

Equality Impact Assessment

Part 1: Background and information

<p>Title of proposal</p>	<p>Home First Programme</p>																
<p>Brief description of proposal (including intended outcomes & purpose)</p>	<p>The National Records of Scotland profile for Fife projects this council area to have the 3rd highest population out of the 32 council areas in Scotland in 2028.</p> <p>The Fife HSCP Annual Performance Report 2021-22¹ states that by 2043 Fife’s population is expected to decrease to 364,164. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers.</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <thead> <tr> <th></th> <th>2020</th> <th>2043</th> <th>% Change</th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>64,152</td> <td>53,522</td> <td>-17%</td> </tr> <tr> <td>16-64</td> <td>231,809</td> <td>209,218</td> <td>-10%</td> </tr> <tr> <td>65+</td> <td>78,169</td> <td>101,424</td> <td>+30%</td> </tr> </tbody> </table> <p>Projected percentage change in population by age group until 2043</p> </div> <p>In Fife, life expectancy at birth was higher for females (81.0 years) than for males (76.8 years) in 2019-21. Male life expectancy at birth has increased more rapidly than female life expectancy at birth between 2001-03 and 2019-21.</p>		2020	2043	% Change	0-15	64,152	53,522	-17%	16-64	231,809	209,218	-10%	65+	78,169	101,424	+30%
	2020	2043	% Change														
0-15	64,152	53,522	-17%														
16-64	231,809	209,218	-10%														
65+	78,169	101,424	+30%														

¹ https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0012/413031/HSCP-Annual-Performance-Report-2021_2022.pdf

Scottish Government Urban Rural Classification shows Fife localities range from urban to rural as below:

Council Area/ Health Board	Large urban	Other urban	Accessible small towns	Remote small towns	Accessible rural	Remote rural
Fife	0.0%	64.1%	17.7%	0.0%	18.2%	0.0%

Home First Vision

In this local context, the vision of the Home First Strategy is: **Everyone in Fife is able to live longer healthier lives at home or in a homely setting.**

The Home First Strategy focuses on integrated health and social care and how excellent collaborative working that exists in Fife can be maximised. It also strongly focuses on prevention, anticipation and supported self-management.

Person centre care is fundamental and ensuring the highest standards of quality and safety is at the forefront of all decisions. Families, carers and people are at the heart of everything the strategy aims to do; this strategy having been informed by the people of Fife.

A key objective is to have a single point of access, across all community settings, through a co-ordinated case management approach. People in Fife who require community support will be referred to a point of access and we will build capacity in communities to embed a new model of care.

The Home First strategy has the following five strategic priorities:

Priority 1	We will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible.
Priority 2	We will utilise digital systems and applications to enable relevant multi-agency access to a single Anticipatory Care Plan.
Priority 3	We will utilise digital systems and applications to create a single point of access and build capacity in communities to embed a new model of care.

		<p>Priority 4</p>	<p>We will ensure that people who present at the Victoria Hospital, Kirkcaldy (VHK) and do not need an acute admission, are redirected and supported to be cared for in the right place.</p>	
		<p>Priority 5</p>	<p>We will continue to build a model that utilises multi-agency Teams who can prevent admissions and support people to manage their long-term condition(s) at home.</p>	
<p>Lead Directorate / Service / Partnership</p>	<p>Fife Health and Social Care Partnership</p>			
<p>EqlA Lead Person</p>	<p>Author: Carol Kennedy – Project Support Officer – Fife HSCP Programme Management Office Reviewer: Anca Wilson – Programme Manager – Fife HSCP Programme Management Office</p>			
<p>EqlA Contributors</p>	<p>Lynne Garvey – Head of Community Care Services Lorraine Cooper-King – Business Manager – Fife HSCP Community Care Services</p>			

The Home First Programme is the delivery mechanism of the Home First Strategy. Upon delivery of the Home First Programme’s new capabilities, the following strategic outcomes should be achieved:

Key Desired Outcome

- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

Additional Desired Outcomes

- Services will be redesigned/developed in an integrated manner, with a focus on prevention, anticipation and supported self-management, via Single Point of Access (SPOA)
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- Services will be redesigned/developed so they are flexible to growing and changing demands, as well as being sustainable.
- Assessment and planning of treatment/ care will be co-ordinated.
- Data will lead the planning and commissioning of services.

	Justin Gilbert – Senior Project Manager – Fife HSCP Programme Management Office
Date of EqIA	11/05/2023

How does the proposal meet one or more of the general duties under the Equality Act 2010?

Please refer to the HSCP Equality Impact Assessment Guidance.

