



ANGUS

Health & Social Care
Partnership

Equalities Mainstreaming Report

2022 - 2024

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FOREWORD

Angus Health and Social Care Partnership (AHSCP) recognises that everyone should have equal opportunities. We are committed to delivering care and support in a way that is fair and equitable to all; sometimes this will mean that services should be provided in a different way to meet the different needs of people. We want to work together with our partners to create a more inclusive Partnership to ensure people are always at the heart of everything we do.

We recognise that there is a widening gap in inequalities. This can be as a result of social, economic 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. This has been especially highlighted during the COVID-19 pandemic, where people with protected characteristics were more likely to have been negatively impacted.

We also know that the wider the gap, the poorer the outcomes are for everyone – health inequalities affect us all.

As a partnership we welcome the opportunity to address inequalities and believe this can be done by raising awareness and improving our knowledge about the inequalities that exist in Angus.

This is the third equalities mainstreaming report for AHSCP. Whilst there is already a foundation of existing practice relating to equalities within the Partnership, we acknowledge that more needs to be done to embed equalities in all that we do.

In addition to our previous actions we have introduced new equality outcomes for 2022-2026 which are aimed to mainstream equalities more effectively. We plan to conduct meaningful engagement to ensure our ambitions remain current and relevant to the people of Angus.

Councillor Julie Bell

Chairperson

Angus Integration Joint
Board

Gail Smith

Chief Officer

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 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. This continued since we published our last Mainstreaming and Equality Outcomes report 2018-2020.

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 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 Plan 2019-2022, it can be accessed here: [AHSCP Strategic Commissioning Plan 2019-2022](#). An updated Strategic Plan is currently being developed.

The vision of Angus Health and Social Care Partnership is:



The four priorities of the Angus HSCP Strategic Commissioning Plan aim to deliver on the nine National Health and Wellbeing Outcomes.

- Improving health, wellbeing and independence
- Supporting care needs at home
- Developing integrated and enhanced primary care and community responses
- Improving integrated care pathways for priorities in care

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:

- Dignity and Respect
- Compassion
- Be included
- Responsive care and support
- Wellbeing

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 continues to ensure that equality is integral to all we do, and because we focus 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 (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.

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 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 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.

In April 2018, the Scottish Government enacted the Fairer Scotland Duty placing a legal responsibility on Health and Social Care Partnerships to actively consider, (pay ‘due regard’), how to reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. The duty sits within part 1 of the Equality Act 2010, and links to the Public Sector Equality Duty. 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 for 2022/23 is approximately £210 million. Health and social care expenditure per head of population in Angus is greater than the Scottish average.

The services which are operated by the AHSCP include:

- Unplanned admissions to hospital
- Primary care services including GPs and community nursing
- Allied health professionals, for example physiotherapists, occupational therapists and speech and language therapists
- Social work assessments
- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Community mental health services
- Community dental, ophthalmic, and pharmaceutical services
- Support for carers
- In-patient services for Psychiatry of Old Age and Medicine for the Elderly (Community Hospitals)
- Angus Integrated Drug and Recovery Service
- Adult Support and Protection

The following services are managed by the Angus Integrated Joint Board on behalf of the other Tayside Integration Joint Boards:

- Locality Pharmacy
 - Primary Care Services (excludes the NHS Board administrative, contracting, and professional advisory functions)
 - Primary Care Out of Hours
 - Forensic Medical and Custody Health Care Services
 - Continence Service
 - Adult Acquired Speech and Language Therapy
- There are 36 care homes in Angus providing 1051 beds supporting older people, people with dementia, adults with learning disabilities and respite provision.

Currently we commission around 972 places in Angus plus some specialist learning disability places out with Angus.

- In 2021/22 more than 12,000 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 13% on 2020/21.

