



ANGUS
Health & Social Care
Partnership

Equalities Mainstreaming Report 2024







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Foreword

Welcome to the Angus Integration Joint Board’s (IJB) Equalities Mainstreaming Report 2024-2026. The report highlights the significant progress that has been made to ensure we are fully compliant with the requirements of the Equalities Act 2010.

The IJB Strategic Commissioning Plan (SCP) 2023 - 2026 is clear that equality will be at the heart of everything that we do, including how we will take into account the protected characteristics in the planning and commissioning of health and social care services. It is vital that our health and social care services reflect the demographics of Angus. The SCP recognises that the main challenges to improving health in Angus are due to an ageing population, persistent health inequalities, the continuing shift in the pattern of disease towards long term conditions and growing numbers of people with multiple conditions and complex needs. The IJB is committed to the development of a preventative and proactive care to tackle social inequalities and improve wellbeing in our communities.

Our Equalities Mainstreaming Report demonstrates our commitment through wide ranging activities, best practice and honest reflection on how we can work together to create a more inclusive partnership. We continue to ensure that our workforce take responsibility for implementing the requirements of the Equalities Act as part of their core day to day role, embedding equalities through all that we do, placing the people of Angus at the heart of our services.

Working with our service users, staff and partners we continue to identify areas where we can mainstream equality more effectively and we will set new and ambitious outcomes in 2025. These will be aligned with those of Angus Council and NHS Tayside, allowing us to work in partnership to deliver on our outcomes. In turn, this will ensure we can truly make significant progress on removing discrimination, advancing opportunities for all and fostering good relations with the people of Angus.

Councillor Julie Bell - Chairperson
Angus Integration Joint Board

Jillian Galloway - Chief Officer
Angus Health & Social Care Partnership

Introduction

Angus Health and Social Care Partnership (AHSCP), formed in 2016, delivers services for Angus Council and NHS Tayside. This means that we have a single system for planning and delivering local health and social care. The AHSCP Chief Officer is responsible for the management of planning and operational delivery on behalf of Angus Integration Joint Board (IJB). Angus Council and NHS Tayside have integrated the planning and delivery of all community health and social care services for adults and older people. Angus IJB is a separate legal entity responsible for directing the work of the delegated services. The IJB includes members of Angus Council and NHS Tayside (voting members) as well as those representing the interests of the Third Sector and Independent Providers, Carers, staff and service users.

The vision for health and social care in Angus is to work together, developing communities that actively care, promoting wellbeing and creating the best possible health and social care across Angus. Our vision and priorities were developed through public events and conversations in the development of the Strategic Commissioning Plan 2013-2026, it can be accessed here: [AHSCP Strategic Commissioning Plan 2023-2026](#)

Our Vision, Mission and Values



Our Vision - People in Angus receive the best services possible and enjoy physical and mental health to their full potential.



Our Values - We are caring, compassionate, person-centred, honest and respectful.



Our Mission - Working together, being courageous and innovative, always aiming to provide safe, effective high-quality health and social care.

Our Strategic Ambitions & Priorities for 2023-2026

The information outlined in the Strategic Needs Assessment, performance reports and the legislative and policy context highlight the need to do things differently. As a result, we have identified three Strategic Ambitions:

- Support people to be independent for as long as possible.
- Ensure services are sustainable and proportionate to need.
- Provide integrated and co-ordinated care.

We have identified the following Strategic Priorities to support these ambitions:

- Priority 1. Prevention and proactive care.
- Priority 2. Care closer to home.
- Priority 3. Mental health, learning disabilities & substance use recovery.

We have also identified five Strategic Enablers to help support the delivery of our Plan. These are:

- Workforce
- Financial planning
- Collaborative Commissioning
- Communication and Engagement Infrastructure
- Data and Technology

The three priorities of the AHSCP Strategic Commissioning Plan aim to deliver on the nine National Health and Wellbeing Outcomes.

The National Health and Wellbeing Outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. They provide a strategic framework for the planning and delivery of health and social care services. Our priorities, commitments and the actions within the Strategic Delivery Plan (SDP) are aligned to delivering the national outcomes.

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

In April 2018, the Health and Social Care Standards came into effect. These have been developed to make health, social care and social work services better for everyone and to ensure that every person is treated with respect and dignity, and their human rights are upheld. Five principles reflect the way that everyone should expect to be treated:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.

