



Aberdeenshire
Health & Social Care
Partnership

Equalities Mainstreaming & Outcomes Report 2018-20

and

Equalities Outcomes 2020-24

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Foreword

On behalf of Aberdeenshire Health and Social Care Partnership (AHSCP), we are pleased to share this progress report on the mainstreaming of equalities across the HSCP, an update on delivery of the 2016-20 Equalities Outcomes, and to set out our new Equality Outcomes for 2020-24.

Since our first Equalities Mainstreaming report was published two years ago, we have continued to make positive progress towards embedding equalities within our governance processes and policies, and in working to meet the needs of everyone who uses our services. As we reported two years ago, we continue to operate in a challenging climate, both financially and in terms of the changing demographics of our local population, particularly in relation to our ageing population. As such, the progress we have made shows positive developments, and reflects the good work and commitment of our staff.

As Aberdeenshire Health & Social Care Partnership has matured since its inception in 2016, we have identified how consideration of equalities matters can be further embedded within our systems and processes and how the implementation of our new Strategic Plan for 2020-25 can be carried out in way that is fair and equitable for all our local communities. This report sets out how we propose to do this.

Our second set of Equality Outcomes for 2020-24 have been shaped by the insights and feedback gathered through a wide programme of engagement over the last year. We would like to thank everyone who has been involved in helping us to set the direction of our equalities work for the next four years and we look forward to ongoing input from our local communities as we continue to review and reflect on our progress.

Angie Wood, Interim Chief Officer

Councillor Anne Stirling, Chair, Aberdeenshire IJB

Rhona Atkinson, Vice Chair, Aberdeenshire IJB

Section One - Introduction and Context

1.1 Introduction

The Aberdeenshire Health and Social Care Partnership was formed in April 2016 as a result of the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the Act is to integrate planning and delivery of certain adult health and social care services. The Partnership is governed by an Integration Joint Board (IJB) who have responsibility for governance, strategy and scrutiny.

Aberdeenshire HSCP has taken on responsibility for health and social care services previously managed by NHS Grampian and Aberdeenshire Council and is responsible for adult health and social care services across Aberdeenshire. Our vision for integrated health and social care services in Aberdeenshire is:

‘Building on a person’s abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities.’

Our commitment is to provide health and social care services in a fair way that meets the needs of everybody who needs them. We recognise that not everyone can access services easily or can achieve equal health and social care outcomes. Aberdeenshire Health and Social Care Partnership is taking steps to consider the needs of people with protected characteristics in the way we design and deliver health and social care services in Aberdeenshire. People with protected characteristics are defined in the Equality Act (2010) as:

- Age.
- Disability.
- Gender Reassignment.
- Marriage and Civil Partnership.
- Pregnancy and maternity.
- Race.
- Religion or belief.
- Sex.
- Sexual Orientation

We are continuing to build equalities into our structures, decision making, strategies and plans and service delivery. In this report we outline the approaches AHSCP has taken over the past two years to mainstream equalities and deliver on the Equalities Outcomes agreed by Aberdeenshire Health and Social Care Partnership Integrated Joint Board in April 2016. We have used case studies to “bring this report to life”.

In line with legislation, we also present a new set of Equalities Outcomes that AHSCP will be working on between 2020-24. These revised outcomes are the result of wide ranging

engagement with the public, staff, service users and their families about 'what is important to them' in relation to providing services in a fair way and reviewing evidence.

1.2 Aberdeenshire in the Context of Equalities

Aberdeenshire in the context of equalities

In considering data by protected characteristic, this is what we know about residents of Aberdeenshire. There are no data available for the protected characteristic of gender reassignment at the time of publication of this report.

Age

Aberdeenshire total population = 261,470

0 to 15 year olds = 18.8% of the population
16 to 24 years olds = 9% of the population
25 to 44 year olds = 24% of the population
45 to 64 year olds = 29.2% of the population
65 to 74 year olds = 11% of the population
75s and over = 8% of the population

Source: National Records of Scotland, Mid 2018 Population Estimates

Gender

Male = 130,179 (49.8% of the population)
Female = 131, 291 (50.2% of the population)

Source: National Records of Scotland, Mid 2018 Population Estimates

Ethnicity

Scottish = 207,936
Other British = 31,158
Irish = 1,162
Gypsy/Traveller = 175
Polish = 3,020
Other White = 5,661
Asian, Asian Scottish or Asian British = 2,037
African = 490
Caribbean or Black = 269
Other ethnic group = 294
Mixed or multiple ethnic group = 771

Source: 2011 census

Disability

Day-to-day activities limited a little = 23, 294 (9%)

Day-to-day activities limited a lot = 16,038 (6%)

Source: 2011 census

Religion & Belief

No religion = 108376

Church of Scotland = 91888

Religion not stated = 19264

Other Christian = 19101

Roman Catholic = 12138

Muslim = 691

Other religion = 676

Buddhist = 437

Hindu = 282

Jewish = 71

Sikh = 51

Source: 2011 census

Pregnancy & maternity

Age group of mothers in 2018

All ages = 2,697

0 to 19 = 47

20 to 24 = 300

25 to 29 = 788

30 to 34 = 943

35 to 39 = 508

40 and over = 111

Source: National Records of Scotland, Mid 2018 Population Estimates

Marriage/civil partnership

1,249 marriages registered.

Source: National Records of Scotland, Mid 2018 Population Estimates

Sexual orientation

98.1% Heterosexual/ Straight

0.8% as Gay/ Lesbian

0.2% Bisexual or other

0.7% not disclosed.

Source: 2015 Scottish Household Survey

Section 2 Mainstreaming Equalities Between 2018-2020

This section provides an update on the progress we have made in the last two years in relation to mainstreaming equalities, in the way we go about our business across the six key areas:

- Leadership and accountability;
- Decision making, resource allocation and measuring performance;
- Policy and strategic planning;
- Service delivery;
- Supporting the workforce; and
- Engaging with people.

2.1 Leadership & Accountability

The Integration Joint Board (IJB) and the Strategic Planning Group (SPG) are legally required under the Public Bodies (Joint Working) (Scotland) Act 2014 to ensure decision making gives due regard to the Public Sector Equality Duty and the Chief Officer ensures legislative requirements are implemented and adhered to.

Equalities Champions Network

Since the 2018 report, work has taken place to expand the network of Equalities Champions within AHSCP in order to develop our approach to supporting, embedding and promoting the equalities agenda.

All members of the IJB became Equalities Champions in 2018. The role of the IJB Champion is to encourage discussion on equalities when attending meetings and

development sessions and to act as a point of contact for any equality-related queries which other IJB members may have.

Case Study: IJB development sessions

To support members of the IJB in their equalities leadership role, three development sessions took place during 2018, 2019 and 2020. The purpose of a development session is to provide an opportunity to take a 'deeper dive' into an issue, to facilitate discussion and feedback to HSCP officers, and to shape the direction of an area of work.

