



ANGUS
Health & Social Care
Partnership

Equalities Mainstreaming Report

2016-2020

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FOREWORD

This is the first equalities mainstreaming report for the Angus Health and Social Care Partnership (AHSCP). The foundation of AHSCP is centred on the importance of equal partnership between NHS Tayside and Angus Council, and the third and independent sectors. Equality is fundamental to the business of AHSCP including working across all sectors where genuine community engagement is at the heart of constructing new cultures of care. Many of the key aspirations of health and social care integration show our commitment to new ways of working and learning together, where all contributions help shape the delivery of good outcomes - including equality outcomes - for people who live in Angus.

Our vision is to place individuals and communities at the centre of our service planning and delivery in order to deliver locality based, person-centred outcomes. We recognise that there is a widening gap in inequalities often as a result of social, economic or educational status combined with discrimination based on age, disability, race, or any other protected characteristic which can impact on health and wellbeing. Tackling the issues of equality and fairness are not just the province of anti-discrimination law; the greatest impacts on the opportunities open to individuals are made by everyday decisions made in every part of society. Our aim is to ensure the people of Angus receive fair, consistent and non-discriminatory decisions and services from AHSCP, irrespective of their origin, protected characteristics and background, and that equality is mainstreamed into all we do.

Glennis Middleton
Chairperson
Angus Integration Joint
Board

Hugh Robertson
Vice Chairperson
Angus Integration Joint
Board

Vicky Irons
Chief Officer
Angus Health and Social
Care Partnership

1. INTRODUCTION

The way that health and social care services are organised and managed changes from April 2016. We have been working together for some time to improve our partnership approach as we recognise that the population is changing and we cannot continue to deliver services and support in the same way. We want to make sure that our third and independent sector partners are part of this multi-agency approach. The legislation allows our partnership to grow even further to develop new services and improve outcomes for the people of Angus.

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. We already know from the success of projects we have tested out in recent years with funding from the Change Fund that through working in partnership with the third sector and with communities we can make a difference to people's quality of life. Community-based and third sector initiatives have demonstrated improved outcomes for a whole range of vulnerable and older people in our community.

From April 2016 Angus Council, NHS Tayside, the third and independent sectors are working together in a new Angus Health and Social Care Partnership (HSCP). The Angus HSCP has been established under the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. The partnership has been formed following the signing, by the parent bodies, of an Integration Scheme setting out the legal arrangements. The work of the partnership is overseen by the Integration Joint Board.

The intention of the legislation in bringing about the new arrangements is to provide:

- Better Services and Outcomes - to improve services and supports for patients, carers, service users and their families
- Better Integration - to provide seamless, joined-up quality health & social care for people in their homes or in a homely setting where it is safe to do so
- Improved Efficiencies - to ensure that resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

Integration will allow us to think innovatively about how a growing population of people in need of support can be supported differently and how we can respond to peoples' expressed wishes to remain at home for longer. Our multi-agency approach will be delivered through working in four localities that make up Angus; delegating financial responsibility over time, so more locally based decisions can be made on appropriate services. The partnership will also continue to work with NHS secondary care to reduce avoidable admissions to hospital, to reduce the need for

emergency admissions to hospital, and to secure discharge from hospital at the earliest opportunity.

The vision for health and social care in Angus is one which is shared not just within the integrated organisation, but with our communities. Our vision and priorities have been tested through public engagement in a range of different ways, including at locality commissioning events held in September 2015. There has been significant support for our four identified priorities described later in our strategic plan.

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. As a newly formed organisation, AHSCP has an opportunity to ensure that equality is integral to all we do from the outset, and because our vision is focused on outcomes for individuals, any equality and diversity and Human Rights considerations are in-built.

2. (i) LEGISLATIVE BACKGROUND – 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
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation

However, not all protected characteristics are treated in the same way. Positive action is more comprehensive under the Act, and there are exemptions for specific groups, for example, single sex services, blood services, insurance etc.

The Act prohibits:

- direct discrimination
- indirect discrimination
- discrimination by perception
- discrimination by association
- discrimination arising from a disability
- 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 progress.
- Assess and review policies and practices.
- Consider award criteria and conditions in relation to public procurement.
- Publish equality information in a manner which is accessible.

