

Equality Outcomes and Mainstreaming Report

2016-2019

April 2016

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1. Introduction

The Equality and Human Rights Commission (EHRC) wrote to all the Chief Officers of Integration Joint Boards (IJBs) advising that IJBs are required to publish a set of equality outcomes and a report on mainstreaming the equality duty by 30 April 2016.

The EHRC noted it would not be sufficient to simply transfer a set of outcomes from a parent organisation to an IJB without considering the functions, responsibilities, priorities and methods of working, as equality outcomes are distinct to each organisation. We therefore have a requirement to publish a set of Equalities Outcomes by the end of April 2016.

The Equality Operation Delivery Group is working together to ensure a joined up approach to equality issues throughout Ayrshire by undertaking collaborative actions and consultation across a shared geographical base.

As part of this work the group is recommending that we work together across the 3 HSCPs, 3 Local Authorities and NHS Ayrshire & Arran to create a shared set of equality outcomes by April 2017. This would mean these equality outcomes would be for one year only.

2. Background

North Ayrshire Health and Social Care Partnership are committed to ensuring that all individuals and communities in North Ayrshire are treated fairly and have the opportunity to thrive and fulfil their potential.

Our ambitions for a safe, healthy and active North Ayrshire cannot be realised unless we address the prejudice, discrimination and disadvantage that hold people back and prevents them from flourishing.

We have therefore developed this set of eight Equality Outcomes linking directly to our strategic plan, which provides the framework for positive action to ensure equality of opportunity and to ensure we meet the public sector equality duty and the Scottish specific duties which flow from it.

3. Legal Requirements

3.1 The General Equality Duty

The Equalities Act 2010 (the Act), replaced the Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

The Act sets out a general duty for every public authority to have due regard to the need to (these are often referred to as the three needs (see Appendix 1)):

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not.

These ‘three needs’ apply to every function within our organisation, including how we plan and deliver frontline services, our role in policy making and in how we procure and contract services from outside agencies. The Act refers to this as ‘mainstreaming equality’.

The public sector equality duty covers the following protected characteristics (see Appendix One):

- Age;
- Disability;
- Gender;
- Gender reassignment;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sexual orientation;
- Marriage and civil partnerships (this category only applies to eliminating unlawful discrimination in employment).

3.2 The Specific Duties

Specific duties have been designed to help authorities meet the three needs outlined in the general duty. The specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

Each authority is required to:

- Report on mainstreaming the equality duty;
- Publish equality outcomes and report progress;
- Assess and review policies and practices;
- Consider award criteria and conditions in relation to public procurement;
- Publish in a manner that is accessible.
- Gather and use employee information;
- Publish gender pay gap information;
- Publish statements on equal pay;

Whilst North Ayrshire Health and Social Care Partnership is not an employer, we will work with North Ayrshire Council and the Board of NHS Ayrshire & Arran to ensure our staff are treated in a fair and equitable manner.

NAHSCP is required to publish a set of equality outcomes which it considers would enable it to better perform the general equality duty and must then publish a fresh set of equality outcomes within four years.

In preparing a set of equality outcomes, NAHSCP must take reasonable steps to who share a relevant protected characteristic and anyone who appears to the authority to represent the interests of those people.

4. Mainstreaming the Equality Duty

Mainstreaming the equality simply means integrating equality into the day-to-day working of the partnership. This means taking equality into account in the way we operate and should be part of everything we do. Mainstreaming the equality duty has a number of benefits including:

- equality becomes part of our structures, behaviours and culture
- we can demonstrate how equality is built into everything we do
- contributing to continuous improvement and fairer and better performance

