

## HEALTH AND SOCIAL CARE PARTNERSHIP

### REPORT TO INTEGRATION JOINT BOARD (IJB) – 27 APRIL 2016

#### EQUALITIES MAINSTREAMING

#### 1 Recommendation

##### **It is recommended that the IJB:-**

- 1.1 The Integration Joint Board is asked to approve the Aberdeenshire Health and Social Care Partnership's Set of Equality Outcomes and Mainstreaming Equalities Report. This will ensure the document can be published by 30 April 2016, in line with legislation.
- 1.2 The Integration Joint Board is asked to agree that after the initial publication date (April 2016) reporting dates should be aligned with those of Aberdeenshire Council and NHS Grampian.

#### 2 Risk

- 2.1 IJB 4 Service Capacity/Business Transformation and IJB 12 Compliance with legislation
- 2.2 Implementation of the actions set out in the Mainstreaming Equalities and Equalities Outcomes Report will significantly contribute to ensuring services are delivered in a way that is fit for the future. Implementation of these actions will ensure due regard is given in the development of policies, strategies and service plans to certain groups/ communities who may experience inequality, discrimination and disadvantage.

If these actions are not implemented there is a risk that business transformation to meet the needs of people with protected characteristics will not be met. This would also mean that the Public Sector Equality Duty as set out in The Equality Act 2010 would not be met.

Legislation requires us, as an IJB, to be compliant with The Equality Act 2010.

#### 3 Background

- 3.1 The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as amended by The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 requires Aberdeenshire Health and Social Care Partnership Integration Joint Board to publish a set of Equality Outcomes and a Mainstreaming Equalities Report by 30 April 2016.
- 3.2 This legislation brings health and social care partnerships in line with other public bodies. It requires that Equality Outcomes are produced every four

years setting out what the partnership will achieve in the field of equality and diversity. The legislation also requires a progress report to be prepared every two years outlining the action taken and progress made towards the identified Equality Outcomes and how equalities has been mainstreamed.

- 3.3 The Equality and Human Rights Commission (EHRC) has however provided subsequent guidance that allows IJBs to bring forward reporting periods to enable them to synchronise reporting dates with health boards and/or local authorities they work with.
- 3.4 The Chief Officer, and Chief Finance Officer along with and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

## **4 Discussion**

- 4.1 The Set of Equality Outcomes and Mainstreaming Equalities Report have been prepared in accordance with the guidance provided to Integration Joint Boards. This guidance acknowledges that IJBs will look at the equality outcomes previously set by their health boards and social work departments, that expertise within these organisations should be accessed and that IJBs should use their strategic planning consultation process to inform their equality outcomes.
- 4.2 Due to the limited time available the proposed Equality Outcomes for the IJB have been informed by the evidence used by Aberdeenshire Council and NHS Grampian in the production of their Equality Outcomes 2013-17. Additionally the engagement with staff and communities in 2015 to inform the IJB strategic plan has been considered. The Equality Outcomes reflect IJB strategic priorities.
- 4.3 To ensure that as many people as possible representing the different protected characteristics had the opportunity to shape the final set of Equality Outcomes a four week period of consultation from 14 March to 11 April 2016 was undertaken. The documents were made available on council and NHS Grampian websites as well as being provided directly to local equality and diversity groups and bodies. There was no legal requirement to consult on the content of the Mainstreaming Equality Report.
- 4.4 The Mainstreaming Equality section of the report sets out how the Health and Social Care Partnership intends to build equality into our organisation structures, policies and practices. Aberdeenshire Council and NHS Grampian already have established organisation practices. The Partnership will draw on both systems, expertise and capacity to support the implementation and monitoring of mainstreaming equality. For example the Health and Social Care Partnership will have membership on the Council's Equalities Strategy and Corporate Groups to ensure consistency of approach and compliance with the legislation, and will access NHS Grampian's Impact Assessment toolkit and training.
- 4.5 IJBs are required under the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 to assess the impact of their proposed policies

and practices in relation to the protected characteristics covered by the Equalities Duties. The EHRC expects all Strategic Plans to have been equalities impact assessed. In Aberdeenshire an integrated impact assessment process considering both equalities and inequalities was undertaken on the strategic plan. It is proposed that the IJB will adopt an 'integrated' impact assessment process to not only comply with the equalities duties but also to support the delivery of the national outcome on health inequalities.

- 4.6 The EHRC has advised that IJBs can align their reporting cycles with the Council and NHS Grampian as early as April 2017. It is proposed that this alignment should be progressed. This would require the IJB to produce a progress report for the first operating year only rather than waiting until April 2018. Then a revised Set of Equality Outcomes and Mainstreaming Report would be prepared in 2017 at the same time as the Council and NHS Grampian. This would ensure that the engagement process with people with protected characteristics could be undertaken collectively and outcomes and processes are in line across the organisations.

## **5 Conclusions**

- 5.1 The IJB is required to publish a Set of Equality Outcomes and an Equality Mainstreaming Report by 30 April 2016. These are provided to the board for consideration.

