



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

## **HEALTH AND SOCIAL CARE INTEGRATION PARTNERSHIP MAINSTREAMING REPORT AND EQUALITY OUTCOMES 2016-2020**

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## **INTRODUCTION**

The Scottish Borders Integration Joint Board (IJB) are fully committed to the values and ethos placed upon them by the Equality Act 2010. The Scottish Borders Health and Social Care Partnership (the Partnership) comprises of Scottish Borders Council and NHS Borders along with third and independent sector organisations who aim to work together to deliver joint up services that ultimately will be in the best interest of staff, service users, patients, families and carers. The Partnership's Equality Outcomes are directly tied into that overarching goal.

The Partnership published its strategic plan for 2016-19 'Changing Health & Social Care For You' along with supporting documents in mid-April 2016. The plan was informed by three rounds of consultations and provides an overview of why integration of health and social care services is necessary and what can be expected to be the results of integration in the Scottish Borders. The plan is a high level working document which is at the end of its lifespan and is currently being revised. Based on on-going assessment of need, the document will be reviewed at least every three years, and this process will always involve consultation with people living in the Borders. This process will also include cross referencing and benchmarking against the Partnership's equality outcomes.

This Mainstreaming Report contains our equality outcomes for the period 2016-2020. Our equality outcomes are designed to help us achieve our vision of providing the best possible health and wellbeing for our communities and meet our general duty to eliminate discrimination and harassment, promote equality of opportunity and foster good relations between groups.

## **LEGISLATIVE CONTEXT**

All public bodies across Scotland are required to comply with the three aims of the Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012.

The Equality Act (2010) is the law which bans unfair treatment and helps achieve equal opportunities in the workplace and in wider society. This single Act replaces previous anti-discrimination laws to make the legislation simpler, to remove inconsistencies and to provide specific protection to people who are discriminated against on the basis of a defined set of nine "protected characteristics". The nine protected characteristics are:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

These characteristics cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the Act protects everyone against unfair treatment.

The three aims of the Act's Public Sector General Equality Duty are as follows:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
2. Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
3. Foster good relations between people who share a protected characteristic and those who do not

The Public Sector General Equality Duty replaces the previous Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

The purpose of the general Equality Duty is to ensure that all public bodies, including IJBs, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key functions including the development of internal and external policies, decision making processes, procurement, service delivery and improving outcomes for patients/service users.

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The specific duties listed below are intended to support public bodies, in their delivery of the General Equality Duty:

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

In April 2015 the Scottish Government added IJBs to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015.

The amendment regulations require IJBs to publish the following information by the 30 April 2016:

- A report on mainstreaming the equality duty; and
- A set of equality outcomes

The legislation required that the set of equality outcomes and mainstreaming report be published no later than 30 April 2016. Thereafter, at intervals of not more than 2 years a progress report on its approach to mainstreaming equality and at intervals of not more than 4 years for progress against its equality outcomes.

## OVERARCHING OPERATIONAL CONTEXT

The IJB became a legal entity April 2016. As a consequence, the IJB is responsible for planning and commissioning services, while the Partnership is responsible for delivering those services and improving outcomes for the people of the Borders.

Health and Social Care Partnerships must demonstrate that the services they are responsible for are delivering against the National Health and Wellbeing Outcomes identified 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, are able to live, as far as reasonably practicable, 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 quality of 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 well-being.
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 services.

Acknowledging that there are regional differences, the Scottish Borders Health and Social Care Partnership identified local objectives, all of which align to the National Health and Wellbeing Outcomes. There are currently 9 local objectives however this will be subject to change during the review of the Strategic Plan. The 9 current local objectives are:

1. Make services more accessible and develop our communities (Health & Wellbeing Outcomes (HWO) 1, 2, 3, 4, 6 and 8)
2. Improve prevention and early intervention (HWO 1, 2, 4, 5 and 8)
3. Reduce avoidable admissions to hospital (HWO 1, 2, and 9)
4. Provide care close to home (HWO 1, 2, 3, 4, 5, 6 and 9)
5. Deliver services within an integrated care model (HWO 5, 8 and 9)
6. Seek to enable people to have more choice and control (HWO 1, 2, 3, 4, 5, 6 and 7)
7. Further optimise efficiency and effectiveness (HWO 8 and 9)
8. Seek to reduce health inequalities (HWO 1, 2, 3, 5, 6 and 7)
9. Improve support for Carers to keep them healthy and able to continue in their caring role (HWO 1, 2, 3, 4, 5, 6 and 7)

Each Health and Social Care Partnership is required to publicly report on its performance, inclusive of 23 “Core Suite Integration Indicators” set by the Scottish Government in 2015. These indicators (where available – some are under development nationally) were included in our Annual Performance Report for 2016/17 (in the main body of the report and in Appendix C). They will also be reported on in our Annual Performance Report for 2017/18 (due to be published in July 2018).

The Partnership’s priorities have continued to evolve since 2016, as have national and local influences on the indicators included in performance reporting. In 2016/17, Integration Joint Board members selected 7 of the 23 National Indicators as of particular interest during that year and in the table below is a summary of performance against that selected set of 7. In addition, the table shows if indicators related to these 7 are included in quarterly performance reports to the Integrated Joint Board.