3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.

We recognise that there is a widening gap in inequalities. The World Health Organisation (WHO) describes health inequalities as 'avoidable inequalities in health between groups of people'. Working with partner organisations, AHSCP has a key role to play in addressing inequality, in particular the health inequalities that contribute to deaths every year in Angus. This can be as a result of poverty, social or educational status combined with discrimination based on age, disability, race, or any other protected characteristic and this can impact on an individual's health and wellbeing. We also acknowledge that the wider the gap, the poorer the outcomes are for everyone.

We are also committed to developing a human-rights based approach. We will continue to take practical steps to put human rights principles at the centre of our daily practice and policies.

Legislative Background

Equalities

The Equality Act 2010, 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 (applies to duty as an employer only)
- pregnancy and maternity (applies to duty as an employer only)
- ethnicity
- religion and belief
- sex
- sexual orientation

However, not all protected characteristics are treated in the same way since disability characteristics requires additional compliance associated with "reasonable adjustments" to be put in place. The Act makes provision of a voluntary "positive action" available to organisations who wish to, based on evidence of disadvantage, put measures in place that mitigate against evidence disadvantage for protected characteristics. Further information can be found at Appendix 1.

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 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 on progress.
- Assess and review policies and practices against impact on “protected characteristics”.
- Consider award criteria and conditions in relation to public procurement.
- Publish equality information in a manner which is accessible.

Fairer Scotland Duty

From April 2018, the Fairer Scotland Duty, Part 1 of the Equality Act 2010 came into force in Scotland. It places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. Further information can be found in Appendix 1.

United Nations Convention on the Rights of the Child

New legislation has been introduced to incorporate the UNCRC into Scots law within the powers of the Scottish Parliament. The new duties under the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force in July 2024.

The Act aims to ensure that:

- Children's rights are respected and protected in the law in Scotland; and
- Public authorities are legally required to respect and protect children's rights in the work they do.

The ambition of the UNCRC Act is to deliver a proactive culture of everyday accountability for children's rights across public services in Scotland. It requires all of Scotland's public authorities to take proactive steps to ensure the protection of children's rights in their decision-making and service delivery and make it unlawful for public authorities, including the Scottish Government, to act incompatibly with the UNCRC requirements as set out in the Act.

In 2024, AHSCP introduced an updated Combined Impact Assessment to take cognisance of the requirements under Fairer Scotland Duty, United Nations Convention on the Rights of the Child as well as the Equality Act. This helps to acknowledge that equalities and poverty related issues can often be interconnected.

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

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 found in Appendix 1.

A Snapshot of Angus

The total resource within the Angus Health and Social Care Partnership for 2022/23 is approximately £225 million. A list of the services and functions delegated to Angus Integrated Joint Board (IJB) can be found in Appendix 2.

- There are 29 care homes in Angus providing 1055 beds supporting older people, people with dementia, adults with learning disabilities and respite provision. Currently we commission around 829 places in Angus plus some specialist learning disability places out with Angus.
- In 2023/24 (Q3) more than 12,570 hours of personal care at home support was delivered every week alongside services such as supported accommodation, community meals, Enablement Response Team and day care. This was an increase of approximately 2% on 2022/23.

The Third Sector is defined as comprising of local charities, voluntary organisations, volunteer movements and social enterprises. These are greatly diverse by size and sovereignty. Voluntary Action Angus (VAA) are a key point of intelligence about local third sector organisations and volunteering and understand the local landscape and how it affects the third sector's ability to contribute to local outcomes and national strategies (such as health and social care, community empowerment). We identify support needs for local community groups, voluntary organisations, social enterprises and volunteering. TSIs can identify third sector issues and perspectives that can feed into both local and national policy. VAA is a member of strategic partnerships across the county and are a vital partner with Angus Council, Angus IJB and AHSCP.

VAA's CEO is the Chair of the Community Planning Partnership and has a key role to play at all statutory strategic meetings. The CEO also has a leadership role on the Angus IJB which is accountable for the governance of the AHSCP.

Information on the wide range of activity undertaken by VAA in 2023/2024 can be found in Appendix 2.

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.

