

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 30 MARCH 2022

MAINSTREAMING EQUALITIES IN ABERDEENSHIRE 2020-22

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 Consider the progress made towards meeting the Public Sector Equality Duty over the past two years, through the actions taken to mainstream equalities and deliver the 2020-24 Equality Outcomes.**
- 1.2 Consider and Comment on the draft response to the Scottish Government's Consultation on the Public Sector Equality Duty**

2 Directions

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3 Risk

- 3.1 IJB Risk 2: Health and Social Care Policy Alignment. Failure to deliver national and local policies leading to contradictory strategic direction. Legislation requires the IJB to be compliant with The Equality Act 2010.
- 3.2 IJB 9: Service and business transformation. Failure to Plan, manage and deliver services that are fit for the future. Ensuring due regard is given to certain groups / communities who may experience inequality, discrimination, and disadvantage will contribute to ensuring services are delivered to meet their needs and are fit for purpose.

4 Background

AHSCP Progress Report

- 4.1 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 every four years. A progress report must also be published every two years, outlining the action taken and progress made towards the identified Equality Outcomes and how equalities has been mainstreamed. This report provides an update on progress for the period April 2020-March 22.

- 4.2 We have been living with COVID19 for the whole of the reporting period, which has inevitably disrupted progress, as non-critical services and strategic developments were paused at key points during the pandemic. Covid19 has disproportionately impacted specific protected characteristic groups and the HSCP services have taken steps to minimise impacts of service changes on all service users. Despite these challenges progress has been made and are documented in the report provided (Annex A).
- 4.3 The key areas of progress made to mainstream our approach to equalities include:
- Strategic Planning Group (SPG) re-established in 2021 with responsibility to ensure due regard is given to people protected by the Equality Act and Fairer Scotland Duty, when implementing the strategic delivery plan initiatives, by embedding equalities in all Strategic Delivery Plan reporting.
 - Equalities Champions Network completed an evidence-gathering exercise to identify how the pandemic has impacted on people using health and social care services and how staff/teams have worked to minimise any detrimental impact on service users. Digital exclusion was one of the main issues flagged. The HSCP has since been key in establishing a Digital Inclusion Workstream for Aberdeenshire Council's Digital Strategy Board to ensure collective action is co-ordinated across council and HSCP services.
 - A Stakeholder Members Role Descriptor and policy to claim expenses e.g. replacement care costs, has been drafted for consideration by the IJB, with the aim of reducing barriers to active participation by Stakeholder members.
 - Workshops on Equalities and Fairer Scotland Duties were hosted for the IJB and SPG and the Council's Integrated Impact Assessment was adopted with training rolled out.
- 4.4 In 2020 four equalities outcomes were approved by the IJB, these were reviewed in 2021 in light of COVID and remain relevant. Annex A summarises the progress made and output measures for each of the specific action areas contributing to these four outcomes. Case studies are provided for each equality outcome highlighting the difference made to people using our services.

Scottish Government Review of the Public Sector Equality Duty

- 4.5 In 2021 the Scottish Government made the decision to review the Public Sector Equalities Duty to ensure its effectiveness. Last year stakeholder engagement was undertaken to understand which aspects of the duty were working well and which required improvement. The findings of this have informed a wider consultation, which is now seeking views on specific proposals to improve the duty and gather views of wider stakeholders. The

consultation closes on 11 April 2022. [Public sector Equality Duty in Scotland: consultation - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/consultations/psed-review/consultation-2022-04-11/consultation-2022-04-11.pdf)

- 4.6 Members of AHSCP Strategic Planning Group have been invited to contribute to the draft response to the PSED Review Consultation. See Annex B. It is proposed that all contributions from the IJB will be incorporated into a final draft, that will be signed off by the Chair and Vice Chair before submitting to the Scottish Government.

5 Summary

- 5.1 This report summarises activities undertaken to mainstream equalities and the progress made to deliver the equalities outcomes between 2020-22. It also outlines the current review of the Public Sector Equalities Duty providing a draft response to the Scottish Government's Consultation.
- 5.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 An equality impact assessment is not required because the purpose of this report is to outline progress. There will be no differential impact as a result of the report, on people with protected characteristics. An Equality Impact Assessment was carried out as part of the development of the Equality Outcomes for 2020-24 with positive impacts identified.

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Aberdeenshire Health and Social Care Partnership

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Date March 2022

Annex A -Progress report 2020-22

Annex B- Draft Response to the Public Sector Equality Duty Review Consultation



Equalities Mainstreaming and Outcomes Report 2020 – 2022



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Thank you to all colleagues who have contributed to the production of this report.

This Mainstreaming Equalities progress report and previous progress reports for Aberdeenshire HSCP can be accessed on the Aberdeenshire Council website via this link:

<https://www.aberdeenshire.gov.uk/social-care-and-health/ahscp/equalities/>

Please contact us via email: AberdeenshireHSCP@aberdeenshire.gov.uk if you require:

- this document in another format (including easy read and plain text)
- a telephone translation service
- if you would like to make a comment on any aspect of this report.

Foreword

On behalf of Aberdeenshire Health and Social Care Partnership (AHSCP), we are pleased to share this Equalities Mainstreaming and Outcomes Progress Report for 2020-22.

Our Equalities Outcomes for 2020-24 were published in March 2020 just as the COVID19 pandemic impacted all our communities in Aberdeenshire. Over the last two years health and social care services have experienced many challenges and AHSCP has had to respond and adapt to continue to deliver safe, quality, person-centred services but in very different ways.

Despite these challenging conditions, we have continued to make some progress towards embedding equalities within our systems, processes and policies and in working to meet the needs of everyone who uses our services. We would like to thank every member of staff and our partners for the resilience, dedication and adaptability they have shown.

Whilst everyone has been affected by COVID-19, some have been more negatively impacted than others. Many people with protected characteristics have been particularly impacted by the pandemic and changes to health and social care services. Our teams have worked to minimise any detrimental impact on service users but there are areas of concern that have been amplified or emerged because of COVID-19, that require action.

The journey ahead will continue to be challenging, please be rest assured that we are committed to providing health and social care services in a way that is fair and equitable for all our local communities.



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Aberdeenshire Equalities Profile

The equality profile of Aberdeenshire is as follows:

Age

The pensionable age group is projected to increase by over 28.7% with the 75+ age group rising by over 94%. Aberdeenshire's child population is expected to decrease by approximately 5,649 by 2043 to 43,384 (based on 2018 figures). That equates to an 11.5% decrease, which is slightly greater than the 10.5% decrease for Scotland as a whole (Source: Aberdeenshire Strategic Assessment 2020).

Religion or Belief

The proportion of adults declaring that they don't have a religion has remained similar since 2015, reported as 55% in 2018. There has been a decrease in the proportion reporting 'Church of Scotland', to 22% in 2018. There has been a marked increase in the proportion declaring themselves as 'Other Christian', up to 20% in 2018 (Source: Scottish Household Survey 2018 data).