Consider proportionality and relevance (*See Page 10 of Guidance*).

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	<p>The Home First Strategy ensures that, by working effectively with partners, staff, local communities and individuals, its implementation does not disadvantage, discriminate or in other way have a negative impact on any individuals or people of Fife as a whole and challenges sources and biases towards inequality.</p> <p>Should any potential negative impacts arise, we seek to remove or reduce it by regularly monitoring the implementation.</p>
Advancing equality of opportunity	<p>Through the Home First Strategy implementation we will take steps to meet the needs of the persons who share a relevant protected characteristic, that are different from the needs of persons who do not share it.</p> <p>The Home First Programme will consult and actively seek the inclusion of 3rd sector partners, eg Fife Voluntary Action², to work with us to successfully address the needs of the protected characteristics categories.</p> <p>Locality Action Plans are currently being developed for each of the seven localities in Fife to ensure the equality of opportunity is achieved.</p>

² <https://www.fva.org/index.asp>

Fostering good relations	<p>The Home First Strategy has been developed in conjunction with stakeholders through a series of engagement sessions and their views were collated in the Home First Final Consultation Report (available upon request).</p> <p>The Home First Strategy will continue to consult and actively seek the inclusion of 3rd sector partners, eg Fife Voluntary Action, to work with us to foster positive relationships.</p> <p>We will encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.</p> <p>We will highlight and promote the positive outcomes from service redesign which foster good relations in particular those which go further to include and involve patients and their families and the Fife community as a whole.</p>
--------------------------	--

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland Duty	Please Explain
Socio-economic disadvantage	<p>The Home First Programme will review any data held for the Fife Council/ Health Board area, to measure all benefits derived from these service provision and model of care changes.</p> <p>To support the people of Fife throughout their lives and ensure that any changes or improvements undertaken will be aligned to the Fife Health and Social Care Partnership Strategic Plan for Fife (2019 to 2022) five key priorities:</p> <ol style="list-style-type: none"> 1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife 2. Promoting mental health and wellbeing 3. Working with communities, partners and our workforce to effectively transform, integrate and improve our services

	<p>4. Living well with long term conditions</p> <p>5. Managing resources effectively while delivering quality outcomes</p>																																													
Inequalities of outcome	<p>The Home First Strategy will ensure that the people of Fife have equal access to services across all localities and will work to reduce disparity between localities.</p> <p>An example is the Fife HSCP Community Bed Review currently being undertaken which highlighted the vast difference in the number of beds delivering service across the county in community hospitals and local authority care homes.</p> <p>Each of the localities have different populations and bed resources available therefore to enable comparison a bed rate per 100,000 population has been calculated which demonstrates that Kirkcaldy has the highest bed rate at 1185.1 per 100,000 population and South West the least with 474.3 (Table 1 below).</p> <table border="1" data-bbox="698 754 2024 1182"> <thead> <tr> <th colspan="9">Table 3: All Community Based Beds</th> </tr> <tr> <th></th> <th>Cowdenbeath</th> <th>Dunfermline</th> <th>Glenrothes</th> <th>Kirkcaldy</th> <th>Levenmouth</th> <th>North East Fife</th> <th>South West Fife</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total Beds</td> <td>416</td> <td>387</td> <td>497</td> <td>716</td> <td>442</td> <td>661</td> <td>237</td> <td>3356</td> </tr> <tr> <td>Locality Population (2020)</td> <td>41491</td> <td>59101</td> <td>49871</td> <td>60417</td> <td>37722</td> <td>75557</td> <td>49971</td> <td>374130</td> </tr> <tr> <td>Bed Rate per 100,000 Population</td> <td>1002.6</td> <td>654.8</td> <td>996.6</td> <td>1185.1</td> <td>1171.7</td> <td>874.8</td> <td>474.3</td> <td>897.0</td> </tr> </tbody> </table>	Table 3: All Community Based Beds										Cowdenbeath	Dunfermline	Glenrothes	Kirkcaldy	Levenmouth	North East Fife	South West Fife	Total	Total Beds	416	387	497	716	442	661	237	3356	Locality Population (2020)	41491	59101	49871	60417	37722	75557	49971	374130	Bed Rate per 100,000 Population	1002.6	654.8	996.6	1185.1	1171.7	874.8	474.3	897.0
Table 3: All Community Based Beds																																														
	Cowdenbeath	Dunfermline	Glenrothes	Kirkcaldy	Levenmouth	North East Fife	South West Fife	Total																																						
Total Beds	416	387	497	716	442	661	237	3356																																						
Locality Population (2020)	41491	59101	49871	60417	37722	75557	49971	374130																																						
Bed Rate per 100,000 Population	1002.6	654.8	996.6	1185.1	1171.7	874.8	474.3	897.0																																						