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) represents Angus Third Sector on the Angus Integration Joint Board and Strategic Planning Group. VAA locality workers supported over 4535 individuals during the Covid-19 pandemic. The volunteer befriender service has over 500 recipients being supported by 150 volunteers and this service is tackling loneliness and isolation across Angus. Over the course of both lockdowns VAA recruited and deployed over 1100 volunteers who support over 4,535 members of the community. VAA have been working with the AHSCP to support the Covid vaccination clinics. In January 2020 through the Primary Care Improvement Plan, VAA employed 8 new Social Prescribers. These cover all GP Practices.

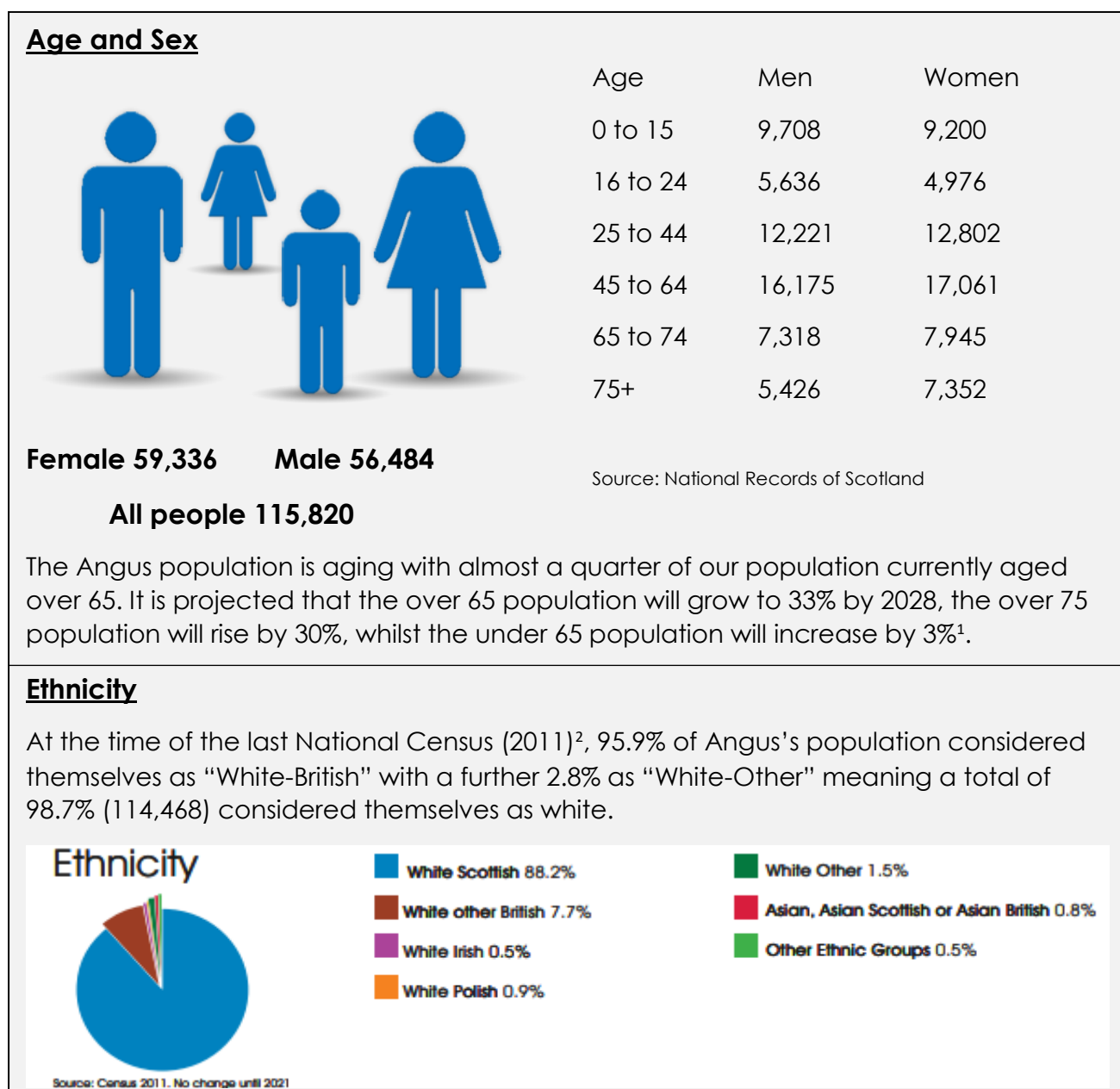
There are links to Tayside-wide hospital services at Ninewells Hospital, Strathmartine Centre and Murray Royal Hospital where a range of support for acute care, people with learning disability, adult psychiatry and drug and alcohol rehabilitation services are provided.