In September 2018, a development session was held to provide IJB members with an overview of equalities legislation with particular reference to the new Fairer Scotland Duty, protected characteristics, and guidance on how they should give due consideration to equalities matters in strategic decision making. Discussions took place about the evidence-base regarding the representation of protected groups in Aberdeenshire and some of the limitations with the information currently available. IJB members also expressed an interest in receiving information about relevant case law, which could provide examples relevant to health and social care services to help inform their understanding and application of the duties in their role.

To inform the HSCP's new Equality Outcomes for 2020-24, two further development sessions took place with the IJB in September 2019 and January 2020. At the September session, the IJB reflected on the themes emerging from engagement activity during spring and summer 2019 and provided feedback about how these themes could inform the focus of the new outcomes. The session in January enabled discussion about the draft Equality Outcomes, and the final stages of engagement which would be taking place to seek feedback from relevant groups in order to finalise the outcomes. The outcome of these development sessions is that the new Equality Outcomes for 2020-24 have been developed with input from the IJB, they have been involved with and have contributed to the development process and have had opportunities to hear about and discuss findings from engagement activity with protected groups and staff as they have emerged.

Equality Champions Group

The HSCP's Equalities Champions Group was established in 2018. The role of this group is to develop a shared vision and approach to mainstreaming equalities across AHSCP on behalf of the Senior Management Team and in accordance with the legal equalities duty placed on the IJB. The Equalities Champions group has representation from the three Health and Social Care operational teams in the geographical areas of North, Central and South Aberdeenshire and from the Business and Strategy Service. A range of professionals within the HSCP including care management, allied health

professionals, support services, health and wellbeing, mental health, health visiting services and strategy are represented on the group. In addition to shaping the strategic approach to mainstreaming equalities, members of the group provide a conduit for two-way information sharing between the Equalities Champions Group and the operational teams on the front-line of service delivery, for example through gathering staff views as part of the development of the HSCPs new Equality Outcomes.

Programme Boards Role in Considering Equalities

During the last two years, AHSCP has established four programme boards to drive forward the service change required to deliver models of care fit for the future, in line with our strategic priorities. The focus of these four boards are – Reshaping Care, Enabling Health and Wellbeing, Engagement, and Safe Effective and Sustainable. Each programme board is led by a HSCP Partnership Manager and encompasses various projects and work-streams. The key responsibilities of the programme boards are:

- To lead and monitor implementation of the programme plans ensuring participation and involvement from all relevant partners and stakeholders.
- To provide strategic co-ordination to the various projects and sub-groups taking forward separate pieces of work under the auspices of the programme plan.
- To promote and facilitate a continuous improvement approach to the overall programme and support the use of data to guide decision-making and evidence impact of projects.

These boards have a key role to actively consider and identify mitigating action (in relation to their programme plans) required to ensure that protected groups are not disadvantaged in their access to or experience of HSCP services. Equality Impact Assessment Tools are used to achieve this.

2.2 Decision making, resource allocation and measuring performance

Fairer Scotland Duty

The Fairer Scotland Duty came into effect on 1 April 2018, legally requiring public authorities to also actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when they make strategic decisions. Through our place on the Aberdeenshire Council Equalities Strategy Board, AHSCP has been involved with the development of an online Integrated Impact Assessment, which will encompass several impact assessment elements within one online tool, including socio-economic factors. Pending the completion of this project, the HSCP's Senior Management Team adopted the revised Aberdeenshire Council Equalities Impact Assessment process, which incorporates socio-economic factors, in order to be compliant with the Fairer Scotland Duty.

Over the last two years, a number of key strategic decisions have been informed by these Impact Assessments, including changes to service provision by Aberdeenshire Minor Injury Units, the development of the new Strategic Plan for 2020-25 and changes to the provision of in-patient services in Peterhead.

Case Study: Fairer Scotland Duty Training

During 2019 and 2020 training sessions were offered to staff to provide guidance on carrying out Impact Assessments which now require consideration of socioeconomic impact alongside the requirement of the equalities duties.

The training took a practical approach by looking at examples of existing HSCP Equalities Impact Assessments to identify good practice and areas for development. Case studies of how the duty had been considered in other relevant health and social care organisations were also discussed.

These training sessions are supplemented by written guidance on completing the new combined Impact Assessment documents which all staff can access and refer to.

More general equalities training is still undertaken by HSCP staff as part of their induction and ongoing training and development, as set by their employer organisation.

Interpretation and Translation Services Use

The HSCP’s first review of interpretation and translation service performance was carried out in 2019. Interpreting and translation is provided to health and social care services by our two respective parent organisations – NHS Grampian and Aberdeenshire Council. The review was undertaken to understand in the first instance the use and need of these services across AHSCP as a whole.

The data pertaining to NHS and Council interpretation and translation services was reviewed for the period January-December 2018. During 2018, the most frequently requested languages were:

NHS services	Council services
1. Polish	1. Arabic
2. Arabic	2. Latvian
3. Russian	3. Lithuanian
4. Lithuanian	4. Polish
5. Romanian	5. Russian

Analysis of the available data shows that uptake of interpretation and translation services is greatest in North Aberdeenshire and is lowest in South. This correlates with information about where ‘EU 8’ nationals (people from the Czech Republic,

Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) are most likely to reside within Aberdeenshire.

This review highlighted a number of differences in the way the service information is currently reported by the two organisations, making it more challenging for AHSCP to systematically review the data as a whole. Action has been carried out to improve the consistency in how interpretation and translation data is collated, by introducing a more systematic data collection process. This review also highlighted that information on support for people with sensory impairment needs further consideration.

Moving forward, annual analysis of this data will be undertaken. This alongside service user feedback will be used to inform awareness raising with staff, to ensure that there is equitable access to interpretation and translation services for HSCP patients and service users across Aberdeenshire. AHSCP staff have been asked about their knowledge of these services and any barriers to uptake as part of the staff equalities survey which was carried out in August-September 2019 as part of the development of the new Equality Outcomes for 2020-24. Findings from the survey will also be used to inform development activity with staff moving forward.

Monitoring Protected Characteristics of Service Users

Since the time of the last mainstreaming report, we have reviewed how we can more systematically gather monitoring information about the people who use our services, to monitor service performance in terms of the representation of protected groups. Across the majority of our services this equalities monitoring information is not routinely recorded. A project is underway to incorporate the collection of equalities monitoring information through a new referral form, which is being developed to support integrated working for multi-disciplinary teams. This new referral form will replace a number of forms which were used by different teams within the HSCP. The form will capture the client's information once, rather than multiple times for different services, and is part of the shift to multidisciplinary teams working together in an integrated way to provide person-centred care. The implementation of the new referral form requires all HSCP staff to be able to access both NHS and Council systems, and ICT options are currently being assessed. When a solution is in place, this data will enable us to identify necessary training and development for staff, and on development/improvements with HSCP service, with the aim of improving the experience and outcomes of HSCP patients and service users from across all the protected groups. This work will be aligned with the action plan for our new 2020-24 Equality Outcomes.