Marriage and civil partnership

56% of adults in Aberdeenshire were married or in a civil partnership, 29% were single, 10% were divorced or separated, and 5% were widowed or bereaved (Source: Scottish Household Survey 2018 data).

Race

98.6% of Aberdeenshire's residents identified themselves as White, 1.2% identified as Asian, Asian British or Asian Scottish and 0.2% as another ethnic group. (Source: Scottish Household Survey 2018 data).

Disability

6.3% of Aberdeenshire's population had a long-term health problem or disability. 26.9% of the population had one or more health conditions. (Source: Census 2011). In 2018, the Scottish Household Survey reported 2% of respondents declared themselves as permanently sick or disabled.

Pregnancy and maternity

In 2018, there were 2,697 births in Aberdeenshire; this was an increase of 1.4% from 2017 (Source: Aberdeenshire Strategic Assessment 2020).

Sex

In 2019, the resident population in Aberdeenshire consisted of 129,900 males and 131,300 females. From that, 141,800 were economically active (85.6% of males and 75.9% of females)

Sexual orientation

98.5% respondents to the Scottish Household Survey in 2018 identified themselves as Heterosexual/Straight and 1.2% as Gay/ Lesbian; 0.2% refused to disclose. (Source: Scottish Household Survey 2018 data).

Gender reassignment

No data available at this time

1. Introduction

This report provides an update on the progress Aberdeenshire Health and Social Care Partnership (HSCP) has made over the last two years in relation to mainstreaming equalities, both in the way we go about our business and delivering the identified actions in relation to the four Equalities Outcomes set in 2020.

When we published the new Equalities Outcomes for 2020-24 in March 2020, we could never have imagined how our lives would be affected by Coronavirus or how health and social care services would have to rapidly react and adapt to protect patients, service users and staff from COVID-19. Two years on, the way we deliver services continues to be affected by COVID19 and it has also impacted on our ability to progress service improvement and transformation initiatives as set out in our Strategic Plan.

Despite this, Aberdeenshire HSCP has implemented significant new service developments and continues to make sure that people who use our services, their carers and families shape how services are provided and developed. The HSCP remains committed to ensuring everyone has fair access to our services and improving health and wellbeing outcomes for all.

2. Mainstreaming Equalities between 2020 - 2022

This section provides the headline areas of activity undertaken by the HSCP to mainstream equalities over the last two years.

2.1 Embedding Equalities in All Strategic Delivery Plan Reporting

To ensure oversight and scrutiny of the HSCP's strategic delivery plan, a standardised toolkit was adopted in 2020 for all the major transformational and service improvement initiatives. Project leads have been supported to develop a project charter, benefits mapping process and complete standardised project update reports to either the Strategic Planning Group or Senior Management Team.

Embedded in the toolkit is the requirement to be explicit about which of the four Equalities Outcomes the initiative is delivering and how this is being achieved. It requires each project to complete an Integrated Impact Assessment and use the SCDC VOICE tool to plan engagement activities. Explicit consideration of the needs of people with protected characteristics is now embedded in this planning process.

2.2 Understanding How Changes to Service Delivery Due to COVID Affected People with Protected Characteristics

In 2020/21 Aberdeenshire Health and Social Care Partnership's Equalities Champions Group gathered evidence of how the pandemic has impacted on people using health and social care services and how staff/teams have worked to minimise any detrimental impact on service users. The purpose of the report was to flag areas of concern for consideration when remobilising services and to minimise any longer-term impacts of services changes.

Social isolation was experienced by older people and by people with learning disabilities due to suspension to Care Home visiting, closure of day services and training and skills opportunities. People who 'shielded' due to being clinically vulnerable to COVID 19 reported loneliness and isolation. Unpaid carers experienced an extended period without additional support and respite which they may otherwise have relied upon. Some health and social care services that were suspended during the first wave of the pandemic inevitably had an impact on early intervention and preventative health services with people presenting later.

The report evidenced that staff had been resourceful in minimising long term detriment and that technology had played a key part. The HSCP embraced all available technology to maintain necessary contact with those who use health and social care services as well as to allow the continued functioning of all teams. It was also utilised to ensure service users who were shielding or have restrictions in their visiting were able to stay in touch with family and friends.

Due to the increased reliance on technology, digital exclusion was identified as a key concern for people who were unable to engage due to a lack of digital skills and limited support to overcome this, and / or lack of digital connectivity or equipment. The HSCP has subsequently worked with Economic Development to establish a Digital Inclusion Workstream for Aberdeenshire Council's Digital Strategy Board to take collective action to reduce digital exclusion.

2.3 Public Sector Equalities Duty and Fairer Scotland Duty Workshops

In 2021 two workshops were hosted for the IJB and Strategic Planning Group to refresh members on the Public Sector Equalities Duty and Fairer Scotland Duty and their role in reducing inequalities of outcome. The workshops provided an overview of the key legislation and HSCP Equality Outcomes, introduced the Council's new integrated impact assessment tool adopted by AHSCP, and members considered their duty to give 'Due Regard' to equalities/ inequalities.

2.4 Adoption of Integrated Impact Assessment

To ensure all IJB decisions give due regard to equalities/reducing inequalities an Integrated Impact Assessment (IIA) tool developed by Aberdeenshire Council has been adopted by the HSCP. The IIA was introduced in April 2021 providing a comprehensive tool to consider the impacts of any proposed policy or service development on Equalities & Fairer Scotland Duty, Children's Rights and Wellbeing, Climate Change and Sustainability, Health & Wellbeing and Town Centre First. Training was provided to AHSCP staff in how to complete the IIA.

2.5 Support to Stakeholder Members to Participate in Decision Making Processes

Health and Social Care Partnerships have a legal responsibility to involve stakeholders within decision making processes to utilise their advice and experience. In a review of the IJB Carer Representative's experience areas for improvement were identified. Subsequently a Stakeholder Members Role Descriptor and policy to claim expenses e.g. replacement care costs, has been drafted for consideration by the IJB. A process has been developed in partnership with AHSCP Finance to enable a streamlined approach, with the aim of reducing barriers to active participation by Stakeholder members.

3. Progress Against Equalities Outcomes

3.1 Aberdeenshire Wide/ High Level - National Core Integration Indicators

The National Core Integration Indicators provide high level performance measures to track if we are improving outcomes for all people living in Aberdeenshire. They provide a proxy measure of how our health and social care services are delivered in a fair way to everyone and allow benchmarking of the HSCP's performance against Scotland wide data. Whilst we are not 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.

Outcome indicators 1-9 are currently available to 2019/20 based on the results of the national Health and Care Experience Survey (formerly the GP and Local NHS Services Patient Experience Survey). This survey has been run by the Scottish Government every two years to gather information relating to citizens' experiences of accessing and using their GP practice, Out of Hours Services, social care and caring responsibilities and related support. The results from this survey only became available in October 2020 (publication delayed due to Covid), therefore it is relevant to note the substantially changed environment in which health and social care services are now being delivered as a result of Covid-19.

