ANGUS
Health & Social Care
Partnership

# Equalities Mainstreaming Report

# 2018-2020

# Contents

# FOREWORD

This is the second equalities mainstreaming report for the Angus Health and Social Care Partnership (AHSCP). The foundation of AHSCP is centred on the importance of equal partnership between NHS Tayside and Angus Council, and the third and independent sectors. Equality is fundamental to the business of AHSCP including working across all sectors where genuine community engagement is at the heart of constructing new cultures of care. Many of the key aspirations of health and social care integration show our commitment to new ways of working and learning together, where all contributions help shape the delivery of good outcomes - including equality outcomes - for people who live in Angus.

Our vision is to place individuals and communities at the centre of our service planning and delivery in order to deliver person-centred outcomes. We recognise that there is a widening gap in inequalities often as a result of social, economic or educational status combined with discrimination based on age, disability, race, or any other protected characteristic which can impact on health and wellbeing. Tackling the issues of equality and fairness are not just the province of anti-discrimination law; the greatest impacts on the opportunities open to individuals are made by everyday decisions made in every part of society. Our aim is to ensure the people of Angus receive fair, consistent and non-discriminatory decisions and services from AHSCP, irrespective of their origin, protected characteristics and background, and that equality is mainstreamed into all we do.

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| **Hugh Robertson**<br>Chairperson<br>Angus Integration Joint Board | **Lois Speed**<br>Vice Chairperson<br>Angus Integration Joint Board | **Vicky Irons**<br>Chief Officer<br>Angus Health and Social Care Partnership |

## 1. INTRODUCTION

The Angus Health and Social Care Partnership was established under the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. The partnership was formed following the signing of an Integration Scheme by the partner bodies (Angus Council and NHS Tayside). The work of the partnership is overseen by the Integration Joint Board.

The population is changing and the partnership recognizes that we cannot continue to deliver services and support in the same way. We have ensured that people living in Angus, carers and our third and independent sector partners are part of this multi-agency approach. The establishment of the partnership has allowed the growth and further development of new services and improved services which have improved outcomes for the people of Angus.

The case for change is set out in our Joint Strategic Needs Assessment. We believe that the growing numbers of people in Angus who have complex care needs or are growing older will require better joined-up care, better anticipatory and preventative planning and a greater emphasis on community-based care. We know that people want to have care and support delivered to them in or as near to their own homes and communities as possible. We know that communities are a rich resource of innovation, support and intelligence about what is needed, what works and what role they can play in supporting community members.

The vision for health and social care in Angus is to place individuals and communities at the centre of our service planning and delivery in order to deliver person-centred *outcomes.* This vision is shared within the Partnership and our communities. Our vision and priorities were developed through public events and conversations in the development of the Strategic Plan 2016-2019. We continue to develop conversations with stakeholders on the drivers for change and the opportunities that can deliver improved outcomes. Recently we held conversation meetings in each of our four localities during October and December 2017 where staff and members of the public were invited to help us develop the Angus Care Model. We have worked with all partners in the development of our strategic plan and new approaches such as the Angus Care Model. We already know from the success of projects we have tested that through working in partnership with the third sector and with communities we can make a difference to people's quality of life. Community-based and third sector initiatives have demonstrated improved outcomes for a whole range of vulnerable and older people in our community.

In line with the legislation which brought about Partnerships we aim to deliver:

- Better Services and Outcomes; improving services and supports for patients, carers, service users and their families.

- Better Integration; providing seamless, joined-up quality health & social care for people in their homes or in a homely setting where it is safe to do so.

- Improved Efficiencies; ensuring that resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

Progress against these deliverables is reported in the annual performance and strategic progress report published in June each year.

We recognise that equalities legislation over the years has been a driver for reducing inequalities, however there is still work to be done to address the continuing inequalities which exist. AHSCP has an opportunity to ensure that equality is integral to all we do from the outset, and because our vision is focused on outcomes for individuals, any equality and diversity and Human Rights considerations are in-built.

