

Draft

Moray Integration Joint Board

Equality Outcomes April 2016 – March 2020

What Moray Integration Joint Board (MIJB) wishes to achieve in the period April 2016 – March 2020 to progress equality both in the services it provides, and within the MIJB.

7th March 2016

This document is also available in large print and other formats and languages upon request. Please call **either Sandra Gracie on 01343 567184 ext 67184 or Don Toonen on 01343 563321**

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DRAFT

1. Foreword

The new Moray Integration Joint Board (MIJB) will commence on the 1st April 2016. It was created following the framework laid down in the Public Bodies (Joint Working) (Scotland) Act 2014 for the effective integration of adult health and social care services. The stated aims of the Act are to:

“...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure 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.”

The role of the MIJB is to direct a wide range of health and social care resources delegated by NHS Grampian and The Moray Council to achieve these aims.

The MIJB, managers, staff and partner agencies will work hard to deliver the highest quality of health and social care services for the people of Moray, working collaboratively through the Moray Community Planning Board as a statutory partner.

This is the Consultation Draft of our first Equality Outcomes Report covering the period 1st April 2016 to 31st March 2020. It is produced in compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and the requirements of the Equality and Human Rights Commission for Scotland, the main regulatory body. The report sets out what we wish to achieve over the next four years in the areas of:

- Race
- Disability
- Age
- Sex (male or female)
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Religion or belief

I do hope you will take the time to read this Consultation Draft and provide feedback on our proposals. We are here to serve the people of Moray and we wish to have meaningful engagement with the people of Moray for all aspects of our work.

Yours sincerely,

**Pam Gowans,
Chief Officer,
Moray Integration Joint Board**

2. Why produce this report?

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th May 2012. One of the requirements of the Regulations is that public bodies such as the new Moray Integration Joint Board (MIJB) must produce and publish an Equality Outcomes Report by 30th April 2016, and every four years thereafter, setting out the objectives we wish to achieve in the field of equality and diversity in each four year period. This report covers the period 1st April 2016 to 31st March 2020.

This Outcomes Report details the work we propose to carry out to progress equality for each of the 8 “protected characteristics” as defined by the Equality Act 2010 that are relevant to the Public Sector Equality Duty. These 8 protected characteristics are:

- Race
- Disability
- Age
- Sex (male or female)
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Religion or belief

The law requires that equality outcomes are designed to help us progress the requirements of Section 149 (1) of the Equality Act 2010 to:

“(a) eliminate discrimination, harassment, victimization and any other conduct that is prohibited under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

The development of the Equality Outcome measures have been informed by a series of workshop events held with both the joint health and social care workforce and the wider public in 2014/5. These workshops focused on discussing the 9 high level outcomes for integration and their significance for people who use health and social care services in Moray.

The importance of social justice and equality in terms of how people would access these services were two key themes that emerged from these workshops. This feedback not only informed the development of the range of local performance indicators, including the equality outcomes, but also informed the development of the Moray Integration Joint Boards Vision Statement.

Following a consultation exercise, the Moray Integration Strategic Plan (2016-2019) was adopted by the MIJB in March 2016. This document featured joint performance

management reporting arrangements. This also relates to how the Equality Outcomes will be considered and used to improve the delivery of services.

Comments can be made in any language or format preferred and will be given the fullest consideration by the MIJB. Details of how to make comments are shown at Section 15 on page 18.

3. Information about Moray IJB

The new Moray IJB was formally established from the 6th February 2016 and came into being on the 1st April 2016, the latest date by which the MIJB can enter a “go live” state.

a) Services provided

The services provided on behalf of the MIJB via Directions to The Moray Council and NHS Grampian, are listed at **Appendix I**. In summary the MIJB will take on responsibility for directing the resources in accordance with the strategic plan and in meeting the 9 national health and wellbeing outcomes by which the MIJB’s success will be measured. The services previously managed by the Moray Health and Social Care Partnership (MHSCP) will be operationally managed on behalf of the MIJB and parent bodies via the Moray Chief Officer with some additional adult health and social care services previously managed by NHS Grampian and The Moray Council included. For Moray this will include all of the mental health services delivered locally in the community and in secondary care and for community learning disabilities services.

