



ANGUS
Health & Social Care
Partnership

MAINSTREAMING EQUALITY

**PROGRESS REPORT
2016-2018**

Equality Impact Assessments – Completion Progress

Over the 2017/18 period, we achieved a 100% completion rate for Equality Impact Assessments. These have been published on the below webpage:

https://www.angus.gov.uk/social_care_and_health/angus_health_and_social_care_partnership/integration_joint_board_agendas

EQUALITY OUTCOME 1

| | | |
|---|---|--|
| <p>What is our equality outcome?</p> | <p><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> | |
| <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> | | |
| <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>Prevent indirect discrimination, Advance equality of opportunity, and foster good relations</p> | <p>All of the protected characteristics: Age, disability, gender reassignment, Pregnancy/maternity, Race/ ethnicity, religion/belief, sex, sexual orientation</p> | <p>Number of people with protected characteristic(s) supported through an enablement (rehabilitation) process. (Table 1)</p> <p>Number of people with a protected characteristic(s) provided with equipment to support independence. (Table 2)</p> <p>Number of people with a protected characteristic(s) using telehealth and telecare. (Table 3)</p> <p>Number of adult protection investigations for people with a Protected characteristic(s). (Table 4)</p> |

PROGRESS AGAINST EQUALITY OUTCOME 1

| What we said we would do | What we have achieved |
|--|--|
| <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>We have introduced GPS monitors to support people with dementia and we have introduced trucall systems to support vulnerable older people affected by scams.</p> <p>The enablement approach has been reviewed and new service arrangements have been put in place to deliver Enablement response teams</p> <p>We have continued to undertake adult protection investigations and case conferences where appropriate</p> <p>We have increased the amount personal care in localities which now supports more people with higher levels of need to continue to remain independent</p> |

Table 1 Number of people with protected characteristic(s) supported through an enablement process, 2015/16, 2016/17 and 2017/18 comparison.

| | | 2015/16 | 2016/17 | 2017/18 (Apr-Jan) |
|-------------------|------------------|---------------|---------------|-------------------|
| GENDER | | | | |
| | FEMALE | 379 | 304 | 149 |
| | MALE | 191 | 192 | 87 |
| AGE | | | | |
| | 21-44 YRS | <10 | <10 | <10 |
| | 45-64 YRS | 29 | 42 | 18 |
| | 65+ YRS | 533 | 445 | 209 |
| ETHNICITY | | | | |
| | WHITE | 306 | 328 | 175 |
| | UNKNOWN | 265 | 32 | 62 |
| DISABILITY | | | | |
| | YES | 41 | 52 | 51 |

Enablement services have been going through a service redesign as part of the help to live at home project. This has impacted on the number of people that the service has been able to support.

The new enablement response team is currently establishing appropriate measures to support the team’s activity and performance.

Table 2 Number of people with a protected characteristic(s) using rehabilitation services, 2015/16, 2016/17 and 2017/18 comparison.

| | | 2015/16 | 2016/17 | 2017/18 (Apr-Jan) |
|-------------------|-------------------------|---------------|---------------|----------------------|
| GENDER | | | | |
| | FEMALE | 527 | 529 | 528 |
| | MALE | 336 | 336 | 336 |
| AGE | | | | |
| | 19-44 YRS | 69 | 69 | 69 |
| | 45-64 YRS | 193 | 193 | 193 |
| | 65+ YRS | 577 | 578 | 579 |
| ETHNICITY | | | | |
| | WHITE | 706 | 707 | 708 |
| | UNKNOWN | 160 | 147 | 152 |
| | Asian | | ? | |
| | Other background | <10 | <10 | <10 |
| DISABILITY | | | | |
| | YES | ? | ? | ? |
| | NO | ? | ? | ? |

Table 3 Number of people with a protected characteristic(s) using telehealth and telecare, 2015/16, 2016/17 and 2017/18 comparison.