## 2. LEGISLATIVE BACKGROUND

### 2.1 Equalities

**The Equality Act 2010**

In 2010, a major piece of legislation, the Equality Act, was passed with the aim of consolidating and harmonising existing equalities' legislation and strengthening the law to support progress on equality. The Act sets out the full range of the nine 'protected characteristics', which are protected from discrimination on the basis of:

age
disability
gender reassignment
marriage and civil partnership
pregnancy and maternity
race
religion and belief
sex
sexual orientation

However, not all protected characteristics are treated in the same way. Positive action is more comprehensive under the Act, and there are exemptions for specific groups, for example, single sex services, blood services, insurance etc.

The Act prohibits:

direct discrimination
indirect discrimination
discrimination by perception
discrimination by association
discrimination arising from a disability
harassment and
victimisation

The Act also introduced a **General Equality Duty**, which applies only in the public sector. This Duty requires public bodies, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation.

- advance equality of opportunity between persons who share a relevant protected characteristic, and persons who do not share it.
- foster good relations between persons who share a relevant protected characteristic, and those who do not share it.

The Duty must be taken into account by public bodies in respect of how the work they do impacts on:

- The groups they provide services to
- The people they employ
- The partners they work jointly with
- Those from whom they contract and procure services

**Note:**

(i) Only the first requirement of 'eliminating unlawful discrimination, harassment and victimisation' applies in the case of marriage/civil partnership.

(ii) 'Due regard' means giving appropriate weight to promote equality in proportion to its relevance.

(iii) None of the employment related requirements under the Equality Act 2010 apply to AHSCP. With limited exception, staff in the Angus Health and Social Care Partnership will continue to be employed by NHS Tayside and Angus Council, and will continue to be included within their own respective Equality Outcomes and Mainstreaming reports.

**The Specific Equality Duties**

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force in May 2012. These specific duties are designed to help public bodies in their performance of meeting the General Duty.

The key legal requirements for AHSCP contained in these Specific Duties are to:

- Report progress on mainstreaming equality.
- Publish equality outcomes and report progress.
- Assess and review policies and practices.
- Consider award criteria and conditions in relation to public procurement.
- Publish equality information in a manner which is accessible.

AHSCP will function within this legislative framework for equalities.

## 2.2 Health and Social Care

AHSCP was established under the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014, but there is also a wide range of national policy supported in some instances by legislative underpinning that drives the direction of health and social care service provision and development. Angus Health and Social Care Partnership is working within the framework of policy and legislation to progress towards achieving the National Outcomes. Legislation and policy drivers all embrace common themes to be delivered strategically and operationally through service delivery. The themes are:

- Integration
- Partnership
- Prevention
- Outcomes
- Choice
- Control
- Self-Management
- Leadership

A policy evaluation which summarises relevant national policy is maintained.

### The National Outcomes

We will work towards achieving the nine national health and wellbeing outcomes as set out by the Scottish Government. These outcomes are:

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

We have identified in each of our Equality Outcomes to which National Outcomes they relate.

## 3. A SNAPSHOT OF ANGUS

The total resource within the Angus Health and Social Care Partnership is approximately £150million. Health and social care expenditure per head of population in Angus is greater than the Scottish average. The voluntary sector in Angus is worth an estimated £50million.

There are a range of supports and services provided through:

