

Health & Social Care Integration Partnership Mainstreaming Report and Equality Outcomes 2016/2020

Progress Report covering the period 2016-2018

Forward from Chair of the Partnership

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Foreward from the Chief Officer of the Partnership

This document presents the Scottish Borders Health and Social Care Partnership's Equality Mainstreaming update report for the period 2016-1018.

The Partnership is fully committed to the values and ethos placed upon them by the Equality Act 2010 and aims to work together to deliver joined up services that are in the best interest of staff, service users, patients, families and carers. The Partnership's Equality Outcomes are directly tied into that overarching goal.

We first published our Equality Mainstreaming Report in April 2016 which set out the approach the Health and Social Care Partnership would take to meeting the Public Sector Equality Duty.

This report provides an update on the progress we have made alongside the next steps we will take to embed the Equality Duty within all our services.

Robert McCulloch Graham
Chief Officer for Integration
Scottish Borders Health and Social Care Partnership

The Equality Duty

- 1.1 All public bodies across Scotland are required to comply with the three aims of the Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012. The three aims of the Act's Public Sector General Equality Duty are as follows:
 1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
 2. Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
 3. Foster good relations between people who share a protected characteristic and those who do not
- 1.2 The purpose of the general Equality Duty is to ensure that all public bodies, including IJBs, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key functions including the development of internal and external policies, decision making processes, procurement, service delivery and improving outcomes for patients/service users.
- 1.3 The specific duties listed below are intended to support public bodies, in their delivery of the General Equality Duty:
 - Report progress on mainstreaming the public sector equality duty
 - Publish equality outcomes and report progress
 - Assess and review policies and practices (impact assessment)
 - Consider award criteria and conditions in relation to public procurement
 - Publish in a manner that is accessible
- 1.4 In April 2015 the Scottish Government added IJBs to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015.
- 1.5 The amendment regulations require IJBs to publish the following information by the 30 April 2016:
 - A report on mainstreaming the equality duty; and
 - A set of equality outcomes
- 1.6 The legislation required that the set of equality outcomes and mainstreaming report be published no later than 30 April 2016. Thereafter, at intervals of not more than 2 years a progress report on its approach to mainstreaming equality and at intervals of not more than 4 years for progress against its equality outcomes.
- 1.7 This is our progress report 2016-2018.