| | | 2015/16 | 2016/17 | 2017/18 (Apr-Jan) |
|-------------------|-------------------------|---------------|---------------|----------------------|
| GENDER | | | | |
| | FEMALE | 2264 | 2584 | 2203 |
| | MALE | 1084 | 1259 | 1021 |
| AGE | | | | |
| | 18-44 YRS | 43 | 38 | 50 |
| | 45-64 YRS | 249 | 306 | 271 |
| | 65+ YRS | 3057 | 3497 | 2897 |
| ETHNICITY | | | | |
| | WHITE | >10 | 3037 | 2720 |
| | UNKNOWN | | 220 | 279 |
| | Asian | | <10 | <10 |
| | Other background | | <10 | <10 |
| DISABILITY | | | | |
| | YES | >10 | 354 | 346 |
| | NO | | <10 | <10 |

There has been a reduction in the number of older people using community alarm. It is believed that this relates in part to charging, with alarms being installed later in life and at a time when individuals need other forms of support. There also appears to be an increase in the use of mobile phones which mean people can contact family whilst away from the landline.

Table 4 Number of adult protection investigations for people with a Protected characteristics, 2015/16, 2016/17 and 2017/18 comparison.

| | | 2015/16 | 2016/17 | 2017/18 |
|-------------------|--|---------------|---------------|---------|
| GENDER | | | | |
| | FEMALE | 13 | 12 | |
| | MALE | 12 | 15 | |
| AGE | | | | |
| | 16-34 YRS | <10 | <10 | |
| | 35-64 YRS | <10 | 11 | |
| | 65+ YRS | 15 | <10 | |
| | Not Known | 0 | 0 | |
| ETHNICITY | | | | |
| | WHITE | ? | 38 | |
| | Other ethnicity | ? | 0 | |
| | Not Known | ? | 0 | |
| DISABILITY | | | | |
| | YES-infirmity due to age | 12 | <10 | |
| | Yes-a mental health problem | <10 | <10 | |
| | Yes-a physical disability | 0 | <10 | |
| | Yes- dementia | <10 | | |
| | Yes- Learning Disability | <10 | | |
| | Yes- a substance misuse problem | <10 | | |

Adult protection reporting is in line with the cycle of annual reports for the Adult Protection Committee. No data is yet available for 2017/18.

No data has been collected so far on the Protected Characteristics of:

- Religion/belief
- Sexual orientation
- Transgender status

A collaborative work is currently under way to ensure 100% completion rate of the full equality monitoring form which has been recommended for us in service provision and at engagement activities.

The number of adult protection investigations is a small number of the overall referrals. The majority of referrals do not meet the criteria for an investigation.

EQUALITY OUTCOME 2

| | | |
|--|--|--|
| <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.</p> <p>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.</p> <p>National Health and Wellbeing Outcome 5: Health and social care services contribute to reducing health inequalities</p> <p>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</p> <p>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. (Tables 1 to 5)</p> <p>Number of people getting involved in service design through co-production and engagement opportunities.</p> <p>Joint strategic needs assessment updated annually.</p> |

PROGRESS AGAINST EQUALITY OUTCOME 2

| What we said we would do | What we have achieved |
|--|--|
| <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.</p> <p>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</p> <p>We will ensure that our planning and service delivery is informed by Equality Impact assessments.</p> <p>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> | <p>The assessment process including the approach to self-directed support is currently being reviewed to ensure that the assessment tools and guidance for staff delivers on person-centred approaches. People are making choices using the self-directed support options and the range of providers of personal care has increased across Angus.</p> <p>We have introduced a series of conversation sessions across localities, these will continue throughout 2018. We have introduced a Facebook page and twitter feed to ensure that we have engagement opportunities through a range of channels. Work is progressing on the development of a standalone website for the partnership.</p> <p>The equality impact assessment tool has been updated and guidance issued for staff. Assessments are provided along with IJB reports where appropriate.</p> <p>Specific equality impact assessments are undertaken on the impact of budget savings.</p> |

Table 1 Total number of people with protected characteristics using SDS, 2015/16, 2016/17 and 2017/18 comparison.

| | | 2015/16 | 2016/17 | 2017/18 |
|------------------|------------------|---------------|---------------|-------------|
| GENDER | | | | |
| | FEMALE | 824 | 974 | 1082 |
| | MALE | 538 | 667 | 736 |
| AGE | | | | |
| | 17-44 YRS | 29 | 250 | 261 |
| | 45-64 YRS | 96 | 203 | 212 |
| | 65+ YRS | 757 | 1190 | 1559 |
| ETHNICITY | | | | |
| | WHITE | 754 | 1304 | 1532 |
| | NON-WHITE | <10 | <10 | 10 |

The number of people accessing self directed support is increasing and is used by all supported people who meet the eligibility criteria.