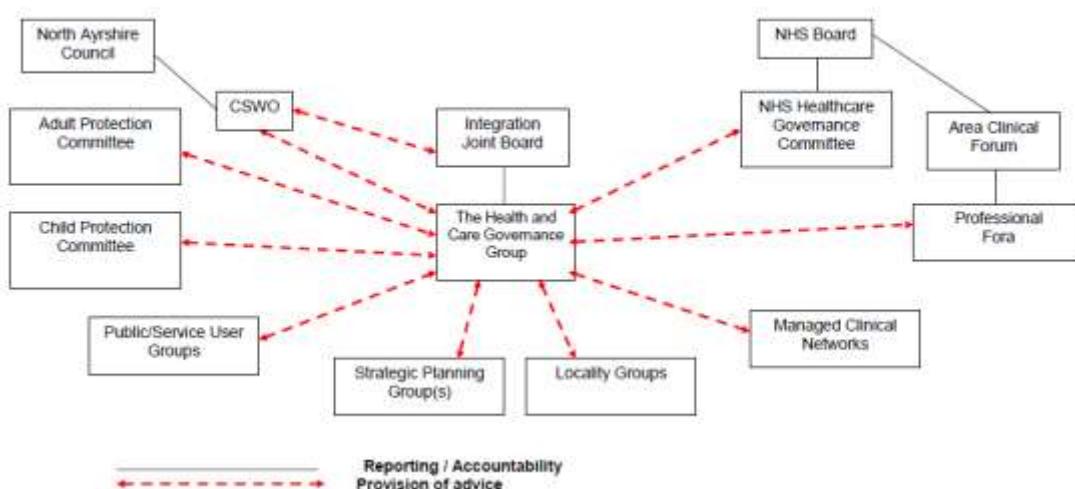
As we often support vulnerable people and people who are discriminated against or treated unfairly we will build this into everything we do and ensure that for each need of the general equality duty, we consider each of the protected characteristics. In addition, if we operate in a way that gives rise to treatment that is unlawful, we will change the way we work, to prevent this.

5. Evidence and Information to Support the Mainstreaming Duty

5.1 Governance

There is already a bedrock of existing good practice in relation to equalities throughout North Ayrshire Council and the NHS Ayrshire and Arran. In addition, the Equality Operation Delivery Group is working together to ensure a joined up approach to equality issues throughout Ayrshire by undertaking collaborative actions and consultation across a shared geographical base. Our IJB took responsibility for the delegated functions on 1 April 2015. The IJB will build on these foundations, ensuring they are embedded our staff, partners and communities. The diagram below outlines North Ayrshire Health and Social Care Partnership Governance Structure.

Health and Social Care Partnership Clinical and Care Governance Structure



The Integration Joint Board is made up of voting members, who are either Councillors of North Ayrshire Council or non-executive Directors of NHS Ayrshire and Arran, and non-voting members made up of persons nominated by the Council, the NHS Board, third sector bodies, users, carers and other key stakeholders. The

North Ayrshire Integration Joint Board meet on a monthly basis and further information about future meetings and previous minutes are available [online](#).

To ensure that the needs of the general Equality Duty are considered in exercising our business functions and processes, including budget setting and project planning, there is a mandatory “Equalities Assessment” section within the IJB reports, which identifies if the papers have been assessed for equality and outlined any further action required.

As part of the requirements laid down in the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board must produce a Strategic Commissioning Plan that sets out how we will plan and deliver services and in turn how we will meet the National Health and Wellbeing Outcomes (appendix 2). In addition, we must outline how the views of localities must be taken into account.

The role of the Strategic Planning Group is to support the Integration Joint Board in the on-going development the Strategic Plan and the continuing review of the progress of our delivery against the agreed national and local outcomes. The Strategic Planning Group is made up of a wide range of stakeholders from across North Ayrshire. Within North Ayrshire Strategic Planning Group every stakeholder has a key role to play in the strategic planning process and we have developed an effective programme of review and planning that promotes constructive dialogue.

The following sections set out how we have mainstreamed equalities into our activities to date.

5.2 Locality Planning Forums

North Ayrshire Health and Social Care Partnership has developed six Locality Planning Forums in Arran, Irvine, Kilwinning, North Coast & Cumbrae, Three Towns and Garnock Valley. Each locality forum has three core members; a Chair, (who is also a member of the HSCP Integration Joint Board), a GP from that locality and a supporting Lead Officer (NAHSCP). Leads from the Locality Planning Forums also attend the Strategic Planning Group and the Partnership Senior Management Team to ensure clear links to governance structures at all levels in the partnership.

By working with local people, local groups and organisations about their needs and aspirations, Locality Planning Forums will actively empower communities, making it easier for a wider range of people to engage in the decisions that will influence and shape local health and care services.

5.3 Building our partnership culture

Within North Ayrshire Health and Social Care Partnership we use a strengths-based approach that includes; Appreciative Inquiry, design thinking, coaching and mentoring and positive change methodologies; these recognise the human element of bringing services together in North Ayrshire, and the great dedication and expertise available through our staff, partners and communities.