Moray will also host Primary Care Contracting services and Primary Care Out of Hours services (GMED) on behalf of Aberdeenshire and Aberdeen City IJBs.

Childrens’ services, previously managed locally within the MHSCP, will continue to be managed locally via the Chief Officer on behalf of NHS Grampian but are not part of the delegated arrangements of the MIJB.

b) Resources used

In 2012/13, the cost of NHS services and social care in Moray totalled £172 million. This was split £121 million for NHS care and £51 million for social care. The top five cost areas were:

| Cost area | Expenditure | % of total spend |
|-------------------------------|--------------------|-------------------------|
| Emergency Hospital Admissions | £29 million | 17% |
| Community Health Servicers | £22 million | 12% |
| Care Homes | £17 million | 10% |
| Prescriptions | £15 million | 9% |
| Community Based Social Care | £15 million | 9% |

4. Moray Health Profile

Key observations

At the 2011 Census, the population of Moray was 93,295.

Moray's population is ageing, consistent with national trends. Increasing life expectancy is to be celebrated, and increasing age is observable as being associated with greater requirements for health and social care. The best health systems are proactive in maintaining and improving the health of their served population, not solely reactive to health problems only once they have occurred. Moray's 'older population' are young and middle-aged people now, so prevention efforts must include this whole population.

Moray tends to score well for the social and economic factors that underpin good health, when compared to the Scottish national average. However, its rurality is a known issue that can cause people difficulty in accessing services, and despite high average employment and low overall income deprivation, Moray has a higher proportion than average of households reported to be living in fuel poverty. Moray also has an above average level of road traffic accident casualties in Scotland. Moray tends to have an overall health profile that is better than the Scottish national average. However behind this lies evidence of variation in health status, with some communities reporting greater levels of health problems than others.

Key observations per protected characteristic

The data underlying the Moray Health Profile focuses mainly on the protected characteristics of age, disability and sex. The relatively small population of Moray makes it difficult to get meaningful data relating health inequalities to the protected characteristics of race, religion, sexual orientation and gender reassignment.

The National Records for Scotland estimates that mid-year population of Moray for 2014 is 94,750 of which 48,094 are female and 46,656 are male. According to the 2011 Census, 96% of the population of Moray was white British, 0.7% Asian, 0.2% African Caribbean and 0.3% from other ethnic groups. **[further explanation of how to obtain data covering other protected characteristics]**

5. Equality Outcomes

The Equality Outcomes presented in this report have been designed to complement the outcomes of the Moray Strategic Plan 2016 – 2019 and the strategy for unpaid carers. The strategic plan is based on a wealth of data summarised in the Moray Health Profile.

The main purpose of the Moray Strategic Plan is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The strategy covers all adults aged 18+, who use our health and social care services which are agreed as in scope of integrated services. These are listed in Appendix 1 of the Moray Strategic Plan.

By its nature, the emphasis in the Moray Strategic Plan is on the protected characteristics of age and disability. The strategic outcomes from the Strategic Plan are (Moray Strategic Plan 2016-2019: p.20):

1. More people will live well in their communities – the population will be responsible for their own health and wellbeing – the community will respond to individual outcomes.
2. Carers can continue their caring role whilst maintaining their own health and wellbeing.
3. Relationships will be transformed to be honest, fair and equal.
4. Invest in a seamless workforce to ensure that skills, competencies and confidence match the needs to enable people to maintain their wellbeing.
5. Technology enabled care considered at every intervention.
6. Infrastructure and redesign.

The strategic aims from the strategy for unpaid carers (Carry on Caring 2016 – 2019) are:

1. That unpaid carers have a life outside of their caring roles and are supported to feel less isolated. They are supported to recognise the skills and knowledge they have to enable them to use their expertise in other areas of their everyday life.
2. That unpaid carers have consistent, effective and available information that is relevant, appropriate and easy to find.
3. That unpaid carers are supported to be aware of and to look after their own health and wellbeing so that they can continue to care.
4. That unpaid carers have access to appropriate, flexible and individualised short breaks and/or respite services that meet the needs for them and the people they care for.
5. That unpaid carers are supported and enabled to identify themselves as a carer as well as receiving the same recognition for Health and Social Care and employers.
6. That unpaid carers have meaningful opportunities to be involved and listened to at a strategic level and that their profile is raised in the community so that our locality is more carer friendly.