## **6 Equalities, Staffing and Financial Implications**

- 6.1 An equality impact assessment has been carried out as part of the development of the proposals set out above. It is included as Appendix 1. Overall the assessment concluded that implementation of the mainstreaming report and equality outcomes will have positive impacts for those with the 9 protected characteristics.
- 6.2 The Impact Assessment did highlight that the document did not fully comply with the requirements of the Royal National Institute for the Blind "Good Practice" guidelines. Amendments have been made in the final report provided to ensure compliance.
- 6.3 The Mainstreaming Report sets out that a standard process to assess impact on equalities and inequalities will be adopted by the IJB. This is to be developed and will be presented to the IJB for consideration in due course.
- 6.4 HSCP Officer capacity will be required to progress the monitoring and delivery of Equality Outcomes and mainstreaming activity.

**Adam Coldwells**  
**Chief Officer**  
**Aberdeenshire Health and Social Care Partnership**



APPENDIX 1

EQUALITY IMPACT ASSESSMENT

**Rapid Impact Checklist: Summary Sheet**

**Aberdeenshire Health and Social Care Partnership (HSCP) Mainstreaming Equalities and Equality Outcomes 2016-2020, April 2016**

<b>Positive Impacts (Note the groups affected)</b>	<b>Negative Impacts (Note the groups affected)</b>
<p>The Mainstreaming and Outcomes document will:</p> <ul style="list-style-type: none"> <li>• Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</li> <li>• Help to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Equality Act 2010</li> <li>• Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</li> <li>• Improve living conditions for people with a disability, carers, family members and others with a protected characteristic.</li> <li>• Emphasise the need to involve people with a protected characteristic in service planning and service delivery. This will ensure that services are tailored to meet individual and collective health and social needs and will therefore enhance the experience of patients, carers and relatives when accessing these services.</li> <li>• Recognise the need to provide targeted support to victims of domestic violence, vulnerable adults, disabled people, members of our local ethnic communities and people with dementia, to enable them to access appropriate health and social care. This will help to avoid these individuals being exploited.</li> <li>• Emphasise the important role of carers and family support in the provision of</li> </ul>	<p>The Mainstreaming and Outcomes document does not fully comply with the requirements of the Royal National Institute for the Blind “Good Practice“ Guidelines.</p>

<p>health and social care.</p> <ul style="list-style-type: none"><li>• Be a learning opportunity for staff of NHS Grampian, Aberdeenshire Council, partner agencies, voluntary agencies and carers involved in the provision of health and/or social care in Aberdeenshire HSCP. It is also a learning opportunity for the wider community in Aberdeenshire.</li></ul>	
<p>Additional Information and Evidence Required</p> <p style="text-align: center;">None.</p>	
<p>Recommendations</p> <p>If the change detailed on the attached Comments Sheet is made, the Mainstreaming and Outcomes document will be fully compliant with all current equality and diversity legislation.</p>	
<p><b>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</b></p> <p>Yes, but this can be easily overcome if the change detailed on the attached Comments Sheet is made. A full EQIA is not required</p>	

Signature(s) of Level One  
Impact Assessor(s) .....

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Date: .....

Signature(s) of Level Two  
Impact Assessor(s) Nigel Firth,  
Equality and Diversity Manager

Date: 15<sup>th</sup> April 2016



**Aberdeenshire Health and Social Care Partnership**  
**Mainstreaming Equalities**  
**and**  
**Equality Outcomes 2016-2020**

**What Aberdeenshire Health and Social Care Partnership (AHSCP) wishes to achieve to progress equality both in the services it provides, and within the Health and Social Care Partnership.**

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## **Chief Officer's Foreword**

### **Mainstreaming Equalities in Aberdeenshire Health and Social Care Partnership**

On 1 April 2016 Aberdeenshire Council and NHS Grampian established Aberdeenshire Health and Social Care Partnership's Integration Joint Board, in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.

By creating our Integration Joint Board (IJB) we have created one uniform organisation that will enhance, strengthen and develop the formerly separate services for the provision of adult health and social care. By becoming a fully integrated service we seek to enhance and promote the health and wellbeing of the people of Aberdeenshire. The AHSCP Integration Joint Board, managers, staff and partners will work hard to deliver the highest quality of health and social care services.

Ensuring that 'equality' runs through everything we do is essential. Those using health and social care services in Aberdeenshire should receive good care irrespective of their protective characteristic, namely:- age, sexual orientation, disability, sex, religion or belief, gender identity, marital or civil partnership status, race (including Gypsy Travellers), pregnancy or maternity status or experience of poverty.

I am very pleased to present this report. It sets out how the IJB, managers and staff will challenge and remove discrimination in our services and what we are doing to ensure services are fair and accessible. We will take purposeful steps to involve groups representing the protected characteristics in the planning and delivery of health and social care services to ensure our practices are fair.

Making sure that every patient / client contact is undertaken within a culture that promotes equality will help us provide the best possible care for all. The AHSCP maybe a new organisation, but we have a good starting point. We will build upon the progress made to date by Aberdeenshire Council and NHS Grampian to mainstream equalities in health and social care services. We will work closely with both organisations to provide care that treats people fairly, with dignity and respect.