4. PROTECTED CHARACTERISTICS IN ANGUS

Understanding the demographics of Angus is essential to ensuring that resources and services are delivered effectively 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 2020, Angus's population was 115,820 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.





¹ National Records of Scotland - [NRS Angus Profile](#)

² Scotland Census 2011 - [Scotland Census 2011](#)

Life Expectancy

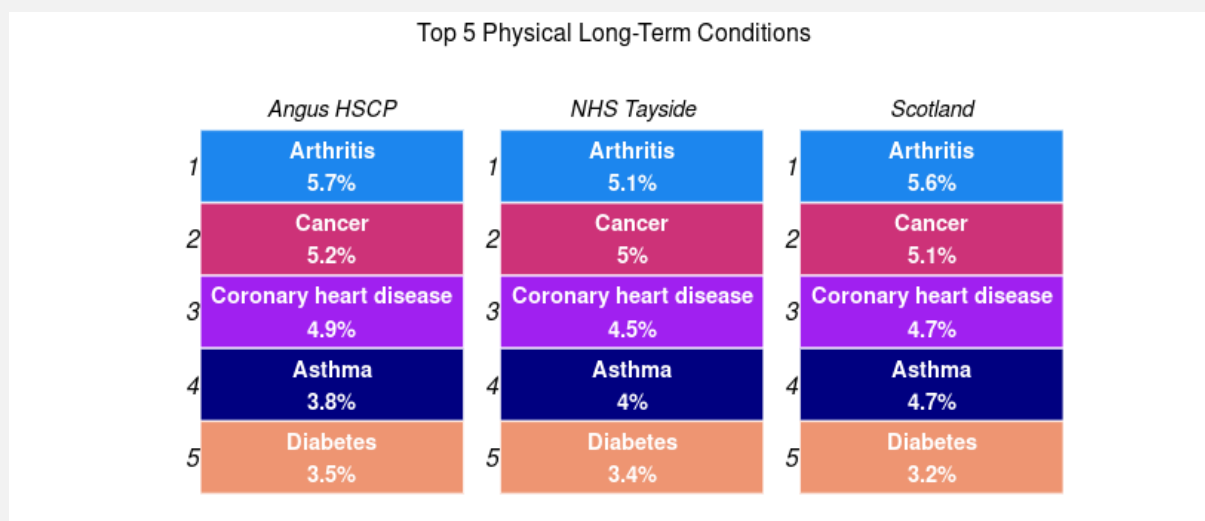
In Angus as of 2020/21, there is an average life expectancy of **78.5** years for males and **82.3** years for females³.

	Partnership	Health Board	Scotland
	82.3	81.5	81
	78.5	77.1	76.8

Disability

The Census in 2011⁴ indicated that 19% of Angus's population has a long-term health condition or disability. Public Health Scotland released statistics which showed that in the year 2020/21, 22% of the total Angus population has a long-term health condition or disability which limits their day-to-day activity³. This is a 3% increase in the last 10 years.

Long-term health conditions include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy.



Source: Public Health Scotland HSCP Profile 2020/21 Angus 3

³ Public Health Scotland HSCP Profile 2020/21 Angus

⁴ Scotland Census 2011 - [Scotland Census 2011](#)

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/belief⁴.

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%)⁴.

Carers of Older and Disabled People

In the 2011 Census:⁴

- 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) said that they delivered over 50 hours of care each week.