Data on disability status, religion/belief, sexual orientation and gender reassignment have not been collected and further work will be under way to address the equality monitoring data gap.

The tables below (2 to 5) consider each option. Direct payments (option 1) continue to be the least used option. Supported people suggest that being responsible for and reporting on expenditure prohibits the use of direct payments. Most supported people do not wish to be employers with all the responsibility that entails. Most supported people wish to have services organised and managed on their behalf (option 3)

Table 2 Total number of people with protected characteristics using Option 1 – Direct Payments, 2015/16, 2016/17 and 2017/18 comparison

| | | 2015/16 | 2016/17 | 2017/18 |
|------------------|------------------|---------|---------|---------|
| GENDER | | | | |
| | FEMALE | 26 | 49 | 60 |
| | MALE | 25 | 34 | 52 |
| AGE | | | | |
| | 17-44 YRS | 12 | 19 | 26 |
| | 45-64 YRS | 16 | 23 | 39 |
| | 65+ YRS | 22 | 35 | 47 |
| ETHNICITY | | | | |
| | WHITE | 39 | 61 | 95 |
| | NON-WHITE | 0 | <10 | <10 |
| | UNKNOWN | 12 | 19 | 15 |

Table 3 Total number of people with protected characteristics using Option 2 – Directing the available resources, 2015/16, 2016/17 and 2017/18 comparison

| | | 2015/16 | 2016/17 | 2017/18 (Apr-Jan) |
|------------------|------------------|---------|---------|----------------------|
| GENDER | | | | |
| | FEMALE | 97 | 204 | 188 |
| | MALE | 88 | 126 | 184 |
| AGE | | | | |
| | 17-44 YRS | 52 | 72 | 80 |
| | 45-64 YRS | 41 | 50 | 56 |
| | 65+ YRS | 87 | 118 | 237 |
| ETHNICITY | | | | |
| | WHITE | 133 | 111 | 322 |
| | NON-WHITE | 48 | 0 | <10 |
| | UNKNOWN | 33 | 31 | 50 |

Table 4 Total number of people with protected characteristics using Option 3 – Local authority arranged, 2015/16, 2016/17 and 2017/18 comparison

| | | 2015/16 | 2016/17 | 2017/18 |
|------------------|------------------|---------------|---------------|---------------|
| GENDER | | | | |
| | FEMALE | 685 | 762 | 778 |
| | MALE | 384 | 482 | 464 |
| AGE | | | | |
| | 17-44 YRS | 103 | 136 | 135 |
| | 45-64 YRS | 344 | 109 | 102 |
| | 65+ YRS | 887 | 1000 | 1006 |
| ETHNICITY | | | | |
| | WHITE | 770 | 969 | 1035 |
| | NON-WHITE | <10 | <10 | <10 |
| | UNKNOWN | 19 | 29 | 45 |

Table 5 Total number of people with protected characteristics using Option 4 – Mix of option 1, 2 & 3, 2015/16, 2016/17 and 2017/18 comparison

| | | 2015/16 | 2016/17 | 2017/18 |
|------------------|------------------|---------------|---------------|---------------|
| GENDER | | | | |
| | FEMALE | 30 | 38 | 56 |
| | MALE | 24 | 34 | 36 |
| AGE | | | | |
| | 17-44 YRS | 19 | 24 | 20 |
| | 45-64 YRS | 12 | 14 | 15 |
| | 65+ YRS | 23 | 34 | 57 |
| ETHNICITY | | | | |
| | WHITE | 46 | 60 | 80 |
| | NON-WHITE | <10 | <10 | <10 |
| | UNKNOWN | <10 | 10 | <10 |

Number of people getting involved in service design through co-production and engagement opportunities

There are currently 170 people on virtual reference group relating to disability and age characteristics of both genders as well as carers of older and disabled people.