AHSCP will function within this legislative framework for equalities.

2. (ii) LEGISLATIVE BACKGROUND – 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 is approximately £150million. Health and social care expenditure per head of population in Angus is greater than the Scottish average. The voluntary sector in Angus is worth an estimated £50million.

There are a range of supports and services provided through:

- 16 GP practices.
- 23 pharmacies.
- Opticians in every town.
- Dental practices in every town.
- 4 community hospitals: Brechin Infirmary, Montrose Royal Infirmary, Arbroath Infirmary, Whitehills Health and Community Care Centre and Stracathro Hospital providing 200 beds supporting older people, hospice care, rehabilitation and adult psychiatry. Stracathro Hospital includes beds which are part of the delegated responsibility, and beds and out patient services that remain the responsibility of NHS Tayside
- 31 care homes in Angus providing 991 beds supporting older people, people with dementia, adults with learning disabilities. Currently we commission around 740 places including some specialist learning disability places outwith Angus.
- Approximately 3,700 hours of care at home support is delivered every week alongside services such as supported accommodation, community meals, community alarm, enablement and prevention of admission services.
- 902 community organisations operate in Angus to support people in our communities.
- 6,017 volunteers contributing across Angus
- Care management teams co-ordinate packages of care throughout Angus for service users with a range of health, social, emotional or psychological problems.

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. ANGUS DEMOGRAPHICS

Understanding the demographics of Angus is essential to ensuring that resources and services are delivered effectively; that they meet the needs of changing population and consider the impact of deprivation on our communities.

A particular challenge for Angus is that the size of our population is now set to remain relatively static but the makeup of the population will see considerable change as people get older. The number of people aged over 65 is set to rise significantly as a percentage of the total population.

One in every 20 residents (4.9%) identified themselves in the last Census (2011) as non-British White. Our non-British White population has increased over the last decade, but most significantly in Polish communities. Nearly one in 5 residents (19.1%) identified themselves in the last census (2011) as having long term conditions or disabilities that limited activity. We understand that around one in every fourteen residents are Lesbian, Gay, Bisexual or Transgender (LGBT), although we have further progress to make in enabling service users and patients to routinely disclose equalities information.

Our Population

Angus population 2015



All people
116,275

Age 16-64	67,766 (58%)
Age 65-74	13,395 (11.5%)
Age 75-84	8,228 (7.1%)
Age 85+	2,486 (2.1%)

Female 59,596

Male 56,567

The population of Angus is expected to remain static between 2013 and 2037. This will not be seen across all the age groups however, as the older age groups are expected to grow whilst the younger age groups will decline. The percentage of those over 65 will increase by 53% whilst the under 65 age group will decrease by 14%. The 75+ population will almost double in size from the smallest age group in 2013 to the second largest age group in 2037. As a percentage, the increase in the 75+ age group by 2037 is 89%. A different picture exists for the younger age groups, as by 2037, both the 0-15 and the 16-64 age groups will decrease by 9.4% and 8.1% respectively.

