

Equality Outcomes Framework Argyll and Bute Health and Social Care Partnership

Progress Report 2016 -18

Alison Hardman - Health Improvement Lead and Alison McGrory – Health Improvement Principal

The Equalities Outcome Framework for Argyll and Bute Health and Social Care Partnership was published in June 2016 and the full document can be viewed here - <http://www.nhshighland.scot.nhs.uk/Meetings/ArgyllBute/Documents/Equalities%20outcome%20framework%20.pdf>

This document provides an update on progress to March 2018 which will be published on the NHS Highland and Argyll and Bute Council websites in accordance with Equality Commission requirements.

Information is included on how the four high level themes in the Framework have been actioned. Due to the broad nature of these themes, the report gives a flavour of activity through Argyll and Bute rather than being a comprehensive list of all equality activity. These four themes are:

Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics

Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered

Theme: 3. Increasing access to services for the people with protected characteristics

Theme: 4. Improving experience of services for people with protected characteristics

Argyll and Bute HSCP's Equality Outcome Framework was informed by both NHS Highland and Argyll and Bute Council's Equality Outcome Frameworks. Care was taken to avoid duplication and to ensure the high level outcomes in all three documents complemented each other. Argyll and Bute HSCP's Framework favoured an operational service delivery perspective rather than a strategic planning perspective as this had already been covered by the parent bodies. Moving forward the themes and actions will be updated in line with the content of the other documents.

Ref	High Level Outcome	Lead	Protected Characteristic	Examples of Actions	Measures	Progress	Supporting Documents	Comments
Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics								
1.1	Reduce gap in life expectancy between men and women	Community	Gender	Identify activity in regards to establishing and maintaining specific health and wellbeing activity regarding the men in our communities Establish all bench mark data for on-going recording	Record number of active sheds Record number of active members of the men sheds	There are a number of men sheds in Argyll and Bute. This activity is supported in a co-productive manner to promote the benefits with the intention of motivating community champions to pursue.	Record of all activity data and contacts for all activities.	The attendance of women in the Men's sheds is changing the dynamics and taking away the original intention of the project. Each area is taking a different approach to this issue.
1.2	Improve physical health and wellbeing outcomes for people with mental health problems		Disability (Mental health)	Branching out	5 completed programmes 69 initial referrals 36 participants completed		http://scotland.forestry.gov.uk/supporting/strategy-policy-guidance/health-strategy/branching-out	Sustainability of services continues to be a problem, on-going funding applications in progress.
1.3	Improve quality of life for carers	4 Carers Centres HSCP Lead Linda Currie	Age and disability	Carer strategy to be actioned. Carers Centres to work with communities in providing a person centred approach to support and planning care. Complete Carers Support plans	Publication of strategy and eligibility criteria	Currently work and consultation using a partnership approach is being undertaken. Four carers centres are contracted across A&B working together with the HSCP regarding their development and work undertaken. The centres are provide information, advice, training, and emotional support. IJB members attended a work shop to raise awareness of carer issues and Carers presented at these. Two carer representatives	http://www.legislation.gov.uk/asp/2016/9/contents	Eligibility criteria may result in some people receiving less support but this will be fairer and ensure as many people as possible receive first level support of assessment and signposting.

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Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics								
						sit on the IJB.		
1.4	Increased ability of people to self manage long term health conditions	LPG's through ICF activity, now mainstreamed Health and Wellbeing Networks	Age and disability All potentially	Activities reported on through the ICF processes within the localities and HWN and now mainstreamed Local network action plans include objectives on the objective – Connecting People with Support in their Community Small grant funding available to support JHIP activity.	Recorded through the LPG/ICF processes and HWN Grant application strategic priorities	ICF projects were varied and based on local needs. Locality investment was mainstreamed in 2017-18. Some projects have been evaluated and are on-going £116,000 small grant funding distributed to 117 projects, 67 of which identified health inequalities as a target in their project plan.	ICF annual reporting (now ceased). HWN cases studies and evaluations of individual projects/services funded. Health and Wellbeing Annual Report for 2016-17 http://healthgyllandbute.co.uk/wp-content/uploads/2017/04/Health-and-Wellbeing-Annual-Report-2016-2017.pdf Case studies available here - http://healthgyllandbute.co.uk/case-study/	
		Argyll and Bute Health Improvement	Age and disability	Arthritis Care in partnership with LOHO and the North Argyll Carers Centre deliver		SLA KPIs on target	Arthritis Scotland Annual Report	

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Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics								
		HIT Team		self management tool kit as part of their 5 week self management programme throughout Oban The Pain Toolkit has been promoted to front line staff eg AHP and primary care staff.			Self-management report	
1.5	Reduce loneliness in at risk groups	Argyll and Bute Health Improvement Team	Various	Reach Out Pledge identifies existing and new groups that are actively seeking out to reduce loneliness	Number of pledges undertaken	7 postcard pledges 10 A4 pledges 35 e-pledges	Reach Out Annual Report	Scottish Government consultation from Jan – April 2018 on proposed new strategy for reducing loneliness. Argyll and Bute colleagues have responded to this and have planned an event for April 2018 in Inveraray.