Making Equality our Business

2.1 Equality & Diversity in the Scottish Borders - Statistics

<p>2016 population of Scottish Borders - 114,530 (National Records of Scotland Vital Events) 1,005 births in the Scottish Borders (8.8 per 1,000 compared to 10.1 for Scotland) 1,277 deaths in the Scottish Borders (11.1 per 1,000 compared to 10.5 for Scotland)</p>																																				
<p>Age Groups 2016 (National Records of Scotland) 16.6% of the Scottish Borders population is under the age of 15 (16.9% Scotland) 59.6% of the Scottish Borders population aged 16 to 64 (64.6% Scotland) 23.8% of the Scottish Borders Population is aged 65 or older (18.5% Scotland)</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Age 0 to 15</td> <td>50.7%</td> <td>49.3%</td> </tr> <tr> <td>Aged 16 to 64</td> <td>48.8%</td> <td>51.2%</td> </tr> <tr> <td>65+</td> <td>46.1%</td> <td>53.9%</td> </tr> <tr> <td>Total</td> <td>48.5%</td> <td>51.5%</td> </tr> </tbody> </table>	Gender	Male	Female	Age 0 to 15	50.7%	49.3%	Aged 16 to 64	48.8%	51.2%	65+	46.1%	53.9%	Total	48.5%	51.5%	<p>Life Expectancy 2014-2016 (National Records of Scotland)</p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Scottish Borders</th> <th colspan="2">Scotland</th> </tr> <tr> <th>Male</th> <th>Female</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>At Birth</td> <td>78.6</td> <td>82.6</td> <td>77.1</td> <td>81.1</td> </tr> <tr> <td>At Aged 65</td> <td>18.2</td> <td>20.4</td> <td>17.4</td> <td>19.7</td> </tr> </tbody> </table>			Scottish Borders		Scotland		Male	Female	Male	Female	At Birth	78.6	82.6	77.1	81.1	At Aged 65	18.2	20.4	17.4	19.7
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	<p>Workplace Earnings in the Scottish Borders (Office of National Statistics ASHE) Gross Weekly Pay 2017 Male Full-Time Workers = £492.2 (Scotland = £579.9) Female Full-Time Workers = £402.0 (Scotland = £498.3)</p>																																			
<p>Disability (2011 Census) 30% of the Scottish Borders population have a long term health condition (deaf or partially hearing impaired; blind or partially vision impaired; learning disability; learning difficulty; developmental disorder; physical disability; mental health condition; or Other Long-term health condition). (Scotland = 30%)</p>	<p>Ethnicity (Scottish Survey Core Questions 2015)</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Scottish Borders</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>White: Scottish</td> <td>72.8%</td> <td>78.4%</td> </tr> <tr> <td>White: Other British</td> <td>24.0%</td> <td>12.4%</td> </tr> <tr> <td>White: Polish</td> <td>Not disclosed</td> <td>1.7%</td> </tr> <tr> <td>Asian</td> <td>Not disclosed</td> <td>2.3%</td> </tr> <tr> <td>Other Ethnic Group</td> <td>Not disclosed</td> <td>1.4%</td> </tr> </tbody> </table>		Ethnicity	Scottish Borders	Scotland	White: Scottish	72.8%	78.4%	White: Other British	24.0%	12.4%	White: Polish	Not disclosed	1.7%	Asian	Not disclosed	2.3%	Other Ethnic Group	Not disclosed	1.4%																
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<p>LGBT (Scottish Borders Council – People Dept.) 67% of young people in the Borders said they know someone who is either: Lesbian, Gay, Bisexual or Transgender. 2.6% of adults identify as “LGB & Other” (Lesbian, Gay, Bisexual or Other) (Scotland = 1.6%) (Scottish Survey Core Questions 2014)</p>	<p>Religion (Scottish Survey Core Questions 2015)</p> <table border="1"> <thead> <tr> <th>Religion</th> <th>Scottish Borders</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>None</td> <td>50.1%</td> <td>46.6%</td> </tr> <tr> <td>Church of Scotland</td> <td>32.0%</td> <td>27.5%</td> </tr> <tr> <td>Roman Catholic</td> <td>7.0%</td> <td>14.5%</td> </tr> <tr> <td>Other Christian</td> <td>10.3%</td> <td>7.3%</td> </tr> <tr> <td>Other Religion</td> <td>Under 1%</td> <td>3.3%</td> </tr> </tbody> </table>		Religion	Scottish Borders	Scotland	None	50.1%	46.6%	Church of Scotland	32.0%	27.5%	Roman Catholic	7.0%	14.5%	Other Christian	10.3%	7.3%	Other Religion	Under 1%	3.3%																
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<p>Deprivation Low Income Families (HMRC August 2014) 14.0% of Scottish Borders live in low income households (Scotland =18.4%) (Scottish Government Small Area Income Estimates - Income Data in Excel (2017)) 16% of the households in the Scottish Borders have income under 60% of median gross income (Scotland =15%) £633 mean gross household income per week in the Scottish Borders (Scotland = £668)</p>	<p>Low Income Families (continued) Scottish Index of Multiple Deprivation 2016 - indicators 10% income deprived (12% in Scotland) 9% employment deprived (11% in Scotland) Fuel Poverty (Scottish House Conditions Survey 2014-16) 34% of households in the Scottish Borders are in Fuel Poverty (Scotland 31%). 13% are in extreme fuel poverty (Scotland 8%)</p>																																			
<p>Languages (Census 2011) There are 38 spoken Languages in the Borders</p>																																				

2.2 Building on Our Previous Work

For a number of years both Scottish Borders Council and NHS Borders along with its remaining partners have placed a priority on meeting our equality duties through their work, policies and attitude. As a Partnership we look to continually improve and extend this through our joint mainstreaming approach to ensure that not only is the Partnership fully compliant with current legislation but that it meets the needs of its customers and clients together with the diverse communities of the Scottish Borders.

2.3 Our Approach

Scottish Borders Health and Social Care Partnership published its first Equality [Mainstreaming Report](#) in April 2016. The report sets out the approach we are taking to mainstreaming the Equality Duty and outlined our Equality Outcomes. The report also included a key recommendation to review the equality outcomes by April 2017 to ensure they are relevant and fit for purpose.

Both NHS Borders and Scottish Borders Council have published existing equality outcomes and they are outlined in **Appendix 1**. These outcomes have been mapped against the Strategic Plan.

Whilst the legislation has identified nine protected characteristics when delivering our services we also consider carers and health and equalities.

The review of the outcomes identified that they are still relevant and that we should continue towards achieving these outcomes.