Financial Planning

AHSCP has been focussed on making sure a consistent, robust and explicit approach is taken to considering the needs of people with protected characteristics in service design, improvement and change. Further work will be required to ensure that the IJBs budget setting processes and its Mid Term Financial Plan fully consider the implications of financial decisions for people with protected characteristics. As we continue to

operate in an ever more challenging climate, both financially and in terms of the changing demographics of our local population, difficult decisions are inevitable.

2.3 Policy and strategic planning

Development of Strategic Plan 2020-25

Aberdeenshire HSCP is legally required to produce a Strategic Plan that describes how it intends to improve the health and wellbeing of adults in Aberdeenshire through the design and delivery of integrated health and social care services. During 2019, a broad programme of engagement activity was carried out to inform the development of the HSCPs second Strategic Plan for 2020-25, encompassing face-to-face sessions and online resources.

Equalities monitoring forms were included within the online surveys, to ensure that representation from protected groups could be reviewed. In addition, a number of engagement sessions were tailored to meet the needs of specific seldom-heard groups and those from specific protected groups to ensure broad representation and a diversity of responses. This approach enabled more people to be involved and contribute their views on what was important to them in relation to health and social care service provision in Aberdeenshire.

Through the engagement activities, a wealth of data and feedback was obtained from the public and staff regarding health and social care services which was considered as part of the development of the Strategic Plan (and its associated EIA). This has informed the development of the HSCP's new Equality Outcomes for 2020-24. Action required to mitigate any potential issues for protected groups in relation to the delivery of the new Strategic Plan will be led by the HSCPs Programme Boards, and the engagement outputs will help shape the direction of their work over the coming period.

Over the last two years a number of Aberdeenshire HSCP strategies have also been developed, including mental health, learning disabilities and dementia. A proactive approach to engaging people who use and need these services was taken. This made sure that the priorities and actions identified reflect what is important to the people that use these services.

Case Study: Development of the Dementia Strategy

During 2019/20 the HSCPs Strategy Team carried out a programme of engagement activity with people with Dementia and their carers to develop the partnership's Dementia Strategy. Three events took place in North, Central and South Aberdeenshire, a number of existing groups and care settings were supported to run their own sessions, and an online survey was published to capture views more widely from local people with an interest or experiences of dementia and dementia services in Aberdeenshire.

A storytelling approach was used to prompt discussion that was adapted for use with people with Dementia and their carers. Participants included people with moderately

advanced Dementia, who can often be excluded from engaging in situations where they are expected to answer questions in a more direct manner.

Participants were supported to discuss personal and emotional topics in a non-confrontational manner, which provided rich insight into their experiences. The storytelling approach enabled people to contribute to group discussion about their experiences, to talk about what Dementia-friendly communities would look like and to reflect on their own lived experiences of Dementia and Dementia services.

A clear understanding of the priorities of people with Dementia and their carers, in relation to accessing support services was developed. For example for post-diagnostic support the strategy has set out that:

- Where possible a diagnosis is given locally by a psychiatrist or GP (with specialist training).
- There are no unnecessary delays to receiving a diagnosis of dementia.
- Everyone newly diagnosed with dementia is offered post-diagnostic support.
- Everyone newly diagnosed with dementia has access to post-diagnostic support which is appropriate and proportionate to their needs and circumstances.

Breastfeeding Support Policy

AHSCP has continued to actively support women who wish to breastfeed. It has achieved and maintained the UNICEF Baby Friendly Initiative and has supported the development of a network of trained peer supporters offering advice and support to breastfeeding mums in the community.

In recognition of the importance of supporting women who wish to breastfeed when visiting / using HSCP services 'Breastfeeding Friendly Scotland' is now being rolled out across all HSCP sites. This requires basic staff training and stickers to be visibly displayed advising that we are 'breastfeeding friendly'. The first phase of this roll out is underway in dental practices, general practices and all community hospitals.

2.4 Service Delivery

Accessible Information and Communication Support

In order to provide high-quality, person-centred care, we need to provide equitable access to health and care services, taking account of a wide range of needs including communication physical access and complex health conditions, amongst others. Over the last two years, we have continued to provide a range of support to facilitate equitable access, including:

- Availability of trained interpreters for face-to-face interpreting services.
- 'Language line' telephone interpretation services.

- Key health and social care information available in translation.
- On request published material translated into other languages/format.
- Front-line services have access to induction loops (portable or fixed) to help people with hearing difficulties.

The review into the use of interpretation and translation services including requests for British Sign Language (BSL) interpretation has highlighted some challenges accessing this support. This will be a key focus going forward in 2020-24.

Support for British Sign Language Users

Current action in relation to support for BSL users, was developed in collaboration with Aberdeenshire Council, as part of the local BSL Action Plan for 2018-23. AHSCP has set actions in relation to information provision, access to psychological therapies, opportunities for physical activity opportunities for BSL users, and local work around social isolation. Progress on the BSL Action Plan is reported through the Aberdeenshire Council performance reporting system.

Support for Gypsy Traveller Community

Through participation on Aberdeenshire's Gypsy Traveller Officer Working Group, AHSCP have been working with the local Gypsy Traveller Community to better understand the health and social care challenges faced by the community. We have been working with local women from the Gypsy Traveller community to set up the Community Health Matters project

Case Study: Gypsy/Traveller Community Health Matters Project

AHSCP is part of the Scottish Government's 'Community Health Matters' project, which will test the role of Community Health Workers initially in the NHS Grampian / Aberdeenshire HSCP area.

Gypsy /Traveller women will be recruited, trained and supported as Community Health Workers to work in their community on a part-time basis. They will undertake health advocacy on a range of health issues including access to and navigating health services, ask me 3 health promotion, child health, women's health, mental health, health inequalities, immunisation, addictions, diet and exercise and health and well-being.

As part of their role, the Community Health Workers will support their community members to plan for continuity of care, medication and treatment if they move on or are moved on while they are unwell or receiving treatment. They will also liaise and assist in dialogue between Gypsy/Travellers and health and social care providers and highlight gaps in health service delivery.

Through the training, the CHWs will become familiar with and will understand the standard of care that all patients should expect from health and social care services in Scotland, and will know what action should be taken if services fail to deliver a high quality care and support.

As part of the project, a comprehensive evaluation will be undertaken to assess and monitor the impact of Community Health Workers, focusing on both process and outcomes.

2.5 Supporting the workforce

Staff Training

A key part of mainstreaming work is around supporting our staff to ensure that they are confident in their knowledge and understanding of our equalities duties and how they should be applied in service delivery and decision making.

For HSCP staff employed by NHS Grampian, equalities training is delivered at two levels, the more advanced level being undertaken by staff with management responsibilities. All managers are required to have a good understanding of the Public Sector Equality Duty and to have undertaken training to ensure they understand their responsibilities.

For HSCP staff employed by Aberdeenshire Council, it is expected that all employees should complete the following online courses:

- 'Equalities - What Does It Mean for Me?'
- 'Welcome to Respecting Diversity'

In addition, impact assessment training sessions have been provided for HSCP staff to cover the new areas introduced through the new Fairer Scotland Duty.