Within Angus, 274 adult carer support plans were completed in 2021/22, a significant increase on the 174 plans during 2020/ 21. In total 1,153 adult carers have now been assessed by AHSCP as of 2021/22.

We estimate that across Adult Services, Children, Families and Justice (parent carers) and third sector partners, more than 2,500 unpaid carers were recognised and accessing support in Angus during 2021/ 22.

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.³

Quintile	Percent of Pop (2016)	Percent of Pop (2020)	Difference
SIMD 1 – most deprived	7.3%	7.8%	0.5%
SIMD 2	17.0%	22.2%	5.2%
SIMD 3	32.7%	28.6%	-4.0%
SIMD 4	24.9%	29.4%	4.4%
SIMD 5 – least deprived	18.1%	12.0%	-6.1%

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 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 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.

Following the implementation of the Carers (Scotland) Act 2016, a strategy for Carers in Angus was published in December 2019 which identified a range of improvement areas that required to be delivered to meet the intentions of the legislation.

AHSCP provides resources to Angus Carers and other carer 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 carers 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 registration 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 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 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 continuous conversation approach to engagement and involvement as well as our revised Joint Strategic Needs Assessment and Equalities Evidence Base which led to the development of our current strategic plan. 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 originally 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 3,210 followers with more joining each week. We have a twitter page with 429 followers. The AHSCP website was launched in 2018 and currently receives around 1000 visitors per month in 2022.

Co-Morbidity Pathway

In 2019, we developed a co-morbidity pathway for people with substance misuse and mental health problems. A variety of consultations took place with a range of stakeholders. For example, an online survey was undertaken with staff and patient stories were captured by visiting the Well Bean Café in Montrose, Angus Integrated Drug and Alcohol and Recovery Service drop-in in Forfar, Havilah in Arbroath and Angus Voice. All feedback was used in the planning and development of the new co-morbidity pathway.

Angus Integrated Drug and Alcohol Service

In October 2019 the Angus Integrated Drug and Alcohol Service (AIDARS) won the COSLA Excellence Award for Service Innovation and Improvement. AIDARS brought together the previous substance misuse services from health and local authority sectors in 2017. The service aims to provide best practice and develop innovative approaches to ensure the needs of people and their families affected by substance misuse are met within their own communities. This has provided earlier access to a wider range of treatments, individual person-centred outcomes, and support to the wider family and communities of Angus. Resources have been put in place to create 'Recovery Communities' led by people in recovery across Angus to provide a social hub for people in recovery.

Suicide Prevention

On 10 September 2019 we held an event to raise awareness of suicide prevention. This was a shared event between the Angus Mental Health and Wellbeing Network, Angus Community Planning Partnership and St Andrews Church in Arbroath. In addition to the Community Planning action plan event there was suicide prevention training and wellbeing workshops.

Other activities during 2019 include:

- Public engagement to inform Strategic Commissioning Plan
- Staff, service users and families all contributed to a comprehensive review of overnight support.
- Review of Supported Housing (Older People)
- Carers conversation to inform Angus Carers Strategy
- Establishment of new Angus Mental Health and Wellbeing Network

Stroke MCN

In 2020, the Stroke MCN have worked in partnership with patients (and their families) affected by stroke to consult and listen to their views on how NHS Tayside organises and delivers stroke care across the pathway. People from Angus contributed to discussions. The Stroke MCN are committed to ensuring that patients views and values are respected and partnership working is at the core of all service delivery and planned improvements.

The MCN have achieved partnership working with patients and their families in a variety of ways:

- a) Patient story interviews (targeted pathway interviews)

15 patients have had the opportunity to talk through their experience of stroke care in depth and offer suggestions on ways to improve patient and family experience

- b) Patient feedback via social media

5 patients responded to a call for feedback through a social media advert

- c) Focus group

8 patients attended a focus group on living with upper limb weakness

- d) World cafe events

15 patients and 7 carers attended two full day sessions to review their experience of the stroke journey and provide suggestions for improving future stroke services

- e) Tayside Stroke Voices Group

Six patients and one carer have joined with the stroke MCN and the Stroke Association (two meetings have taken place) to work in partnership to identify and plan the local stroke improvement priorities and pathway changes.