Our Organisational Development strategy is a key success factor that enables the:

- Continuing development of partnership working with people who use our services, carers, staff and partner organisations
- Building on a commitment to share principles and a collaborative culture

- Continuing improvement of services that provide better outcomes for people

Developing relationships and embedding the values of the partnership in a range of service, team and staff engagement and design activities will continue to be an important focus for us.

The positivity and ‘can do’ approach that appreciates the potential in people opens new and exciting opportunities for health and social care joined-up thinking. This human centred approach also recognises and appreciates the wellbeing of all and as such many of the approaches focus on developing resilience, which is underpinned by the Partnership values.

5.4 Creating our partnership voice

To ensure equality is built into everything we do, we engage with our staff, members of the public, carers and people who use our services in a variety of ways. We aim to create a dialogue where people’s views are included and open conversations are the new way of working.

We will use a range of methods to engage with people differently, this includes the use of short term, topic focused engagement (velcro partnerships), the use of peer researchers to engage with public and people who we traditionally find difficulty in engaging with, as well as the use of social media (@NAHSCP). This will enable us to promote our services and the benefits of partnership working as well as to engage with a wider audience in the sharing of best practice and topical stories.

5.5 Monitoring and evidencing

Within North Ayrshire Health and Social Care Partnership we are keen to ensure changes to services make a difference to people lives. North Ayrshire Health and Social Care Partnership continually monitor our services, and report and review them in a variety of ways.

There are nine National Health and Wellbeing Outcomes set by Scottish Government. We are ensuring that we can link what we do, to our strategic priorities and the nine national outcomes and that everyone in the partnership can see how they contribute. As part of this process we will gather and consider evidence to help us demonstrate how we meet the general equality duty.

5.6 Procurement

Procuring care and support services is a complex area. This is because the quality or availability of these services can have a significant impact on the quality of life and health of people who might use these services as well as their families and carers.

Due to complexity of procurement legislation North Ayrshire Health and Social Care Partnership cannot procure directly. Procurement will therefore be undertaken by the North Ayrshire Council or the NHS Ayrshire and Arran in line with their procurement strategy.

However, we will work with both parties to ensure procurement is undertaken with transparency, equal treatment and non-discrimination, proportionality and mutual

recognition. In addition, we will ensure procurement is undertaken in line with our values and principles and respect, protect and promote human rights.

6. Equality and NAHSCP's Strategic Plan

National guidance on setting equality outcomes notes that these should be proportionate and relevant to the functions and strategic priorities of the organisations setting them, and that they may include both short and long term benefits for people with protected characteristics.

The NAHSCP's Strategic Plan is required to take into account the current and future health and well-being needs of the population of North Ayrshire. It seeks to address the increasing health inequalities in North Ayrshire and will focus on improving the efficiency and quality of the services being provided. The development of our Strategic Plan included extensive consultation with the people of North Ayrshire.

Individuals, families and communities are at the heart of the Plan and the Partnership is accountable to our citizens, North Ayrshire Council, The Board of NHS Ayrshire & Arran and to Scottish Government Ministers for its implementation.

The purpose of our Health and Social Care Partnership is that:

All people who live in North Ayrshire are able to have a safe, healthy and active life

This means that we will support each person of any age to live safely at home, or in a homely setting where possible, close to family, friends and the local community. We will work with the NHS acute services and the third and independent sectors to deliver high quality, safe and sustainable services that are seamless to the people who use them. We will support people to make their own life choices.

To do this we developed five strategic priorities for action. These are:

- Tackling inequalities
- Engaging communities
- Bringing services together
- Prevention and early intervention
- Improving mental health and wellbeing

During the development of our Strategic Plan we undertook considerable consultation and engagement with a wide range of individuals and people with protected characteristics. In addition, as part of this process we undertook an Equality Impact Assessment. This has helped us to ensure equality is mainstreamed early in the planning and commissioning stages and we believe this has enabled us to develop more robust outcomes.

We have aligned our equality outcomes with National Health & Well Being Outcomes (see Appendix 2) to ensure our equality outcomes are specific and measureable. We believe these combined priorities and outcomes will provide a helpful starting point for the development of our equality outcomes framework.

7. What is an Equality Outcome?

An equality outcome is a result which we aim to achieve in order to further one or more of the three needs of the general equality duty:

- To eliminate discrimination
- Advance equality of opportunity
- Foster good relations

By focusing on outcomes rather than objectives, we aim to achieve practical improvements for individuals in North Ayrshire who experience discrimination and disadvantage. Equality outcomes are therefore results intended to achieve specific and identifiable improvements in people's life chances.