Core Suite of National Integration Indicators Performance Trend from 2016/17 to 2020/21 (as at July 2021 data release)						
Indicator	Title	Reporting Period				Trendline
		2013/14	2015/16	2017/18	2019/20	
NI-1	Percentage of adults able to look after their health very well or quite well	96%	96%	95%	95%	
NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85%	84%	85%	86%	
NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	84%	79%	84%	79%	
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	75%	70%	76%	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	87%	81%	83%	85%	
NI-6	Percentage of people with positive experience of care at their GP practice	83%	83%	81%	76%	
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality	85%	85%	83%	84%	
NI-8	Percentage of carers who feel supported to continue in their caring role	42%	40%	37%	37%	
NI-9	Percentage of adults supported at home who agreed they felt safe	84%	82%	87%	81%	

The majority of indicators have performed the same or better in the latest available reporting period (2019/20). Performance has declined for two indicators:

NI.6 – % of people with positive experience of the care provided by their GP practice

NI.9 – % of adults supported at home who agreed they felt safe

The HSCP's commitment to engaging with people who use our services, to understand and continually improve their experience remains a priority and work is underway to enable a more consistent approach to engagement and participation. The main aim of this work is to ensure that a range of people, including people using health and social care services, unpaid carers, local communities, providers, people working in health and social care and other professionals are routinely involved in the design, improvement and monitoring of services. Further examples of engagement and consultation work undertaken over the last year are provided in the following case studies.

3.2 Equality Outcomes 2020-24 - Agreed Action Area Outputs, Outcomes and Case Studies

This next section summarises the progress made over the last two years, including output measures, for each of the identified action areas contributing to the delivery of the four agreed equality outcomes. Case studies are provided for each equality outcome highlighting the difference made to people using our services.

Equalities Outcome 1:

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

Case Study 1 - Houseability

Aim

To provide comprehensive housing options advice prior to discharge from hospital to quicken hospital discharge

What We Did

Houseability had to adapt its way of working due to Covid restrictions not allowing hospital visits. Instead clients have been assisted by telephone or skype to facilitate quicker hospital discharge and ensure housing needs were met following hospital discharge.

Results / Outcomes

In 2020/21, eight clients received timely assistance

Comments/ feedback

We have found you a great help at this very difficult time in our lives.

Excellent service, friendly staff, eased all our worries regarding filling in housing forms. We would have struggled without your help.

If it wasn't for the help and advice we received we wouldn't be where we are.

Action Areas	Measuring Progress	Progress and Key Achievements
<p>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.</p> <p>We will develop clear pathways to ensure our person-centred approach for people with health and social care needs fully considers their housing needs.</p>	<p>Number and percentage of new build properties developed and fully accessible for clients with a particular need.</p> <p>In 2021, 26.71% (43 units) of all affordable new build homes built were for particular needs clients including 11 fully wheelchair accessible properties.</p> <p>Number of adaptations carried out:</p> <p>Private Sector = 122 Local Authority = 50</p>	<p>Work continues to establish communication and understanding between AHSCP and Housing to ensure positive outcomes for clients in accessing suitable housing and support.</p> <p>AHSCP information on individual housing need, model of housing required, support model required and level of priority is improving strategic planning, investment and delivery of appropriate housing for Particular Needs Clients.</p>
<p>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</p>	<p>Number of people with a disability receiving housing related advice and information.</p> <p>In 2020/21 156 clients with a disability received information and advice from Houseability and 123 received advocacy.</p> <p>Number of individuals given comprehensive housing options advice prior to discharge from hospital to quicken hospital discharge.</p> <p>In 2020/21 0 Clients were visited in hospital by Houseability due to Covid restrictions. However, 8 Clients in hospital were assisted by telephone or Skype to facilitate quicker hospital discharge and ensure their housing needs were met following discharge.</p>	<p>Delivery of appropriate and affordable new build housing for particular needs clients exceeded 15% target.</p> <p>Access for disabled Clients to housing related information and advice target of 120 Clients was exceeded.</p> <p>Despite adaptations delivery being severely impacted by the pandemic, good communication across partners and new ways of working ensured that delays were minimised and contact with Clients maintained.</p>
<p>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.</p>	<p>Provision of telecare and digital solutions and number of patients using them to access health and social care services.</p>	<p>The adoption of digital tools progressed at pace during the pandemic and has been invaluable in enabling people to access primary care support, whilst keeping vulnerable people safe and preventing the spread of infection.</p>

Attend Anywhere

68 Attend Anywhere waiting areas have been set up across primary and community care services. 2,401 staff have user access to the platform, having been trained since February 2020.

March 2020 – April 2021, 29,827 Attend Anywhere consults.

April 2021 - 2,370 Attend Anywhere consults

Sept 2021 - 1,728 Attend Anywhere consults

BP Remote Monitoring

15 General Practices are signed up to the Blood Pressure (BP) Remote Monitoring with several hundred patients per month using the Florence text messaging system to remotely monitor and report their blood pressure readings, using a range of diagnosis, medication titration, and long term (review) protocols

Many people have responded well to the move to digital methods of contact but for some this has been challenging with difficulties linking in due to a lack of digital skills and limitations to the support that can be provided. There are also some HSCP clients for whom digital approaches are not feasible or for whom there are additional barriers e.g. people with sensory impairment. Furthermore digital connectivity across Aberdeenshire is poor in a number of rural areas.

In response to these digital inequalities AHSCP's Health and Wellbeing Lead and Digital Project Manager have worked with colleagues in Economic Development to establish a Digital Inclusion workstream for Aberdeenshire Council's Digital Strategy Board. The Board approved this approach in Nov 2021 and a group was established with representation from Council Services and Aberdeenshire Health and Social Care Partnership in January 2022, to collectively take forward actions on digital inclusion.

The AHSCP digital project manager role has been reviewed and expanded to progress both implementing patient facing digital initiatives and key actions to reduce digital inequality.

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.

Number of people accessing community-based resources

Between April 2020- March 22, **128 people** accessed community-based resources over 6 Day Services (Fraserburgh, Banff, Peterhead, Inverurie, Ellon, South)

Work has been ongoing to ensure that our in-house Day Opportunities is sustainable and cost-effective moving forward, building on the IDEA principles of enhanced community integration.

The Covid pandemic provided opportunities to re-model how we deliver services. Projects are

Due to Covid and prioritising safety of service users, numbers accessing community resources have been lower than otherwise expected. We anticipate a more accurate reflection in the coming months once more resources are available.

ongoing in North, Central and South to produce proposals for sustainable services, with a view to enhanced community integration where safe, as we move beyond Covid.

Extensive engagement has taken place with service users, families and carers (Engagement HQ) and staff to gather views on our existing services.