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required as the Home First programme will potentially have a significant impact on the population of Fife, including all recognised protected characteristics as detailed in Parts 2 and 3.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
Age (including older people aged 65+)	<p>In Fife, life expectancy at birth was higher for females (81.0 years) than for males (76.8 years) in 2019-21. This is higher than at a Scotland level for both females and males.</p> <p>Between 2001 and 2021, the population of Fife has increased by 7.1%. This is the 18th highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 8.2%.³</p> <p>Whilst the population of Scotland is projected to increase, Fife as a county is expected to see a slight population decrease over the next 10 years.</p>	<p>Changes to the health and social care services might negatively impact on adults, predominantly older adults, as a result of:</p> <ul style="list-style-type: none"> Lack of independence and wellbeing Reduced ability to promote recovery Reduced autonomy Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998) Early discharge / premature discharge can impact on human rights. No suitable support plan is in place for individual. 	<p>Part of the next stage of this exercise will be to review any data held for the Fife Council/ Health Board area, to measure all benefits derived from these changes.</p> <p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community</p>	<i>n/a</i>

³ <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>However, only younger age groups are expected to decrease, older age groups will see a significant increase in numbers, by 30% from 2020 to 2034.</p> <p>The Home First model will aim to positively impact on the streamlined and timeously discharge (for those identified as fit for discharge) from an acute setting (ward / admissions unit / front door). The dignity of patients will be paramount, and their human rights will be at the forefront of this model, ensuring that their independence and wellbeing support the ability to promote recovery.</p> <p>The Home First approach will ensure that people of all ages are supported to make decisions and be involved in the planning and processes for discharge. Advocacy and access to legal support and advice will be provided to those individuals who require it.</p> <p>Patients and their families will be supported to make informed</p>	<p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p>	<p>groups that have experience and expertise in engaging with people of different ages will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>decisions about the most appropriate discharge / homely setting, which will aid, support and promote recovery.</p> <p>Patients will be supported and encouraged to make their own choices about their recovery goals, which will be detailed in a personalised care and support plan.</p> <p>The HSCP 'Moving On' procedure serves to localise and make operational within Fife the Scottish Government Guidance (CEL 32(2013))⁴ Guidance on Choosing a Care Home on Discharge from Hospital.</p> <p>When the dignity of the individual is affected, the Home First Strategy will ensure that people are supported to make decisions and be involved in the planning and processes for discharge with the following support in place:</p> <p>Provision of advocacy</p> <p>Access to legal support and advice</p>			

⁴ https://www.sehd.scot.nhs.uk/mels/cel2013_32.pdf

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact						
	Patients will make their own choices about their recovery goals.									
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	<p>The Scottish Census of 2011⁵ definition covers those "living with a long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months. This includes problems that are related to old age."</p> <p>For the Fife council area population were categorised as 20.3% of respondents identified themselves as having a long-term health problem or disability.</p> <p>The Health Needs Assessment Report, published by NHS Scotland in 2004, highlighted that people with learning disabilities have both different and higher health needs, compared with the general population.⁶</p> <p>The Home First approach will aim to positively support the return to</p>	<p>Changes to the health and social care services might negatively impact on this protected category, as a result of:</p> <ul style="list-style-type: none"> Lack of independence and wellbeing Reduced ability to promote recovery Reduced autonomy Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998) Early discharge / premature discharge can impact on human rights. No suitable support plan is in place for individual. Risk to discharge - patient feels pressurised and does not feel ready to be discharged 	<p>The 2011 Scottish Census results below:</p> <table border="0"> <tr> <td>Limited a lot by Long-term health problem or disability</td> <td style="text-align: right;">9.5%</td> </tr> <tr> <td>Limited a little by Long-term health problem or disability</td> <td style="text-align: right;">10.8%</td> </tr> <tr> <td>Not limited</td> <td style="text-align: right;">79.7%</td> </tr> </table> <p>The data and its implications will be explored further as part of the next stage of this assessment.</p> <p>Future work should review recommendations developed in the Health Needs Assessment Report, to ensure the Home First programme is contributing to reducing health inequalities, in order to make a difference to the quality of life of persons with learning disabilities, that of their</p>	Limited a lot by Long-term health problem or disability	9.5%	Limited a little by Long-term health problem or disability	10.8%	Not limited	79.7%	<p><i>n/a</i></p> <p>National Indicators</p>
Limited a lot by Long-term health problem or disability	9.5%									
Limited a little by Long-term health problem or disability	10.8%									
Not limited	79.7%									