Training for specific protected groups is also provided by the HSCP, for example as autism training course, through which participants will learn about:

- Key characteristics of autism;
- Different ways autism can affect people;
- Differences in processing sensory information;
- Possible effects of increased anxiety for people on the autism spectrum;
- Impact of autism on people and their families; and
- Practical strategies for making adjustments in services.

A staff survey was carried out in 2019 to gather feedback from staff about their knowledge, understanding and awareness of equalities matters. A key finding from the survey was that staff see training as the most important way to develop their knowledge and skills. This insight has informed the new Equalities Outcomes for

2020-24. Action on staff development and training will be taken forward over the coming period.

Staff Awareness of Equality and Diversity

The HSCP's Equalities Champions group have introduced an annual Equalities and Diversity calendar. This highlights a series of key dates throughout the year that provide a platform to talk about different protected characteristics and to help raise awareness of equalities matters and protected characteristics with staff.

Case Study: Equalities calendar

During 2019, we covered dates that reflected issues to do with age, ethnicity and LGBTQ groups, amongst others. In May 2019, HSCP staff raised a rainbow flag to mark IDAHOBIT (International Day against Homophobia, Biphobia, Interphobia and Transphobia), and images were shared on the HSCPs social media channels.

The photograph below shows staff from the HSCP with a rainbow flag, which was raised at Council headquarters to mark IDAHOBIT day.



2.6 Engaging with people

As illustrated throughout this report, engagement with protected groups has been carried out consistently over the last two years, as an integral part of the development of HSCP strategies and the new Equality Outcomes for 2020-24. With the establishment of the HSCP's Engagement Programme Board, this aspect of our

work will continue to be a central focus and play a key part in our processes for planning, designing and commissioning health and social care services. This Board will have the oversight for how AHSCP will continue to ensure that people whose voices are seldom heard are involved in a meaningful way and can access services.

Case Study: New Scots' health literacy and understanding

Workshops were held with New Scot's families so that they can find out about primary care services and how they can access them. This has been important as many of the clients are illiterate in Arabic as well as English. This engagement has led to New Scots clients being independently able to manage their own service appointments. Joint work between the New Scots families, AHSCP, Aberdeenshire Council's Refugee Resettlement Team, NHS Grampian Equality & Diversity Team and GP Practices has developed a range of practical health literacy resources written in Arabic for Syrian New Scots. These include:

- NHS 24 information and user guide in Arabic with pictures
- Arabic/English GP appointment cards
- Flashcards for arranging GP appointments
- Full guide in Arabic on health routes (included in clients' Welcome Packs)
- TranMed (translation of medicines) in English and Arabic so clients and pharmacists can use them together
- Public health screening information in Arabic
- Language Line training for GP practices

Section 3 Equalities Outcomes (2016-2020)

In 2016 the Aberdeenshire Integrated Joint Board agreed five Equalities Outcomes for AHSCP to work towards between 2016 and 2020. These outcomes are:

1. Everyone in Aberdeenshire will be empowered to contribute to the development of health and social care services.
2. People who use health and social care services will be listened to and will have a positive experience of using services.
3. AHSCP Integrated Joint Board and staff have an increased understanding of the challenges facing people with protected characteristics and practice in a way that is sensitive to their requirements.
4. The health outcomes of people with protected characteristics will be improved.
5. People will be able to access health and social care services with ease and confidence regardless of their protected characteristics.

In this section case studies are provided of work undertaken over the past 2 years to illustrate the progress that has been made towards meeting the Equality Outcomes that were set in 2016.

3.1 Case Studies

Equalities Outcome 1: Everyone in Aberdeenshire will be empowered to contribute to the development of health and social care services

Case study: Community Engagement - Adult Mental Health and Wellbeing Strategy, led by the HSCP Strategy Team

During 2018, people from communities across Aberdeenshire with an interest in local mental health and wellbeing services took part in a range of public engagement events, as part of the development of AHSCP's new mental health and wellbeing strategy. The events were attended by a wide range of people, including those living with mental health problems, unpaid carers our Third Sector partners and mental health professionals.

Participants were invited to discuss current mental health and wellbeing service provision, and what the priorities should be in future. The information gathered at these events was used to inform the AHSCP Adult Health and Wellbeing Strategy 2019 to 2024, which sets out our priorities for this period, as shaped by the views and opinions of everyone who participated in the engagement events. The strategy is for all adults living in Aberdeenshire who currently access mental health services, as well as those who may need support in the future.

The theme of 'accessibility' which came through from the engagement work has fed into the Mental Health Delivery plan as an action to improve access to mental health service

through the use of digital technology (video conferencing facilities). The 'prevention and self-management' theme has fed into a project to develop self-management groups across Aberdeenshire as well as the development of an online information guide on mental health and wellbeing services and pathways for Aberdeenshire.

Case study: Aberdeenshire Shared Lives Scheme Happy Daisy Garden, led by the Shared Lives team, service users and carers

The Shared Lives scheme is registered with the Care Inspectorate to support people with a disability.

The Happy Daisy Garden project was initiated by a Shared Lives carer who had identified a piece of unused land in Peterhead. The local land-owner gave permission for the land to be developed into a community garden, initially for use by Shared Lives and longer-term for the wider local community who could also benefit from access to an outdoor space.

Work was carried out in 2018 to transform the land from an unused space into a welcoming community garden. The garden project was a challenge for everyone involved from Shared Lives and has resulted in a huge sense of achievement and empowerment for everyone who contributed to its transformation. Those involved made new friendships, grew in confidence and were able to experience elements of risk and change, which help build key life skills

Equality Outcome 2: People who use health and social care services will be listened to and will have a positive experience of using services

Case study: Scolty ward café and indoor garden, led by Community Hospital staff

Scolty Ward at Glen O'Dee Community Hospital in Banchory provides a 24-hour assessment unit for patients suffering from behavioural and psychological symptoms of Dementia and for patients with forms of challenging behaviour. Feedback from patients and carers highlighted the need for an informal space away from the clinical setting of the ward, where patients could spend time with their visitors. Staff had also recognised that during periods of poor weather patients were not able to spend time outdoors in the garden.

In response, ward staff created the Scolty Café, a place where patients and their visitors can relax, enjoy refreshments, listen to music and watch a film in a café environment. The creation of the café has provided a setting that feels more like 'normal' life outside hospital, whilst continuing to support the safety, comfort and wellbeing of both patients and visitors.

Ward staff also decided to develop an indoor space that could replicate some of the positive aspects of being outdoors, when inclement weather prevented patients from using the hospital's garden area. The development of an indoor garden began in 2019, with the aim of enabling patients to enjoy the feel of an outdoor space and to benefit from the relaxation this provides, whilst remaining on their ward.

Since the Scolty café opened in June 2019, staff have received positive feedback from patients and carers, through the patient/carer discharge forms and through day-to-day conversations. At the time of publication of this report, the indoor garden was due to be completed. Feedback will continue to be reviewed by ward staff, to identify further opportunities to improve the hospital experience for patients and carers.

Case study: Community engagement at Edenholme care home Stonehaven, led by Public Health Co-ordinator, Care Home staff team.

