

Integrated Joint Board

Date of Meeting: 31st August 2023

Title of Report: Equality Outcomes and Mainstreaming Report

Presented by: Alison McGrory, Associate Director of Public Health

The group is asked to:

 Note the HSCP's statutory duty to publish an interim report on the Equalities Outcomes published in spring 2021.

 Approve examples of good practice in the supporting Equalities Outcome Report prior to publication.

1. EXECUTIVE SUMMARY

This paper outlines the HSCP's legal duties in relation to equalities and progress made since 2021. As a public authority, Argyll and Bute HSCP has a general equality duty to:

- 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 duties apply to every function across organisations – planning and delivering services, commissioning and procurement and as an employer. The last point is not applicable to HSCPs as we are not an employer.

Integrated Joint Boards (IJBs) became statutory bodies in April 2016. This means they are accountable for discharging equality duties and are required to publish their own equality outcomes. This report provides an update on progress made with regards to Argyll and Bute HSCPs Equalities Outcome Framework 2021 - 2025. Full details and previous reports are published here: Argyll & Bute HSCP Equality Impact Assessments (scot.nhs.uk)

NHS bodies were given an extension of 12 months on their publishing requirements in 2020 due to the Covid-19 pandemic. Publication is now required.

This report also provides information on the updated Equalities Outcomes for 2021-2025. These outcomes have been updated in accordance with the outcomes of NHS Highland and Argyll and Bute Council to improve

consistency. Different reporting cycles is a barrier to completely aligning the outcomes across all three statutory bodies.

There is considerable evidence that discrimination of people with protected characteristics exists and this negatively impacts health, particularly mental wellbeing. This contributes directly to inequalities in life opportunities and health outcomes.

2. INTRODUCTION

2.1 Legal Requirements

The Equality Act (2010) became law on 1 October 2010 and replaced previous anti-discrimination laws with a single Act. It simplified the law to ensure everyone who is protected from discrimination, harassment or victimisation is afforded the same level of legal protection.

There are nine protected characteristics under the Equality Act 2010, these are:

- Age
- Disability
- Sex
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Marriage and civil partnership (this only applies to employment)

Additional specific duties for public authorities apply in Scotland. This includes a requirement to produce a set of Equality Outcomes every four years to achieve the duties of the Equality Act 2010 and report on the mainstreaming of these outcomes every two years.

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force in Scotland. The new duty places a legal responsibility on public bodies, including Health Boards to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies are required to publish written assessments showing how they have fulfilled the duty.

The Islands Act 2018 requires relevant authorities, including the majority of public bodies and Scottish Ministers, to have regard to island communities in carrying out their functions. To comply with this duty, relevant authorities must make arrangements to review their policies, strategies and services, for example, prepare an Island Communities Impact Assessment.

The duties of the Equalities Act, Fairer Scotland and the Islands Act are incorporated into an integrated Equality Impact Assessment (EIA) that is used by the HSCP and Argyll and Bute Council.

2.2 Role of Integration Joint Board

Equalities commitments for Argyll and Bute IJB published in 2016 in the first Joint Strategic Plan state:

- The UB upholds the rights of all people, regardless of protected characteristics, to lead healthy and fulfilled lives and to have appropriate health and care services available when they need it.
- The JB firmly believes that by integrating health and social care services there is potential to improve health and social care outcomes for the whole population and narrow the gap between the better off and worse off in Argyll and Bute.
- The IJB will provide strategic leadership for equalities and work toward consistent approaches in the parent organisations. It will also act as a role model to partners in Argyll and Bute.
- The IJB recognises the importance of equality being embedded in day to day service delivery.
- The JB has to report annually on the progress of the implementation of the Strategic Plan. Equalities will be one element of the report.
- The IJB will be sighted on the impact of service changes on people with protected characteristics and will require heads of service to carry out EQIA's. Existing reporting arrangements for NHS and Council equality activity will remain in place. The IJB will not duplicate existing activity, rather it will add value and ensure consistency across the two organisations.