I would like to take this opportunity to thank health and social care staff in Aberdeenshire for their work to date. I am looking forward to leading the next stage of progress within the newly established Aberdeenshire Health and Social Care Partnership.

Yours sincerely,

Adam Coldwells, Chief Officer

## Introduction

With the introduction of The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 the new Health and Social Care Partnership Integrated Joint Boards are required to comply with equality legislation.

The Public Sector Equality Duty, as set out by The Equality Act 2010, has three parts which must be complied with. It requires public bodies such as AHSCP Integrated Joint Board to have due regard (or to consciously consider) the need to:

1. Eliminate discrimination, harassment and victimisation.
2. Advance equality of opportunity between those who have protected characteristics and those who don't.
3. Foster good relations between those who have protected characteristics and those who don't.

The nine “protected characteristics” are:

Age	The Equality Act 2010 protects people of all ages.
Disability	‘Disability includes people with physical, learning and sensory disabilities, people with a long term illness and people with mental health problems.
Race	Under ‘The Equality Act 2010’ ‘race’ includes, colour, nationality and ethnic or national origins. It also includes Gypsy Travellers.
Religion of Belief	In The Equality Act 2010, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.
Sex	Both males and females are protected under The Equality Act 2010
Pregnancy and Maternity	The law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breastfeeding
Sexual Orientation	The Equality Act 2010 protects lesbian, gay, bisexual and heterosexual people

Gender Reassignment	The Equality Act 2010 provides protection to someone who proposes to, starts or has completed a process to change his or her gender.
Marriage and Civil Partnership	Marriage is defined as a union between two people of different or of same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognised as 'civil partnerships'.

This legislation sets out specific equalities duties to support the better performance of the Public Sector Duty by public bodies. These duties include requirements to:

- Publish a report on mainstreaming the equality duty
- publish equality outcomes and report progress
- assess and review policies and practices
- publish in a manner that is accessible

## Purpose

The purpose of this report is to describe how AHSCP will meet the requirements of the Public Sector Equality Duty as set out in The Equality Act 2010.

Firstly it sets out those actions the new health and social care partnership requires to take to build equalities considerations into every part of its work, in other words to mainstream equalities. This will build on work previously undertaken by health and social care services within Aberdeenshire Council and NHS Grampian. A number of service examples have been provided to give examples of current practice.

Equalities considerations are being taken into account in the way we go about our business across the following:

- Leadership and Accountability
- Decision Making, Resource Allocation and Measuring Performance
- Policy and Strategic Planning
- Service Delivery
- Supporting the Workforce
- Engaging with People

Secondly it presents the Equality Outcomes that AHSCP will focus on between 2016 and 2020. A consultation was undertaken in March / April 2016 with our local equality and diversity communities and the wider community in Aberdeenshire to shape these outcomes.

AHSCP is required by law to report every two years on the progress it has made to achieve its Equality Outcomes and on progress to mainstream the three parts of the Equality Duty into its functions. The first progress report will be required to be published no later than 30 April 2018 and will cover the period April 2016- March 2018.

## **Information about Aberdeenshire HSCP Integration Joint Board**

The new AHSCP Integration Joint Board came into being on 1 April 2016. The budget for AHSCP Integration Joint Board is £243.1 million with 2,679 whole time equivalent staff working within it.

### **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 Services**

The services provided by AHSCP are listed at Appendix 1. In summary AHSCP has taken on responsibility for health and social care services previously managed by NHS Grampian and Aberdeenshire Council.

### **Our Strategic Plan 2015-2018**

AHSCP Integration Joint Board 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. <https://www.aberdeenshire.gov.uk/media/15521/healthsocial-care-plan.pdf>. This plan sets out what we will do to deliver the national health and wellbeing outcomes set by the Scottish Government. See Appendix 2.

Throughout 2015 we ran a series of events and activities across Aberdeenshire to engage with communities about the content of this plan. The strategic priorities set out in our plan were shaped by these conversations and can be summarised by three important themes:

- Partners in health and social care
- Best of health and care for everyone
- Effective care and treatment.

Our Equality Outcomes have been developed in line with our strategic priorities and will support the delivery of improved health and wellbeing outcomes in Aberdeenshire.

## **Section 1**

### **Mainstreaming Equalities into Aberdeenshire Health and Social Care Partnership (AHSCP)**

#### **Leadership and Accountability**

Effective leadership and accountability are essential to mainstream equality into core business of the health and social care partnership. The ultimate responsibility for compliance with the equality legislation sits with the IJB. The Chief Officer will ensure legislative requirements are implemented and adhered to. These responsibilities will be delegated to the four Partnership Managers, who in turn will make sure their part of AHSCP is delivering on the shared commitments / actions.

AHSCP Senior Management Team will provide strategic direction, leadership and momentum to progress the agenda and oversee implementation of the agreed actions. AHSCP Health and Wellbeing Lead will oversee AHSCP wide activity to facilitate change towards greater equality.

