To address these, the following steps will be taken:

- Training and learning resources produced will be clear, easy to understand, user-friendly and in plain English as far as possible;
- Resources will be made available off-line and in different formats and languages on request;
- The timing and location of focus groups, training and other events for learners and carers will be responsive to the needs of participants
- The reference pool for the carers work will comprise a diversity of carers and will continue to strive to ensure that groups of carers not engaging are represented, for example by MECOPP;

- The programme will be promoted using a variety of media to ensure those without internet access will have the opportunity to access resources and events;
- In line with the NES Digital Resource Accessibility Guide (2012), all the online resources produced will be accessible to the W3C WCAG 2.0 AA standard;
- To overcome issues with Flash and to meet the needs of learners with a sensory impairment, all multimedia resources will have transcripts available;
- Any work commissioned externally will specify Equality and Diversity considerations the contract.

In addition, any potential adverse impacts associated with accessibility of opportunity to participate in and influence the five workforce outcomes workstreams will be addressed by

- Working with the Integration Workforce Development Project Group in ways which are consistent with and model the policy direction associated with integration and a Human Rights approach
- Setting up processes to support the workstream members to ask themselves questions about who is involved in the workstreams and how to support flexible participation

As most of the actions have yet been completed there is scope for them to be adapted or revised to address any adverse impact.

Identify any elements of the function which may result in negative impact. For each, identify alternatives or changes to the function which are proportionate and will reduce or eliminate any adverse impact.

The changes outlines above should reduce or eliminate any adverse impact.

6. Action Planning

If further action is required, please set out an action plan based on the results of this impact assessment.

Issue	Action	Responsibility	Timescale	Resources required	What is the expected outcome?
Some groups of carers may not be represented in the carers project	Work with partner groups to ensure the reference pool for carers work comprises a diversity of staff, carers and young carers, and other stakeholders	Programme Leads NES and SSSC NES EPM, NES Project Lead, SSSC Advisors	Ongoing 2014/15	N/A	That the project will reflect the contribution of different stakeholders, particularly a diversity of carers and young carers.
Carers and other stakeholders who do not work in health or social care may experience difficulties accessing resources or opportunities to participate due to existing structures and processes	Engagement with key internal and external stakeholders to establish range of ways to distribute information and alternative ways to access resources	Programme Leads NES and SSSC NES EPM, NES Project Lead, SSSC Advisors	Ongoing 2014/15	Variable depending on resources and information being developed	That resources are available to and used by the widest possible group of people to improve practice and achieve better outcomes for individuals. That carers are able to influence and participate in work programme activities
Older people, female or disabled groups may have challenges in literacy or IT literacy	Engagement with NHS Board and social care stakeholders to assess the appropriate mode of learning for the resource being	NES EPM, NES Project Lead, SSSC Advisors	Ongoing 2014/15	Variable depending on resources and information being developed	That resources are useful, useable and used by the widest possible group of learners to improve practice and achieve better outcomes for individuals.

	<p>developed.</p> <p>Resources are made available in other formats on request</p> <p>Information, learning resources and publicity material will be written in Plain English and distributed using a variety of media.</p>				
Groups where English is not their first language	Engagement with users prior to development of resources to ensure the materials produced are accessible, and in a format that does not actively discriminate this group. Resources are made available in other formats on request.	<p>Programme Lead NES and SSSC</p> <p>NES EPM, NES Project Lead, SSSC Advisors</p>	Ongoing 2014/15	Variable	Resources can be accessed and used by learners whose first language is not English.
Delivery methods of training may not	Provision of resources in	Programme Lead NES and SSSC	Ongoing 2014/15	Variable	Resources can be accessed and used by

take into account the needs of people with learning difficulties such as Dyslexia, sensory impairments and the variety of learning styles of learners.	alternative formats Signpost those delivering training to Inclusive Education and Learning site on the Knowledge Network web site	EPM and Project Lead			learners with learning difficulties such as Dyslexia, sensory impairments and the variety of learning styles of learners.
Ensure any work commissioned externally will specify equality and diversity considerations in the contract	Contractors are aware of equality and diversity considerations and that these are reflected consistently across all programmes of work.		Ongoing 2014/15		All externally commissioned work will comply with equality and diversity considerations.
Opportunity to be involved with and influence the workforce outcomes workstreams may not take into account different work patterns or be representative of the NES/SSSC workforce	Work with Project Group to develop key questions to ask themselves about who is engaged in the workstreams and how this is supported. Develop action plan to address issues identified	Programme Lead NES and SSSC	Ongoing 2014/15		Workstreams are representative of the widest possible group of staff and any development opportunities associated with them are also available to widest possible group

7. Consultation

The development of the plan for this impact assessment involved consultation with the programme leads.

Consultation with stakeholders will be ongoing and integral to this programme, in line with the programme's Communication Plan.

Any issues arising from any consultation will be considered in the context of this EQIA.

8. Implementation of the Function

Taking into account all the evidence, consultation feedback, potential impacts, opportunities to promote equality, diversity and good relations, please explain what you will do and why.

Taking into account all the evidence the impact of the function is considered to be positive. It is anticipated that the activities and resources developed by the programme will promote equality for individuals, recognition of the diversity of experience among health and social services staff, and good relations.

Any potential negative impact identified in the plan will be considered and steps taken to address these. The most important consideration is to ensure that learning activities and resources will be accessible to all learners. We will ensure that online resources meet NES guidelines on digital media and will make printed publications available in alternative formats and languages on request.

9. Monitoring and Review

Please explain how the function will be monitored and reviewed

Input from staff, SGHD working groups, managers and educators on their understanding of Integration of Health and Social Care and workforce learning needs will be sought. Work is currently underway to evaluate the impact of the project work undertaken in 2012/13 (Sliding Doors) and, during 2014/15, an evaluation of the Carers work will be undertaken. This will be analysed to inform any future work and will be reported using a variety of methods as detailed in the joint Communications plan. A comprehensive monitoring and evaluation process will be developed for any future projects within the programme

Data from the evaluation of projects will inform any wider evaluation of the impact of the integration programme, including equality and diversity considerations identified in this assessment.

NES and SSSC will work with the Project Group to develop indicators in order to demonstrate progress towards the agreed outcomes. We will also develop processes to capture learning and evaluate the process itself, for example, what was the impact of working in collaborative, outcomes focused ways?

What supported or challenged new/different ways of working within the Project Group?

10. Communication

How will the results of this impact assessment be published and communicated?

The EQIA will be published on the NES and SSSC websites. It will also form part of a planned EQIA for joint working between NES and SSSC.

**Approved by Directorate Management Group (NMAHP)
Date: 26 March 2014**