Following on from the strategic aims, the equality outcomes for the MIJB are:

1. The rate per 1,000 people aged 65+ who receive intensive care at home will be 19 for each of the four years of these Equality Outcomes. This represents a slight increase from the current rate (18.75). The new target takes account of the expectation that people live longer and that there will be an increase of the number of people in the upper age range of this group and therefore an increase in the number of people with multiple conditions.
2. The rate per 1,000 people aged 65+ who are in permanent care will be 28 for each of the four years of these Equality Outcomes. This represents a slight drop from the current rate of 29.87.
3. Of people aged 65+ who receive care, 95% will report having more things to do for each of the four years of these Equality Outcomes. The current rate is 90%.
4. Of the people who receive care, 95% will report feeling safe for each of the four years of these Equality Outcomes. The current rate is 90%. The majority

of this group in Moray are older people (78%). The remaining group are people with a disability, broken down as Physical and Sensory Impairment (9%), Learning Disabilities (9%) and Mental Health (3%),

5. Of all unpaid carers for 95% will feel supported and capable to continue their role as a carer for each of the four years of these Equality Outcomes.

At the moment it is not possible to further develop these outcomes for other groups protected under the Equality Act 2010. This is because the information isn't available (religion, sexual orientation, gender reassignment), or because the numbers are very small as is the case in relation to race.

The 2011 census figures for ethnicity for those aged 65+ are:

Table 1: People in Moray aged 65+ by Ethnic Group

| | All People | White: total | Mixed or multiple ethnic groups | Asian, Asian Scottish or Asian British | African Total | Caribbean or Black: Total | Other Ethnic groups: Total |
|--------|------------|--------------|---------------------------------|--|---------------|---------------------------|----------------------------|
| All | 17,222 | 17,153 | 12 | 41 | 9 | 5 | 2 |
| Male | 7,600 | 7,574 | 5 | 14 | 5 | 2 | 0 |
| Female | 9,622 | 9,579 | 7 | 27 | 4 | 3 | 2 |

Over the next four years, work will be carried out to improve the equality data for the various service users and unpaid carers. The recent arrival of Syrian refugees in Moray, who are being supported by the Community Planning partners, gives an opportunity to gather qualitative data on access to health and social care for minority ethnic groups.

The outcomes outlined here and the activities that underpin them have relevance to all the three elements of the Public Sector Equality Duties. These are having due regard to the need to:

- **Eliminate discrimination, harassment, victimisation and other conduct prohibited by the Equality Act.** The overall aim of the outcomes is to ensure that older people and those with a disability are looked after in their community and feel safe. We aim to have supportive local communities which have the capacity to provide care and support with and for people. Growing community capacity that focuses on early intervention and a preventative approach will reduce isolation and loneliness, enable participation, improve independence and wellbeing and delay escalation of dependency and need for more complex care and support.
- **Promote equality of opportunity even if this means treating some groups more favourably than others.** The outcomes are underpinned by a range of activities to ensure that older people and people with a disability have access to the services they need as well as access to activities that they feel are meaningful. The activities undertaken will include further

development and use of technology enabled care, partnership working with The Moray Council to ensure that more accessible housing is made available, and investment in activities that promote positive mental health and wellbeing.

- **Foster good relations between groups that share a protected characteristic and those that don't.** Our developing relationship with the third sector will support us to continue the development of a moray based third sector network focused on health and wellbeing in our communities. It should be recognised that people living with multiple conditions can benefit greatly from peer support, either in person or online, and that this can help them to self-manage and build their personal resilience. Activities will include awareness raising to reduce the stigma of mental health, developing dementia friendly communities and developing networks to facilitate peer support locally in partnership with the third sector.

Reporting on outcomes

It is anticipated that during 2016, systems will be put in place to report quarterly on progress with the outcomes to the MIJB. A separate webpage will be created on the websites of the Moray Council and NHS Grampian where these reports will be made public.