Implementation and monitoring of equality outcomes and mainstreaming activity will be progressed by AHSCP's Strategic Development Team. Advice and support will be available from Aberdeenshire Council's Equalities Team and NHS Grampian's Equality and Diversity Manager. AHSCP will be represented on Aberdeenshire Council and NHS Grampian governance groups, where appropriate.

An equalities network will be established across AHSCP with representation from the locality and strategic teams. Equalities champions will be nominated from teams to participate in the network. The network will support equality actions, share examples of local good practice and provide updates for monitoring purposes. The champions will play a key role in creating a culture of equality across AHSCP.

#### **Decision Making, Resource Allocation and Measuring Performance**

AHSCP Integration Joint Board (IJB) and its 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, standard reporting on equalities will be adopted for reports presented to the IJB and SPG. AHSCP will adopt the model used by Aberdeenshire Council and Community Planning Partnership. Training is being provided to members of both groups to ensure they fully understand what the Public Sector Equality Duty means for them.

Equalities considerations will be built into budget setting and resource allocation processes. Inequalities considerations will also be integrated into these processes.

Every year AHSCP is required to publish an annual performance report, the first covering the period April 2016- March 17. A suite of local measures will be included in the local performance data set that relate to removing discrimination and tackling health inequalities.

The Integrated Joint Board will also receive equality and diversity updates and annual monitoring reports on progress in the delivery of AHSCP's equality outcomes.

## **Policy and Strategic Planning**

AHSCP produced its first strategic plan for 2016-19 which sets out a series of strategic priorities. These will shape AHSCP's strategic and deliver plans for the next three years. One of these priorities is to address health inequalities. This requires explicit consideration of how to close the health gap experienced by communities and marginalised groups and how to better address their needs. Consideration of the needs of people with protected characteristics and people affected by poverty/ disadvantage will be made.

The introduction of an Integrated Impact Assessment (IIA) process will identify potential negative effects of proposed policies, strategies and service plans on certain groups/ communities who may experience inequality, discrimination and disadvantage. The IIA will ensure that due regard is given to the three elements of the Public Sector Equality Duty and the nine protected characteristics.

NHS Grampian will provide Impact Assessment support, training and a toolkit to enable AHSCP to embed the assessment process across its functions. Resource allocation decisions will be supported by the provision of an integrated impact assessment.

### **Service Example: Health and Equality Impact Assessment**

To make sure AHSCP both met its duty to equality impact assess policies and practices and to deliver on the outcome to contribute to reducing health inequalities; the AHSCP Strategic Planning Group decided to introduce a model of Integrated Impact assessment for Aberdeenshire Health and Social Care Partnership's draft strategic plan. In Nov / Dec 2015 the Strategic Planning Group participated in a Health and Equality Impact Assessment process to screen for impacts on both health inequalities and equality and diversity. The H&EIA was based on a broad range of evidence and collectively the group assessed how the strategic plan addressed the needs of people with the protected characteristics, marginalised groups and how it closed the 'health gap'. A summary of this assessment has been published within the final strategic plan 2016-19  
<http://www.aberdeenshire.gov.uk/media/16182/health-and-social-care-strategic-plan-march-2016-final.pdf>.

## Service Delivery

Our ambition is to provide high quality person centred care. This requires people to be able to access, use and navigate local services. Ease of access to health and social care services can vary depending on communication needs, physical access needs, complexity of health problems and frailty, access to transport, understanding of how systems work and the impact of discrimination.

Building on existing good practice in NHS Grampian and Aberdeenshire Council a range of support will be in place to improve the likelihood of equitable access. This includes:

- sufficient interpreters trained and available
- 'language line' widely available to provide short notice access to telephone interpretation
- key health and social care information available in translation.
- On request published material translated into other language / other formats
- front line services have access to induction loops (portable or fixed) to help people with hearing difficulties
- production of accessible information to help people with learning disabilities / aphasia British Sign language signers provided when deaf people wish to access services
- access audits undertaken of AHSCP buildings
- information on sources of help /support for people experiencing Gender Based Violence available
- provide facilities for breastfeeding mothers

### **Service Example: Voices For Change**

To encourage a diverse range of people to have a say on integrated Health and Social Care Services, Voices for Change was set up. People with communication impairments can often find it difficult to find information that is in an accessible format that they can understand. Accessible materials have been developed to support a series of "conversations" with people with different health and social care needs. Grampian Opportunities working with NHSG Learning Disability Speech Therapy have worked together to develop an 'Easy Read' presentation with additional visual materials for table top discussion.

Grampian Opportunities facilitated a calendar of conversations in 2015-16 with older people, people with learning disabilities, people affected by cancer, people with dementia, visual impairment, hearing impairment and other long term conditions. They engaged with people from across Aberdeenshire.

People disclosed that they felt at ease and could make comment without concern for causing offence to health and social care workers. The issues raised through Voices For Change are being shared with integrated health and social care teams and services to inform service development/ improvement. The approaches and 'accessible materials' used as part of Voices for Change will be embedded in locality planning approaches for AHSCP.

### **Supporting the Workforce**

All staff have the responsibility to promote equality. Improving knowledge, attitudes and practice requires ongoing training and awareness raising. AHSCP recognises the importance of learning and development to make sure that every patient / client contact is undertaken within a culture that promotes equality.