- f) Consultation Events

Face to face consultation events took place (prior to covid-19 restrictions) across Tayside where patients and their carers have met with the stroke MCN staff to discuss their experiences and offer suggestions where they felt services can be improved.

- g) Hyperacute pathway changes Consultation Events

Consultation events took place across Tayside on the proposed changes to the hyperacute pathway mainly affecting people living in Perthshire.

h) Development of the Neuro Hub at VAA

Neuro Hub is a full partnership initiative developed with Voluntary Action Angus and AHSCP giving individuals with a neurological condition support when they require it.

COVID-19 Staff Survey

In 2020, we conducted a COVID-19 Staff survey and COVID-19 Service user and carer survey.

Learning and Physical Disability Improvement Plans

In February 2021, we carried out consultation and engagement with service users and unpaid carers regarding the Learning Disability and Physical Disability Improvement Plans. Feedback from the engagement was used to inform the plans and ongoing engagement is planned throughout the duration of the plans. One area of focus in 2022 is identifying replacement accommodation for the residents of the Gables care home in Forfar. Consultation with service users, families, staff and other key stakeholders is planned to take place before the end of the year.

Health Care Tasks in Community Settings

Initial consultation took place in 2018 via Survey Monkey to gather information about the delivery of healthcare tasks in community settings. The same survey was re-opened in 2019 with the collated results being used to inform the first draft of the Quality Assurance Framework. It was then agreed that a comprehensive engagement exercise to inform the finalisation of the framework would commence, supported by a range of information and engagement materials.

This engagement commenced in early January 2020 but due to the COVID-19 pandemic, engagement ceased in March 2020. Consultation recommenced again on 02 November 2020 until 31 December 2020 adhering to COVID-19 restrictions. However, COVID-19 still had an impact on capacity across services to fully engage and therefore a further period of engagement took place between April- May 2021. All periods of engagement were accompanied by a comprehensive engagement plan, an information sheet, key messages for managers, the draft framework and a feedback form. Engagement took place across a wide range of services, providers and stakeholders. Support for undertaking engagement was offered from the AHSCP.

The framework was also shared with key stakeholders within AHSCP, Executive Management Teams in Dundee and Perth & Kinross HSCPs, and lead nursing and Allied Health Professional (AHP) staff in NHS Tayside for comment.

On conclusion of the engagement, the results were collated and a short life working group consisting of staff, carer, independent and voluntary sector representation was established to analyse the findings of the engagement and amend the draft framework, informed by engagement responses.

Workforce Plan

In 2019, the Scottish Government's Integrated Workforce Plan for Health and Social Care confirmed that Workforce Planning for NHS Boards and Health and Social Care Partnerships should be undertaken on a three-year cycle.

In October 2021, the Workforce Steering Group commissioned a workforce questionnaire to be sent across AHSCP. Based on the information received from the questionnaire, a Workforce Plan was developed. A stakeholder analysis was then undertaken to inform a comprehensive engagement plan. The Workforce Plan was then distributed widely, via a survey monkey, for further engagement and to inform the final version of the plan.

Internal Care Home Review

A review of internal (local authority) care homes for older people took place in 2021. The driver for this was in relation to changes in demand from care homes to care at home. There was a need to reallocate resources to reflect the increase in hours of care at home being delivered to support people to stay at home, to help develop the prevention agenda and to enable the delivery of sustainable services in the future within available resources. Public consultation took place in November 2021 – January 2022, allowing a period of 7 weeks for meaningful consultation to take place. The methods for consultation included face to face meetings, paper surveys, a Survey Monkey, one to one phone calls, staff briefings with trade unions present and full day drop-in sessions. Staff also worked with service users and families to provide feedback. The Advocacy Service was also available to support residents to provide feedback. 41 feedback forms were received in total which included both individual and group responses.