⁵ [Search | Scotland's Census - Area Overview - Results for 2011 \(scotlandscensus.gov.uk\)](http://scotlandscensus.gov.uk)

⁶ Health Needs Assessment Report – Summary - People With Learning Disabilities In Scotland <https://www.healthscotland.com/documents/1040.aspx>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>familiar / homely settings where patients can feel safe, and where personal goals can be discussed and support / signposting provided.</p> <p>The approach will ensure patient and family / carer involvement, understanding and comprehension of the process to allow informed, mutually agreed decisions to be made.</p> <p>Returning to familiar surroundings, where they feel safe will have a positive impact on the individual.</p> <p>Successful placement will be dependent on visiting services / home adaptations being fully in place at time of return home.</p> <p>Considerations must be made with regard to appropriate discharge setting.</p>	<p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p>	<p>families and enrich social experiences.</p> <p>Discussion and collaboration with internal and external partners and community groups that have experience and expertise in engaging with people of this protected category will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from any suggested changes.</p>	
Gender Reassignment	Using the recommendations and learning from the National and Fife LGBT+ assessments, the intention will be to improve and integrate services particularly those	Considerations must be made with regard to appropriate discharge setting, e.g. including the confidentiality and safety of the individual.	Continue to monitor the impact from the Scottish and UK Government on the Gender	<i>n/a</i>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>regarding Gender Identity Clinics (GIC) and services.</p> <p>Key to this will be to improve the communications and public perception of these services.</p> <p>To improve integration and care with other local NHS Fife services, particularly around mental health, which could reduce the negative impacts caused by prolonged waits to access these GIC services.</p> <p>Access to health services for those who are transgender – ensuring that for example screening services continue to be provided for those who are now living as a gender other than at birth.</p> <p>Improvements in digital first approaches will help the patient to retain confidentiality and safety.</p>	<p>Changes to the health and social care services might negatively impact on this protected category, as a result of:</p> <p>Reduced ability to promote recovery</p> <p>Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998)</p> <p>Early discharge / premature discharge can impact on human rights.</p> <p>Person doesn't feel ready to be discharged.</p> <p>No suitable support plan is in place for individual.</p> <p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p>	<p>Recognition Reform bill.⁷</p> <p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protective characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this exercise will be to review any data</p>	

⁷ <https://www.parliament.scot/bills-and-laws/bills/gender-recognition-reform-scotland-bill>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
		The impact of the Gender Recognition Reform bill; changes to how care is provided for those who are transitioning may impact on local staff who may need further training and support and understand how integrated working can further benefit those who are trans.	held for the Fife Council/Health Board, to measure all benefits derived from these changes. Consideration to the use of pronouns, support groups, family relations.	
Marital Status (Marriage and Civil Partnerships)	The National Records for Scotland profile show the number of people in Fife entering marriages and civil partnerships was significantly impacted by Covid-19. ⁸ Prior to this marriage rates had declined over the past 10 years, with civil partnerships increasing marginally. The Home First approach will aim to positively support the return to familiar / homely settings where patients can feel safe, and where personal goals can be discussed and support / signposting provided.	Changes to the health and social care services might negatively impact on this protected category, as a result of: No suitable support plan is in place for individual. Risk to discharge - patient feels pressurised and does not feel ready to be discharged Couples who are carers may be disadvantaged by changes to services provided to those they care for. Often these impacts can be significant, such as affecting their ability to combine caring with	Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations. These organisations provide services which target issues related to domestic (Domestic abuse, family homelessness),	<i>n/a</i>

⁸ https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html#marriages_and_civil_partnerships