In response to feedback from residents, the staff at Edenholme Care Home invited local people to help with the re-development of the garden, with the purpose of turning it into a more pleasant environment to spend time in, and also to offer opportunities for residents to get to know people in their local community.

The re-development of the garden has resulted in physical, mental and emotional benefits for residents. Working outdoors in the garden has provided a form of gentle exercise, and the involvement of local people has created opportunities for socialising and inter-generational relationships, which evidence suggests provide a number of benefits for older adults.

In addition to anecdotal feedback, the results from the residents' survey in September 2018, showed that residents feel supported and well cared for to a high standard. The Care Inspectorate awarded Edenholme a grade of 5 (very good) for well-being, in September 2018.

Case study: Sea View Café, Stonehaven, led by Forest View Day Services Staff

The Sea View Café started out in Forest View Day Service in Stonehaven as a coffee morning once a month for anyone connected with the service. Forest View Day Service provides a service to, and helps meet the needs of, adults with a learning disability, living in Stonehaven and the surrounding areas.

In response to service-user feedback, staff identified an opportunity to expand and develop the cafe into a business, whilst still reflecting the values and principles of promoting independence, continued learning and healthy living. The café is now open five days a week, managed by skilled staff who provide support and training for service-users in a real café environment.

The development of the café has provided new training opportunities for service users with learning disabilities, as well as providing a drop-in facility that is safe and welcoming and that provides useful signposting and information sharing facilities.

Equality Outcome 3: AHSCP Integrated Joint Board and staff have an increased understanding of the challenges facing people with protected characteristics and practice in a way that is sensitive to their requirements.

Case study: Aberdeenshire Refugee Resettlement Programme, led by Aberdeenshire Refugee & Asylum Strategic Group (co-delivered with other partners as part of the Aberdeenshire Refugee Resettlement Programme).

Aberdeenshire HSCP staff have played a central role in supporting Syrian and Iraqi families who have been resettled into Aberdeenshire by the United Nations High Commission for Refugees (UNHCR) and the Home Office, due to their vulnerable needs, many of which were health related.

On arrival, all families were given a full GP, nurse and health visitor assessment with an interpreter, to ensure effective communication and information sharing. All families received a Welcome Pack with health information provided in Arabic, including information on screening, NHS 24, Pharmacies, attending GP and hospital appointments, roles of health professionals, medicines in Arabic and English, information about pregnancy & birth, dental health and mental health.

In addition, staff from AHSCP have been involved in a number of projects and initiatives to support the families during their transition period. Some of the key outcomes of the re-settlement programme have been:

- All clients with learning and physical disabilities have reported significant improvements in their physical condition;
- In Aberdeenshire, 64% have self-reported improved health compared a Scottish average of 49% and UK average of 46%; and
- By the end of the first 12 months, 100% of families were able to independently manage their primary and secondary care appointments.

Case study: Her Majesty's Prison Grampian project, led by the Strategy Team

In July 2019, following the successful submission of a funding application, Aberdeenshire Health and Social Care was chosen by the Scottish Government to be one of the tests sites for a project that is aiming to improve the health and social care service provision at Her Majesty's Prison (HMP) Grampian and to up-skill staff with the knowledge and skills required to best meet the needs of this group.

At present, health and social care needs of prisoners are met by the Scottish Prison Service. When a care package is required, this is then outsourced to a private health

care company. The main goal of this project is to deliver an integrated health and social care system to prisoners that mirrors the system in the community.

Work is currently underway to run a test of change to ensure that prisoners are given access to a standardised referral and assessment system and be considered for receipt of support for their health and social care needs. Community-based care managers will go into the prison to carry out their assessments, this will provide opportunity to up-skill the current workforce and to identify future training needs for care managers joining the HSCP.

The project will encourage a better understanding across health, social and Scottish Prison Service and encourage all involved to be person-centred when working with prisoners. It will offer more opportunities for us to learn about how we can improve the lives of prisoners with health-related problems and disabilities whilst being held in a custodial setting. Through the delivery of an integrated process, it should improve prisoner's experience when transitioning from the community into prison, and vice versa.

Case study: Syrian Young Mums Group, led by Aberdeenshire Council Refugee Resettlement Team, as part of a partnership approach with other agencies.

AHSCP staff have supported the development of a group for young Syrian and Iraqi mums, who have been resettled in Aberdeenshire by the Syrian Vulnerable Person's Relocation Scheme and the Vulnerable Children's Relocation Scheme.

Early years' practitioners, educators, health professionals and young families themselves highlighted a number of ongoing challenges, primarily around, language, communication, engaging in early years' activities and the process of two-way integration and co-production. In response a group of young refugee mum's and professionals came together for a seminar in June 2019, with the purpose of supporting the women to talk about their experiences, challenges, cultural nuances and to help staff understand how to improve and deliver better outcomes for families with young children.

The mums' group started in October 2019 and is regularly attended by young women with their children. To date, nurture and support has been the most obvious need, but as the group continues, the aim is to increase the women's knowledge and understanding of the services, resources and activities which they can access to build their confidence and parenting skills. Increasing staff capacity to effectively support this client group will also continue to be a central aim of this work during 2020.

Equality Outcome 4: The health outcomes of people with protected characteristics will be improved.

Case study: supporting young carers, led by Carers Strategy Team, Aberdeenshire Council Education and Children's Services and Quarriers.

The Carers (Scotland) Act 2016 was implemented in April 2018 and provides several new rights for both unpaid adult and young carers to be supported in their caring role.

The data for the number of Aberdeenshire young carers (either registered with Quarriers or recorded on SEEMiS, an Education Management Information System) is lower than expected, based on national carer statistics. As such, there was a clear need to raise awareness in schools to help young carers to recognise their carer role and be signposted to support services, and also to develop teachers' and pupils' ability to identify young carers and support them appropriately.

To carry out awareness-raising work in schools across Aberdeenshire, sessions have taken place at primary and secondary school assemblies across Aberdeenshire since June 2018. The structure of the assemblies was taken from a Young Carer Toolkit developed in Aberdeenshire, which provides a range of resources including lesson plans and support information for young carers. The toolkit will shortly be available online to enable schools to run these awareness raising sessions themselves.

Since the start of the school awareness-raising programme, there has been an increase in the number of young carers recorded on SEEMiS. This work has played an important part in supporting more young carers to recognise their caring role, and to access support to help them to look after their own health and wellbeing, which is crucial for everyone with a caring role.

Case study: Delivery of Decider Skills Programme (Life Skills Training), led by South Aberdeenshire Community Mental Health Team.

The Decider Skills Programme teaches Cognitive Behavioural Therapy (CBT) and Dialectical Behavioural Therapy (DBT) skills to empower people with the knowledge and tools to better self-manage their mental illness, health and wellbeing and to promote positive behavioural changes. The Programme is jointly facilitated by social workers and community mental health nurses. Each Programme runs for approximately 12 weeks.