All new staff will be expected to complete equality and diversity training as part of their induction programme. All managers will be required to have a good understanding of the Public Sector Equality Duty and have undertaken learning to understand their responsibilities.

Equality and diversity training is already integral to both NHSG and Aberdeenshire Council with e-learning and face to face training opportunities available. Staff working within AHSCP will have access to the range of training available, as appropriate. AHSCP will review the range of learning and support available to HSCP staff to support good practice.

A range of methods will be used to engage staff, partners and patients/ service users on equality topics. AHSCP will access the resources and campaigns led by Aberdeenshire Council and NHS Grampian as well as developing its own communication methods.

This will include using Aberdeenshire Council's Equalities and Diversity Calendar and events / campaigns programme and publishing equalities articles in newsletters and Team Briefs.

All staff working within AHSCP are employed by either NHSG or Aberdeenshire Council. AHSCP is committed to make sure that its health and social care workforce is as representative of the general population in Aberdeenshire as possible. Working with Human Resources from both Aberdeenshire Council and NHS Grampian, AHSCP will assess the diversity of its current workforce and agree improvement actions.

### **Service Example: Integrated Learning and Disability Training**

In 2015-16 an integrated scoping exercise has been undertaken on the range of training/ support for staff providing care and support for people with a Learning Disability (LD) across Aberdeenshire. This includes staff from the public, voluntary and independent sectors. This is informing an integrated training plan. This exercise found:

- Support staff and their managers are very keen for relevant training. They experience barriers to obtaining the training they need, often because of the geography (long distances to travel for training), lack of transport and lack of funding to release staff for training.
- Some problems encountered are not due to lack of resources, but to lack of information available and lack of communication; e.g. training may be already available but managers don't know it's available or how to access it for their staff.
- Similarly, some trainers experience poor uptake of training, but the training information has not been disseminated to the people who require it.
- Practitioners who organise training have reported a need for more information and clarity on how to find suitable venues for training. There is a large amount of goodwill and high motivation among many carers and support staff, and there is a need for them to be valued and supported.
- E-learning is well regarded by many staff and managers, and a partial solution to the problems encountered with travelling long distances to training.

### **Engaging with people**

Understanding the needs and experiences of patients, service-users and the wider public ensures our services delivery high quality care. AHSCP has a responsibility to ensure that people are listened to and actively participate in their own care and in the planning and delivery of services.

Developing relationships with equality groups and organisations who directly work with these groups is a key part of this process. In Aberdeenshire there is already good work going on. There are established forums and groups that provide links between service providers and equality groups to identify and take forward issues of concern and interest and to act as a sounding board on relevant plans and policy developments e.g. Ethnic Minority Forum and Your Voice Older People's Forums.

AHSCP will work with and support local forums representing people with protected characteristics and involve them in service improvement and planning processes.

To deliver care as close to people's homes as possible, health and social care services are being built around natural communities, with 20 Health and Social Care teams being established. Local planning approaches are to be rolled out across these communities to involve local people in decisions about these services. This will build on involvement from existing patient and service user groups, and connections to voluntary sector organisations through Aberdeenshire Voluntary Action. To ensure participation is representative of the diverse communities, AHSCP will monitor involvement of people with protected characteristics and actively seek representation

### **Service Example: Your Voice Older Peoples Forum Network**

Your Voice has been running since 2011 to develop and support older people's forums. There are forums providing a voice for older people in Banff & District, Peterhead, Ellon, Cuminestown, Inch, Laurencekirk, Portlethen, Inverbervie, Mearns, Banchory, Huntly and Cuminestown.

The ambition of your Voice has been to engage with older people to get their views on issues which affect them, in particular the planning and delivery of health and social care services; and to take an assets based approach building on the skills and experience of older people to respond to and manage their own needs and interests in relation to health and wellbeing. Practical issues that have been taken forward include work with community learning to set up computer classes, campaigning with some success to improve bus services from Portlethen to Stonehaven, addressing parking issues in several towns.

## Section 2

### Aberdeenshire Health and Social Care Partnership's

#### Equality Outcomes 2016-2020

AHSCP has developed its 5 equalities outcomes in line with its Strategic Plan priorities. Throughout 2015 a series of events and activities across Aberdeenshire were held to engage with communities about the content of the strategic plan. The resulting strategic priorities and equalities outcomes were shaped by these.