We launched the Angus HSCP Facebook page on 25 July 2017 and we have 726 followers with more joining each week. 86% of our followers are women and 28% of our followers are aged between 35 and 44 years.

Consideration is always given to accessibility of venues in the context of protected characteristics. We're making arrangements to standardise our approach to ensuring accessibility and plan to use a standard accessibility checklist as well as promote the NHS Highland's *Accessibility Guidance for Staff* in Angus. Our engagement activities are increasingly mainstreaming equality also by ensuring that equalities monitoring is embedded on monitoring/registrations and event evaluations.

66 people attended a 'Continuing the Conversation meeting in October 2017. 1 person was under the age of 30, 25 people were 31-55 years of age and 40 people were over 55 years.

54 people attended a 'Continuing the Conversation meeting in October 2017 52 people completed a feedback questionnaire. 5 people were under 30 years old, 25 people 31-55, and 22 people were over 55 years.

In relation to carers, the Angus Carers Voice Network (ACVN) was established in 2016 to ensure that all communities of carers are represented at relevant groups and meetings both locally and nationally and involved in strategic policy development. It identifies carers' reps for all meetings and groups within the HSCP and carers ensure timely consultation and feedback on these activities. It also provides carers with training and support to ensure that they feel confident in this role. The network meets every 6 weeks.

Implementation of the new Act has been co-ordinated by the Carers Planning & Development Group which includes representatives from carer's organisations and individual carers. Workstreams which have focused on different aspects of the legislation have drawn their membership from a broad range of stakeholders including members of ACVN. In addition to this, network meetings have focused on particular aspects of implementation such as the development of the Adult Carer Support Plan and Angus's Local Eligibility Criteria. The Carers Planning & Development Group will continue to monitor and evaluate implementation and ensure that carers and their representative organisations are central to this process.

In addition to implementation of the Carers Act, carers and their representative organisations have also been consulted in the past year as part of a Review of Care Management & District Nursing Services. Views were gathered in August 2017 via focus groups in each of the four localities to give carers the opportunity to share their views on service provision. A meeting was also held with workers at Angus Carers Centre to gather their views on services.

The key points raised included:

- There is a lack of clarity amongst carers about the roles of different practitioners e.g. why some people might have a care manager and others a Home Care Assessor.
- There is some excellent practice but an inconsistent picture, with carers not always feeling that professionals recognise and value their role and expertise.
- Communication can be improved, especially by giving carers the opportunity to speak about their situation in confidence i.e. not in front of the cared for person

Services are very good at reacting but could be more proactive.

Joint Strategic Needs Assessment updated annually

Population data has been updated as it has become available however this has not been published by the partnership. This data ensures accuracy in the development of rates for performance reporting.

The development of a strategic needs assessment is required to support the production of the Strategic Plan. A review of the published Joint Strategic Needs Assessment is currently underway to support the Strategic Planning Group in its development of the Strategic Commissioning Plan required in March 2019.

The updated Joint Strategic Needs Assessment will be publicly available in mid 2018. Not only does the needs assessment include more comprehensive data on protected equality characteristics, but it has also been complemented further of equalities evidence base which we developed to inform strategic decisions and ensure that Equality Impact Assessments on policies, strategies and service developments/redesigns are based on most current and local equalities evidence.

The website currently in development will ensure that needs assessment data can be updated as it becomes available without the need to update a single report repeatedly.

EQUALITY OUTCOME 3

| | | |
|---|---|---|
| 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> | |
| 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 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 | | |
| 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, | Number of community groups by locality. Number of people using befriending services. Level of funding released to the third sector to develop community based services. |

PROGRESS AGAINST EQUALITY OUTCOME 3

Number of community groups by locality.

Voluntary Action Angus report that 657 third sector organisations operate in Angus. Around one third are registered on the ALISS website

Number of people using befriending services.

Voluntary Action Angus are working on an Angus wide befriending plan, this will include establishing how many people are using befriending services and how many volunteers are supporting those services.

Level of funding released to the third sector to develop community based services

Angus Health and Social Care Partnership have provided in excess of £2.7million funding in 2018/19 to support third sector provision in Angus. This is around 2% of the IJB funding. This does not include expenditure on personal care services that are provided by third sector organisations.