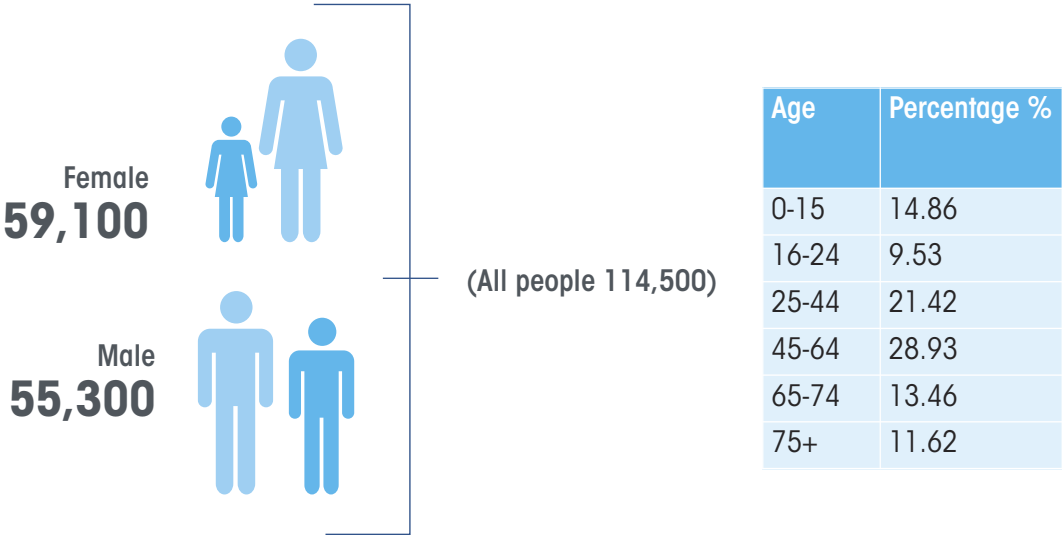
Protected Characteristics in Angus

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

Key Facts

- In 2022, Angus’s population was 114,400 people dispersed over a large rural area.
- 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.

Age and Sex

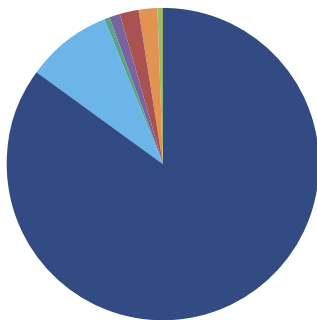


Source: National Records of Scotland (Census 2022).

The Angus population is aging with more than a quarter of our population currently aged over 65. It is projected that the over 65 population will grow to 33% by 2028, the over 75 population will rise by 30%, whilst the under 65 population will increase by 3% (National Records of Scotland (Angus area profile)).

Ethnicity

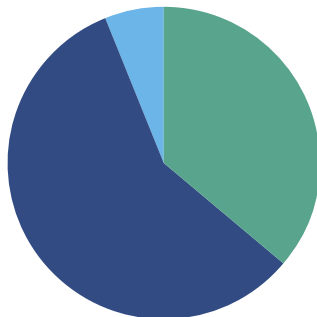
At the time of the last National Census (2022), 93.9% of Angus’s population considered themselves as “White-Scottish or “White-British” with a further 3.7% as “White-Irish/Polish/Other” meaning a total of 97.6% considered themselves as white.



- White: White Scottish 85%
- White: Other White British 8.9%
- White: White Irish 0.5%
- White: White Polish 1.2%
- Other White 2%
- Asian, Asian Scottish or Asian British 2%
- Other ethnic groups 0.3%

Religion

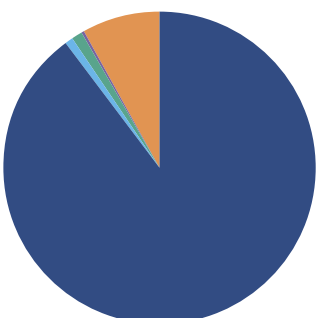
Census 2022 indicates that 36% of Angus’s population are of Christian faith, 57% of no religion and 6% did not state their religion/belief.



- Christian faith 36%
- No religion 57%
- Did not state religion belief 6%

Sexual Orientation

Scotland’s Census data (2019) suggests that around 90% of Angus residents report to being Heterosexual/Straight, whilst around one-percent report to being Gay, Lesbian, or Bisexual. Almost 8% did not answer the question.