#### HSCP Strategic Priority: Involving and engaging with communities

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

Protected Characteristics: all Public Sector Equality Duty: Eliminate discrimination, advance equality of opportunity, foster good relations National Health & Wellbeing Outcomes: 1,4,5 (refer to appendix 2)		
Example Outputs	Measurements	Long Term Contextual Indicator
<p>Patient Focus Public Involvement (PFPI) activities will seek involvement from people from all protected characteristic groups e.g. multi-lingual events</p> <p>Locality planning processes actively seek involvement from 'seldom heard groups' – consideration given to engage people from all 9 protected characteristics</p> <p>Support 'Your Voice' Older people forums to ensure older people contribute to service planning/ improvement</p> <p>Participatory Budgeting processes adopted</p> <p>Redesign of services for people with disabilities involving disabled people and their carers</p>	<p>Monitoring of protected characteristics for PFPI / locality planning activities</p> <p>Increase in number of people engaged</p> <p>Participants report satisfaction with process of involvement</p> <p>Number and content of community consultations</p>	<p>Increased participation in locality/ service planning from people with protected characteristics.</p> <p>AHSCP services have improved awareness of issues / needs</p> <p>Community empowered to get involved and shape services in Aberdeenshire</p>

living in each locality, local businesses and other public services		
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**HSCP Strategic Priority: Involving people as partners in their care; listening and responding.**

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

Protected Characteristics: age, disability, sex, race, sexual orientation Public Sector Equality Duty: Eliminate discrimination, advance equality of opportunity, foster good relations National Health & Wellbeing Outcomes: 3,5 (refer to appendix 2)		
Example Outputs	Measurements	Long Term Contextual Indicator
Gender based violence routine enquiry and monitoring systems are in place	Gender based violence monitoring in place and reported annually	High patient / client satisfaction with services
Healthcare information of particular interest to LGBT people will be available	Feedback from LGBT people	Patients/ clients and their families report active involvement in care decisions
Anticipatory Care Planning refresh of present systems	Re-establish model	
Self Directed Support (SDS) providing personalised budgets to meet personal outcomes	Increase in people opting for Self Directed Support	Increased ownership of personal outcomes by patient/ client and their families
Rehab and enablement services extended	Increase in patients supported	Holistic needs of people considered routinely
Holistic needs of patients/ clients identified and met by connecting AHSCP teams & community services/ groups – with greater focus on enablement	Involvement from third sector / community Patient and family involvement in care planning evidenced	
Virtual Community Ward model tested	Service user surveys	People have high satisfaction with the services they use
Service improvements based on user experience of services		

**HSCP Strategic Priority: Empowering the workforce to influence service decisions**

**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.**

Protected Characteristics: all Public Sector Equality Duty: Eliminate discrimination, advance equality of opportunity, foster good relations National Health & Wellbeing Outcomes: 3,4,5,7,8 (refer to appendix 2)		
Example Outputs	Measurements	Long Term Contextual Indicator
<p>Equality and diversity training available to all AHSCP staff covering all 9 protected characteristics.</p> <p>Equality and diversity briefings provided to IJB and staff</p> <p>Through annual reviews Equality and Diversity training needs identified</p> <p>Equalities service champions in Health and Social Care teams</p> <p>Sensory impairment awareness training available</p> <p>Gender based violence training available to give staff knowledge/ skills to respond appropriately</p> <p>Training available to ensure staff understand the health needs of LGBT people</p> <p>Training available to ensure staff understand and meet the needs of people with learning disabilities</p> <p>Staff will have access to resources on religious and spiritual needs of different faith communities</p> <p>Skilled workforce providing quality services within financial parameters</p>	<p>Training attendance / completion by staff</p> <p>Attendance at briefings by Integration Joint Board</p> <p>Personal Development Plans reflect quality and diversity development needs Staff nominated and trained</p> <p>Training Attendance</p> <p>Resources accessible and staff awareness / use of resources</p>	<p>Increased knowledge and understanding of staff on patient/ client needs</p> <p>Increased patient / client satisfaction with services as staff and the Integration Joint Board respond to needs</p>

**HSCP Strategic Priority: Reducing health inequalities**

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

Protected Characteristics: all Public Sector Equality Duty: Eliminate discrimination, advance equality of opportunity, foster good relations National Health & Wellbeing Outcomes: 1,2,4,5,6,7, (refer to appendix 2)		
Example Outputs	Measurements	Long Term Contextual Indicator
Health Inequalities impact assessment process introduced (including 9 protected characteristics)	Toolkit and training developed/ implemented	Inequalities considerations are at the heart of AHSCP /IJB decision making on resource allocations, service design and delivery
Health Inequalities Impact assessment toolkit and training developed and introduced.	Training attendance	
Integration Joint Board reports consciously consider in/equalities implications	Protocol in place. List of completed HIIA published. Staff awareness and useage levels monitored	Inclusive communities where barriers to people with dementia reduced
Dementia-friendly communities supported	Evaluation of impact on people with dementia and their families	
Review and audit procedures and policies for inter-agency working to protect adults at risk	Procedures in place	Vulnerable adults have the support needed to be safe
Co-production of community services and assets with focus on empowering most deprived and vulnerable people to participate	Participants report satisfaction with process of involvement	People feel empowered to take responsibility for their health and shape local services
Support/ investment for carers, the majority whom are female to achieve an SVQ qualification	Number of carers achieving SVQs	
Practical advice and assistance to people with disabilities / long term health conditions' to achieve their potential' and / or access education, training and employment.	Number of people with disabilities/ long term health conditions who achieve learning and employment outcomes	People with disabilities are fairly represented in the labour market

**HSCP Strategic Priorities: Primary care - better access, continuity of care and making best use of practitioner’s skills**