In addition the review identified that in order to help us further mainstream equality in our practices the Partnership should ensure that:

- Equality duty performance indicators are established.
- We are aware of the need to implement Corporate Equality & Diversity Policies fairly and consistently.
- The Equality Impact Assessment (EIA) process is used when carrying out core business functions.
- Officers trained in the current EIA process and requirements.

Work is still ongoing to take these actions forward with particular emphasis on implementing the Equality Impact Assessment process.

Benefits of Equality Mainstreaming

- 3.1 Mainstreaming equality means integrating equality and diversity into our day-to-day working. We aim to do this by taking equality into account as part of the process of planning, commissioning and delivering health and social care services for the people in the Scottish Borders. Ongoing stakeholder management, engagement and collaboration are critical to the delivery of equality mainstreaming, activities that the IJB and the Partnership are committed to engage in to provide the best quality service and deliver on the goals of integration.

- 3.2 Mainstreaming equality has a number of benefits including:
- It helps to ensure that services are fit for purpose and meet the needs of our community
 - It helps to attract and retain a productive workforce, rich in diverse skills and talents
 - It helps to work toward social inclusion and allows us to support the staff, service areas and the communities to improve the lives of everyone who lives in the Borders
 - It helps to continually improve and better perform through growing knowledge and understanding.

Mainstreaming in Practice

4.1 We are required to provide an update on our approach to mainstreaming equality over the last two years. To help us demonstrate our progress we are reporting against our equality outcomes with a number of examples as listed below.

4.1.1 Equality Outcome 1

Experience fair access to services that mitigate the impact of any protected characteristics under the Equality Act 2010.

- The rurality of the Scottish Borders presents challenges in terms of access to services. As a more flexible approach to accessing services, locally based Community Led Support 'What Matters' Hubs are currently being rolled out across the Scottish Borders. While individual Hubs are at different stages of development, they all follow the same progression which sees them start as appointment only from social work and customer service referral before moving on to offer drop in sessions. Extension of the service to more outlying areas within the Locality will then follow.
- The Hubs will offer increased opportunities for all Scottish Borders residents to access information and advice. This includes unpaid Carers who can access advice on support available in their area at their local Hub.
- An evaluation of the service is soon to be undertaken and it is envisaged that the take up of the service has proved to be successful with plans to extend to more rural communities over the course of the next year.

4.1.2 Equality Outcome 2

Be supported to access education, training and employment.

Health and Social Care Partnership is holding a consultation on the Scottish Borders Physical Disability Strategy, A Fairer Borders for People with a Physical Disability or Long-Term Condition and their Carers. The draft strategy has equality at its core with a key message: by enabling and supporting people with a Physical Disability in all aspects of life, especially co production of services, the Scottish Borders will become a fairer place to live. Our six ambitions are :

- Ambition 1 Support services in the Borders are designed and delivered to support all people with a disability to live the life they choose
- Ambition 2 People with a physical disability are able to participate fully in education and paid employment

- Ambition 3 People with a physical disability can live life to the full in homes and communities across the Borders
- Ambition 4 Our system is equipped to meet the needs of people with a disability in a fair and inclusive way
- Ambition 5 People with a physical disability participate as active citizens in all aspects of daily and public life in the Borders
- Ambition 6 Informal carers of people with physical disabilities and long term conditions are acknowledged and supported to recognize their rights as a carer

The consultation is being held to give people the opportunity to provide additional feedback and will run from 3rd April to 2nd July 2018. A copy of the strategy and an online questionnaire are available on the Council's website at: www.scotborders.gov.uk/physicaldisability

4.1.3 Equality Outcome 3

Have improved physical and mental wellbeing, experience fewer health inequalities and will be able to live independently

In the last two years the number of people using self-directed support has increased from 423 to 1649 (February 16 - February 18). This includes 340 people who currently manage their support through a direct payment. SDS promotes choice and flexible, individualised support.

The Borders Community Capacity Building Project (BCCBP) project has successfully reinvented how local health and social care activities are delivered in communities and delivered a far more efficient approach to addressing social isolation, maintaining a healthy lifestyle through activity and providing community led alternatives to healthy and nutritious meals; the project has delivered a social return on investment of 1:10. This has been delivered through mediums that older people are happy to engage with and deliver themselves informally (soup club in the local community centre) or through formally constituted groups (gentle exercise class). The project continues to provide additional routes for preventative support and information to promote good health and wellbeing and to keep people safe.