- 16 GP practices.
- 23 pharmacies.
- Opticians in every town.
- Dental practices in every town.
- Inpatient care:
    - Stroke rehabilitation is provided at Stracathro Hospital
    - Psychiatry of Old Age is provided in Stracathro Hospital and Whitehills Health and Community Care Centre (WHCCC).
    - Medicine for the Elderly and non-complex palliative care services are provided from Arbroath Infirmary, Stracathro Hospital and WHCCC. At the Angus Integration Joint Board meeting on 10 January 2018, members agreed on a new model for inpatient care which will result in a reduction in the number of inpatient beds required across Angus.
- Acute inpatient services are delivered at Ninewells Hospital.
- 31 care homes in Angus providing 991 beds supporting older people, people with dementia, adults with learning disabilities. Currently we commission around 740 places including some specialist learning disability places outwith Angus.
- More than 7,000 hours of personal care at home support is delivered every week alongside services such as supported accommodation, community meals, Enablement Response Team and day care.
- 695 community, voluntary and social enterprise organisations operate in Angus to support people in our communities.
- 8,141 active volunteers registered at Voluntary Action Angus
- Care management teams co-ordinate packages of care throughout Angus for service users with a range of health, social, emotional or psychological problems.

There are links to Tayside-wide hospital services at Ninewells Hospital, Strathmartine Centre and Murray Royal Hospital where a range of support for acute care, people with learning disability, adult psychiatry and drug and alcohol rehabilitation services are provided.

## 4. PROTECTED CHARACTERISTICS IN ANGUS

Understanding the demographics of Angus is essential to ensuring that resources and services are delivered effectively; that they meet the needs of changing population and consider the impact of protected characteristics on equal opportunities and health inequalities.

A particular challenge for Angus is that 25% of the population lives in rural areas and 1.5% in remote rural areas with access issues

**Angus population Protected characteristics**

**Age and Sex**

Female 59,5751 Male 56,751

**All people 116,514**

| Age | Men | Women |
|---|---|---|
| 85+ | 1,163 | 2,199 |
| 75-84 | 3,723 | 4,676 |
| 65-74 | 7,109 | 7,619 |
| 18-65 | 33,499 | 34,500 |
| 0-17 | 11,277 | 10,757 |

Source: National Records of Scotland

The Angus population is aging with more than one-fifth of our population currently aged over 65. It is projected that the over 65 population will grow to over one-third of the Angus population in 2039, the over 75 will raise by 84% whilst the under 65 to decrease by 11.09% between 2016 and 2039.

Percentage population breakdown by locality

| Age Band | Angus | North East | North West | South East | South West |
|---|---|---|---|---|---|
| 0-64 | 77.27 | 78.39 | 77.11 | 78.76 | 74.47 |
| 65+ | 22.73 | 21.61 | 22.89 | 21.24 | 25.53 |

The North west locality has the largest population. The South East locality has the smallest population but has the highest percentage of people over 65 in that population.

**Ethnicity**

At the time of the last National Census (2011), 95.9% of Angus's population considered themselves as "White-British" with a further 2.8% as "White-Other" meaning a total of 98.7% (114,468) considered themselves as white.

Ethnicity of People living in Angus

| Ethnicity | Number | Percentage |
|---|---|---|
| White British | 111200 | 95.9 |
| White Other | 3268 | 2.8 |
| Mixed or multiple ethnic groups | 264 | 0.2 |
| Asian, Asian Scottish or Asian British | 921 | 0.8 |
| Caribbean or Black | 75 | 0.1 |
| African | 125 | 0.1 |
| Other ethnic groups | 125 | 0.1 |

Source: Census 2011

As at 2015/16 Angus has an estimated net migration of only 68, which would place Angus as the 8th lowest ranked council area in Scotland. The in-migration is slightly greater than the out-migration (3,911 v. 3,843 respectively). For both, migration is most common within Scotland and the rest of the UK as opposed to overseas. Based on 2012-14 data, the age group with the biggest net migration is from people in their 30's and the age group with the biggest loss are from people in their late teens to mid-20's.
Moreover, 10.2% of Angus's households were assessed as being multi-ethnic and 3.1% of people using a language other than English at home. 98.8% of Angus's population speaks English well or very well.

**Life Expectancy**

| | Angus | Scotland |
|---|---|---|
| Male | 78.5 | 76.6 |
| Female | 81.8 | 80.8 |

Source: NRS

Although the average life expectancy in Angus has increased in the last 10 years with females now living 2 years and 3 months longer (2002-2004 and 2014-16) and males now living 2 years 8 months longer. The gender inequality gap, however, has only decreased from 3.7 years in 2002-2004 to 3.3 in 2014-16. In 2014-16, women were still expected to live longer (81.8 years) than men (78.5 years).

