

EAST AYRSHIRE

**Health & Social Care**  
Partnership



# **East Ayrshire Integration Joint Board**

## **Equality Outcomes and Mainstreaming Report**

**2015-2017**

## **INTRODUCTION**

In 2012 the Scottish Government set out its plans to integrate adult health and social care. The Public Bodies (Joint Working Bill) Act was passed in April 2014 and East Ayrshire Integration Board (IJB) which governs East Ayrshire Health and Social Care Partnership (HSCP) became a formally constituted public body in April 2015 under the terms set out in the East Ayrshire Integration Scheme.

This report sets out the position of the IJB in relation to its statutory duties under Equalities legislation and states its Equality Outcomes. The Equality Outcomes and Mainstreaming Report represents an interim position for the Integration Joint Board.

The report has been developed in collaboration between Officers of the Health and Social Care Partnership, and Equalities Officers of NHS Ayrshire and Arran and East Ayrshire Council to ensure that its content reflects the equality outcomes and mainstreaming priorities of parent bodies.

It is the aspiration that a shared set of equality outcomes can be put in place across public authorities in Ayrshire and Arran.

## **THE EQUALITY ACT 2010**

The Equality Act 2010 became law on 1 October 2010 and replaced previous anti-discrimination laws with a single Act. It simplified the law into a single source and ensures that everyone who is protected under law from discrimination, harassment or victimisation is afforded the same level of protection.

The Equality Act introduced the concept of nine protected characteristics (PCs), namely:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation.
- Marriage and civil partnership but only in respect of the requirement to have due regard to the need to eliminate discrimination.

On 5 April 2011, the Equality Act 2010 introduced a new public sector equality duty (also known as the General Equality Duty) which requires public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act;
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

On 27 May 2012, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force. The purpose of the specific duties in Scotland is to help public bodies, in their performance of the general equality duty. The specific duties place a statutory duty on designated public bodies to:

- report progress on mainstreaming the equality duty;
- publish equality outcomes and report progress;
- assess and review policies and practices;
- gather and use employment information;
- publish gender pay gap information;
- publish statements on equal pay;
- consider award criteria and conditions in relation to public procurement; and
- publish in a manner that is accessible.

## **MAINSTREAMING EQUALITY**

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. In simple terms it means integrating equality into the day-to-day working of the Council, taking equality into account in the way we exercise our functions, as an employer and in planning and delivering services. Put simply, equality should be part of everything we do.

Mainstreaming is an approach to delivering equality within an organisation. It is primarily a long-term strategy aimed at ensuring that equal opportunity principles and practices are integrated into every aspect of an institution from the outset. The focus should not only be internal (mainstreaming equality principles into procedures and systems) but also external (mainstreaming equality principles into policies and customer service delivery). Mainstreaming provides a framework that facilitates and complements equal opportunities legislation and other equality measures.

The Equality and Human Rights Commission Guidance on mainstreaming the equality duty highlights a number of benefits including the following:

- Equality becomes part of the structures, behaviours and culture of an authority.
- An authority knows and can demonstrate how, in carrying out its functions, it is promoting equality.
- Mainstreaming equality contributes to continuous improvement and better performance.

## **THE IJB**

The IJB comprises 4 elected members of the Council and 4 non executive directors of the NHS Board as voting members and a range of non voting members representing specific functions or stakeholder interests.

As stated in the Scheme of Integration:

- The Integration Joint Board has responsibility for the planning of services. This will be achieved through the Strategic Plan.
- The Integration Joint Board is responsible for the operational oversight of
- Integrated Services, and through the Chief Officer will be responsible for the
- operational management of Integrated Services.

The IJB is committed to promoting equality, which means recognising that everyone has different needs and taking positive action to ensure that these are met through the statutory obligations placed upon the IJB.

As a public body the IJB has a legal requirement to produce and publish a set of equality outcomes and an equality mainstreaming report. The equality outcomes are the results we aim to achieve in promoting equality, tackling discrimination and fostering good relations. The equality mainstreaming report sets out how we are mainstreaming equality into the work we do.