8. How we Developed our Equality Outcomes

We have therefore developed this set of eight Equality Outcomes linking directly to our strategic plan, which provides the framework for positive action to ensure equality of opportunity. Our Equality Outcomes are:

- The impact of inequalities will be reduced in North Ayrshire
- Vulnerable people have access to support to tackle financial difficulties
- More disadvantaged people are in work or training
- Vulnerable people are kept safe from harm
- Services are inclusive to the transgender community
- Local people are involved in improving their communities
- Carers have the support they need
- Individuals will be supported to improve their physical health and well-being

9. How we will Monitor our Equality Outcomes

The Health and Social Care Performance and Audit Committee is responsible for monitoring progress against the equality outcomes. Progress will be monitored by considering the agreed performance indicators as well as staff and service user/patient data, findings from the staff surveys, complaints and compliments and anecdotal feedback received from staff, carer's, families and service users.

The Partnership will publish its first progress report by 30 April 2017.

North Ayrshire Health and Social Care Partnership Equality Outcomes 2015–2016

Priority 1 – Tackling Inequalities

Reducing poverty and the gap between the richest and the poorest supports increased economic participation, improved social cohesion and builds stronger communities.

Strategic Plan No	Outcomes and supporting actions	Link to national/local outcome	Duty/Characteristics
1.1	The impact of inequalities will be reduced in North Ayrshire		<ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations <p>A: Age D: Disability GA: Gender reassignment M: Pregnancy and maternity R: Race RB: Religion and belief S: Sex SO: Sexual orientation</p>
1.1a	We will engage with local communities to understand how we can make our health and social care services that are responsive to all	3/4/5	
1.1b	We will ensure that we make the changes necessary to meet the requirements of our Inequalities Strategy	1/4/5	
1.1c	We will ensure our approaches to engaging communities reflect equality and diversity within neighbourhoods	3/5	
1.1d	We will work to ensure services are responsive and sensitive to people who are covered by equalities legislation: protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation	3/4/5	
1.2	Vulnerable people have access to support to tackle financial difficulties		<ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity <p>A: Age D: Disability</p>
1.2.a	We will offer advice to all people who use our services to ensure they are in receipt of their full entitlement of benefits.	1/4/5	
1.2.b	We will work with partners to offer financial guidance to people who use our services.	1/4/5	
1.3	More disadvantaged people are in work or training		<ul style="list-style-type: none"> • Eliminate Discrimination
1.3a	We will embrace opportunities created by the North Ayrshire Economic Development and Regeneration Strategy.	5	

1.3b	We will support people to gain skills and confidence in readiness for work.	5	<ul style="list-style-type: none"> • Advance equality of opportunity <p>A: Age D: Disability</p>
1.3c	We will set targets for securing employment opportunities to our young people who have been 'Looked After'.	4/5	
1.4	Vulnerable people are kept safe from harm.		<ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations <p>A: Age D: Disability GA: Gender reassignment M: Pregnancy and maternity R: Race RB: Religion and belief S: Sex SO: Sexual orientation</p>
1.4a	We will work to ensure that the most vulnerable members of our communities are safe and protected and receive the support they need.	7	
1.4b	We will ensure that the Partnership is ready to undertake the Named Person responsibilities of the Children and Young People's Act.	1/5/7	
1.4c	Criminal Justice and Youth Justice Services will work together to reduce re-offending in our communities.	1/4/5	

Priority 2 – Engaging Communities

We know that people in communities have a critical role to play in supporting each other and in designing services to meet local needs.

Strategic Plan No	Outcome and support actions	Link to national/local outcome	Duty/Characteristics
2.1	Local people are involved in improving their communities.		<ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations <p>A: Age D: Disability GA: Gender reassignment M: Pregnancy and maternity R: Race</p>
2.1a	We will listen to local people, service users and carers to understand the needs of geographical communities as well as communities of interest.	3/5/8	
2.2b	We will find new ways to engage with people that we have not successfully involved before.	3/8/9	

			RB: Religion and belief S: Sex SO: Sexual orientation
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Priority 3 – Bringing Services Together

Integration provides a great opportunity to create services that are seamless from the point of view of the service user. We were approached by representatives of the transgender community who wanted to work with us to create more inclusive drug and alcohol services.