- Heterosexual/Straight 90%
- Gay or Lesbian 1%
- Bisexual 1%
- Other sexual orientation 0.3%
- Not answered 7.9%

Carers of Older and Disabled People

In the 2011 Census:

- 10,582 Angus people (9.1% population) identified themselves as carers;
- 7,802 people (6.7% population) said that they delivered between 1 and 49 hours of care each week; and
- 504 people (2.4% population) said that they delivered over 50 hours of care each week.

Within Angus, 284 adult carer support plans were completed in 2023/24, an increase on the 274 plans during 2021/22.

We estimate that across Adult Services, Children, Families and Justice (parent carers) and third sector partners, more than 2,000 unpaid carers were recognised and accessing support in Angus during 2023/24.

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) ranks all data zones in Scotland by a number of factors; Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each data zone is then given an overall deprivation rank. Of the 2020 population in Angus, 7.8% live in the most deprived SIMD Quintile, and 12% live in the least deprived SIMD Quintile.

Quintile	% of Population (2016)	% of Population (2020)	Difference
SIMD 1 – most deprived	7.3%	7.8%	0.5%
SIMD 2	17%	22.2%	5.2%
SIMD 3	32.7%	28.6%	-4%
SIMD 4	24.9%	29.4%	4.4%
SIMD 5 – least deprived	18.1%	12%	-6.1%

Supporting Unpaid 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 taking care of their own health, or financial support. 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 with a long-term illness, addiction, or other condition.

Following the implementation of the Carers (Scotland) Act 2016, a strategy for Carers in Angus was published in December 2019 and updated in August 2023, **Angus Carers Strategy**, which identified a range of improvement required to meet the intentions of the legislation. AHSCP provides resources to Angus Carers, and other carer organisations, to ensure that accessible information and services are available and that carers can access support without the need for assessment processes.

Carers 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 our work to help prevent crisis with carers and continue to refer carers to Angus Carers Centre, community groups, peer support, activities, to improve their lives and their caring role. We will continue to support access to SDS assessment for those who are supporting people with significant needs using the Adult Carers Support Plan and Young Carers Statement. We want to increase the number of carers who are accessing self-directed support options, when they are eligible, 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.

Partnership Working

In Angus, local health and social care services are delivered across our four localities. This fulfils the legislative requirement to work at locality level and supports us in shaping services to be more responsive to local needs. Locality Improvement Groups (LIG) are established in each locality and aim to positively influence local service delivery and support our overall strategic aims and objectives. Each LIG includes a wide membership including members of the public, front line staff, Third Sector organisations and Independent Providers of care and support in the locality.

We aim to remove unlawful discrimination from all of our services. We continue to work towards reducing the health gap generated by discrimination by working in partnership with the third and independent sectors.

Both NHS Tayside and Angus Council routinely publish Equalities progress reports which highlight the significant progress which is already being made. We continue work towards improving health and care outcomes for protected characteristic groups, recognising the additional challenges experienced by those living in poverty and facing additional geographic access issues.

AHSCP continue to 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 financial planning of services managed elsewhere on behalf of AHSCP.

Engagement and Consultation

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 to routinely assess their accessibility and the status of equal opportunities in Angus.

There has been a wide range of engagement work across Angus Health and Social Care Partnership between August 2022 and April 2024. When conducting engagement activities, we use a variety of communication methods e.g. Easy-Read versions, online and face to face sessions, online surveys, online discussion, distribution of paper copies of the survey (available in large print, Easy-Read, BSL and different languages on request), advertising posters, QR codes, website and social media adverts. Reports from specific engagement work can be found on our website. Examples of recent public engagement activity can be found in Appendix 3.

Social Media

We launched the AHSCP Facebook page on 25 July 2017 and in 2024 we have over 4,300 followers, with more joining each week. Of the 4,300 followers, 87.9% are women and 12.1% are men. The largest percentage of female and male users are aged between 35-54.

We have an X account with 507 followers and an Instagram account with 97 followers. The AHSCP website was launched in 2018 and currently receives around 1000 visitors per month in 2023/2024. AHSCP launched a podcast 'Getting to Know Angus Health and Social Care Partnership' in 2023. 11 episodes have been released so far, with an average of 250-300 listeners per episode. New episodes are scheduled in 2024 and are available via the AHSCP website.