The Programme is effective for people affected by anxiety, depression, stress, personality disorders and other mental health difficulties. Attendees in the programme are either an existing service user of the Community Mental Health Team or have come to their attention through contact with other agencies and services, for example police or substance misuse services.

The driver for the development of the Decider Skills Programme was a need for clients to be helped to live a more skilful and less impulsive and harmful life. When embedded in everyday life, this empowers individuals to be their own therapist, with less dependence on medication and mental health services.

Feedback from attendees:

- *"I no longer need a Community Psychiatric Nurse due to the skills that I have developed from attending the groups".*
- *"If only I had had access to something like this earlier in life, I could have been so much more effective".*
- *"I'm so much less limited in the things I do. I have the skills to manage my emotions in social situations that would have been too overwhelming for me in the past".*
- *"My life is easier and happier now."*
- *"I see things from a different view."*

Case study: Looked After and Accommodated Young People Tobacco and E-cigarette project, led by the Public Health Team.

In 2017 a research project was conducted with looked after and accommodated young people (LAAYP) being cared for by Aberdeenshire Council to investigate their attitudes and behaviours in relation to smoking and e-cigarettes. The results highlighted higher than average smoking rates and a need to improve support for these young people to help reduce smoking, prevent the uptake of smoking and provide information about e-cigarettes.

In 2018 a multi-agency tobacco and e-cigarette working group led by the HSCP's Public Health Team, carried out a programme of activities to prevent, reduce and promote a smoke free environment for LAAYP and provide up-to-date messages about e-cigarettes. The long-term aim is to improve the health and wellbeing of this group of vulnerable young people who are at an increased risk of health inequality. Examples of activities include:

- Commissioning ASH Scotland to develop tobacco and e-cigarette training tailored to the needs of LAAYP and their carer's. During 2018/19 training was completed by 33 (67%) staff who work in residential care settings. In response to feedback, an online version of the training has been available since November 2019.
- Working with LAAYP to develop improved ways to promote anti-smoking messages and information about e-cigarettes to young people. A social media campaign was launched on Instagram in March 2020, aimed at young people in Aberdeenshire to promote messages about the dangers of smoking, drugs and alcohol. The work has been informed from consultation with LAAYP and wider youth groups about the types of messages and mediums to use to best promote these messages.

- In 2018/19 Aberdeenshire residential care, Foster and Kinship care settings reviewed their smoking policies to be in line with the Care Inspectorate guidance on smoke free cultures. In January 2019 all the residential care settings enhanced their policy to prohibit smoking in grounds.
- Improving access and smoking cessation support for LAAYP. Young people have been shaping plans to improve pharmacy support for young people for issues like stop smoking support.

Equality Outcome 5: People will be able to access health and social care services with ease and confidence regardless of their protected characteristic

Case study: New Scots Football Project, led by the Public Health Team

A local community football project has been set up in response to feedback following a local wellbeing festival. A group of Syrian New Scots played a friendly football game at the festival, and HSCP public health officers received positive feedback about how enjoyable this experience had been for them.

In response, health improvement funding was provided to deliver weekly football training sessions in Inverurie, with the aim of creating new friendships within the refugee community; alleviating low mood through participation in regular physical exercise and allowing participants to gain information to self-manage any mental/physical health issues they might identify. There was a specific focus on Syrian New Scots men living in the Inverurie community.

Over a 40 week period, 22 men attended the football training sessions, a local pharmacist delivered a workshop on smoking cessation, and some of the men went onto attend weight management sessions and food skills courses at the local community kitchen.

A mid-term evaluation was completed by those who attended during summer months and feedback is quoted below.

“This is very important group for me. It has a big effect on my health as it keeps me active. I look forward to it very much.”

“The football sessions are excellent and very important as most of us are unemployed for now and so we need to keep ourselves active.”

Case study: Support for Gypsy Traveller Community, led by Public Health and Health Visiting Teams

Over the last two years, Gypsy Traveller communities in Aberdeenshire have been supported to access health services. Examples of the support provided include:

- Contacting GP surgeries to provide resident status information, to enable registration with the practice;
- Contacting GPs to arrange appointments;
- Liaison with a range of health professionals to facilitate visits to Gypsy Traveller sites; and
- Inclusion within the Childsmile programme, with advice provided by an oral health team leader, toothbrushes and toothpaste distributed along with toothbrushing diaries to encourage good oral health.

Case study, led by Shared Lives Activities, led by Aberdeenshire Health and Social Care Shared Lives Scheme

The Shared Lives scheme is registered with the Care Inspectorate to support people with a disability. Participants have experience of using a range of health and social care services, including learning disability, mental health, older peoples and physical disability, either themselves or as a carer or family member of a service user.

A wide range of activities are available during the weekend. These activities are also available to participants in their local community so people can try something new and then continue with it when they return home. The opportunities are challenging and give everyone a huge sense of achievement and empowerment.

Wellbeing workshops are very popular and emphasise how important it is for participants to take time for themselves. Many of the sessions enable participants to take an hour to relax and focus on their own needs. This provides people, particularly the carers and family members of service users, with reassurance that taking time for themselves is important and very necessary.

The quotes below provide examples of feedback from participants:

“Shared Lives makes me feel like I’m not alone in making my son’s life better...I’m so glad I reached out.”

“I am seen for who I am not for who I was.”

“I can do more than I ever thought I could.”

“Dispels any sense of isolation.”

Section 4 New Equalities Outcomes for 2020-24

4.1. Introduction and How these Equalities Outcomes were Informed / Developed.

The following set of new Equality Outcomes have been developed to support the implementation of the partnership's new Strategic Priorities for 2020-25. The four outcomes outlined in this section will be the focus of our equalities work over the next four years. These outcomes have been developed based on reviewing published evidence and our engagement with people who use our services, our staff and the wider public.

Over the past eighteen months AHSCP has proactively engaged a wide range of people. The main points and issues identified through this engagement are summarised in the supplementary **Equalities Outcomes 2020-24 Key Evidence Report**. Recent research and survey findings in Scotland for protected groups are also provided in this report. This evidence has shaped our four new equalities outcomes, with the associated evidence summarised under each new outcome in section 4.3.

Since its inception in 2016 Aberdeenshire Health and Social Care Partnership (AHSCP) has continued to evolve and integrate local health and social care services to better meet the needs of local people and deliver improved outcomes. During this time our understanding and thinking on mainstreaming equalities has also developed. Our Equalities Outcomes for 2020-24 fully align with our strategic priorities. Our programme boards will be responsible for oversight and delivery of those actions / projects within their programme that deliver on these four equalities outcomes. This should strengthen the governance of our 'mainstreaming equalities' agenda.

We appreciate that we still have more to do to reach out to people who haven't had positive experiences of using our services or who face barriers to accessing them. We need to further understand the specific needs of protected groups so that we can actively avoid discrimination and ensure equality. AHSCP has made a commitment to an evidence-based approach and to continue to improve how we engage local people to achieve this. As resources become ever stretched, we will take incremental steps to better understand the needs of all people with protected characteristics which in turn will shape our actions and future equalities outcomes

4.2 Monitoring Performance

AHSCP will prepare an internal annual report for Aberdeenshire's Integration Joint Board (IJB) that will set out what has been achieved in relation to these four Equality outcomes each year. In line with legislation, a Progress Report will be published in 2022 and 2024. Performance monitoring for our new Equality Outcomes 2020-24 will be undertaken at three levels.