**Reducing avoidable admissions to hospital**

**Early Diagnosis, treatment and care of dementia**

**Identifying, treating and promoting recovery from mental ill health**

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

Protected Characteristics: all Public Sector Equality Duty: Eliminate discrimination, advance equality of opportunity, foster good relations National Health & Wellbeing Outcomes: 1,2,4 (refer to appendix 2)		
Example Outputs	Measurements	Long Term Contextual Indicator
Work with partners to ensure sufficient interpreters are trained and available	Interpreters available for all key languages	Patients / clients are able to fully understand and participate in care planning and decisions  Patients/ clients understand what services are available and how to access them
Ensure ‘Language Line’ widely available to provide short notice access to telephone interpretation	Number of facilities with access to language line	
Review and provide key health and social care information in translation.	Review completed and translated information provided	
On request provide published material in other language / other formats in line with good practice guidance	Number of requests	
All front line services to have access to induction loops (portable or fixed) to help people with hearing difficulties	Number of facilities with access to induction loops	
Production of accessible information to help people with learning disabilities / aphasia.	Review of information available and accessible information developed	
British Sign language signers	Number of requests	

<p>provided when deaf people wish to access services</p> <p>Access audits undertaken of AHSCP buildings</p> <p>Information on sources of help /support for people experiencing Gender Based Violence available</p> <p>AHSCP will provide facilities for breastfeeding mothers</p> <p>GP Dementia Scholarship scheme and Local Enhanced Service</p> <p>Review the number of fully accessible changing place toilets in communities</p> <p>Multi-disciplinary team will develop locality plans taking full account of the needs of people with protected characteristics.</p> <p>Work with the Public Transport Unit and transport providers to ensure fair access to adapted transport for those who need it</p> <p>Work with Aberdeenshire Access Panels and take account of their views</p> <p>Support THInC (Transport to Health and social care InformationCentre) to provide transport information, particularly for older people and people with learning disabilities</p> <p>Extend the use of conversation cafes to engage and support people to access community resources</p>	<p>Audits completed</p> <p>Review of information available and staff awareness</p> <p>Number of facilities providing breastfeeding facilities</p> <p>Number of scholarships Number of patients in receipt of support</p> <p>Number of facilities</p> <p>Scrutiny and publication of locality plans</p> <p>Number / cost of transport arranged by health and social care teams</p> <p>Number of calls</p> <p>Numbers of conversation cafes and participants</p>	<p>People able to access services</p> <p>People have access to timely support services</p> <p>Breastfeeding mothers able to access services</p> <p>People with dementia access timely care and support</p> <p>People are able to access services that meet their needs</p> <p>People with disabilities and / or long term problems can use local services and resources.</p> <p>People have access to community resources and support</p>
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## Appendix 1

### Services Previously Provided By NHS Grampian That Have Been Integrated

1. Accident and Emergency services provided in a hospital.
2. Inpatient hospital services relating to the following branches of medicine-
  - a) general medicine
  - b) geriatric medicine
  - c) rehabilitation medicine
  - d) respiratory medicine; and
  - e) psychiatry
  - f) learning disability.
3. Palliative care services provided in a hospital.
4. Inpatient hospital services provided by General Medical Practitioners.
5. Services provided in a hospital in relation to an addiction or dependence on any substance.
6. Mental health services provided in a hospital, except secure forensic mental Health services.
7. District nursing services.
8. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
9. Service provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
10. The public dental service.
11. Primary medical services provided under a general medical services contract.
12. General dental services provided by the NHS.
13. Ophthalmic services provided by the NHS.
11. Pharmaceutical services provided by the NHS.
12. Out of hours primary medical services.

13. Service provided outwith a hospital in relation to geriatric medicine.
14. Palliative care services provided outwith a hospital.
15. Community learning disability services
16. Mental health services provided outwith a hospital.
17. Continence services provided outwith a hospital.
18. Kidney dialysis services provided outwith a hospital.
19. Services provided by health professionals that aim to promote public health.

**Services Previously Provided By Aberdeenshire Council  
That Have Been Integrated**

1. Social work services for adults and older people.
2. Services and support for adults with physical disabilities and learning disabilities.
3. Mental health services.
4. Drug and alcohol services.
5. Adult protection and domestic abuse.
6. Carers support services.
7. Community care assessment teams.
8. Support services.
9. Care home services.
10. Adult placement services.
11. Health improvement services.
12. Aspects of housing support, including aids and adaptations.
13. Day services.

14. Local area co-ordination.
15. Respite provision.
16. Occupational therapy services.
17. Re-ablement services, equipment and telecare.

## Appendix 2

### National Health and Wellbeing Outcomes

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

# 1. Rapid Impact Checklist

## NHS Grampian and Aberdeenshire HSCP

### An Equality and Diversity Impact Assessment Tool:

#### Aberdeenshire Health and Social Care Partnership (HSCP) Mainstreaming Equalities and Equality Outcomes 2016-2020, April 2016

**Which groups of the population do you think will be affected by this proposal?**

**Other groups:**

- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people
- Disabled people
- People involved in criminal justice system
- Staff
- Lesbian, gay, bisexual and transgender

**Staff of NHS Grampian, Aberdeenshire Council, partner agencies, voluntary agencies and carers, involved in the provision of health and/or social care in Aberdeenshire HSCP. The population of Aberdeenshire who use or will use health or social care services provided by the Aberdeenshire HSCP. These individuals may be members of several of the above groups.**

N.B The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed

What positive and negative impacts do you think there may be?  
Which groups will be affected by these impacts?