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>The approach will ensure patient and family / carer involvement, understanding and comprehension of the process to allow informed, mutually agreed decisions to be made.</p> <p>Considerations must be made in regard to couples wishes i.e., those who wish to remain together or who are dependent on one another.</p>	<p>employment, a breakdown in the caring role, economic hardship, or a negative impact on the carer's own health and wellbeing.</p>	<p>marriage, and civil partnerships, and we will aim to work with them as part of the exercise.</p> <p>Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protective characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p>	
Pregnancy and Maternity	<p>Birth rates have been falling steadily for several years. Fewer children were born in Fife in 2020 than any other year since records began in 1855.</p> <p>However, Fife also has the highest rate of teen pregnancy in Scotland. Rates of teenage pregnancy varied depending on</p>	<p>Changes to the health and social care services might negatively impact on this protected category, as a result of:</p> <p>Reduced ability to promote recovery</p> <p>Delayed discharges impact on the right to a private life (article 8 of</p>	<p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into</p>	<i>n/a</i>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>where women lived.</p> <p>The areas of highest deprivation in Scotland had pregnancy rates more than four times higher than the least deprived areas (52.6 compared to 11.8 per 1,000).</p> <p>The new Home First Model must ensure that access to services is available for pregnant and nursing people in a timely and safe manner to support the individual and their family.</p> <p>Nationally, black and minority ethnic women have higher levels of maternity neonatal/ birth deaths, and it is believed that this area of the local population will benefit by ensuring services are planned with the individual who feels supported and safeguarded at all stages.</p>	<p>the Human Rights Act 1998)</p> <p>Early discharge / premature discharge can impact on human rights.</p> <p>Person doesn't feel ready to be discharged.</p> <p>No suitable support plan is in place for individual.</p> <p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p>	<p>existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p> <p>Public Health England produced a paper titled "Maternity high impact area: Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies", which may be helpful to review.</p>	
Race (All Racial Groups including	Communication needs should be met, including improved access to	Changes to the health and social care services might negatively	The Home First work must explore more about the diversity of the	<i>n/a</i>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
Gypsy/Travellers)	<p>translation service online as well as via traditional printed and in person services.</p> <p>Cultural considerations and awareness of the needs and issues relating to race, and ethnicity will be provided to ensure patient centred care is provided and the culture of individuals is respected, and any perceived barriers removed.</p> <p>Understanding of cultural differences of racial group must be considered to support patients and families and the Home First programme will aim to consider all these aspects when considering changes to the model of care.</p>	<p>impact on this protected category, as a result of:</p> <p>Reduced ability to promote recovery</p> <p>Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998)</p> <p>Early discharge / premature discharge can impact on human rights.</p> <p>Person doesn't feel ready to be discharged.</p> <p>No suitable support plan is in place for individual.</p> <p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p> <p>It has been recognised that health inequalities impact disproportionately upon social and economic disadvantaged communities, race and ethnicity</p>	<p>local community and what their needs may be to ensure fair participation and meet health needs.</p> <p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
		<p>can further define life expectancy and outcome.</p> <p>The 2011 Census for Scotland showed seven Fife Localities were predominantly white and therefore there is a risk that other ethnic groups may be overlooked, and the Home First Programme must explore more about the diversity of the local community and what their needs may be to ensure fair participation and meet health needs.</p>	<p>exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p>	
<p>Religion, Belief, and Non-Belief</p>	<p>In Scotland's 2011 census, religion was an optional question and 7% of people did not state their religion, this was mirrored in Fife.</p> <p>The census recorded a rise in people with no religion between 2001 and 2011, while Church of Scotland numbers dropped. Fife results highlighted that 31% of respondents reported their religion as Church of Scotland and 46% declared no religion.</p> <p>Whilst other religions were</p>	<p>Changes to the health and social care services might negatively impact on this protected category, as a result of:</p> <p>Reduced ability to promote recovery</p> <p>Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998)</p> <p>Early discharge / premature discharge can impact on human rights.</p>	<p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community</p>	<p><i>n/a</i></p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>indicated on the return, these were significantly less than the above (>20% for all other religions combined).</p> <p>Diet and religious practices will be included in planning processes when looking at Home First model of delivery.</p> <p>Also, access to spiritual care and support must be considered.</p>	<p>Person doesn't feel ready to be discharged.</p> <p>No suitable support plan is in place for individual.</p> <p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p>	<p>groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p>	
Sex (Women and Men)	<p>In 2021, there were more females (51.4%) than males (48.6%) living in Fife. There were also more females (51.2%) than males (48.8%) living in Scotland overall.⁹</p> <p>Recognition of previous negative experiences of care and health must be taken into account as part of the model of care proposed by Home First programme.</p> <p>LGBT rights must be considered in terms of their choices, experiences</p>	<p>Changes to the health and social care services might negatively impact on this protected category, as a result of:</p> <p>Reduced ability to promote recovery</p> <p>Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998)</p> <p>Early discharge / premature discharge can impact on human</p>	<p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p>	<i>n/a</i>