The qualitative findings are also impressive; 45 older people involved in BCCBT groups were either interviewed individually or involved in focus groups. They were involved across most of the BCCBT range of activities: walking football, New Age Kurling, GEx classes, soup clubs, men's sheds, walking netball, craft boxes, lunch clubs and directories and in general community development activities.

The common outcomes being reported by group participants can be summarised as:

- Improved physical fitness
- Eating better
- More social contact with others in their community
- More prepared to get out of the house and do other things
- Keeping mentally well



4.1.4 **Equality Outcome 4**

Experience a workforce that feel values, are skilled, competent and reflect the diversity of the populace across the Scottish Borders

The Community Capacity Building team (CCB) has been congratulated for winning silver at the finals of the iESE (Improvement and Efficiency Social Enterprise) Public Sector Transformation Awards 2018. The team made it to the shortlist of the three top nominations in the creating community capacity category, which recognises initiatives that do the most to engage with the local community and create greater resilience, better life chances and less dependency on public services, coming away from the ceremony on 6 March with a coveted silver award.

iMatter is the NHS Scotland Staff Engagement continuous improvement process being used nationally across all Boards in Scotland. It forms a key part of the Healthy Organisation Culture element of the National 2020 Workforce Vision: Everyone Matters. All NHS Borders and H&SC Partnership staff will receive a questionnaire in March 2018

The proposed result would be:

- Higher staff morale & motivation
- Less absenteeism & stress
- Greater efficiency, productivity & effectiveness
- Stronger financial management

That would allow:

- Enhanced patient experience and outcomes

4.1.5 **Equality Outcome 5**

Feel safe be safe, healthy, achieving, respected and included

The Borders Community Capacity Building Project (BCCBP) has been responsible for a substantial range of developments that have maintained older people's health and inclusion in their communities and transformed the way preventative services are delivered. The project began in January 2013 and was designed to enable older people to do more to help themselves and others in their communities. The project aims to develop social capital and through this increase the support available to older people in Scottish Borders.

Successful aspects include:

- Making better use of resources and skills already there within the community
- Encouraging and helping local communities and groups to provide networks of support, to help older people to improve their health and wellbeing
- Developing new services, including new models of service delivery, to provide support for older people to maintain their health, wellbeing and independence

4.1.6 **Equality Outcome 6**

Experience services that reflect the needs of the communities, address, health inequalities, and which shift the balance of these services towards early intervention and prevention.

- Since September 2016 the Health and Social Care Partnership have been working with the National Development Team for Inclusion (NDTi) to transform the way that health and social care services are accessed across the Scottish Borders. Community Led Support (CLS) aims to provide locally based Hubs across the five Scottish Borders Localities that can be easily accessed by local people as the first point of contact for health and social care services. The use of diverse community venues for meeting people and providing them with information, advice, signposting and conversations about what matters to them is central to many people's experience of CLS. Community Led Support relies on working together in local communities with voluntary groups and organisations to connect people to locally based solutions that work for them.
- A key focus of Community Led Support is prevention. By offering help to find information and advice quickly to allow individuals to remain in their own home, get involved in their community and find the support needed to stay independent such as equipment, transport or help at home for example, the What Matters Hubs promote early intervention and prevention.

4.1.7 **Equality Outcome 7**

Be confident that the information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered.

Locality Plans:

- The H&SC Locality Plans have been co-produced in line with the guidance from the SG Locality Guidance, considering what localities should look like, in terms of those who should be involved in the planning and design of future service provision.
- An extensive public consultation was undertaken in 2017 to ask staff and the public for their opinions of the plans (including Easy Read versions of all plans) – post consultation feedback saw additions to the plans to support information on the Carers Act and Mental Health care planning going forward.

- The locality plans are designed to support the delivery of health and social care, in or as near to, the persons home as practically possible, in a timely person centred manner, by the most appropriate skilled person/professional
- Make best use of resources available to support health and social care
- Reduce unnecessary attendance/admission to the district general hospital and by doing so free up capacity for those who clinically require the services delivered from that site
- Increase understanding/knowledge of the general public on self-help/services available from other health care professionals/third sector organisations – with the aim to reduce pressures on currently overstretched services across health and social care while at the same time optimising opportunities for improving the health and wellbeing of Scottish Borders residents.
- An Equality Impact assessment was undertaken to ensure equity in all areas

Next Steps

5.1 We will be working towards ensuring that:

- Equality duty performance indicators are established.
- We are aware of the need to implement Corporate Equality & Diversity Policies fairly and consistently.
- The Equality Impact Assessment (EIA) process is used when carrying out core business functions.
- Officers trained in the current EIA process and requirements.