South Aberdeenshire introduced a new model of delivering Day Opportunities in late 2020 with particular focus on initiatives such as Shopping Buddies and Books on Legs to enhance community integration and outreach.

North/Central Day Services review was completed (July 2021) with new models now being implemented.

Equality Outcome 2:

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

Case Study 2 - Live Life Well

Aim

Develop a physical activity programme to tailored support to people with long term conditions through joint working between the Partnership and Live Life Aberdeenshire (LLA)

What We Did

Set up an online referral process to triage patients to a programme most suited to their needs. Offer a range of classes: Online classes, Health Walks, One to One's, Self-Management support materials, and Follow up support

Results/ Outcomes

Provided 529 sessions to 260 people with long term conditions

Comments /Feedback

this group has introduced me to others in a similar position to myself along with the benefit of gentle exercise.

These exercise classes are immensely beneficial, for me they are a lifeline

Action Areas	Measuring Progress	Progress and Key Achievements
<p>On diagnosis, people with dementia have access to advice and support to ensure they can live well and independently for as long as possible.</p>	<p>Number of dementia patients accessing post-diagnostic support across Aberdeenshire</p> <p>2019/20 = 269 2020/21 = 186 2021/22 = 83 (partial year)</p>	<p>Covid continues to provide challenges for the diagnosing of dementia and offering the appropriate ongoing support. Telephone / Attend Anywhere consultations continue to be the main way professionals are communicating with those living with dementia and their families / carers. Face to face clinic appointments are slowly starting up. Community staff also try where appropriate to meet people face to face.</p> <p>The Post Diagnostic Link Workers have had reduced staff numbers due to long term sick, maternity leave and retirement. The waiting list for post diagnostic support in March 2022 = 18 + North</p> <p>It has been noted that people are presenting later in their dementia journey, meaning more intense support is required Group Work re-started in virtual format, in late summer 21 and a rolling programme has been set up for 2022. Participants fed back they found it useful and informative. Further connections were made with participants meeting informally out with for peer support.</p> <p>The Scottish Government have committed additional funding to further support post diagnostic support. AHSCP is considering how to increase post diagnostic link workers capacity.</p> <p>The Herbert Protocol has been adopted in Aberdeenshire to safely locate missing people who have dementia.</p>

<p>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</p>	<p>Number of people accessing information about wellbeing services/ support on the Scottish Service Directory</p> <p><i>Nil return</i></p>	<p>This non-critical development work was paused at the beginning of the COVID19 pandemic. A review of the Scottish Service Directory will be undertaken as health improvement services remobilise across Grampian.</p>
<p>We will support a network of Community Cafes to engage and support people to access local resources/ opportunities.</p>	<p>Number and location of community cafes, and number of people attending them</p> <p>There are 6 Café's currently operating in Maud, Ellon, New Pitsligo, Pitmedden and Inverurie and virtually in Fraserburgh. Attendance varies from 6 to 30 people.</p> <p>The Rotary Club are considering supporting a cafe in Methlick, with Community Mental Health Teams keen to extend cafes in Banff / McDuff and Peterhead. A funding request for a support worker has been made to Communities Mental Health Fund by Maud Resource Centre.</p>	<p>Community/Conversation Cafes were paused when COVID restrictions were introduced. In May 2020 a virtual Aberdeenshire wide Conversation Cafe was held in support of National Mental Health Week with approximately 60 people participating. Thereafter Fraserburgh, Ellon, New Pitsligo and Maud began virtual cafes.</p> <p>In early 2021 several of the virtual cafes experienced reduced participants signifying a diminishing interest in virtual events.</p> <p>With the easing of social distancing measure in mid-2021 Conversation Cafes began to open up in Maud, New Pitsligo, Inverurie and Ellon with a new café starting in Pitmedden.</p> <p>Participants are involved in all aspects of the operation and development of community cafes and empowered to support their own and the wellbeing of their communities.</p>
<p>We will introduce Primary Care Link worker services to support people to identify and access community opportunities to support them to live well.</p>	<p>Number of clients engaging with Primary Care Link Workers and going on to access community activities</p> <p>AHSCP has recruited to all 13.2 wte Community Link Workers and 1wte Service Manager.</p> <p>Aberdeenshire Council has recruited 6.5wte (of a total 8wte) Specialist Link Workers</p>	<p>In 2019 work commenced to commission a universal Primary Care Link Worker service. After a protracted process due to COVID and also some significant challenges around the IT governance arrangements required, the procurement process was initiated in July 2021, but halted shortly after as the intended level of service was not going to be possible amongst a number of other concerns.</p>

		<p>In Sept 2021 the HSCPs revised its position and moved to implement an in-house Community Link Worker Service. This universal primary care service will be fully operational from 4th April 2022 In partnership with Aberdeenshire Council a specialist link worker service has also been established to provide specialist money and debt advice to patients in 17 general practices in the most deprived communities in Aberdeenshire. Unfortunately the service is yet to be fully operationalised due to major delays with regards Information Governance requirements.</p>
<p>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</p>	<p><i>Gypsy Traveller women report engagement with health advocacy and accessing community health and social care services</i></p> <p>Nil return</p>	<p>The COVID-19 Pandemic resulted in this project being paused for a considerable period resulting in the loss of funding from Scottish Government. AHSCP is still committed to build on the initial work completed prior to the pandemic. With support from Minority Ethnic Carers of Older People Project it is intended that volunteer community health workers will be recruited and trained from the Gypsy/ Traveller community by Autumn 2022.</p>
<p>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.</p>	<p><i>Availability and range of social and physical activities across Aberdeenshire and the number of people participating in them.</i></p> <p><u>Cultural Services</u></p> <p>Wellbeing Festival 2021 - 332 people attended our cultural events</p> <p>Makaton Virtual Events –10 May; 14 May; 31 Aug; 8 Sep; 30 Sep; 12 Oct. Seven places were available per session. Each session had 50% attendance</p>	<p>The Libraries team, part of LLA's Cultural Services, focused on the following projects during 2020/21:</p> <ul style="list-style-type: none"> • Aberdeenshire Wellbeing Festival 2021 • Conversation Café, cultural activities for targeted groups • Makaton Taster Sessions, in partnership with NHS SALTs • Makaton Staff Training

Live Life Well

Services provided:

6 referral classes – Turriff, Banff, Fraserburgh, Peterhead x 2, Inverurie

Online classes 7 per week

Aberdeenshire Health Walks 42 per week

Live Life Aberdeenshire Health Walks 8 per week

Participation in Referral Classes / Online

2020/21:

87 participants, 231 sessions

New referrals = 85 (HSCP Referrals = 66, Self-Referral 19)

2021/22:

173 participants, 298 sessions

New Referrals=218 (HSCP=140, Self-Referral 78)

Participation in SeaFit

2020/21:

96 engagement with Fishermen

2021/22: 1582 engagement with Fishermen

20 referred to physiotherapy

The Live Life Well Aberdeenshire started in March 2020 in lockdown with the recruitment of the Health & Wellbeing Officer. During this time, the team engaged clients with kindness calls and resources on Live Life @ Home. The team completed exercise referral courses (13) and health walk leader training (32).