⁹ Public Health Scotland data and intelligence

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>of care and health, access to support which is appropriate for their needs. Lifestyle and family life must also be supported in the discharge process and new placement.</p> <p>Needs must be met as part of the planning processes, to ensure fair inclusion and participation in addition to fair service provision meeting needs for all sexes.</p>	<p>rights.</p> <p>Person doesn't feel ready to be discharged.</p> <p>No suitable support plan is in place for individual.</p> <p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p>	<p>The area of gender-based violence should be reviewed in particular.</p> <p>Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p> <p>The HSCP staff should also take the opportunity to complete the leaning available on gender-based violence, trafficking and modern slavery etc.</p>	
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	Recognition of previous negative experiences of care and health. LGBT rights must be considered in	Changes to the health and social care services might negatively impact on this protected category,	Continue to monitor the impact from the Scottish and UK Government on the Gender	<i>n/a</i>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>terms of their choices, experiences of care and health, access to support which is appropriate for their needs. Lifestyle and family life to be supported in the discharge process and new placement.</p> <p>There is an overarching aim to improving access and experience of health care for LGBT groups by listening and learning from research and local feedback.</p> <p>Fife LGBT Community Needs Assessment Report, published January 2016 has made a series of recommendations which will be used to inform the support, access and experience of Healthcare for LGBT groups. These link into Fife's Health Inequality Strategy (Fife Health & Wellbeing Alliance, 2015) 3 themes approach to reducing health inequalities. This has been used as a framework for recommendations for the partners, to help those planning and delivering services and support across Fife to better recognise and meet the needs of lesbian, gay,</p>	<p>as a result of:</p> <p>Reduced ability to promote recovery</p> <p>Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998)</p> <p>Early discharge / premature discharge can impact on human rights.</p> <p>Person doesn't feel ready to be discharged.</p> <p>No suitable support plan is in place for individual.</p> <p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p> <p>The impact of the Gender Recognition Reform bill; changes to how care is provided for those who are transitioning may impact on local staff who may need further training and support and</p>	<p>Recognition Reform bill: https://www.parliament.scot/bills-and-laws/bills/gender-recognition-reform-scotland-bill.</p> <p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>bisexual, and transgender people.</p> <p>The National Health needs assessment of LGBT+ people summary infographic report June 2022, details learning from these communities and details a further series of recommendations including the overarching recommendation “Directors of Public Health and Public Health Scotland are asked to champion the recommendations from this report within their local health boards, and nationally with COSLA and Scottish Government.” The learning in both documents will be considered and responded to proportionately according to those needs and improvement in service experience as part of the implementation of the Home First model of care.</p>	<p>understand how integrated working can further benefit those who are trans.</p>	<p>exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p>	

Please also consider the impact of the policy/strategy/process change in relation to:

	Positive impact	Negative impact	Mitigations	No Impact
Armed Forces Community	<p>As referenced in the HSCP-Annual-Performance-Report-2021-2022.pdf (page 28), supporting the mental health and wellbeing of veterans is noted specifically under Priority 2 Promoting mental health and wellbeing.</p> <p>In particular the example of the Veterans First Point (V1P) Fife service which was established in 2015, as part of a Scottish Government commitment to veterans to meet responsibilities linked to the Armed Services Covenant. The initiative is now 50% funded by Fife Health and Social Care Partnership. The V1P service model takes a holistic psychosocial perspective to mental health and wellbeing, working with a range of community partners to address wider determinants of poor mental health and wellbeing. The V1P Fife service has committed to developing and growing a trauma-informed service, systems and relationships. Work to achieve this has included staff carrying out a trauma-</p>	<p>Individuals currently serving in the armed forces, veterans, and their family members, may be disadvantaged by changes to service provision resulting in delayed or limited access to health and social care, housing or educational services. The Armed Forces Covenant places specific requirements on the Integration Joint Board/Health and Social Care Partnership which should be considered prior to any proposed changes.</p>	<p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p> <p>In regard to patient discharge,</p>	<i>n/a</i>

	Positive impact	Negative impact	Mitigations	No Impact
	<p>informed walk through of the new Rosewell Centre to identify aspects of the environment that, for staff, fit with trauma-informed values and aims.</p> <p>Home First model will seek to consider all these aspects when the model of care is being implemented.</p>		<p>subject matter expertise will be sought for the armed Forces community to address any specific impact.</p>	
Carers	<p>Referenced in the Localities documentation Many carers are included in the protected characteristics groups highlighted above. This includes carers who are in protected characteristics groups themselves, and individuals who care for other people that are in protected characteristics groups.</p> <p>All carers are included in the Partnership's Carers Strategies and the supporting delivery plan, guidance, and procedures. This approach ensures that carers, requirements, and potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role, are considered in all planning and service changes.</p>	<p>Carers may be disadvantaged by changes to services provided to those they care for. Often these impacts can be significant, such as affecting their ability to combine caring with employment, a breakdown in the caring role, economic hardship, or a negative impact on the carer's own health and wellbeing.</p> <p>Changes to the health and social care services might negatively impact on this protected category, as a result of:</p> <p>Reduced ability to promote recovery</p> <p>Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998)</p> <p>Early discharge / premature discharge can impact on human</p>	<p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p>	<i>n/a</i>