Angus Living Life Well Plan

During February and March 2022, we conducted a range of consultation and engagement activities to ensure that the Angus Living Life Well (LLW) plan reflects the values, beliefs and priorities of people in Angus, this included engaging with people who have a lived experience of mental health and substance misuse issues, staff, local organisations and the general public.

The LLW Improvement Plan is aligned to the Tayside Living Life Well priority areas. The Plan supports the ambition within the Angus Strategic Commissioning Plan of "shifting the balance of care to support more people in our communities and support people to greater independence for longer". It supports all four of the strategic priorities within the Strategic Commissioning Plan, specifically in relation to strategic priority actions regarding promoting wellbeing approaches and improving integrated pathways.

Engagement was carried out through a variety of approaches including online sessions, survey monkey, 1:1 sessions and visiting a number of community organisations/groups. The direct reach of the engagement was to 1258 individuals/organisations who cascaded the information through their networks.

- 140 people engaged directly through online sessions, 1:1 discussions and community groups.
- Of the 127 people who completed the Survey Monkey:
 - o 20% had lived experience of mental health and wellbeing support.
 - o 72% were female.
 - o 31% were aged 45 - 54 years old.
 - o 91% agreed with the ambition for mental health and wellbeing in Angus "We want everyone across Angus, including children and young people, adults and older people to benefit from safe, effective and high-quality community mental health and wellbeing services (including substance use services) whenever they need them."
 - o 80% were not aware of the improvements already made in mental health and wellbeing services in Angus. This highlights the need to promote good news stories and developments to keep people across Angus informed and updated, particularly as the plan is implemented.
 - o Over 90% agreed with the priority areas.
 - o Over 85% agreed with the priority actions.

Local Scottish Care Integration Lead

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

- Work with Care Homes to develop improvements to mealtime experience
- Work with three care homes and Healthcare Improvement Scotland to look at improving resident participation in staff recruitment and staff development
- Work with a small care home service to develop person care planning and daily reporting systems
- Work with the Care Inspectorate to improve person centred activity planning with the aim to improve independence in people who attend Day Care Services. In care homework has been undertaken to improve the lounge experience for residents, staff supervision models and increasing knowledge of the Health and Social Care Standards.

8. 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 such as Equality Impact Assessments (EIAs) which is a combined template with our Fairer Scotland Duty Assessments (FSD). 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 informed our 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 next Strategic Commissioning Plan for 2023-2026.

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

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.

10. EQUALITY IMPACT ASSESSMENTS

We are committed to carrying out Equality Impact Assessments (EIAs) and Fairer Scotland Duty Assessments (FSDs) 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/ Fairer Scotland Duty Assessments will be carried out on all relevant strategies, policies and services;
- we also undertake EIAs/ FSDs on any potential budget savings.

Completed EIAs/ FSDs can be found via the IJB website, they are included as attachments to Integration Joint Board papers:

https://www.angus.gov.uk/healthsocialcareintegration/integration_joint_board_agendas_reports_and_minutes

Work is underway to develop a separate webpage on the AHSCP website for all completed EIA/ FSD templates to ensure they are easy to access.

AHSCP have adopted an integrated EIA/ FSD template rather than using two separate forms to help reduce any duplication as some of the evidence gathered may be applicable for both assessments.

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

The launch of the Angus HSCP 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
- Performance information
- IJB membership information
- Service information
- Localities Information?

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 and Social Care 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

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

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.
- 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 1AP	Email Tay.angushscp@nhs.scot Website: https://www.angushscp.scot/
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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 1AP Tel 01307 491796 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.

ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY OUTCOMES

What is our equality outcome?	1. 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	
<p>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.</p> <p>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.</p> <p>National health and wellbeing Outcome 7: People using health and social care services are safe from harm.</p>		
Which part of the general duty are we addressing?	What are the key protected characteristics?	Operational Targets - Outcome Indicators
Prevent indirect discrimination, Advance equality of opportunity, and foster good relations	All of the protected characteristics: Age, disability, sex, sexual orientation gender reassignment, ethnicity, religion/belief, socio-economic status + carers (discrimination by association; + older carers)	Uptake of Technology Enabled Care. Progress on the delivery of actions from the Learning and Physical Disability Improvement Plans. Progress on the delivery of the redesigned Stoke Rehabilitation Pathway. Progress on the delivery of other programmes as part of the Angus Care Model. Evidence of improved data gathering and maintenance of data systems.
What will we do over the next 2 years?	<p>We will continue to improve the range of telehealth and telecare services available in Angus</p> <p>We will proceed with actions identified through the Physical and Learning Disability Improvement Plans</p> <p>We will deliver the Angus Care Model</p> <p>We will progress with the redesign of the Stoke Rehabilitation Pathway to support the development of home/community-based rehabilitation.</p> <p>We will undertake a mapping exercise to identify marginalised and under-represented groups in Angus.</p>	

What is our equality outcome?	2. People with Protected Characteristic(s) and equality groups are able to make informed choices so they can have control over their own life	
<p>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.</p> <p>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.</p> <p>National health and wellbeing Outcome 5: Health and social care services contribute to reducing health inequalities</p> <p>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</p> <p>National Health and Wellbeing Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.</p>		
Which part of the general duty are we addressing?	What are the key protected characteristics?	Operational Targets - Outcome Indicators
Advance equality of opportunity, foster good relations, and eliminate discrimination	Age, disability, Race/ethnicity, religion/belief, sex, sexual orientation, pregnancy/maternity, gender reassignment	Evidence inclusion of those with protected characteristics getting involved in service design through co-production and engagement opportunities. Number of staff who have undertaken additional equalities training. Evaluation of training and materials. Evidence of the use of translation and interpretation services.
What will we do over the next 2 years?	Ensure processes are in place which welcome, encourage and support service users and carers to inform decision-making. Continue to promote accessible communications by using translation and interpretation services. Offer additional equalities training to AHSCP staff.	

What is our equality outcome?	3. 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	
<p>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</p> <p>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.</p>		
Which part of the general duty are we addressing?	What are the key protected characteristics?	Operational Targets - Outcome Indicators
Eliminate discrimination, Advance equality of opportunity, foster good relations	Age, disability, gender reassignment, race/ethnicity, and religion/belief, sex, sexual orientation, pregnancy/maternity, gender reassignment	Level of funding released to the third sector to develop community-based services. Progress in the delivery of Locality Improvement Plans. Progress in the delivery of programmes as part of the Angus Care Model.
What will we do over the next 2 years?	<p>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.</p> <p>We will focus on the development of early intervention and prevention services.</p> <p>We will continue to support community initiatives within Angus Locality Improvement groups.</p>	

What is our equality outcome?	4. Angus Health and Social Care Partnership will promote an equality driven culture within the organisation.	
National Health and Wellbeing Outcome 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.		
Which part of the general duty are we addressing?	What are the key protected characteristics?	Operational Targets - Outcome Indicators
Eliminate discrimination, foster good relations	Age, disability, gender reassignment, race/ethnicity, and religion/belief, sex, sexual orientation, pregnancy/maternity, gender reassignment	Establish an AHSCP Equalities Outcomes Monitoring Group with diverse membership. Number of staff and IJB board members who have undertaken additional equalities training. Evaluation of training and materials. Evidence of AHSCP participation in NHS Tayside and Angus Council equalities and diversity groups as employers of AHSCP staff.
What will we do over the next 2 years?	Drive participation with equalities led groups. Offer additional equalities training to staff and IJB board members. Actively participate in NHS Tayside and Angus Council equalities and diversity governance and outcome implementation groups and as employers of AHSCP staff. Develop an AHSCP Equalities Outcomes Monitoring Group with membership to include staff, service user and carers reps.	