In September 2020 classes were delivered online via Teams to all those who would previously engage in low level classes or health walks prior to lockdown, participation was high. During the January-March 2021 lockdown participation increased significantly in the online classes.

As restrictions eased in April 2021 people were encouraged back to LLA facilities to light movers' classes and health walks. The 12- week referral classes commenced, with rolling classes now in Turriff, Deveron, Fraserburgh, Peterhead and Inverurie.

New referrals increased to 218 new referrals from 84 the previous year. In 2022/23 the programme will extend to Ellon, Stonehaven, Banchory and Alford.

SeaFit has engaged more with fishing community and contact has increased from 96 in 2020/21 to 1582 in year-to-date 2021/22, including 700 fishermen who accessed to the vaccination programme. 561 international fishermen working and living with members of the local community would otherwise have not been invited for vaccination.

<p>We will roll out Breastfeeding Friendly Scotland across all HSCP premises and extend peer support for breastfeeding mothers</p>	<p>Number of sites that are Breastfeeding Scotland Friendly and Number of breastfeeding peer supporters</p> <p>Breastfeeding Friendly Scotland sign up: 49 organisations are signed up in Aberdeenshire including 30 dental practices, 6 General Practices and 2 vaccine centres.</p> <p>Peer Supporters: 36 active Peer Supporters with an additional 7 in training to graduate in March</p>	<p>The Scottish Wide Breastfeeding Friendly Scotland Scheme aims to ensure that mothers are able to breastfeed their babies in comfort and without interruption outwith their home. Prior to the pandemic AHSCP focussed on supporting dental and general practices to sign up. Pro-active work to increase sign up was paused at the beginning of the pandemic. A review of priorities will now be undertaken as health improvement services remobilise across Grampian.</p> <p>Peer supporters continue to provide various support from face to face 1:1, Groups, ward support at AMH, walking groups, email and phone support.</p>
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Equality Outcome 3: Through meaningful engagement, our health and social care services will understand and reflect the needs of their diverse service users

Case Study 3a – Learning Disability Day Services Review Service User Involvement

Aim

During our review on our Day Opportunities provision for people with learning disabilities, we were keen to find out the views of those who use our service, especially given the changes in Day Opportunities brought about by the pandemic.

What We Did

Easy-read versions of the questionnaire were developed with assistance from the Speech and Language Therapy service. These questionnaires were available to access both digitally and in paper-based format.


Results/ Outcomes

243 questionnaires (easy read and standard) were completed. 107 people with learning disabilities completed the questionnaire with the remaining completed by either a carer or family member. The vast majority of the easy read questionnaires (93%) were completed by someone with learning disabilities.


Comments /Feedback

Positive feedback gathered from service users and professionals on the use of these easy-read questionnaires strengthen our belief that all information produced by the Partnership should have accessible options. Feedback from Day Service staff and our Commissioned services advised that participants with Learning Disabilities liked the fact that there was accessible information and were happy that the questionnaires were simple and easy to understand.

LD Day Services Questionnaire - Easy Read



We want to know what you think about the Learning Disability Day Services.



We want to ask you some questions.
This will help us to make plans for the Day Services in Aberdeenshire.

Case Study 3b - Insch Service Plan Development

Aim

To ensure that people living in and around Insch are supported to participate in the service review of health and social care services.

What we Did

We reviewed population data to understand the demographic make-up and ensure barriers to participation were reduced. 20.6% of those registered with Insch medical practice were over 65 years old. Due to this, the engagement process was developed to ensure people who could not or did not want to use digital technology could be involved.

A letter was sent to all households registered at the Insch medical practice to invite them to be involved and share their views. A survey captured views from the people who had registered an interest. Paper copies were sent to those who requested one and the survey was emailed to those who opted for on-line engagement. The Friends of Insch Hospital group supported people to complete the survey if they required assistance and held drop in sessions in the local community.

The last stage of the engagement to discuss the themes from the survey responses was again planned to allow easy access to contribute. Focus groups were run on-line, both in the day (morning and afternoon sessions) and also in the evenings. Guides were produced: 'User guide on how to join a Teams Meeting' and 'Participation guide to Focus Group Meetings' to support people who wished to join online. Drop in sessions prior to the focus groups were provided for anyone wishing to; practice joining an online meeting, ask any questions and test their own devices. Face to face focus groups were also held in Insch (morning and afternoon) for those not wishing to participate virtually.

Results/ Outcomes

Of those who provided voluntary information in the equalities monitoring section of the survey approximately 29% were over 65 years old. The approaches used had ensured a high proportion of the local older population had been able to participate.

Comments / Feedback

'I was glad of the opportunity to voice my concerns but is this a 'tick box' requirement for management then they'll do what they wanted all along?'

I was able to participate and the facilitator was very good at being inclusive and focussed

I hope all of the views of the groups can be taken into account. This is a fundamental decision for Insch

Action Areas	Measuring Progress	Progress and Key Achievements
<p>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.</p>	<p>Evidence and analysis of survey responses by protected groups.</p> <p>Case study 3b – Review of population profile and use of Equalities Monitoring in the Insch Service Review Survey/ Engagement.</p>	<p>In 2021 AHSCP created its own online Community and Participation Hub, within the Engage Aberdeenshire portal. The Hub aims provide opportunities for people to influence decision-making and delivery of services, through collaboration and co-design.</p>
<p>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</p>	<p>Evidence of the involvement of service users in service/policy/strategy development.</p> <p>Learning Disabilities Day Services Review Easy Read Questionnaire</p>	<p>The following are examples of surveys undertaken to involve key client groups / people with protected characteristics shared via the Hub:-</p>
<p>We will improve staff knowledge, awareness and use of equalities monitoring</p>	<p>Insch Health and Social Care Services Engagement – 1365 people registered interest, 960 survey responses, 110 people involved in focus groups. Project group including community representatives to work together to develop proposals for future service delivery models and a shortlist of options for community consultation.</p>	<ul style="list-style-type: none"> • Local Eligibility Criteria Survey for Adult Carers • Carer Involvement In Hospital Discharge Survey • Community Mapping • Local Views of Autism Services & Strategy Survey • Learning Disabilities Day Care Services Questionnaire
<p>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</p>	<p>Results of staff surveys to measure knowledge and understanding of equalities matters and the needs of protected groups</p> <p>No further staff survey on equalities matters has been progressed since the evidence gathered in 2019 to inform the current Equalities Outcomes.</p>	<p>AHSCP has taken steps to improve staff knowledge in relation to equalities and inequalities. This has included:</p>
<p>We will work with local 3rd sector partners to actively engage with specific protected groups e.g. LGBT community to better understand their experiences of using our services</p>	<p>Evidence of involvement of people with lived experience to co-produce service changes/improvement</p> <p>Chat For Change Online mental health and wellbeing workshops for people with lived experience were hosted in 2021 by the Scottish Recovery Network to explore ideas and identify</p>	<p>Staff training/ awareness on dementia including Tommy Whitelaw training (250 staff) and Early Onset Dementia Training (104 staff) which is now available on ALDO as an e-learning package A domestic abuse awareness course was established on ALDO and TURAS in 2020. An e-learning module relating to Domestic Abuse and Older People (DEWIS Choice) has also been promoted for all HSCP staff.</p> <p>255 AHSCP staff have attended NHSG Equality</p>

opportunities to collaborate. 24 people registered and 14 participated.