It is important to note that in a technical sense the Equality Outcomes and the Mainstreaming Report applies to the legally constituted IJB and not the operational service delivery vehicle of Health and Social Care Partnership (HSCP). However, the IJB is responsible for the governance of those functions and services delegated to the HSCP by its parent bodies: East Ayrshire Council and NHS Ayrshire and Arran. It is through the delivery of functions and services devolved to the HSCP that the IJB will achieve its Equality Outcomes.

Given the commissioning relationship involved between the IJB, the HSCP and the parent bodies it is imperative that collaboration takes place in ensuring that these Equality Outcomes align with local authority and NHS priorities.

### **The IJB's approach**

The IJB identified its Equality Outcomes through work undertaken in the development of the Health and Social Care Partnership Strategic Plan.

As such the equality outcomes are linked to those identified as delivery outcomes in the Health and Social Care Partnership Strategic Plan.

The IJB does not have any direct employees. Health and Social Care Partnership employees are employed by parent bodies. Therefore this report does not include any employee information and does not set out any employee equality outcomes. Workforce support and development is a key strategic priority in the Strategic Plan 2015-18.

By mainstreaming equality into everything the IJB does, it will:

- improve outcomes for our diverse communities;
- improve participation in decision-making;
- embed equality in the systems, functions and culture of the IJB;
- improve policy making by avoiding the development of policies and programmes that inadvertently sustain or compound existing inequalities;
- improve the quality of service design and delivery resulting in more equitable access;

## **The HSCP – Service Delivery**

The services devolved to the HSCP are:

### NHS Ayrshire and Arran

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Palliative Care
- All Community Hospitals (Arran, Lady Margaret, Biggart, Girvan, Kirklandside, East Ayrshire Community Hospital, Continuing Care wards at Ayrshire Central Hospital)
- All Mental Health Inpatients Services (including Addictions), Psychiatric Medical Services, Eating Disorders, Forensic, Crisis Resolution and Home Treatment Team, Liaison (Adult, Elderly Learning Disabilities and Alcohol, Advanced Nurse Practitioner Services)
- Community Nursing (District Nursing)
- Community Mental Health, Addictions and Learning Disabilities (Community Mental Health Teams, Primary Care Mental Health Teams, Elderly, Community Learning Disability Teams, Addictions Community Teams)
- Allied Health Professionals
- Public Dental Services
- Primary Care (General Medical Services; General Dental Services, General Ophthalmic Services, Community Pharmacy)
- NHS Ayrshire Doctors on Call (ADOC)
- Older People
- Palliative Care provided outwith a hospital
- Learning Disabilities Assessment and Treatment Services
- Psychology Services
- Community Continence Team
- Kidney Dialysis Service provided outwith a hospital
- Services provided by health professional which aim to promote public health
- Community Children's Services (School Nursing, Health Visiting, Looked

- after Children's Service) [non medical]
- Community Infant Feeding Service
- Child and Adolescent Mental Health Services
- Child Health Administration Team
- Area Wide Evening Service (Nursing)
- Prison Service and Police Custody services
- Family Nurse Partnership
- Immunisation Service
- Telehealth and United for Health and Smartcare European Programme
- and workstreams

### EAST AYRSHIRE COUNCIL

- Social work services for adults and older people;
- Services and support for adults with physical disabilities, learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;
- Aids and adaptations and gardening services;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.
- Criminal justice social work services
- Children and families social work services

### **Mainstreaming Equalities in Service Planning and Development**

The IJB coordinated the development of the Health and Social Care Partnership Strategic Plan via the Strategic Planning Group which is the multi agency stakeholder group charged with responsibility for overseeing strategic planning processes across the HSCP.

## Engagement and Consultation

The draft plan was subject to extensive and open participation and consultation arrangements.

Consultation was undertaken between December 2014 and February 2015.

Six consultation events were undertaken with a cross section of stakeholders as detailed below. 170 individuals participated in the sessions.

<b>ORGANISATION REPRESENTED</b>	<b>RESPONDENTS</b>
East Ayrshire Council	65
Care home providers	24
Council for Voluntary Organisations	27
Locality pharmacy	20
NHS	22
PPF	12
<b>TOTAL</b>	<b>170</b>

A further 85 individuals completed an online survey as detailed below.