**What impact will the proposal have on lifestyles?**

For example, will the changes affect:

- Diet and nutrition

None.

<ul style="list-style-type: none"> <li>• Exercise and physical activity</li> <li>• Substance use: tobacco, alcohol and drugs?</li> <li>• Risk taking behaviour?</li>   <li>• Education and learning or skills?</li> </ul>	<p>None.</p> <p>None.</p> <p>✓ Positive. Equality Outcome 2 recognises the need to provide support to victims of domestic violence. Equality Outcome 4 stresses the needs to provide support to vulnerable and disabled people. Equality Outcome 5 considers the needs of members of our local ethnic communities and people with dementia. These measures will help to reduce the risks which these groups may face if they are unable to access appropriate health or social care. The measures will also help to avoid these individuals being exploited.</p> <p>✓ Positive. The Mainstreaming and Outcomes document is a learning opportunity for staff of NHS Grampian, Aberdeenshire Council, partner agencies, voluntary agencies and carers involved in the provision of health and/or social care in Aberdeenshire HSCP. It is also a learning opportunity for the wider community in Aberdeenshire.</p>
<p><b>Will the proposal have any impact on the social environment?</b> Things that might be affected include:</p> <ul style="list-style-type: none"> <li>• Social status</li>   <li>• Employment (paid or unpaid)</li> </ul>	<p>✓ Positive. The Mainstreaming and Outcomes document emphasises the need to involve people with a protected characteristic in service planning and service delivery. This will enhance the decision making process and also give participants a higher social profile and enhanced social status.</p> <p>✓ Positive. Equality Outcome 4 makes specific reference to supporting people with disabilities/long term health conditions towards employment.</p>

<ul style="list-style-type: none"> <li>• Social/Family support</li> <li>• Stress</li> <li>• Income</li> </ul>	<ul style="list-style-type: none"> <li>✓ Positive. Equality Outcomes 1, 2 and 4 emphasise the important role of carers and family support in the provision of health and social care.</li> <li>✓ Positive. The Equality Outcomes emphasise the need to support to patients, carers and families when accessing health and/or social care. This will help to reduce the stress which people may feel if they do not know how to access health or social care services.</li> <li>✓ Positive. Equality Outcome 4 makes specific reference to supporting people with disabilities/long term health conditions towards employment.</li> </ul>
<p><b>Will the proposal have any impact on the following?</b></p> <ul style="list-style-type: none"> <li>• Discrimination?</li> <li>• Equality of opportunity?</li> <li>• Relations between groups?</li> </ul>	<p>Negative. The Mainstreaming and Outcomes document does not fully comply with the requirements of the Royal National Institute for the Blind “Good Practice“ Guidelines.</p> <p>None.</p> <p>✓ Positive. The Mainstreaming and Outcomes document stresses the importance of involving people with a protected characteristic in the planning and delivery of health and social care services.</p>

<p><b>Will the proposal have an impact on the physical environment?</b> For example, will there be impacts on:</p> <ul style="list-style-type: none"> <li>• Living conditions?</li> <li>• Pollution or climate change?</li> <li>• Accidental injuries or public safety?</li> <li>• Transmission of infectious disease?</li> </ul>	<ul style="list-style-type: none"> <li>√ Positive. The Equality Outcomes, when implemented, will improve living conditions for people with a disability, carers, family members and others with a protected characteristic.</li> <li>None.</li> <li>√ Positive. Patient safety is given a high priority in the Equality Outcomes.</li> <li>None.</li> </ul>
<p><b>Will the proposal affect access to and experience of services?</b> For example,</p> <ul style="list-style-type: none"> <li>• Health care and social care</li> <li>• Transport</li> <li>• Housing services</li> </ul>	<ul style="list-style-type: none"> <li>√ Positive. The Outcomes emphasise the need to involve people with a protected characteristic in service planning and service delivery. This will ensure that services are tailored to meet individual and collective health and social needs and will therefore enhance the experience of patients, carers and relatives when accessing these services.</li> <li>√ Positive. Equality Outcome 5 makes specific reference to improving public transport arrangements and information for disabled people, older people and people with a learning disability.</li> <li>None.</li> </ul>

- Education

√ Positive. The Mainstreaming and Outcomes document is a learning opportunity for staff of NHS Grampian, Aberdeenshire Council, partner agencies, voluntary agencies and carers involved in the provision of health and/or social care in Aberdeenshire HSCP. It is also a learning opportunity for the wider community in Aberdeenshire.

√ Positive. The document emphasises the important of Equality and Diversity Awareness training for staff and managers working within the HSCP.

For further information please contact: Nigel Firth, Equality and Diversity Manager Ext. 52245