2.3 Position in Argyll and Bute Council and NHS Highland

Both Argyll and Bute Council and NHS Highland have published outcomes for equalities and they are available here:

- NHS Highland Equality Outcomes Equality and diversity (scot.nhs.uk)
- Argyll and Bute Council Equality Outcomes <u>Equality legislation and</u> reporting (argyll-bute.gov.uk)

3. DETAIL OF REPORT

3.1 Equality Outcomes for Argyll and Bute Health and Social Care Partnership

The Equalities Outcomes were reviewed and updated in 2021. These are:

- People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
- People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.
- People from identified groups, such as those with protected characteristics, will have improved experiences of services.

3.2 Reporting on the above Outcomes

The HSCP is required to report on equalities every two years and publish on behalf of the JB. A report has been prepared that outlines a wide range of activity undertaken since 2021. The report outlines the background to mainstreaming equality and producing equality outcomes. It includes a wide range of case studies detailing work undertaken in relation to mainstreaming equalities within the organisation. These include projects such as:

- Planet Youth which aims to reduce substance use by children and young people.
- Money Counts training which aims to reduce inequalities through provision of advice about income maximisation.

- Shaping Place for Wellbeing which is a project aimed at improving wellbeing by reducing inequalities, this project is being carried out in the Dunoon area.
- Screening Inequalities this was a project aimed at providing information to people to increase the uptake of screening by people who have a mental health condition or learning disability.

In addition to outlining specific pieces of work the report included a review of Equality Impact Assessments (EIAs) carried out in the period 2021-2023. The EIAs completed covered a wide range of topics such as redesign of services, reallocation of budgets and redevelopment of service access criteria. The broad range of EIAs carried out suggests that equalities are considered when making service change throughout the HSCP.

The report also describes engagement carried out with Locality Planning Groups to assess whether the HSCP equality outcomes were still relevant and appropriate. Discussion also took place on what work is required to fully embed equalities into decision making processes. The majority of participants said that the outcomes were relevant and agreed that these should remain in place up to 2025 when they are due for review. Work will continue to advance equalities before the Equality Outcomes are review in June 2025.

4. RELEVANT DATA AND INDICATORS

Previous mainstreaming reports were published in 2018 and 2021. Equality issues are reported in the HSCP's Annual Performance Report.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The implementation of the Equality Framework Outcomes underpins the Vision, Mission and Values of the HSCP Joint Strategic Plan.

6. GOVERNANCE IMPLICATIONS

The governance arrangements for progress against equality outcomes are through the Integration Joint Board.

6.1 Financial Impact

No direct resource requirements.

6.2 Staff Governance

Equality and diversity can be embedded into clinical governance, particularly patient experience, complaints, recording of protected characteristics where relevant, and patient safety.

6.3 Clinical Governance

The equality and diversity agenda will support the HSCP in providing high quality services and patient centred care and ensuring patient safety. This work will also support the JB in discharging its duties under the Equality Act 2010.

7. PROFESSIONAL ADVISORY

This work is led by the Public Health Team on behalf of the HSCP. Oversight has been provided by the Senior Leadership Team.

8. EQUALITY & DIVERSITY IMPLICATIONS

The purpose of this report is to promote equality and diversity throughout all HSCP functions, aiming to increase fairness for both patients and staff.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Confidentiality of individual protected characteristics is essential and there are sensitivities of enquiring about these. All equalities duties are conducted in accordance with GDPR legislation and this activity does not include the recording of individuals with protected characteristics. There is recognition that recording characteristics in small populations in Argyll and Bute may lead to people being identified.

10. RISK ASSESSMENT

There is a legal requirement to comply with legislation and compliance under the Equality Act 2010 and non-compliance will result in action being taken by the Equalities and Human Rights Commission.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There is scope to undertake further consultation with people affected by our services.

12. CONCLUSIONS

The HSCP has a legal duty to demonstrate a planned approach to reducing inequalities. Inequalities in service provision and access to services amongst people with protected characteristics are known to result in a disparity in health and wellbeing outcomes. Therefore ongoing investment in improving equality of provision has the potential to improve population health outcomes. This report outlines a range of work that has been delivered to improve equality of outcomes across the population of Argyll and Bute. The IJB has a role to continue to uphold good standards of equality and diversity across health and social care delivery.

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	Х
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Author Name: Rory Munro, Health Improvement Lead (acting)

Email: rory.munro@nhs.scot