- Aberdeenshire Wide /High level – using national core integration indicators

- Agreed Project outputs and outcomes overseen by our programme boards (these are outlined under each new equality outcome in section 4.3)
- Case studies and feedback from service users and staff collected by the Equalities Champions Network.

The National Core Integration Indicators will be used to provide high level performance measures to track if we are improving outcomes for **all** people living in Aberdeenshire. They will provide a proxy measure of how our health and social care services are delivered in fair way to everyone. Whilst we will not be able to identify issues specific to a protected group, we can track year on year performance to ensure overall outcomes for people with protected characteristics are improving.

Our programme boards will be responsible for oversight and delivery of those actions / projects within their programme that deliver on the four equalities outcomes. AHSCP Equalities Champions Network will continue to support the mainstreaming agenda and will gather qualitative information to quantify how our services positively impact on the people who use them.

4.3 The New Equalities Outcomes 2020-24

Equality Outcome One: We will enable people to have improved health and wellbeing as a result of access to person-centred, holistic services.

Equality Outcome 1 links with the HSCPs strategic priority of Re-shaping Care. We will:

- support people to remain in a homely environment.
- ensure that people can access the right support when they need it.
- support people to live healthy and independent lives

Protected Characteristics: older people, people with disabilities

Duty Addressed: Eliminate discrimination, advance equality of opportunity, foster good relations

Emerging Themes from Engagement/Evidence

- Older people and people with mental health conditions or physical disabilities were less likely to report having good or very good health. (Evidence A)
- Many disabled people lived in homes that did not meet their requirements to live independently. (Evidence A)
- People who did not use the internet were likely to have less active lifestyles, have poorer mental health, and feel less socially connected to their local area than those

who did have internet access. There was an increase in older age groups using the internet. Disabled people were less likely to use the internet compared with non-disabled people but the gap is decreasing. (Evidence A)

- “Preventative support to maintain independence and more creative use of existing resources” (Evidence H)
- People with disabilities and in particular people with mental health problems were identified most frequently by staff as needing further support to achieve positive health and wellbeing (Evidence G)
- “Care of the elderly in rural communities” (Evidence H)
- There was a general interest in using technology to access information and services (Evidence H)
- More than half of respondents (58%) felt that people with protected characteristics face more health challenges than the rest of the population Age and disability were seen as the main priority groups (Evidence I)
- Respondents are less confident that services could meet the specific needs associated with their or their family’s protected characteristics. Less than half (46%) are confident that services could meet their needs (Evidence I)
- “I’d like to see the expansion of phone/Skype consultations because travel is often difficult, costly and time consuming” (Evidence J)
- The use of digital systems to communicate with practitioners (using phone/skype consultations) was viewed positively by those who had used them. This was also seen a way of overcoming barriers caused by the cost and time of travelling. (Evidence J)
- Transport and travelling distance were key themes to be addressed raised by people with physical disabilities and / or sensory impairment (Evidence J)
- Just over half (57%) of responders agreed / slightly agreed that they had access to good quality health care People highlighted that they experienced difficulty finding out what was available locally and where to find information. The use of digital systems to communicate with practitioners (using phone/skype consultations) was viewed positively (Evidence K)

- In terms of services, emphasis was placed on recovery-based approaches. People wanted to have better choice, better housing options and support (including supported accommodation) (Evidence L).
- Use technology to improve access (Evidence L)

Areas We Will Progress

- We will work with our Housing service **to review the demand and supply of affordable and suitable housing** for people with particular needs, for example LD and dementia.
- We will **develop clear pathways** to ensure our person-centred approach for people with health and social care needs **fully considers their housing needs**.
- **Early identification of housing needs and solutions. Improving access** to the **right housing, right advice and right support** to enable people to **live well** and as **independently** as possible.
- We will review how our HSCP services meet the needs of protected groups in terms of **accessibility** and how developments around **digital and telecare can facilitate improved access**.
- We will roll out **IDEA – ensuring our day services support community inclusion**, are more person-centred, improve choices and give real options to move on.

Measuring Progress

- Number and percentage of **new build properties developed and fully accessible** for clients with a particular need. Number of **adaptations** carried out.
- Number of people with a disability receiving **housing related advice and information**.
- Number of individuals given **comprehensive housing options advice** prior to discharge from hospital **to quicken hospital discharge**.
- Provision of **telecare and digital solutions** and number of patients using them to access health and social care services.
- Number of people accessing **community-based resources**.

Equality Outcome Two: People will be supported to look after their health and wellbeing and live well by accessing advice and support that is relevant to their needs

Health and Social Care Strategic Priority

Equality Outcome 2 links with the HSCPs strategic priority of Prevention and Early Intervention: Focusing on Prevention and Early Intervention we will support people to live healthy lifestyles, self-manage long term conditions and avoid preventable conditions.

Protected Characteristics: All

Duty Addressed: Eliminate discrimination, advance equality of opportunity, foster good relations

Emerging Themes from Engagement / Evidence

- Younger people were more likely to exercise than older people, although there were increases for all age groups. Women participate less in sport than men, particularly in some ethnic minority groups. Disabled people were less likely than non-disabled people to participate in physical activity regularly. (Evidence A)
- Difficulties finding out what is available and where to find information is a barrier
Health professionals should know what's available in communities and be supported to signpost patients
Access to information on support services
Information on local services should be easily accessed so that more people know about them (Evidence H)
- LGBTQ people find that health information isn't relevant to their sexual orientation or gender identity (Evidence B)
- Staff reported that people don't know where or how to access services. Access and availability of local support and services can be limited particularly in rural areas. People need support, advice & signposting to live well (Evidence G)
- Social contact and access to local groups is the most important for wellbeing (Evidence H)
- People highlighted that they experienced difficulty finding out what was available locally and where to find information (Evidence J)
- "We need better information about services" (Evidence L)

- Better support to enable people to self-manage mental health and wellbeing was identified. Participants wanted a move away from medicalising distress. This included access to brief advice / interventions, information and support to access community opportunities, exercise classes. (Evidence L)
- Need to ensure that accessible information on 'what is out there' is available on groups and supports to address social isolation (Evidence L)
- People's experiences of post diagnostic support varies across Aberdeenshire. Timely information was a consistent theme, with participants stating more information is needed in GP surgeries and public spaces as well as online (Evidence M)

Areas We Will Progress

- On diagnosis, people with dementia have **access to advice and support** to ensure they can live well and independently for as long as possible.
- We will work with NHS Inform and the local third and community sectors to **identify and promote the range of community opportunities** available in Aberdeenshire on the Scottish Service Directory.
- We will support a network of Community Cafes to **engage and support people to access local resources/ opportunities**.
- We will introduce Primary Care Link worker services to support people to identify and **access community opportunities** to support them to live well.
- We will work with the gypsy traveller community to **offer health advocacy for Gypsy Traveller women**, and support community members to plan for continuity of care / treatment when they move on.
- We will work with Live Life Aberdeenshire to develop **social and physical activity opportunities** in communities to enable people **to live well and feel part of their community**.
- We will roll out **Breastfeeding Friendly Scotland** across all HSCP premises and extend peer support for breastfeeding mothers.