Life Expectancy

	Angus	Scotland
Male	78.3	76.6
Female	81.1	80.8

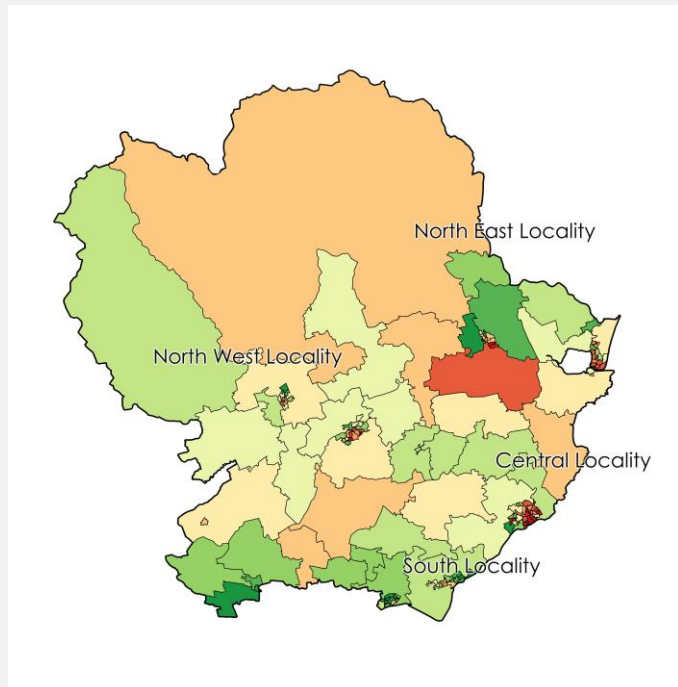


The life expectancy for females born in Angus between 2011 and 2013 is 81.6 years; this is higher than the Scottish average and it is an increase of 1 year and 9 months from those born in Angus between 2000 and 2002.

The life expectancy for males born in Angus between 2011 and 2013 is 78.5 years. This is also higher than the Scottish average and it is an increase of 3 years and 9 months on those born in Angus between 2000 and 2002.

Deprivation in Angus

In the map below the deepest red shows the most deprived areas in Angus; the deepest green shows the least deprived.



Of Angus's 10% most deprived areas, two thirds are found in the South East Locality with the remainder in the North West and North East Localities.

More than half of Angus households of people over 60 years are considered to be in fuel poverty. This is higher than the Scottish average and all of Angus's neighboring authorities

Health Behaviours

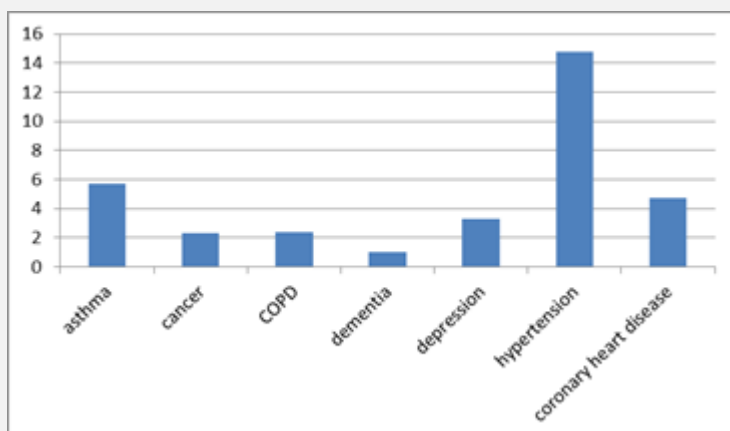
	Angus	Scotland
Smoking prevalence	18.1%	20.2%
Alcohol related hospital stays	364.1	671.7
Drug related hospital stays	93	122

Data from Scotpho Health and Wellbeing profiles

Both Angus and Scotland as a whole have seen reductions in smoking prevalence and alcohol related hospital stays between 2013 and 2014 but drug related hospital stays have increased.

Long term conditions

Prevalence per 100 people in Angus from General Practice registers (2013/14)



Note: depression figures relates to new diagnosis

The number of People with two or more long term conditions in Angus is estimated at 17,761 or nearly 11% of the population.

Hospital admissions 2014/15

Unplanned admissions all adults 10,475

Bed days lost due to lack of timely discharge 6,991



A joint strategic needs assessment (JSNA) providing more detail on our population is available. Data in this plan is selected from the JSNA.

5. SUPPORTING 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, and the support they themselves need to enable them to continue in their caring role. This could be financial, or in taking care of their own health etc, but carers are integral to the successful delivery of our Equality Outcomes.

In the 2011 census:

- 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) over 50 hours of care each week.

In June 2015, 990 carers in Angus were receiving carer's allowance. This is generally paid by the DWP to people who provide more than 35 hours per week of unpaid care to one individual. Census information suggests that there is a high number of unidentified carers in Angus who are not accessing all the support that is available to them.

An increasing number of carers providing significant and regular care have accessed a carer's assessment following the introduction of self-directed support (SDS) in April 2014 - from 85 assessments to 245 assessments between April and October 2015. Carers are able to access a range of services delivered through Angus Carers Association and other voluntary sector organisations in Angus.