**Table showing performance against 7 Core Suite indicators selected by the IJB in 2016/17 as priorities (data shown are the latest available at early March 2018)**

<b>National Core Suite Indicator Description</b>	<b>Scottish Borders</b>	<b>Scotland</b>	<b>Exact measure included in quarterly integration performance reports?</b>	<b>If no, a related measure included in quarterly integration reports?</b>
Percentage of staff who say they would recommend their organisation as a good place to work Source: *	71% (NHS Borders only, 2016 figure)	74% (2017 figure)	No	No
Emergency admissions rate per 100,000 population aged 18+ (to Acute Hospitals, Geriatric Long Stay, and Acute Psychiatric Hospitals Source: ISD Scotland 2016/17	13,135	12,294	No	Yes
Readmission to hospital within 28 days – rate per 1,000 discharges. Source: ISD Scotland 2016/17	101	100	No	Yes
Emergency hospital admissions due to falls - rate per 1,000 population aged 65+ Source: ISD Scotland 2016/17	21	22	Yes	
Percentage of adults with intensive care needs receiving care at home Source: Scottish Government Health and Social Care Statistic 2015/16	64%	62%	No	Yes
Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) Source: ISD Scotland Delayed Discharge Census 2016/17	647	842	Yes	
Percentage of people who are discharged from hospital within 72 hours of being ready	Not available nationally	Not available nationally	No	Yes

\* Sources: Scottish Borders figure from NHS Borders iMatter report December 2016; Scotland figure from Health and social care staff experience national report 2017, Scottish Government (data from 22 NHS Boards plus 23 Health and Social Care Partnerships). Last direct like-for-like comparison was from NHS Scotland staff survey 2015 (NHS Borders 57%, versus NHS Scotland 59%).

## **BENEFITS OF EQUALITY MAINSTREAMING**

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

Mainstreaming equality has a number of benefits including:

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

## **HOW TO MAINSTREAM EQUALITY: OUR EQUALITY OUTCOMES**

An equality outcome is the desired aim to further one or more of the general equality duties; eliminate discrimination, advance equality of opportunity and foster good relations. Outcomes are changes that result for individuals, communities, organisations or society as a consequence of action taken. Outcomes include short-term benefits such as changes in awareness, knowledge, skills and attitudes, and long-term benefits such as changes in behaviours, decision-making, or social or environmental conditions.

Both NHS Borders and Scottish Borders Council have published existing equality outcomes and they are outlined in **Appendix 1**. In mapping these outcomes against the Strategic Plan the following set of outcomes for the Health and Social Care Partnership are as follows:-

Users of health and social care services, their families and carers will:

- experience fair access to services that mitigate the impact of any protected characteristics under the Equality Act (2010) **Equality Outcome 1**
- be supported to access education, training and employment **Equality Outcome 2**
- have improved physical and mental wellbeing, experience fewer health inequalities and will be able to live independently **Equality Outcome 3**
- experience a workforce that feel valued, are skilled, competent, and reflect the diversity of the populace across the Scottish Borders **Equality Outcome 4**

- feel safe, be safe, healthy, achieving, respected and included **Equality Outcome 5**
- experience services that reflect the needs of the communities, address health inequalities, and which shift the balance of these services towards early intervention and prevention **Equality Outcome 6**
- be confident that the information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered **Equality Outcome 7**

Each of the outcomes will contribute towards the national health and wellbeing outcomes and local objectives outlined in our Strategic Plan.

### NHS Borders Equality Outcomes 2017-2021

In setting out Equality Outcomes we have considered the wider determinants of health and social inequalities including poverty, education, housing and local community. We have taken a Community Planning Partnership approach, working with Scottish Borders Council, local Police representatives, local Fire and Rescue Services representatives and Borders College. We have agreed to align our equality outcomes with the Community Planning Partnership Equality Outcomes, with our own responsibilities and actions within the outcomes to take forward.

**Outcome 1:** We are seen as an inclusive and equal opportunities employer where all members of staff feel valued and respected and our workforce reflects our community

**Outcome 2:** Our services meet the needs of and are accessible to all members of our community

**Outcome 3:** Our staff treat all service users, clients and colleagues with dignity and respect

**Outcome 4:** We work in partnership with other agencies and stakeholders to ensure everyone has the opportunity to participate in public life and the democratic process

**Outcome 5:** We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive and there are fewer people living in poverty and the health inequality gap is reduced

**Outcome 6:** We work in partnership with other agencies and stakeholders to ensure our citizens have the freedom to make their own choices and are able to lead independent, healthy lives as responsible citizens

**Outcome 7:** We work in partnership with other agencies and stakeholders to ensure the difference in rates of employment between the general population and those from under represented groups is improved

### Scottish Borders Council Equality Outcomes 2017–2021

Our outcomes are designed to help us achieve our vision and meet our general duty to eliminate discrimination and harassment; promote equality of opportunity and promote good relations.

**Outcome 1:** We are seen as an inclusive equal opportunities employer where all staff feel valued and respected and our workforce reflects our community.

**Outcome 2:** Our services meet the needs of, and are accessible to; all members of our community and our staff treat all services users, clients and colleagues with dignity and respect.

**Outcome 3:** Everyone has the opportunity to participate in public life and the democratic process.

**Outcome 4:** We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive and there are fewer people living in poverty.

**Outcome 5:** Our citizens have the freedom to make their own choices and are able to lead independent, healthy lives as responsible citizens

**Outcome 6:** The difference in rates of employment between the general population and those from under-represented groups is improved.

**Outcome 7:** The difference in educational attainment between those who are from an equality group and those who are not is improved.

**Outcome 8:** We have appropriate accommodation which meets the needs of our diverse community.