**Disability**

The Census in 2011 indicated that 19% of Angus's population has a long-term health condition or disability which limits their5 day-to-day activity.

Of the types of a disability and daily life limiting conditions, hypertension (16%), asthma (6%), Diabetes (5.3%) and Cardiovascular Disease (4.5%) are the most common long term conditions in Angus. Of those, Diabetes and Heart Disease are the two most common reasons for people in Angus to be admitted to hospital for as an emergency admission. As a rate of the prevalent population, people with Dementia occupy the most number of emergency beds.

In 2012, 1% of Angus adult population had a problem drug use with Angus men having higher prevalence (1.4%) than Angus females (0.6%) and the highest rate being in the 25-

34 and 35-44 age groups.

Regarding problem alcohol use, of the 432 alcohol related discharges in 2015/16, over a quarter 22% had a diagnosis of acute intoxication recorded in one of six diagnosis positions. Alcohol dependence attributed to 41% of the discharges and 20% of the discharges were due to alcoholic liver disease. In terms of gender, Angus's men have consistently had been significantly overrepresented in alcohol-related hospital discharges.

**Religion**

Census 2011 indicates that 53% of Angus's population are of Christian faith, 40% of no religion and 7% did not state their religion/belief.

**Sexual Orientation**

Census 2011 indicates that Angus has higher than Scotland proportion of people who are married or in a registered same-sex civil partnership (51.4% v. 45.4%) as well as higher (8.4%) than Scotland (7.8%) proportion of widowed or surviving partners from same-sex civil partnerships and those divorced or whose same-sex civil partnership legally dissolved (8.7% v. 8.2%). Angus, on the other hand, has lower than Scotland proportion of single people who never married or never registered a same-sex civil partnership (28.5% v. 35.4%) and those separated yet still legally married/in a same sex civil partnership (3.0% v. 3.2%).

**Carers of Older and Disabled People**

In the 2011 Census:

- 10,582 Angus people (9.1% population) identified themselves as carers;
- 7802 people (6.7% population) said that they delivered between 1 and 49 hours of care each week; and
- 504 people (2.4% population) over 50 hours of care each week.

In June 2015, 990 carers in Angus were receiving carer's allowance. This is generally paid by the DWP to people who provide more than 35 hours per week of unpaid care to one individual. Census information suggests that there is a high number of unidentified carers in Angus who are not accessing all the support that is available to them.

Of the 10,582 unpaid carers in Angus, 60% are female, 21.7% are aged 65+ and 2.5% are aged under 16. The average age of Angus's carer is 52.2 years which is more than for a Scottish carers[1][2]. At present, the respite care provision for unpaid carers (aged 65+) in Angus equals 142.1nights per 1,000(n=3,444), as at 2012[3]. Angus's White: Scottish, White: Other British, White: Irish population is more likely (9.2%[4]) to provide un-paid care than Angus's all other ethnic groups (5.6%[5])[6].

[1] 50.7%
[2] Census 2011
[3] https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do
[4] n=103,440
[5] n=238
[6] http://www.scotlandscensus.gov.uk/ods-web/data-warehouse.html

**Deprivation in Angus**

Of Angus's 10% most deprived areas, two thirds are found in the South East Locality with the remainder in the North East Localities.

More than half of Angus households of people over 60 years are considered to be in fuel poverty. This is higher than the Scottish average and all of Angus's neighbouring authorities

A joint strategic needs assessment (JSNA) and an Equalities Evidence base provide more detail on Angus's Protected Equality Characteristics.

We recognise that we have a further progress to make in reassuring and encouraging service users and patients to routinely disclose equalities information, and to routinely collect and utilise it.