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Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered								
2.1	People with protected characteristics will benefit from increased support within their community to improve their physical and mental health and wellbeing.	Argyll and Bute Health Improvement Team HSCP teams HWN Co-ordinators 3 rd Sector and communities	All	Support health improvement projects in Argyll & Bute by providing small grants via the Health and Wellbeing Networks (most supporting people with protected characteristics). Health asset mapping to identify and log local services and activities. Physical activity position statement (support for older adults and those with LTC). Facilitate a community development approach with local groups in areas of high deprivation. Fund community activity for people with long term	Argyll & Bute Health and Wellbeing Partnership Annual Report including case studies of funded projects.		http://healthyargyllandbute.co.uk/health-and-wellbeing-partnership-annual-report/ http://scotland.forestry.gov.uk/supporting-strategy-policy-guidance/health-strategy/branching-out	

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Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered								
				conditions Active social media campaign on facebook – Healthy Argyll and Bute				
2.2	Engagement and consultation on Locality Plans to ensure they are representative of local needs and aspirations	LPG's	All	See locality action plans	Locality action plans that are implemented and monitored regularly	Locality events and consultation cafes were undertaken in 2016 All areas are working with their action plans which reflect local needs and challenges. Each LPG has a sub-group for Communication and Engagement	Minutes of meetings Reports of work undertaken	Consultation moved to 'informing' as the changes were implemented to reflect locality needs and in align with the financial plan. Recognition of the continuous cycle of engagement in line with CEL 4. Some areas have good partnership working with special interest groups eg link clubs for mental health or peer support for long term conditions but this is not comprehensive nor is the existence of such groups.
2.3	Increased promotion and uptake of self directed support (SDS)	Aileen Dominick SDS Officer HSCP Carrgomm Beccs Barker	All	 SDS Improvement Plan - June 2017 v2.0	Number of People using SDS; Our SDS data that we submitted to the Scottish Government last year for our social care Survey return SDS Unique Client Summary - Scottish Government Submission - 2015/16 Social Care Survey Number of SDS clients - 1305 Number of SDS1 only clients - 123 Number of SDS2 only clients - 13 Number of SDS3 only clients - 1146	Working towards – Getting it right 'with' every person. Rolling out training in September/October 2017 – to raise awareness and build capacity within the 3 rd sector and communities – the training will include 3 rd Sector and community representatives. Working towards improving choices and raising awareness of SDS.	http://www.sdscotland.org.uk/scot-gov-sds-2015-16-figures-implementation-flat-lines/	

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Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered								
					Number of SDS4 (mixed SDS option) clients – 23 FOI - Number of SDS Recipients at end of financial year based on completed SDS Support Plans			

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Theme: 3. Increasing access to services for the people with protected characteristics								
3.1	Health care services delivered in a person centred and compassionate manner	Liz Higgins	All	Various work undertaken by the Caring Connections Coaches (CCC) on an individual, team and service level.		Strategic overview of CCC took place on a strategic level up to 2016-17. Over the past financial year activity has been taken forward by individual CCCs within their localities.	 Caring Connection Coaches Feedback 2016-17	Person-centred is one of the new values for the HSCP (awaiting ratification March 2018)
3.2	Services targeted at those most in need of these services	LPG's	All	LPG action plans	Production of LPG action plans demonstrating an Equality sensitive approach	All LPG's undertaking local action plans – in various stages of development and implementation	LPG action plans	
3.3	Ensure appropriate translation services are in place	Helen Sikora NHS Highland Jane Fowler Council			Recorded usage and cost via NHS Highland	NHS Staff; 1 x telephone interpretation service through Language Line 1 x spoken language interpretation (face to face for foreign language) provided by Global Languages 1 x communication support provided by Highland Council (sign language) A&B Council Staff; awaiting response		All three services are available for NHS staff across NHS Highland including A&B. A&B council will have their own arrangements for interpretation for their own staff - so to keep things simple - if someone is employed by the council they use the council provision, if employed by the NHS they use the NHS provision

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Theme: 3. Increasing access to services for the people with protected characteristics								
3.4	Ensure we meet the health and social care needs of new residents coming to Argyll and Bute to seek asylum and respond to humanitarian needs.	HSCP Community and local services	Race and religion/belief		 Evaluation Of The Argyll and Bute Refuç	Several families continue to live successfully on the Isle of Bute.		This action is completed

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Theme: 4. Improving experience of services for people with protected characteristics								
4.1	Review where health and social care is going well and not going well	Raymond Deans Chaplin (NHS)		Emotional Touches	A report is being produced by Napier University in Autumn 2017 – all case studies were strictly confidential	Completed - NHS Service by the Chaplin's. Patients who had experienced services were randomly selected to undertake the feedback of their experiences. Funded from 2016 September to 2017 June.	Awaiting publication	Completed on publication
4.2	Review complaints procedures to identify if people with protected characteristics are identifying areas for improvement	Fiona Campbell NHS HSPC Clinical Governance manager Ian Jackson Social Services A&B Council HSPC		All complaints come down from Highland NHS pathway to A&B regarding services. Both NHS and Council have separate pathways and follow the National Strategy for complaints handling. IJB to have a complaints procedure regarding their work undertaken.	Monitoring of complaints received and actions taken as a result. Monitoring of handling efficiency of complaint handling	Both NHS and Council will continue to monitor their individual processes. A IJB procedure for complaint handling has been agreed	All complaints paperwork/procedures can be found on relevant NHS/Council websites.	The complaints procedure does not automatically record any protected characteristics unless the complainant specifies them.
4.3	Care Opinion		All	Promote Care Opinion via LPGs and communication and engagement groups.	Monitoring complaints on the website	On-going	https://www.careopinion.org.uk/	Available publically via the web link. Aim is to encourage sharing. This website encourages people to tell their stories and feedback. This informs staff and facilitates change. Enables services to learn from the experiences of patients. Responses and actions visible on website for general public.

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Abbreviations

- CCC Caring Connections Coaches
- ICF Integrated Care Fund
- JHIP Joint Health Improvement Plan
- HWN Health and Wellbeing Network
- LPG Locality Planning Group