	Positive impact	Negative impact	Mitigations	No Impact
	Home First model will seek to consider all these aspects when the model of care is being implemented.	<p>rights.</p> <p>Person doesn't feel ready to be discharged.</p> <p>No suitable support plan is in place for individual.</p> <p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p>	<p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p> <p>Follow guidance set out in the Carers Strategy for Fife 2018-21¹⁰ and the Young Carers guide¹¹, to review the updated papers when available at https://www.fifehealthandsocialcare.org/carers</p>	
Looked After Children and Care Leavers	<p>Referenced in the Localities doc The Children (Scotland) Act 1995¹² (as amended) set out that local authorities have a legal duty to:</p> <ul style="list-style-type: none"> • prepare young people for leaving care or ceasing to be looked after • provide advice and assistance to young people who have ceased to be looked after on or after their 16th birthday. Local authorities are legally required 	<p>The impact on those leaving residential care versus a family environment may not be understood.</p> <p>The impact of the change from being classified from child to adult itself may cause anxiety.</p> <p>Removal of support and resources which may have been relied on.</p> <p>Changes to the health and social care services might negatively impact on this protected category, as a result of:</p>	<p>Extensive consultation was carried out around the draft Home First Strategy, which some people with those protected characteristics could have attended. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations.</p> <p>Discussion and collaboration with these partners and community</p>	<i>n/a</i>

¹⁰ https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0020/188201/Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf

¹¹ https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0032/188339/Young-Carers-Guide-2018_V4.pdf

¹² <https://www.gov.scot/policies/looked-after-children/>

	Positive impact	Negative impact	Mitigations	No Impact
	<p>to provide aftercare support until the care leaver turns 19, and to assess any eligible needs for aftercare support until they turn 26 (or beyond in some cases)</p> <p>These duties are set out in the Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003.</p> <p>Home First model will seek to consider all these aspects when the model of care is being implemented.</p>	<p>Reduced ability to promote recovery</p> <p>Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998)</p> <p>Early discharge / premature discharge can impact on human rights.</p> <p>Person doesn't feel ready to be discharged.</p> <p>No suitable support plan is in place for individual.</p> <p>Risk to discharge - patient feels pressurised and does not feel ready to be discharged</p> <p>Considerations must be made regarding appropriate discharge setting.</p> <p>Lack of advocacy provided.</p>	<p>groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p> <p>Further information on this subject can be found on the Fife Council website¹³.</p>	
Privacy (including information security, data protection, and human rights)	<p>Personal and identifiable records should be safeguarded and handled in an appropriate manner according to the guidelines set out for each organisation. It should only be used for the purpose required, handled in a way that ensures appropriate security,</p>	<p>Changes to the services may impact on the privacy of the individual if data is shared outside of the currently prescribed routes.</p> <p>Considerations must be made with regard to appropriate steps are taken to ensure that the privacy of</p>	<p>Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.</p> <p>Organisational mandatory training will be reviewed periodically to</p>	<i>n/a</i>

¹³ [Looked after Children \(Children in Care\) | Fife Council](#)

	Positive impact	Negative impact	Mitigations	No Impact
	<p>including protection against unlawful or unauthorised processing, access, loss, destruction, or damage.</p> <p>Home First model will seek to consider all these aspects when the model of care is being implemented.</p>	<p>the individual is protected.</p>	<p>ensure that it is relevant and up to date.</p> <p>Mandatory training is provided for all HSCP, Fife Council and NHS Fife staff.</p> <p>This includes, but is not limited to, Data Protection, Information Governance, Prevent (Terrorism) etc.</p>	
Economy	<p>The Fairer Scotland Duties¹⁴ is statutory guidance for public bodies and came into force on 1 April 2018 and was last updated 19 August 2022.</p> <p>It aims to help them actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>It places a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The HSCP Strategic plan has</p>	<p>Continued business and funding constraints from the Scottish and UK Government, may impact on service provision.</p> <p>Continued funding pressures at local level might impact on the HSCP ability to deliver its programmes.</p>	<p>Locality data will inform the socio-economic aspects to be able to implement the requirements of the Fairer Scotland Duties.</p> <p>Continue to monitor the potential financial constraints from the Scottish and UK Government and at local level, and how they may impact on current and future service provision.</p>	