## 5. SUPPORTING CARERS

'Carer' is a term we use for family members or friends, who may or may not live with a person who needs support, but who give care and support which is unpaid. AHSCP recognises the importance of the role carers play. Carers may need support to enable them to continue in their caring role. Support could be financial, or, for example, in taking care of their own health. Carers are integral to the successful delivery of our Equality Outcomes. Carers are protected by the Equality Act 2010 from "discrimination by association" with their caring role for an older or disabled person.

The Carers (Scotland) Act 2016 will be enacted from 1 April 2018. This Act will introduce changes to the way in which unpaid carers across Scotland are supported when it is implemented in April 2018

AHSCP provides resources to Angus Carers and other cares organisations to ensure that accessible information services are available and that carers can access support without the need for assessment processes.

Recognising the health effects of caring, a collaborative programme between NHS Tayside and Angus Carers has been running in Angus since 2013, whereby health checks are offered through general practice to known carers. This health check covers physical and mental health and wellbeing and offers carer specific advice/support with 705 checks carried out to date. Significant physical symptoms have been noted in over 30% carers. Carers also have greater flexibility in using the budget available to them from their SDS assessment to address their needs for respite and improve personal outcomes.

We continue to improve the identification of carers with the support of Angus carers Centre. We will continue to work towards accurate registrations of carers at GP practices and work with practices to continue to enable healthcare needs of carers to be considered and actively supported. We will continue to support access to a SDS assessment for those who are supporting people with significant needs. We want to increase the number of carers who are accessing self-directed support options in the

provision of their support. We will also embed equality monitoring into carers' assessments and support services and ensure equal opportunities for all carers of all protected characteristics.

## 6. PARTNERSHIP WORKING

We will work to establish strong working arrangements with equalities networks within and beyond Angus. This will include continuing to support the Community Planning Partnership's equalities work in particular, to work with partners to support the Local Outcome and Improvement Plans which sets out the planned improvements for local areas' thematic and place based priorities.

We aim to remove unlawful discrimination from all of our services to ensure that our services are provided in an equalities sensitive way; to contribute to reducing the health gap generated by discrimination; and to work in partnership, including with the third and independent sectors, to make Angus a fairer county.

Both NHS Tayside and Angus Council routinely publish Equalities progress reports which highlight the significant progress which is already being made. We will continue this journey to improve the health and care outcomes for equalities groups, recognising the additional challenges experienced by equalities groups living in poverty and facing additional geographic access issues.

AHSCP will work in conjunction with Dundee HSCP and Perth & Kinross HSCP to develop financial plans for services hosted by AHSCP on behalf of other Tayside HSCPs and work with other HSCPs to facilitate the successful financial planning of services managed elsewhere on behalf of AHSCP.

## 7. ENGAGEMENT AND CONSULTATION

Our Equality Outcomes have been identified as a result of our conversation approach to engagement and involvement as well as our revised Joint Strategic Needs Assessment and Equalities Evidence Base which will lead to the development of our new strategic plan in 2019. Engaging with communities, people who use services, carers, staff, providers and the third and independent sectors is essential if we are to deliver the best services for Angus. Engagement and Involvement has been and will continue to be an ongoing activity. It serves to ensure that we understand our localities, and that we are working in the right direction with consensus. We will therefore ensure that equality monitoring is an integral part of our activities to allow us routinely assess their accessibility and the status of equal opportunities in Angus.

**What our localities have asked us to address includes:**

- Quality of service should be the same across Angus
- Equity of access to support and services
- Local services that are about what I need when I need them
- Quick and easy access to information in my local area-one point of contact
- Continuity of care/ same person providing my support

- Choice and control over when support and services will be provided and who will provide them
- Ability to stay in my own home, not go into a care home
- Support to remain independent
- Improve communication and information sharing between teams/support workers so you only have to tell one person
- A pop in service - could be volunteers
- Shorter waiting times
- If one person can do the job why have two people going in?
- Clear and user friendly communication and information is required to explain how Integration will make a difference
- Clarity required around locality boundaries
- The capability for information sharing/data collection to avoid duplication and improve communication and safety is a priority for many
- The locality model was supported, especially the idea of local resource hubs and one-stop shops.
- Many people identified the very close relationship with Self Directed Support
- Skills and capacity to deliver new models of care in the community were regularly explored

A comprehensive engagement activity log is maintained and held by the Chief Officer. Reports from specific engagement work can be found on our website.