Autistic people, carers, parents, and people working in key settings are involved in a review of autism services to identify areas that need to improve and to develop suggestions for future service development. People with lived experience are involved in working groups to shape the new strategy.

During the pandemic GREC, supported by AHSCP engaged minority ethnic communities particularly affected by COVID-19. Initial surveys in key languages were used to seek views of EEA communities living in North Aberdeenshire to better understand why vaccination and testing uptake is lower in these communities. GREC recruited Health champions to promote key health messages within specific communities.

and Diversity Staff Training in 2021/2022, Seminars have been provided on TEAMS.

Momentum to deliver the strategic delivery plan transformation projects has been hampered by COVID19 and the need to pause non-critical services at several points over the past two years. However progress continues to be made to strengthen the involvement of people with lived experience in shaping service changes. Evidence of this can be demonstrated in the development/ implementation of the Autism Strategy, Learning Disability Day Care Services, Carers Strategy, Mental Health Strategy, Insch Health & Social Care Services

AHSCP are continuing to work with GREC to better understand the experiences of migrant workers from East European countries. Research led by the University of Glasgow is being undertaken in 2022 and will look beyond language barriers to consider issues of miscommunication, mistrust or mismatched expectations regarding health-related practices or the principles and functioning of a healthcare system.

AHSCP has committed to develop a participation and engagement strategy to strengthen our approaches to involve people with lived experience and people with protected characteristics in all strategy and service developments. Initial work was started in 2021 and will be further progressed in 2022. An Engagement Officer is being recruited to provide the capacity needed to drive improvement. This will include promoting and producing tools and guidance staff/ managers require to do this effectively. One of the tools

We will provide tools and guidance for staff on inclusivity when involving people in shaping health and social care services

Availability and use of tools and guidance for staff on how best to involve people from protected groups in health and social care developments.

Use of VOiCE tool to plan Insch Service Review/ Development Community Engagement.

		<p>adopted is Scottish Community Development Centre's VOiCE engagement planning tool to support effective community engagement.</p>
<p>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</p>	<p>Number of people experiencing domestic abuse accessing support through AHSCP's single point of contact.</p> <p>In August 2020 HSCP developed a single point of contact (DASPOC) for all domestic abuse enquiries/referrals for people who do not have children under the age of 16. The DASPOC is delivered through the Aberdeenshire Adult Protection Network.</p> <p>In 2021, 200 domestic abuse initial contacts were received relating to 122 individuals. All but one report was received from Police Scotland.</p>	<p>Strategy and Action Planning for domestic abuse sits with the Aberdeenshire Violence Against Women Partnership (VAWP). Aberdeenshire's VAWP reports directly to the Executive Group for Public Protection.</p> <p>Aberdeenshire HSCP have improved their engagement with DA strategic groups. We are actively engaged with VAWP and its subgroups through consistent attendance at meetings and contribute to the development and implementation of the VAWP Action Plan.</p> <p>Operational Process Guidance for Adult Service Social Work Staff was developed to enable staff to consistently provide support to people affected by domestic abuse.</p> <p>A new post of Adult Support and Protection Nurse was developed and appointed to in May 2021. A remit of this position is to contribute and represent health at MARAC meetings. MARAC meetings are regular meetings which discuss individuals who are most at risk of domestic violence and abuse.</p> <p>HSCP has agreed with Aberdeenshire Housing Service to jointly commission a domestic abuse outreach service for women. A commissioning tender is currently being drafted with a plan for the service to start in October 2022.</p> <p>Since Covid 19 there is a noted increase in ASP referrals, and this has placed a significant demand on the Adult Protection Team who also act as the single point of contact from DA contacts.</p>

Equality Outcome 4: We will enable effective communication between patients/service users and staff to ensure person-centred care is provided

Case Study 4

Aim

COVID vaccine uptake has been high in Aberdeenshire. However data suggested there were lower rates of uptake in the Eastern European Communities and in parts of Fraserburgh and Peterhead.

What We Did

A survey in three languages English, Polish and Russian was shared with the public via social media platforms for 1 week in June 2021.

Results/ Outcomes

2954 responses were received with 4% of responders describing their ethnic background as Eastern European / other European. 24 surveys were completed in Polish and 8 in Russian. Overall responses were comparable for all ethnic backgrounds, apart from people whose ethnic background was not British were twice as likely (29%) to say they did not trust vaccines compared to British responders (13%).

Action Areas	Measuring Progress	Progress and Key Achievements
<p>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</p>	<p>Provision of interpretation services, both for language and sensory impairment</p> <p>Aberdeenshire Council 2021: 513 requests costing £14,840. Top 5 languages requested: Lithuanian (254), Russian (115), Polish (51), Latvian (49), Arabic (27).</p>	<p>The Interpretation, Translation and Transcription contract was awarded by the Council in 2017 did not specify a requirement for monitoring data by service area. Currently raw data has to be 'manually trawled' to provide the data. The HSCP has raised this and has asked to be involved in developing the new service specification to ensure adequate monitoring information is provided regularly.</p>
<p>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.</p>	<p>NHSG 2020: 963 language line calls made costing £8,343 +vat. This is a reduction in calls from 2019 (1134 calls). The breakdown of languages requested</p>	<p>The production of easy read and accessible information is a daily activity for the MHLD</p>

People can make informed choices / decisions about their treatment / services and can engage with services

for Aberdeenshire has not been provided, for Grampian as a whole Polish, Arabic and Lithuanian are the 3 most requested languages.

Number of translations of HSCP documents/ other information

Aberdeenshire Council: 36 requests costing £835. Lithuanian was requested the most frequently (26).

Number of requests for easy read versions of HSCP information

Approx. 400 documents

Provision of training / awareness to staff on communication requirements of key service user group.

Production and dissemination of Combined Guidance on accessing NHSG and Aberdeenshire Council Interpreting and Translation Services.

Directory of sensory services available for everyone living in Aberdeenshire with a sight or hearing loss.

Production of an Eye Health Guide to assist professionals and care staff identify changes in clients' eyesight

Production of a Guide to Detecting Hearing Loss, Helping professionals and care staff identify changes in clients' hearing

Assistant Speech and Language Therapists in Aberdeenshire HSCP. They have produced a wide range of documents from individual community treatment order (CTO) information right through to complex consultations (Day Services) and easy read strategy documents (Dementia).