Local Scottish Care Integration Lead

The HSCP Local Scottish Care Integration Lead has been supporting the following initiatives:

- Work with care homes to connect and engage with each other via digital technology and take part in various activities. This project was called 'Bringing the Care Home Community Together'. It allowed care home residents an opportunity to share stories about their life in the town they live.

- In August 2024, Scottish Care, AHSCP and NHS Tayside are holding the first Angus Care Home Activity Network event. This was open to all care home residents and staff in Angus and was designed to be inclusive for all residents. Various activities were provided to support people of all abilities in connection with Angus Alive and The Strathmore Trust. This also supported community connections which supports residents in care homes to remain part of their local community.
- Work with care homes to ensure that resident inclusion within the My Health, My Care, My Home framework is supported and valued. There are several organisations involved in planning how to meet the 78 recommendations and it is paramount that resident voices are heard as this framework is about their health, their care and their home.

Mainstreaming Equality

Mainstreaming equality means integrating equality into the day-to-day working of the 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, an example of this is the AHSCP Combined Assessment which contains an Equality Impact Assessment (EIAs), Fairer Scotland Duty Assessment (FSD) and Child Rights and Wellbeing Impact Assessment (CRWIA) within one template. We continue to ensure equality is explicit and proportionate in business planning and decision-making including gathering and analysing the population data of Angus.

Additional training on EIAs and the new AHSCP Combined Assessment template has been provided to staff in 2023 and 2024. We will continue to ensure that employees undertake training in equalities awareness, in EIAs, and access equalities courses offered by their employers.

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. Equalities engagement will be planned for early in 2025 to ask the public what key we should focus on for the next 4 years. A new set of Equality Outcomes will be developed in 2025 to support the current Strategic Commissioning Plan and Strategic Delivery Plan.

Our current Equality Outcomes (2022-2026) 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**
- **Angus Health and Social Care Partnership will promote an equality driven culture within the organisation.**

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.

Equality Impact Assessments

We are committed to carrying out Equality Impact Assessments (EIAs), Fairer Scotland Duty Assessments (FSDs) and Child Rights and Wellbeing Impact Assessments (CRWIA) 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. We have developed a Combined Impact Assessment template which includes the three assessments detailed above, EIA, FSD and CRWIA.

- In 2022, 15 Combined Impact Assessments were completed and published.
- In 2023, 17 Combined Impact Assessments were completed and published.

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

- Combined Impact Assessments will be carried out on all relevant strategies, policies and services;
- We also undertake Combined Impact Assessments on any potential budget savings.

Completed assessments can be found via the AHSCP website:
www.angushscp.scot/equalities

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.

Access to Information

The launch of the AHSCP website in 2018 has increased our ability to share information with the public. The website is updated regularly and includes information such as:

- AHSCP news
- Ongoing projects and developments
- National updates and policy changes
- Feedback and consultations
- Strategic Commissioning Plan
- Equalities reporting and completed assessments
- Performance information
- IJB membership information
- Service information
- Localities Information
- Care Opinion links
- AHSCP Podcast

We also continue to deliver:

- Regular engagement via Locality Improvement Groups, GP Cluster meetings and Angus Clinical Partnership Groups.
- Online questionnaires developed and available on the Angus Health & Social Care website.
- Regular press releases issued.
- Regular staff briefings issued.
- Senior Managers hold regular meetings with staff.
- Regular updates in the Integration Matters staff newsletter.
- 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
- Regular AHSCP social media updates and information sharing
- Translation and interpretation support to Angus Health & Social Care Partnership and Angus Council Services.

As of 2022, Voluntary Action Angus have 355 third sector organisations in Angus which are registered and listed on their Community Connector.