We launched the Angus HSCP Facebook page on 25 July 2017 and we have 726 followers with more joining each week. 86% of our followers are women and 28% of our followers are aged between 35 and 44 years. We have recently started using twitter and expect to launch a partnership website in the summer of 2018.

During October and December 2017 we held a series of 'Continuing the conversation' events in each of our four localities. The drop in events gave people the chance to talk to staff and learn about improvements, see examples of current care pathways and hear why changes need to be made to how health care is currently delivered. People had the opportunity to give their views and help shape how services will look in the future.

66 people attended the October 2017 meetings. 1 person was under the age of 30, 25 people were 31-55 years of age and 40 people were over 55 years.

54 people attended the December 2017 meetings. 52 people completed a feedback questionnaire. 5 people were under 30 years old. 25 people 31 – 55, and 22 people were over 55 years.

100% of people who attended the October and December 2017 events told us that they had been given sufficient opportunity to comment and offer their opinion. 96% of people told us that they found the events helpful and informative.

Further conversation events are planned throughout 2018.

## 8. MAINSTREAMING EQUALITY

Mainstreaming equality means integrating equality into the day-to-day working of AHSCP. This means taking equality into account in the way we exercise our functions. Equality should be a component of everything we do.

The benefits of mainstreaming equality are:

- Equality becomes part of the structures, behaviours and culture of the organisation.
- AHSCP knows and can demonstrate how, in carrying out its functions, it is promoting equality.
- It contributes to continuous improvement, better performance and better value.

AHSCP is responsible for mainstreaming and integrating equality into day-to-day activities as well as strategies etc. Equality and diversity will be embedded into our delivery of person-centred outcomes. We are also committed to integrating equality into our business tools such as Equality Impact Assessments (EIAs). We will ensure equality is explicit and proportionate in business planning and decision-making including gathering and analysing the population data of Angus.

We will continue to ensure that employees continue to undertake training in equalities awareness, in EIAs, and access equalities courses offered by their employers.

## 9. EQUALITY OUTCOMES

Equality Outcomes are results which we aim to achieve in order to further one or more of the needs in the general duty, that is to: eliminate discrimination, advance equality of opportunity and/or foster good relations. By focusing on outcomes rather than objectives or outputs, we aim to bring practical improvements in the lives of those experiencing unlawful discrimination and disadvantage.

AHSCP is responsible for setting and delivering on our Equality Outcomes. These outcomes are aligned to our strategic plan, with specific equalities perspectives, and identify to which National Outcomes they relate. We have also used census data which led to us having a greater understanding of Angus demographics in order to ensure that resources and services are delivered effectively; that the Equality Outcomes meet the needs of the changing population, and take account of the impact of deprivation in our communities. The equalities outcomes have been reviewed and it is recommended that the same equalities outcomes remain in place and be reviewed again following the development of the Strategic Commissioning Plan for 2019-2022.

Our Equality Outcomes are:

***We will make all services accessible to meet the needs of people with a protected characteristic(s) to allow them to be as independent as possible***

***People with Protected Characteristic(s) and equality groups are able to make informed choices so they can have control over their own life***

***People with Protected Characteristic(s) will be involved in their own care to allow them access to services that meet their physical, cultural, religious and equality needs***

We believe we will have started to realise our vision and created improved outcomes for the people of Angus, taking cognisance of their protected characteristics, if:

- more people live longer in good health;
- people are able to access support to live independently within their own communities, with support for more complex needs accessible within an appropriate environment;
- more people are cared for at home;
- more people are involved in the design and delivery of their own care;
- carers feel supported.