¹⁴ <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/pages/0/>

	Positive impact	Negative impact	Mitigations	No Impact
	<p>considered the impact of economic changes on the people of Fife and the Medium Term Financial Strategy includes appropriate mitigations for potential economic impacts.</p> <p>The Home First Programme aims to provide better value for people of Fife.</p>			

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Scottish Government Urban Rural Classification 2020 - Mid-year 2020 Population Estimates Tables	https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2022/05/scottish-government-urban-rural-classification-2020/documents/scottish-government-urban-rural-classification-2020-mid-year-2020-population-estimates-tables/scottish-government-urban-rural-classification-2020-mid-year-2020-population-estimates-tables/govscot%3Adocument/scottish-government-urban-rural-classification-2020-mid-year-2020-population-estimates-tables.xlsx
FHSCP Annual Performance Report 2021-22	https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0012/413031/HSCP-Annual-Performance-Report-2021_2022.pdf
Scotland 2011 census	2011 census Scotland's Census (scotlandscensus.gov.uk)
National Records of Scotland	https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html

Public Health Scotland Data and Intelligence SPARRA Model	https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/SPARRA-Model/
Scottish Public Health Observatory (ScotPHO)	https://www.scotpho.org.uk/
Consultation exercises undertaken in 2022 - 14 sessions and 3 rd sector agencies, staff	<p>Consultation feedback on the Strategic Vision for the Home First Strategy was held between 11th August 2022 to 30th September 2022.¹⁵</p> <p>Of the 196 responses:</p> <ul style="list-style-type: none"> • 63% (123) of these responses were from different staffing groups individuals across NHS Fife, Fife Council and Fife HSCP • 14% (27) were from the Third Sector Interface Forum • 7% (15) were from the Independent Care Sector • 3% (6) represented Fife's Advocacy Forum • 5% (9) were Carers representative with experience of family members being discharged from hospital • The remaining 8% (16) responded via MS Forms which included all Stakeholder groups
Evidence gaps	Planned action to address evidence gaps
1. Armed Forces Community	At present there are a few data sources in use in the HSCP which specifically deal with the armed forces community in Fife. The Home First Programme will be actively seeking the inclusion of the existing networks, through third and voluntary sector groups and organisations, to work with us as part of the exercise to close the gap.
2. Economy	The Home First Programme will use Fairer Scotland Duty as a resource, and to consult/ actively seek the inclusion of existing groups across communities and will tap into existing networks, through third and voluntary sector groups and organisations, to work with us as part of the stage 2 of the Equality Impact Assessment process.

¹⁵ S:\HSCP - NHS Staff\Transformation and Change\Our Fifers Matter - Independent living\Home First\0.3 Subgroups\ HF - summary presentation_v303112022

	<p>Considerations will be given to the implications of the Fife HSCP Medium Term Financial Strategy and its implications on the Home First model of care, including transforming how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.</p>
3. Carers	<p>We will seek subject matter expertise from existing networks, through third and voluntary sector groups and organisations, to review the impact of the Home First Programme on young and other carers, following the development of the HSCP strategies for Carers¹⁶ and Young Carers Guide¹⁷ which are currently under review, and further stages of the EQIA process will reconsider any potentially impact to this specific protected characteristic.</p>

¹⁶ https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0020/188201/Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf

¹⁷ https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0032/188339/Young-Carers-Guide-2018_V4.pdf

Part 3: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead Person	Timescale
1. This EQIA should be reviewed regularly and following a significant change relating to the policy/procedure/strategy/ practice e.g. on publication of the Carers Strategy.	Anca Wilson, Programme Manager	July 2025
2. The Home First Programme should consult and actively seek guidance from specialist organisations working within these protected characteristics. Contact should be made with FVA etc to identify groups who can provide subject matter expertise on mitigating the negative impacts of change.	Anca Wilson, Programme Manager	Ongoing as part of the specific workstreams delivering Home First Strategy
3. Each of the seven localities in Fife have their own unique profiles and characteristics. Any service changes must to address inequalities and improve health and wellbeing outcomes across these communities.	Anca Wilson, Programme Manager Home First Workstream Chairs	Ongoing, by March 2026, which is the estimated completion of Home First Programme

Sign off

(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.)

Date completed: 3/07/2024	Date sent to Compliance Team: 3/07/2024 FOI.IJB@fife.gov.uk
Senior Officer Name: Anca Wilson	Designation: Programme Manager

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	2024.003
Date checked and initials	21/03/2024