No	Outcome and supporting actions	Link to national/local outcome	Duty/Characteristics
3.1	Services are inclusive to the transgender community		<ul style="list-style-type: none"> • Eliminate Discrimination • Foster good relations GA: Gender reassignment D: Disability SO: Sexual orientation
3.1a	We will undertake analysis of the experience of our transgender community of drug and alcohol services.	3/4/5/7/8	
3.1b	We will redesign our addictions service, bring NAC and NHS teams together, ensuring the new service is inclusive to all, by applying the learning from the transgender analysis.	3/4/5/7/8	

Priority 4 – Investing in Prevention and Early Intervention

Dealing with problems at an early stage can increase the chances of positive outcomes for people, reduce costs and prevent issues from becoming much more serious and difficult to address.

No	Outcome and supporting actions	Link to national/local outcome	Duty/Characteristics
4.1	Carers have the support they need		<ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations A: Age D: Disability
4.4a	We will listen to you and support you to keep you healthy	1/4/6	
4.4b	We will provide opportunities for you to have a break if you need one	1/2/4/6	

Priority 5 – Improving Mental Health and Wellbeing

Good mental health impacts positively on individuals, families and communities.

No	Outcome and supporting actions	Link to national/local outcome	Duty/ Characteristics
	Individuals will be supported to improve their physical health and well-being		<ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations <p>A: Age D: Disability GA: Gender reassignment M: Pregnancy and maternity R: Race RB: Religion and belief S: Sex SO: Sexual orientation</p>
5.1a	We will deliver high quality services that focus on recovery and that support improved mental health and wellbeing for individuals, families, carers and local communities.	1/2	
5.1c	We will develop clear diagnostic processes and greater support and service provision for people with autism spectrum disorders and their families.	1/2/4	
5.1d	We will work together to improve support, care and treatment for people living with dementia, their families and carers.	1/2/6	
5.1e	We will work alongside other partners to reduce the harmful effects associated with alcohol and drug use.	1/3/4	
5.3c	We will work with education and paediatric services to improve Child and Adolescent Mental Health Services (CAHMS).	1/3/4	
5.3d	We will develop a range of supported accommodation options.	2/9	

APPENDICES

Appendix 1 – General Equality Duties and Protected Characteristics

General Equality Duty:

- **Eliminate discrimination**, harassment and victimisation and other prohibited conduct.
- **Advance Equality of Opportunity** - between people who share a relevant protected characteristic and those who do not.
- **Foster good relations** between people who share a protected characteristic and those who do not.

Protected Characteristics:

A: Age

D: Disability

GA: Gender Reassignment

M: Pregnancy and Maternity

R: Race

RB: Religion and Belief

S: Sex

SO: Sexual Orientation

Appendix 2 – National Health and Wellbeing Outcomes

The Public Bodies (Scotland) Act 2014 defines a complete set of principles for the implementation of health and social care services in Scotland. These are the principles against which integrated services should be delivered and the quality of those services should be evaluated. The Act also defines the national outcomes and the health and wellbeing outcomes that integration is looking to achieve. These are as follows:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

People in North Ayrshire feel confident and able to make positive personal decisions about themselves and their families' health and wellbeing, and receive the support they need to achieve their aims.

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

People in North Ayrshire live as independently as possible, playing an active role within their local community.

3. People who use health and social care services have positive experiences of those services and have their dignity respected

People in North Ayrshire are actively engaged in the design and delivery of services, ensuring that these are tailored to local needs and preferences.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

People in North Ayrshire express what matters to them most and help design and deliver services that help them attain this.

5. Health and social care services contribute to reducing health inequalities

People in North Ayrshire benefit from improved lifestyles, life circumstances, life expectancies, health and quality of life, with more rapid improvements in communities that experience the highest levels of need and deprivation to reduce the inequality gap.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing

Carers in North Ayrshire benefit from highly accessible and proactive services designed to maintain high levels of health and wellbeing.

7. People using health and social care services are safe from harm

People who use health and social care services in North Ayrshire should do so safely, be free from fear or harm and have their rights and choices respected.

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

Staff – including those of the third and independent sector – who provide health and social care services in North Ayrshire, actively participate in the programme of continuous improvement and have ownership of the future model of service delivery.

9. Resources are used effectively and efficiently in the provision of health and social care services

Individuals who provide or access health and social care services in North Ayrshire are fully engaged in assessing and allocating the resources available to local communities, and use a rigorous and transparent process to agree how maximum benefit can be attained.