## 10. EQUALITY IMPACT ASSESSMENTS

We are committed to carrying out equality impact assessments (EIAs) on our strategies, policies and services to ensure that there is no unlawful discrimination in the way that they are designed, developed or delivered and that, wherever possible, equality is promoted.

In meeting the terms of this commitment, in a proportionate way, we will ensure that:

- equality impact assessments will be carried out on all relevant strategies, policies and services;
- we also undertake equality impact assessments on any potential budget savings.

Completed equality impact assessments will be accessible via the IJB website (currently at https://www.angus.gov.uk/social_care_and_health/angus_health_and_social_care_partnership ).

Initially AHSCP adopted the Angus Council equality impact assessment tool, this has now been replaced by a new Integrated Equality Impact Assessment tool with Guidance approved by the Angus IJB. This tool, which draws on both health and local authority tools will continue with our partners to ensure our EIAs are the most suitable for our purposes. In addition, our newly developed Equalities Evidence Base has been developed to ease the pressure on those responsible for conducting EQIAs to ensure that these are evidence-based and most current.

Equality impact assessments will be undertaken on all protected characteristics and we will strive towards a 100% completion rate.

## 11. SERVICE MONITORING

To ensure that services are delivered in an effective, non-discriminatory way, we expect Angus Council and NHS Tayside to equalities monitor service users in line with EHRC recommended classifications. We will monitor equalities complaints to ensure no-one receives a less favourable service on the grounds of their protected characteristics.

## 12. ACCESS TO INFORMATION

One of the key messages from our engagement activities has been about improving access to information. This could be through the development of single points of contact and the use of a 'hub' model in each of our localities,. This could be an approach delivered through community planning arrangements but require further exploration as the natural focus in each of our localities is different for different people. The local focus can include GP practices, libraries, Accessline and First Contact as well as online provision. As part of our approach to improving access to information we are progressing the development of ALLISS (A Local Information System for Scotland) to facilitate accessible web-based information about health and social care services. Importantly it will also be the focus for how we ensure an accessible voluntary and independent sector. The Partnership will continue to develop its digital presence across a range of platforms.

In January 2018 we commenced work to develop an Angus HSCP website which will be launched during the Summer of 2018. We are currently asking members of the public what they would like to see on an Angus HSCP website. We will continue to deliver:

- Regular engagement via Locality Improvement Groups, GP Cluster meetings and Angus Clinical Partnership Groups.
- 'Continuing the conversation' meetings open to public and staff with information shared on the day being made available on the Angus Health and Social Care webpage on Angus Council website.
- Online questionnaire developed and available on Angus Health and Social Care webpage on Angus Council website
- Regular press releases issued
- Regular staff briefings issued
- Senior Managers hold regular meetings with staff.
- Regular updates in Integration Matters
- Members of the public can observe IJB meetings
- IJB papers are available on the Angus Health and Social Care Partnership webpage hosted by Angus Council

Working with Voluntary Action Angus we have identified 562 voluntary sector organisations active in our Angus Localities. About 35% of those organisations are currently included in ALISS. Volunteering in Angus continues to increase.

There is growing recognition of the scale of the problem of social isolation in Angus, matched by national recognition of the links between social isolation and:

- Risk of earlier death
- Depression
- Dementia
- Poor self-rated health

Ref: Campaign to End Loneliness, 2015

Harnessing the efforts of the voluntary sector will support people to become engaged in their communities and promote independence. We want to ensure that the number of organisations on ALISS is increased to 90% by April 2017.

We are committed to ensuring that all members of the community have equal access to information regarding the IJB, regardless of race, disability, gender, religion/belief, age, sexual orientation, marital/civil partnership status, gender re-assignment, and pregnancy and maternity.