<b>ROLE</b>	<b>RESPONDENTS</b>
EAC (non health or social care)	15
NHS (non health or social care)	5
Health professional working in EA	13
Social care professional working in EA	20
Third sector body	1
Unpaid carer	2
General Practitioner	1
Commercial provider of health and/or social care	1
EAC	2
NHS Ayrshire and Arran	14
Prefer not to say	10
<b>TOTAL</b>	<b>85</b>

In total 225 individuals took part in focus groups or completed the online survey.

The question set utilised in both exercises featured 3 questions relating specifically to equality and diversity matters and the potential for adverse impact on any of the protected characteristics:

Q9. Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the protected characteristics set out in the Equality Act 2010?

Q10. Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in this consultation may have an adverse impact on equality of opportunity or on good community relations?

Q11. Is there an opportunity to better promote equality of opportunity or good community relations?

No adverse impacts on the protected characteristics were identified during the consultation. However, it was felt that greater emphasis could be placed on the role of community groups in supporting wellbeing and promoting health equality could be strengthened and the Plan was amended to reflect these comments.

### **Equality Impact Assessment**

An Equality Impact Assessment (EQIA) of the Plan was carried out by a review group comprising members of the Strategic Planning Group with support from NHS and Council Equality and Diversity officers.

The approach taken in undertaking the impact assessment trialled an integrated assessment covering 'protected characteristics' but also additional vulnerabilities of poverty, geographical communities, staff and human rights.

In overall terms it was felt that implementation of the Plan would have many positive impacts on people with protected characteristics.

- Co-production approach described in the Plan,
- Recognition of the need to build community capacity,
- Specific strategic priority of shifting the balance of care and supporting people at or as close to home as possible and
- Theme of personalisation and choice.
- Focus on prevention and early intervention in the Strategic Plan is highlighted as likely to have a positive impact.
- Planned innovative use of technology enabled care is highlighted as a potential positive impact.
- Recognition of the importance of tackling inequality and promoting employability is identified as a likely positive impact.



However some areas of potential negative impact were also identified including:

- Isolation resulting from supporting older people to remain in their own homes for longer.
- Without adequate support mechanisms people in their own homes may encounter difficulty in accessing services.
- No reference in the Plan to transgender people.
- Reduction of opportunities for carers to participate in community life the majority of whom are women.
- No specific reference to black and minority ethnic communities in relation to care packages.
- No specific reference to refugees and asylum seekers in relation to care packages.
- No specific reference people with different religions and beliefs in relation to care packages.
- No specific reference to sexualities in relation to care packages.
- No specific reference to marital/civil partnership status in relation to care packages.
- No specific reference to people with low literacy and numeracy.
- No specific reference to other groups such as veterans or students.

The negative impacts and the development of additional equalities sensitive practice actions will be addressed through supporting implementation plans for the Strategic Plan 2015-18.

### **Mainstreaming Equalities in Service Delivery**

The IJB is responsible for the governance of the HSCP. The HSCP is responsible for the operational delivery of those services devolved to it by its parent bodies in accord with the Strategic Plan. The Plan incorporates an explicit commitment to tackling inequalities.

In East Ayrshire, like many other communities, there are significant challenges in respect of health and wellbeing and this is reflected within our Community Plan, the Council's Strategic Priorities and the Health and Social Care Partnership Strategic Plan. These challenges include:

- The impact of changes in demography with a growing older population requiring higher levels of support;
- The inequalities in health, life expectancy and healthy life expectancy experienced in our communities;
- The negative impact of misuse of alcohol and drugs has on individuals, their children, their families and communities; and
- The need to support and nurture children in their early years and beyond.

Maximising choice and control through empowering people to identify personal outcomes is strategic priority in East Ayrshire. Working with people in a person-centred way and having conversations around 'what matters to you?' is a core element of our approach. This is central to 'Thinking Differently' and working with people to provide innovative care and support to meet personal outcomes.