During covid there was a requirement for information to be produced as the guidance changed and developed and this included guidance for a wider audience as well as for individuals. Over the last 24 months it is estimated that at least 400 documents have been produced.

Specific resources have been produced and disseminated to AHSCP staff to raise awareness of the services available to support effective communication with service users .

Introduction of personal health passports to support people with learning disabilities when accessing health and social care services.

Number of Health Passports issued and examples of how this has improved access and experience of service users in practice

12 hospital passports have been completed to support individuals with a learning disability accessing acute care. In addition, the leaflet

Work to develop Health Passports is part of our 'Addressing Health Inequalities' project. Progress has been made and discussions are ongoing with information governance colleagues in relation to the development of accessible versions.

	<p>created 'I have a learning disability' which highlights a number of key areas for clinicians to consider when supporting individuals has also been utilised.</p> <p>Work is ongoing to develop fully accessible health passports rather than just information for those accessing acute care but there have been issues with Information Governance.</p>	<p>Personal health passports to assist in communication about care needs Continue development of personal passports for people with a learning disability (end of 2022)</p>
<p>New Scots, refugees and asylum seekers will be supported to understand the health and social care services available and how to access them</p>	<p>Number of New Scots, refugees and asylum seekers engaging with HSCP support</p> <p>220 people have been engaged/ supported</p>	<p>Health & Wellbeing outcomes and targets for new Scots, were reevaluated and reprioritised at the beginning of the pandemic. The ability and opportunity to do in person engagement, learning and activity with new Scots' families was reduced to online engagement and focusing on health priorities within the context of Covid 19. The primary aim was to keep families fully informed of Covid updates, managing and understanding restrictions to stay safe, primary and secondary care access arrangements and different ways of working.</p> <p>All new Scots' clients in Aberdeenshire were provided with public health information in their own language. From March 2020 to July 2021, weekly Covid-19 updates were provided on the new Scots' WhatsApp group and advice given on testing, isolation, regulations, treatment and vaccinations. 85% of new Scots have received at least 2 vaccinations.</p> <p>Further work has been progressed to enable families to manage secondary care appointments and letters themselves, a mental health pathway is in place with free online trauma counselling, and families have been supported to access early years opportunities.</p>

Public Sector Equality Duty Review – Aberdeenshire Health and Social Care Partnership Consultation Response

[Public sector Equality Duty in Scotland: consultation - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Part 1: Proposals to Improve the Scottish Specific Duty Regime

Proposal 1: Creating a more cohesive regime and reducing perceived bureaucracy

Question 1.1: What are your views on the proposal outlined above in relation to the substance of reporting?

The proposals would assist all of the SSDs to be considered in an interconnected way to better meet the needs of the PSED.

Four years between reports seems too long for monitoring progress, identifying areas for improvement, and driving further change in a timely manner. Requirement for short annual summaries could be adopted to maintain momentum. However guidance would be required to make sure that this reporting is indeed less onerous than the current 2 yearly reporting. Need to a balance between providing meaningful action orientated/ outcome focussed reporting and a tick box exercise.

It would seem sensible to require HSCPs to include an annual summary as part of the annual performance reporting process, this would further strengthen mainstreaming equalities within strategic plan delivery.

Question 1.2: What are your views on the proposal outlined above in relation to the reporting process?

This would allow all reporting duties to be satisfied in a single report. Moving the date away from the current deadline of 30 April – does not have any particular implications for the HSCP.

Again, four years seems too large a gap between reporting as above

Question 1.3: What are your views on consolidating the previous sets of amending regulations?

Support consolidation of regulations where appropriate. This appears to be a sound idea in principle.

Proposal 2: Embedding Inclusive Communications

Question 2.1: What are your views on our proposal to place a duty on listed authorities to embed inclusive communication proportionately across their work?

One of AHSCP's current equalities outcomes is focussed on improving effective communication between patients, clients, staff and services. In a review of the impact of COVID19 we identified that as our services had to change and adapt throughout the pandemic understanding of how to access and engage with the

services has been challenging for all, but particularly for key client groups including those for whom English is not their first language, people with sensory impairment and people with learning disabilities.

Agree with having a duty to adopt an inclusive communication approach. But would highlight that this will have staffing/ financial implications. There continues to be challenges with providing timely and proportional support. Examples of this are in relation to British Sign language – where service providers require significant lead in times for translation requests.

COVID19 has accelerated the use of digital tools to access services in AHSCP for example use of Near Me/ e-consult. This has posed new challenges to ensure clients who require an interpreter can still do this whilst using these digital solutions.

Understanding and defining inclusive and accessible communication requires an investment in staff training and resourcing. Universal understanding and a commitment to an outcome-based approach to communication and engagement will be needed.

Proposals to centralise translating services would be welcomed. Clear requirements for the provision of interpreting / translation services alongside adequate funding to implement this would also be required. AHSCP currently accesses either the Council or NHS interpreting and translation services depending on the service being provided, with funding covered by operation services. With budgets tight and the priority for inclusive communication is not fully recognised or even considered this contributes to inequity in accessing services.

Proposal 3: Extending pay gap reporting to include ethnicity and disability

Question 3.1: What are your views on our proposal to require listed authorities to publish ethnicity and disability pay gap information?

AHSCP is not an employing public body, the council or NHS employ the staff working in the HSCP. However the HSCP supports the principal that we are committed to equal pay for all protected groups. Requiring the publication of this pay gap information would ensure this is fully considered and improvement action taken as and where required. This may have staffing and financial implications.

The quality of data collection from staff in both the NHS and council in relation to ethnicity and disability would need to be reviewed, as a complete picture can not be provided currently due to personal choice of staff to provide this information. Work to improve completion of this information and to raise awareness of its purpose amongst staff would be required.

Question 3.2: Should the reporting threshold for ethnicity and disability pay gap reporting be the same as the current reporting threshold for gender pay gap reporting (where a listed authority has at least 20 employees)?

This would seem appropriate.

Question 3.3: What are your views on the respective formulas that should be used to calculate listed authorities' gender, ethnicity and disability pay gaps?

As AHSCP is not an employing body, no position is provided.

Proposal 4: Assessing and reviewing policies and practices

Question 4.1: What are your views on the proposal outlined above?

Agree with proposals to assess impact early, involve people with lived experience and report how this has been done.

Question 4.2: The Scottish Government recognises that improving the regime around assessing and reviewing policies and practices will take more than regulatory change. How else could improvements be made?

Consideration of an Equality Role to support public Bodies in a way similar to the Programme Manager for Fairer Scotland Duty has supported public bodies.

Question 4.2: What are your views on the current scope of policies that should be assessed and reviewed under regulation 5?

Nil response

Proposal 5: A new equality outcome setting process

Question 5.1: What are your views on our proposal for the Scottish Government to set national equality outcomes, which listed authorities could adopt to meet their own equality outcome setting duty?