In meeting the terms of this commitment we will endeavour to ensure that:

- all members of the community are able to access information about AHSCP via our web pages.
- facilities to interpret information we produce are made available wherever a need is identified i.e. translation into other languages, audio tapes, sign support, hearing loops, and facilities for blind and visually impaired people. We will also ensure that any additional requirements emanating from the British Sign Language (Scotland) Act (2015) will be implemented once these are known.
- employees are provided with an awareness and an appreciation of the importance of ensuring that the whole community has access to our information.
- non-stereotypical images of equality groups in publicity materials, such as leaflets, are promoted.

In terms of this document, the Equalities Mainstreaming Report and Equality Outcomes can be found on our webpages - see web address below, or alternatively if you would like a copy, please write to us at the following address:

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**Appendix 1**

**ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY OUTCOMES**

| **What is our equality outcome?** | ***We will make all services accessible to meet the needs of people with a protected characteristic(s) to allow them to be as independent as possible*** | |
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| **National Health And Wellbeing Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer**<br>**National Health And Wellbeing Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use services.**<br>**National health and wellbeing Outcome 7: People using health and social care services are safe from harm.** | | |
| **Which part of the general duty are we addressing?** | **What are the key protected characteristics?** | **How will we measure progress?** |
| Prevent indirect discrimination, Advance equality of opportunity, and foster good relations | All of the protected characteristics: Age, disability, gender reassignment, Pregnancy/maternity, Race/ ethnicity, religion/belief, sex, sexual orientation | Number of people with protected characteristic(s) supported through an enablement process.<br>Number of people with a protected characteristic(s) provided with equipment to support independence<br>Number of people with a protected characteristic(s) using telehealth and telecare<br>Number of people with a protected characteristic(s) using rehabilitation services<br>Number of adult protection investigations for people with a Protected characteristic(s) |
| **What will we do over the next 2 years?** | We will continue improve the range of telehealth and telecare services available in Angus for those people with a disability or who are older who cannot physically access their local health services<br><br>We will deliver the Angus Care Model<br><br>We will support the adult protection committee to ensure a robust approach to supporting vulnerable adults | |

| **What is our equality outcome?** | ***People with Protected Characteristic(s) and equality groups are able to make informed choices so they can have control over their own life*** | |
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| **National Health and Wellbeing Outcome 2: People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**<br>**National Health And Wellbeing Outcome 3: People who use health and social care services have positive experiences of those services and have their dignity respected.**<br>**National health and wellbeing Outcome 5: Health and social care services contribute to reducing health inequalities**<br>**National Health And Wellbeing Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing**<br>**National Health And Wellbeing Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.** | | |
| **Which part of the general duty are we addressing?** | **What are the key protected characteristics?** | **How will we measure progress?** |
| Advance equality of opportunity, foster good relations, and eliminate discrimination | Age, disability, Race/ethnicity, religion/belief, sex, sexual orientation, pregnancy/maternity, gender reassignment | Number of people with protected characteristic(s) using each of the SDS options<br>Number of people getting involved in service design through co-production and engagement opportunities<br>Joint strategic needs assessment updated annually |
| **What will we do over the next 2 years?** | We will conclude the delivery of help to live at home project with the introduction of a new personal care framework and fair cost of care. | |

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| **What is our equality outcome?** | ***People with Protected Characteristic(s) will be involved in their own care to allow them access to services that meet their physical, cultural, religious and equality needs*** | |
| **National Health And Wellbeing Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer**<br>**National Health And Wellbeing Outcome 4: Health and Social Care services are centred on helping people maintain or improve the quality of life of people who use those services** | | |
| **Which part of the general duty are we addressing?** | **What are the key protected characteristics?** | **How will we measure progress?** |
| Eliminate discrimination, Advance equality of opportunity, foster good relations | Age, disability, gender reassignment, race/ethnicity, and religion/belief, | Number of community groups by locality<br>Number of people from using befriending services<br>Level of funding released to the third sector to develop community based services. |
| **What will we do over the next 2 years?** | We will continue to provide funding to the third sector to improve the range of activities available for people from protected equality groups in the Angus community | |