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 website. Improvements were made to the accessibility of the website which allow users to change language, amend text size and amend viewing options for certain file types. Information can be found on the accessibility page.
- Facilities to interpret information we produce are made available wherever a need is identified i.e., translation into other languages, audio tapes, sign support, Easy-Read, hearing loops, and facilities for blind and visually impaired people.
- 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:

Chief Officer
Angus Health and Social Care Partnership
Angus House
Orchardbank
Forfar
DD8 1AN

E: Tay.angushscp@nhs.scot
www.angushscp.scot

The content of this publication, or sections of it, can be made available in alternative formats or translated into other community languages. Please contact Angus Health & Social Care Partnership, Angus House, Orchardbank, Forfar, DD8 1AN Tel 01307 492560 for further information or email Tay.angushscp@nhs.scot

If you are or you know someone who is a BSL user who would like to contact us to request a copy of this report in an alternative format, please contact us via the Contact Scotland BSL Service, the on-line British Sign Language interpreting video relay service to provide your feedback, on <https://contactscotland-bsl.org/> or call 0131 510 4555.

Appendix 1

Legislative Background – Further Information

Equality Act

The Equality Act 2010 was passed with the aim of consolidating and harmonising existing equalities' legislation and strengthening the law to support progress on equality.

The Act prohibits:

- direct discrimination
- failure to make "reasonable adjustments" for people with a disability
- indirect discrimination
- discrimination by perception
- discrimination by association
- harassment and
- victimisation

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.

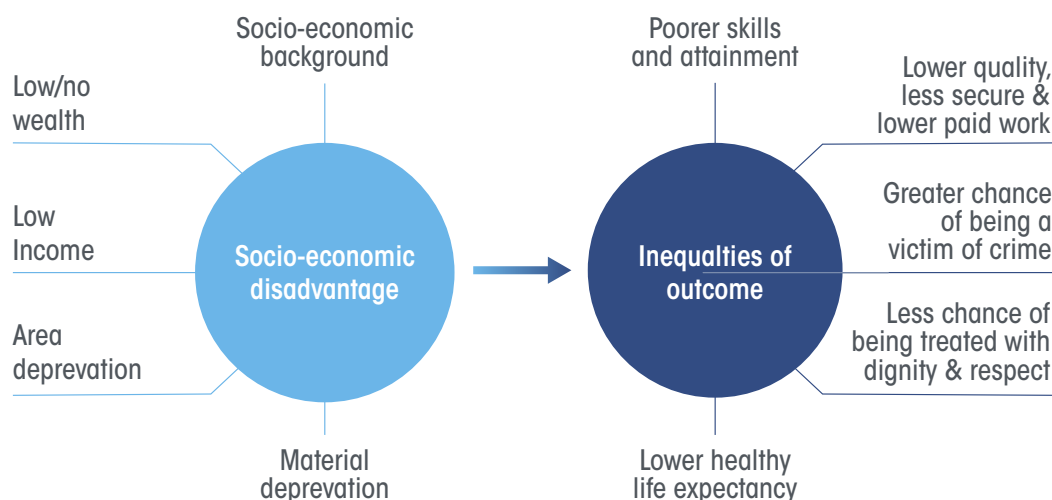
Fairer Scotland Duty

The main points to note are:

- To fulfil their obligations under the Duty, public bodies must be able to meet the key requirement in each case:
- To actively consider how they could reduce inequalities of outcome in any major strategic decision they make; and to publish a written assessment, showing how they've done this.
- The Fairer Scotland Duty applied from 1 April 2018 and does not cover decisions made before this date.
- The Duty also does not override other considerations – such as equality or best value.

The Equality and Human Rights Commission (EHRC) is the Regulator for the Fairer Scotland Duty (as well as the overarching Equality Act 2010), and is closely involved with monitoring and the development of best practice for the Duty.

Diagram from the Fairer Scotland Duty of some of the impacts of socio-economic disadvantage on outcomes for people experiencing them:



The National Outcomes

The nine national health and wellbeing outcomes as set out by the Scottish Government:

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.

Appendix 2

Snapshot of Angus – Further Information

The table below provides a summary of the services and functions delegated to Angus IJB.

Adult Social Care Services

- Adult and young unpaid carer support services
- Adult Support and Protection
- Reablement, adaptations and telecare
- Drug and Alcohol Services
- Care and support for adults with physical and learning disabilities
- Care at home services
- Community mental health services
- Social care services provided to adults and older people
- Respite provision

Community Health Services

- Community based Allied Health Professionals for example:
 - Occupational Therapy
 - Physiotherapy
- Community Hospital Inpatient Services
- Community Pharmacists
- District Nursing Services
- Minor Injury and Illness Services
- Palliative Care
- Angus Primary Care
- Services to promote public health and improvement
- Community Learning Disability Services

Voluntary Action Angus' impact statistics for 2023/2024 highlight the wide range of activity undertaken by them during that time.