Agree with Scottish Government taking more of a leadership role and setting national equality outcomes linked to the national performance framework.

Ideally there would be flexibility within the approach to ensure that outcomes can be tailored to suit the varying needs of local populations.

The benefits of standardising equality outcomes, include the opportunity to benchmark and identify trends across the country as a whole.

Proposal 6: Improving duties relating to Scottish Ministers

Question 6.1: What are your views on the Scottish Government's proposal to simplify the regulation 6A process?

It makes sense that listed authorities gather information on the protected characteristics of their own members.

Question 6.2: What are your views on the proposal in relation to regulations 11 and 12?

Agreeable in principle to the creation of a mechanism where the Scottish Government could direct the consideration of what it sees as significant inequalities.

Question 6.3: In 2019, the First Minister’s National Advisory Council on Women and Girls recommended that Scottish Ministers deliver an Annual Statement, followed by a debate, on Gender Policy Coherence to the Scottish Parliament. In our response to this we said we would: “Consider the merits of aligning the delivery of a statement and debate with the existing legal duty on Scottish Ministers to publish a report on progress to better perform the PSED under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012”. What are your views on this?

It makes sense to align the statement and debate in the Scottish Government with the publication of equalities outcomes every four years

Proposal 7: Procurement

Question 7.1: What are your views on our proposal and call for views in relation to procurement?

AHSCP is not a contracting authority, all commissioning is undertaken by the council or NHS on the HSCP’s behalf.

It is agreed that procurement can be an effective lever to influence positive change. But current legislation does already require procurement to be considerate of in/equalities.

Part 2: Exploring Further Areas

8. Intersectional and disaggregated data analysis

Question 8.1: The First Minister’s National Advisory Council on Women and Girls called for the Scottish Government to place an additional duty on listed authorities to “gather and use intersectional data, including employment and service-user data, to advance equality between protected groups, including men and women”? (a) What are your views on this? (b) How could listed authorities be supported to meet this requirement?

a) Access to intersectional data for workforce planning would be welcomed. It would enable issues to be explicitly understood and therefore easier for improvement actions to be taken to improve representation in the workforce.

Intersectional service user data would be seen as very valuable – to enable the HSCP to assess accessibility to services and early identification of barriers being experienced by people with particular protected characteristics

b) There would be significant challenges for the HSCP to ensure a complete equalities dataset is in place for all health and social care services and for our workforce. Our experience of equalities monitoring is largely patchy. In services / situations where the data is requested many people do not provide a complete profile in relation to all protected characteristics. Whilst gender and age tend to be

more fully completed there are large omissions when asked to provide information on sexuality, ethnicity, religion etc.

The proposal to commission research with people with lived experience of different and intersecting protected characteristics is welcomed to better understand how the partnership can achieve more complete equalities data monitoring.

Question 8.2: [Question directed specifically to listed authorities] (a) If there was a requirement for your organisation to “gather and use intersectional data, including employment and service-user data, to advance equality between protected groups, including men and women”, would you be confident your organisation could comply with it? YES/NO Routing depending on answer to part (a). (b) If yes, why? (b) If no, what would you need to ensure you could comply by 2025?

No we would not be confident that the partnership could comply for all service user data. There would need to be a review of which services have already adopted equalities data monitoring partially/ fully. There would need to be revision of the process to gather this data and then training and awareness for staff who would be required to maintain the data sets/ monitoring system.

Across the majority of our services equalities monitoring information is not currently routinely recorded. Prior to COVID a project had been initiated to incorporate the collection of equalities monitoring information through a new referral form, to support integrated working for multi-disciplinary teams. With this new referral form replacing a number of forms, the intention was to capture clients information once, rather than multiple times for different services. The project stalled due to the requirement for the new referral form to be accessed on both NHS and Council systems.

9. Intersectional gender budget analysis

Question 9.1: The First Minister’s National Advisory Council on Women and Girls called for the Scottish Government to integrate intersectional gender budget analysis into the Scottish Budget process, and to place this on a statutory footing. What are your views on this?

If there is a robust and proportionate mechanism to do this, it would be beneficial.

Question 9.2: The First Minister’s National Advisory Council on Women and Girls called for the Scottish Government to place an additional duty on listed authorities to integrate intersectional gender budget analysis into their budget setting procedures.

(a) What are your views on this? (b) How could listed authorities be supported to meet this requirement

As above if there is a robust and proportionate methodology to do this then this may further our understanding on how budgets can be aligned fairly to improve outcomes.

Guidance, expertise and capacity would all be required for this to be adopted at a local level.

Question 9.3: [Question directed to listed authorities] (a) If an additional duty was placed on your organisation to integrate intersectional gender budget analysis into its budget setting procedures, would you be confident your organisation could comply with it? YES/NO Routing depending on answer to part (a). (b) If yes, why? (b) If no, what would you need to ensure you could comply by 2025?

No - see answer to 9.2.b

10. Coverage

Question 10.1: (a) In your view, are there any Scottish public authorities who are not subject to the PSED or the SSDs that you think should be? YES/NO (b) If YES, please give detail on which Scottish public authorities you think should be subject to the PSED or SSDs.

Nil response

Question 10.2: EHRC has expressed the view that regulatory bodies, as part of their own compliance with the SSDs, should be encouraged to do more to improve PSED performance within their sector. What are your views on this?

Nil response

11. Strengthening leadership and accountability and enhancing capability, capacity, and culture

Question 11.1: The Scottish Government will consult on the issues in this section further through the mainstreaming strategy. However, if you think any of these matters could be addressed through the PSED review, please give details here.

Agree that the types of additional support and capacity set out in the consultation document are required to drive change e.g. access to training, funding, establish equality accountable officers and forums for sharing good practice. But agree this would be the mechanisms to mainstream equalities and don't require a statutory footing.

12. Guidance

Question 12: What would you like to see in improved revised guidance for the SSDs?

There is a range of support that could be provided – toolkits, enhanced guidance and expert support from EHRC to public bodies. Additional resources to enable the HSCP to enhance its expert capacity to prioritise and focus on the agenda would be welcomed.

13. Positive action

Question 13: EHRC has expressed the view that listed authorities should report on how they have used positive action under section 158 of the Equality Act 2010, as part of their reporting obligations. What are your views on this?

Further guidance would be required to ensure positive action is progressed and reported.

Part 3: Overall Reflections

14. Overall reflections

Question 14.1: Overall, what are your reflections on the proposals set out by the Scottish Government and the further areas explored?

It is difficult to fully appreciate the potential impact on public bodies and to the HSCP specifically. Would welcome the opportunity for further engagement as proposals are further developed. We would welcome specific engagement with HSCPs to fully consider and appreciate the unique challenges for partnerships.

Question 14.2: Please use this box to provide any further information that you think would be useful, which is not already covered in your response.

Nil response