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 carer 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 are working to improve the identification of carers. We will continue to work towards accurate registrations 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 by 20% year on year over the next 3 years.

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 Single Outcome Agreement, 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.

In terms of ensuring Best Value by deploying the effective and efficient use of resources, we will continue to work closely with partners to deliver the best health and social care outcomes we can:

NHS Tayside

AHSCP will work in conjunction with NHS Tayside to derive savings from efficiency work streams initiated within NHS Tayside. There are 8 service redesign areas:

- Facilities and Estates
- Better Buying and Procurement
- Workforce
- Optimising Demand
- Repatriation
- Alcohol and Drugs Partnership
- Operational Efficiency

Angus Council

AHSCP will work in conjunction with Angus Council to derive savings from the Transforming Angus programme. The main work streams within this programme are as follows:-

- Agile Working;
- Help to Live at Home;
- Estates Review
- Angus Digital
- Business Process review.

Working with Other Health and Social Care Partnerships

AHSCP will work in conjunction with Dundee HSCP and Perth and 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 significant engagement activities over the last year which led to the development of our 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 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.

A variety of methods have been used to engage with communities: formal events, web based questionnaires, and informal pop up events in our town centres. We have used a graphic artist at a number of events to capture discussions and have used the resulting artwork to capture the statements that are most important. One

piece of artwork has been developed to portray our vision; it is the most repeated and the most voted for statement.

What our localities have 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.

8. MAINSTREAMING EQUALITY

Mainstreaming equality means integrating equality into the day-to-day working of 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). 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 ensure that employees continue to undertake training in equalities awareness, in EIAs, and access equalities courses.

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 led to us having a greater 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.

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

Full details of the Equality Outcomes are in Appendix 1.

We believe we will have realised 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 within their own communities
- More people are cared for at home
- More people are involved in the design and delivery of their own care
- Carers feel supported

We will report progress on our Equality Outcomes by 30 April 2018.

10. EQUALITY IMPACT ASSESSMENTS

We are committed to carrying out equality impact assessments (EIAs) 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 will be carried out on all relevant strategies, policies and services
- we also undertake equality impact assessments on any potential budget savings

Completed equality impact assessments will be electronically accessible via the IJB website.

We will initially adopt the Angus Council equality impact assessment tool but are making arrangements to review this with our partners to ensure our EIAs are the most suitable for our purposes.

Equality impact assessments will be undertaken on the grounds of all the equality protected characteristics.

The Chief Officer for the Angus Health and Social Care Partnership is responsible for the completion of equality impact assessments.

Guidance is available and training on the completion of EIAs will continue to be delivered to IJB staff as required.

11. SERVICE MONITORING

To ensure that services are delivered in an effective, non-discriminatory way, we equalities monitor service users in line with EHRC recommended classifications. We will also monitor equalities complaints to ensure no-one receives a less favourable service on the grounds of their protected characteristics.

12. ACCESS TO INFORMATION

One of the key messages from our engagement activities has been about improving access to information. This could be through the development of single points of contact and the use of a 'hub' model in each of our localities. Such developments are a high priority for us going forward but require further exploration as the natural focus in each of our localities is different for different people. The local focus can include GP practices, libraries, Accessline and First Contact as well as online provision. As part of our approach to improving access to information we are

progressing the development of ALLISS (A Local Information System for Scotland) to facilitate accessible web-based information about health and social care services. Importantly it will also be the focus for how we ensure an accessible voluntary and independent sector.

Working with Voluntary Action Angus we have identified 902 voluntary sector organisations active in our Angus Localities. About 35% of those organisations are currently included in ALISS. Volunteering in Angus continues to increase.

There is growing recognition of the scale of the problem of social isolation in Angus, matched by national recognition of the links between social isolation and:

- Risk of earlier death
- Depression
- Dementia
- Poor self-rated health

Ref: Campaign to End Loneliness, 2015

Harnessing the efforts of the voluntary sector will support people to become engaged in their communities and promote independence. We want to ensure that the number of organisations on ALISS is increased to 90% by April 2017.