Measuring Progress

- Number of **dementia patients accessing post-diagnostic support** across Aberdeenshire.

- Number of people **accessing information about wellbeing services/support** on the Scottish Service Directory.
- Number and location of **community cafes**, and number of **people attending them**.
- Number of clients **engaging with Primary Care Link Workers** and going on to **access community activities**.
- Gypsy Traveller women report **engagement with health advocacy** and accessing community health and social care services.
- Availability and range of **social and physical activities** across Aberdeenshire and the number of **people participating** in them.
- Number of **sites that are Breastfeeding Scotland Friendly** and Number of **breastfeeding peer supporters**.

Equality Outcome Three: Through meaningful engagement, our health and social care services will understand and reflect the needs of their diverse service users.

Health and Social Care Strategic Priority

Equality Outcome 3 links with the HSCP's strategic priority of Engagement: Focusing on Engagement we will continue to involve people living in our communities and our staff in an open and honest way in the decisions we make.

Protected Characteristics: All

Duty Addressed: Eliminate discrimination, advance equality of opportunity, foster good relations

Emerging Themes from Engagement/Evidence

- Some lesbian, gay, bisexual and transgender (LGBT) people experienced homophobic, biphobic and transphobic language and behaviour in health and social care settings (Evidence A)
- Some transgender people, people who experienced homelessness reported they experienced discrimination in accessing healthcare services (Evidence A)

- Many LGBT people reported wrong assumptions being made about their sexual orientation (or gender identity) due to lack of knowledge or inappropriate responses from health care professionals (Evidence B)
- Engagement should be more systematic and more comprehensive using ICT and not dependent on people being able to attend meetings on one day (Evidence H)
- Make sure users are involved and included rather than the professionals. More face to face conversations with people at my level, like a normal conversation. (Evidence H)
- Staff reported that AHSCP is getting better at engaging and listening to local people to inform service delivery/ improvement, but we need to involve service users more (Evidence G)
- Staff believed that further staff awareness on equalities is needed (Evidence G)
- There was a strong desire for staff to be well trained and to understand the needs of service users/patients. This would ensure people are treated with dignity, respect and without stigma (Evidence H)
- Involve people with lived experience to help develop services. Work in partnership with the Third sector and people with lived experience to develop commissioned services was also an area for focus. (Evidence L)

Areas We Will Progress

- We will **effectively use surveys/data gathering** to make sure we better understand and seek the views of all protected groups. We will incorporate **equalities monitoring** as standard practice.
- We will be proactive to ensure HSCP services, policies and strategies **are informed and influenced by diverse community members / experiences of people with protected characteristics.**

- We will **improve staff knowledge, awareness and use** of equalities monitoring.
- **Increased involvement of service users** sharing their care experience to shape service change / improvement. Including people with mental illness, carers, people with learning disabilities, physical disabilities and sensory impairment.
- We will work with local **Third Sector partners to actively engage with specific protected groups** e.g. LGBT community to better understand their experiences of using our services.
- We will **provide tools and guidance for staff on inclusivity** when involving people in shaping health and social care services.
- We will **engage and listen** to those with lived experience of domestic abuse and will work swiftly to support women and children who may be **experiencing domestic abuse**.

Measuring Progress

- Evidence and analysis of survey responses by protected groups.
- Evidence of the **involvement of service users** in service/policy/strategy development.
- Results of **staff surveys** to measure **knowledge and understanding** of equalities matters and the needs of protected groups.
- Evidence of involvement of **people with lived experience to co-produce** service changes/ improvement.
- **Availability and use of tools and guidance** for staff on how best to involve people from protected groups in health and social care developments.

- **Number of people experiencing domestic abuse** accessing support through AHSCP's single point of contact

Equality Outcome Four: We will enable effective communication between patients/service users and staff to ensure person-centred care is provided.

Health and Social Care Strategic Priority

Equality Outcome 4 links with the HSCPs strategic priority of Tackling Inequalities & Public Protection. Focusing on Tackling Inequalities and Public Protection we will remove barriers to accessing services and treatment and increase healthy outcomes for everybody, and we will keep vulnerable people safe.

Protected Characteristics: race, disability, older people

Duty Addressed: Eliminate discrimination, advance equality of opportunity, foster good relations

Emerging Themes from Engagement/Evidence

- People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care. This is attributed to the training, awareness or attitudes of healthcare professionals (Evidence D)
- Patients requiring an interpreter or any help to communicate were less positive about their experiences. (Evidence E)
- Responders highlighted a need for better support and information to support their involvement in decisions. Specific areas included highlighted accessible language support and understandable / accessible information (Evidence H).
- When asked about interpreting and translation services only a quarter of responders (staff) knew how to access these services (Evidence G)
- Staff believed that AHSCP is good at providing person centred care to meet individuals' needs and that services are more integrated. More is still needed to improve communication (between services and with people). (Evidence G)
- Most respondents would feel confident talking to health and social care services about their or their family's protected characteristics; 64% indicated this while 12% would not be confident talking to services (Evidence I)
- Health appointments are daunting because people with learning disabilities often do not understand why either little preparation was done prior to appointment, little support was provided during the appointment, or no follow up information offered after.(Evidence K)

- In terms of support, people with learning disabilities want to be supported by people who are nice, knowledgeable and dedicated (Evidence K)
- Of those that responded, two thirds advised they were not offered Language Line or face-to-face interpreting services. Only one person stated that it was not required (Evidence N)
- Patients for whom English is their second language highlighted challenges in accessing services and being understood by health practitioners. Patients told us that language support is not always offered and that they feel limited in their ability to communicate or understand care advice fully (Evidence N).

Areas We Will Progress

- People are able to **understand what services are available** and **how to access** them as we will make sure information on our services and support is accessible.
- People can **make informed choices / decisions** about their treatment / services and can engage with services.
- Staff and individuals using services can **effectively communicate** as they have access and use the interpreting and translation services whenever required and have the knowledge and skills to **effectively communicate** with all service users including people with sensory impairment, autism, dementia and learning disabilities.
- Introduction of personal health passports to **support people with learning disabilities** when accessing health and social care services.
- New Scots, refugees and asylum seekers will be **supported to understand** the health and social care services available and **how to access** them.

Measuring Progress

- Provision of **interpretation services**, both for language and sensory impairment.
- Number of **translations** of HSCP documents/other information.
- Number of **requests for easy read** versions of HSCP information.
- Provision of **training / awareness to staff** on communication requirements of key service user group.

- Number of **Health Passports issued** and examples of how this has improved **access and experience** of service users in practice.
- Number of **New Scots, refugees and asylum seekers** engaging with HSCP support