The integration of health and social care will be a further opportunity to address the deep seated inequalities by focusing social care and wellbeing in the regeneration of our communities. The factors that contribute are complex and tackling inequalities requires action across a wide range of policy areas, including employment, housing, public services, education and the economy, with a specific focus on disadvantaged groups and deprived areas. The emphasis on early intervention and prevention will be key to addressing these inequalities along with the provision of services which seek to alleviate the impact of the inequalities on individuals and communities.

Along with our Community Planning Partners we seek to:

- **MITIGATE** the impact of inequalities through provision of support and delivery of services;
- Work to **PREVENT**, individuals and communities experiencing inequalities; and
- Take action and influence to **UNDO** the root causes of Inequalities.

## **MAINTAINING AWARENESS OF EQUALITIES IN THE IJB**

Equality outcomes and mainstreaming reports will be formally considered and approved by the IJB.

At an operational level the HSCP is a constituent member of the Equalities Operational Delivery Group which maintains oversight of equality and diversity issues across HSCPs on a pan Ayrshire basis.

The HSCP is a constituent member of the Council's Equalities Implementation Group.

Reports on equality and diversity issues will be submitted to the IJB as appropriate.

All policy and procedural activity will be subject to EQIA screening and assessment with the outcomes detailed in reports to the IJB.

As the IJB is comprised of members representing partners and stakeholders they are subject to an ongoing training programme which includes equalities issues.

## **EQUALITY OUTCOMES**

The Strategic Plan recognises that individuals and communities face differences in accessing health and care services and that some experience unequal outcomes.

The Plan also recognises the need to develop the approach to joint strategic needs assessment in order to ensure that the needs of people with 'protected characteristics' are fully recognised in future plans.

The appended equality outcomes have been structured around national and partnership outcomes for health and social care and determined by the evidence and findings identified in the development of the Health and Social Care Strategic Plan.

These are interim equality outcomes for the IJB. They have been developed in conjunction with Equality Officers within NHS Ayrshire and Arran and East Ayrshire Council. It is hoped that a set of shared equality outcomes can be developed across public authorities in Ayrshire and Arran in the course of 2016/17.

## EAST AYRSHIRE IJB EQUALITY OUTCOMES 2016/17

### PARTNERSHIP OUTCOME

Children and Young People, including those in early years, and their parents / carers are supported to be active, healthy and to reach their potential at all life stages.

### NATIONAL OUTCOMES FOR CHILDREN

- Our children have the best start in life.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

#### PROTECTED CHARACTERISTIC

#### GENERAL DUTY

2, 3, 4, 5, 6, 7, 8, 9

1, 2, 3

### PARTNERSHIP OUTCOME

All residents are given the opportunity to improve their wellbeing, to lead an active life and to make positive lifestyle choices.

### NATIONAL HEALTH AND WELLBEING OUTCOMES

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities, 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.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- People who use health and social care services are safe from harm.
- Resources are used effectively and efficiently in the provision of health and social care services.

#### PROTECTED CHARACTERISTIC

#### GENERAL DUTY

1, 2, 3, 4, 5, 6, 7, 8, 9

1, 2, 3

### PARTNERSHIP OUTCOME

Older people and adults who require support and their families and carers are included and empowered to live the healthiest life possible.

### NATIONAL HEALTH AND WELLBEING OUTCOMES

- Health and social care services contribute to reducing health inequalities.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 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 wellbeing.
- 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.

#### PROTECTED CHARACTERISTIC

#### GENERAL DUTY

1,2,3, 4, 5, 6, 7,8, 9

1, 2, 3

Communities are supported to address the impact inequalities has on the health and wellbeing of our residents

### NATIONAL OUTCOMES FOR JUSTICE

- Community safety and public protection.
- The reduction of reoffending.
- Social inclusion to support desistance from offending.

#### PROTECTED CHARACTERISTIC

#### GENERAL DUTY

1, 2, 3, 4, 5, 6, 7, 8, 9

1, 2, 3

**Key: Protected Characteristics:** 1. Age; 2. Disability; 3. Gender reassignment; 4. Marriage and civil partnership; 5. Pregnancy and maternity; 6. Race; 7. Religion and belief; 8. Sex; 9. Sexual orientation. **General Duty:** 1. Eliminate unlawful discrimination, harassment and victimisation; 2. Advance equality of opportunity, and; 3 Foster good relations.