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 web pages.
- facilities to interpret information we produce are made available wherever a need is identified i.e. translation into other languages, audio tapes, sign support, hearing loops, and facilities for blind and visually impaired people. We will also ensure that any additional requirements emanating from the British Sign Language (Scotland) Act (2015) will be implemented once these are known.
- employees are provided with an awareness and an appreciation of the importance of ensuring that the whole community has access to our information.
- Our web pages are hosted by Angus Council whose website is reviewed to be as accessible as possible.
- 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 St Margaret's House Orchardbank Forfar DD8 1WS	Email Hsci Angus.tayside@nhs.net Website http://www.angus.gov.uk/info/20351/angus_health_and_social_care_partnership
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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, St Margaret's House, Orchardbank, Forfar, DD8 1WS Tel 01307 474870 for further information or email hsci Angus.tayside@nhs.net.

ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY OUTCOMES

What is our equality outcome?	<i>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</i>		
<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?	How will we measure progress?
	Prevent indirect discrimination, Advance equality of opportunity, and foster good relations	All of the protected characteristics: Age, disability, gender reassignment, Pregnancy/maternity, Race/ethnicity, religion/belief, sex, sexual orientation	<p>Number of people with protected characteristic(s) supported through an enablement process.</p> <p>Number of people with a protected characteristic(s) provided with equipment to support independence</p> <p>Number of people with a protected characteristic(s) using telehealth and telecare</p> <p>Number of people with a protected characteristic(s) using rehabilitation services</p> <p>Number of adult protection investigations for people with a Protected characteristic(s)</p>
What will we do over the next 3 years?	<p>We will improve the range of telehealth and telecare services available in Angus for those people with a disability or who are older who cannot physically access their local health services</p> <p>We will review our enablement approach for improvement opportunities</p> <p>We will support the adult protection committee to ensure a robust approach to supporting vulnerable adults</p>		

<p>What is our equality outcome?</p>	<p><i>People with Protected Characteristic(s) and equality groups are able to make informed choices so they can have control over their own life</i></p>		
<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. 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. National health and wellbeing Outcome 5: Health and social care services contribute to reducing health inequalities 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 National Health And Wellbeing Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.</p>			
	<p>Which part of the general duty are we addressing?</p>	<p>What are the key protected characteristics?</p>	<p>How will we measure progress?</p>
	<p>Advance equality of opportunity, foster good relations, and eliminate discrimination</p>	<p>Age, disability, Race/ethnicity, religion/belief, sex, sexual orientation, pregnancy/maternity, gender reassignment</p>	<p>Number of people with protected characteristic(s) using each of the SDS options Number of people getting involved in service design through co-production and engagement opportunities Joint strategic needs assessment updated annually</p>
<p>What will we do over the next 3 years?</p>	<p>Assessments will be co-produced with the person being assessed. Person-centred approaches will be developed across all services. Support plans based on agreed outcomes will be co-produced with the person with identified needs. A range of social care services will be available to allow people with identified needs to make choices over whom, when and how any support services will be provided as part of their support plan. We will undertake ongoing engagement activities to develop our strategic approach and locality plans in conjunction with people with protected characteristic(s) and equality groups in the Angus communities We will ensure that our planning and service delivery is informed by Equality Impact assessments. To act on the outcomes of equality impact assessments for financial decisions ensuring there is no discrimination and to implement any recommendations from Equality Impact Assessments.</p>		

What is our equality outcome?	<i>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</i>		
<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 people maintain or improve the quality of life of people who use those services</p>			
	Which part of the general duty are we addressing?	What are the key protected characteristics?	How will we measure progress?
	Eliminate discrimination, Advance equality of opportunity, foster good relations	Age, disability, gender reassignment, race/ethnicity, and religion/belief,	<p>Number of community groups by locality</p> <p>Number of people from using befriending services</p> <p>Level of funding released to the third sector to develop community based services.</p>
What will we do over the next 3 years?	We will work with the third sector to improve the range of activities available for people from protected equality groups in the Angus community		