- The Community Link Worker service, previously known as Social Prescribing, have had approximately 27,773 appointments (Aug 20 – Jan 24) booked with 84% of service users being offered an appointment within 7 days of request.
- Macmillan Improving the Cancer Journey CLW works across Angus to support anyone affected by or suffering from cancer. Anyone 16+ can self-refer or be referred to this service providing cancer is the main reason for requiring support. There have been 311 referrals made from June 23 - June
- VAA locality workers have responded to 3400 volunteer enquiries and there are currently over 1100 volunteers registered to VAA who support emergency responses ranging e.g., storm response etc.

210 adults registered for new volunteering opportunities with 169 of these adults being matched successfully.

- Telephone Befriending – 103 new befriender referrals.
- Intergenerational Befriending – Social Cafes provide volunteer led activities for those experiencing social isolation within sheltered housing complexes in Forfar, Kirriemuir & Arbroath.
- Angus Community Connector app launched in April 2024 helps find all third sector organisations, services, community groups and social enterprises in Angus.
- The VAA weekly bulletin provides a wide range of information across the third sector and encourages third sector organisations to contribute to the bulletin to share information that benefits all e.g., funding opportunities, training etc. The bulletin currently reaches over 900 organisations which has increased by 110 since last year.

Appendix 3

Engagement Activity 2022-2024

Strategic Commissioning Plan (SCP) 2023 – 2026

Engagement activities to inform the development of the Angus Health and Social Care Partnership (AHSCP) Strategic Commissioning Plan (SCP) 2023 – 2026 commenced on 29 July 2022 with a review of the Strategic Commissioning Plan 2019 – 2022. This was followed by engagement on the draft SCP on 6 March 2023. Both engagement activities lasted for six weeks and used a range of methods to engage with stakeholders e.g., online survey, online discussion, distribution of paper copies of the survey (available in large print, easy read and different languages on request).

Review of Strategic Commissioning Plan:

The survey was hosted on the AHSCP website, and a link was shared via social media. 231 responses were received from people who use or deliver health and social care and support across all four localities of Angus. This included Easy-Read responses. The majority of responders were white females and aged between 45 – 64 years old. 44% of responders told us that they had a physical or mental health condition or illness lasting or expected to last 12 months or more.

We asked what matters to you in relation to supporting you and your family's health and social care needs. The top three responses were: Access to services (64%); Quality of care (21%); Empowering people (9%). Responses suggested that the vision required to be refreshed. People told us that the current priorities were important, but the language used to describe them needed to be simplified.

Review of draft Strategic Commissioning Plan 2023 -2026:

The survey was hosted on the AHSCP website, and the link was shared via social media. 124 responses were received from people who use or deliver health and social care and support across all four localities of Angus. This included Easy-Read responses. The majority of responders were white females and aged between 45 – 64 years old. 44% of responders told us that they had a physical or mental health condition or illness lasting, or expected to last 12 months or more. 65% of respondents provided positive feedback about the plan on a page, 73% said they liked the vision which is an increase of 30% compared to the previous vision. 81% of respondents liked the values of AHSCP, 73% liked the new joint commitments infographic and 73% liked the refreshed Angus Care Model infographic. 97% of people liked the refreshed priorities.

Community Day Opportunities

An extensive engagement process on current and future day opportunity provision in Angus commenced on 31 January 2024 until 8 March 2024. Materials for the engagement included online surveys, paper surveys, Easy-Read surveys, advertising poster, QR code, website page and self-written feedback posters. The survey was shared with a wide range of organisations across Angus who were asked to share with their respective networks. In person focus groups were also held in each locality area in Angus during this period with an evening, online focus group also held for the public to join. In person, facilitated focus groups were also held in each of the five-Day Care Centres during January and February 2024. Over 600 responses were collated and analysed from the key stakeholder groups. The engagement results will inform the development of a Day Opportunities Strategic Framework. The Day Opportunities Strategic Framework will aim to provide a clear set of design principles and actions to support further development of day opportunities in Angus, ensuring there is adequate accessible provision for those that need it.

Angus Carers Strategy 2023-2026

Engagement took place over 6 weeks, commencing on 25th October 2022, seeking feedback from unpaid carers (including young and adult carers) in order to inform the refresh of the Angus Carers Strategy 2023 – 2026. Engagement methods included an online survey, paper copy (available in large print and different languages in request) and Easy-Read. The survey was shared with a wide range of organisations across Angus who were asked to share with their respective networks. Posters were prepared and displayed in local Health Centres, Leisure Centres, Museums and mobile libraries. Face to Face and online discussions – via attendance at Carer social events across Angus localities: using the ‘Carer Cuppy’ events also took place.

Over 140 Carers in Angus shared their views. Respondents spanned a range of ages but the majority were over 65 years of age and caring for a spouse. Although some positive experiences were shared, the majority of feedback highlighted how challenging a caring role can be. The feedback received was used to identify the following priorities in the strategy:

- Visibility: Carers will be more visible
- Empowerment: Carers will be supported and empowered to take control of their caring role
- Life-balance: Carers will have a life outside of caring
- Influencing: Carers will be fully involved in the planning and shaping of services
- Equity: Carers will be free from disadvantage and discrimination related to their caring role

Medication Assisted Treatment (MAT) Standards Experiential Engagement Programme

Angus Alcohol and Drug Partnership gathered experiential feedback relating to the implementation of the MAT Standards from people accessing substance use services, their family, carers and nominated people and staff working in substance use services. The engagement took place between November 2023 – March 2024. These standards were introduced in Scotland in 2021 as part of the National Mission to reduce drug related deaths.

Surveys were completed mainly via face-to-face interviews in suitable venues, by trained interviewers, but people had the option of completing this over the phone or online if this was their preferred method. Responses highlighted a range of positive experiences and improvements within services. Locally the feedback is used to inform service development and an improvement programme.

Improving Physical Health of People Receiving Care from The Community Mental Health Service (CMHS)

Engagement took place to understand the reasons around why Community Mental Health service users, who live with mental illness, have difficulties in managing their physical health and to inform ways to improve in this area. The aim was to gain feedback from service users and their carers to help shape a shared improvement plan.

Angus Voice led service user forums to offer another means of sharing ideas/ information. Six sessions were held across various towns in Angus. These were organised in May 2024 and advertised via Angus Voice, Angus Carers and CMHS staff.

Joint Angus Advocacy Strategic Framework.

The draft framework went out for public engagement for 3 weeks in June 2023 and 7 weeks in November/December 2023. The draft framework was accompanied by an easy read version and a survey. There were additional in-person and virtual engagement sessions organised with BSL interpretation. The materials were shared with a wide range of organisations across Angus who were asked to share with their respective networks.

Results from the engagement included:

- The majority of people liked the Framework overall
- It was helpful to have all the information in one Framework for children, young people and adult services
- The majority of people agreed with the priorities outlined in the Framework
- The majority of people agreed with the actions outlined in the delivery plan
- There were some comments that it felt a little repetitive in some parts and it would be good to see involvement of those with lived experience moving forward

The feedback received from engagement was considered and changes were made to the wording, removal of the duplicate information and the flow of the entire framework was improved.

Learning Disability Supported Accommodation Family and Carer Satisfaction Survey

In August 2023, an engagement survey took place with service users of Learning Disability supported accommodation-based projects in Angus, their families/carers and all relevant staff involved to enquire about current experience and satisfaction of services provided. The survey was developed in Easy Read and service users were supported in a person-centred manner to provide feedback.

Establishing a Community Wellbeing Centre

Engagement took place to gain the views of the Angus Community on the proposed new Angus Community Wellbeing Centre (CWC). The Community Wellbeing Centre (CWC) is for anyone over 16 years old experiencing emotional distress, and their carers and families. The CWC is a place which offers a kind, caring, and compassionate response to mental health and wellbeing distress in a homely environment. The engagement took place in December in 2023 with a public online and paper survey. There were online session, local drop-in sessions across Angus and face to face focus groups facilitated by Angus Voice for people with lived experience of Mental Health and wellbeing distress. There were 243 responses which provided feedback that 99% of people believed the CWC would complement the support already on offer in Angus.

