Moray Integration Joint Board

Thursday, 29 April 2021

remote locations via video conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **remote locations via video conference**, on **Thursday, 29 April 2021** at **13:00** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Dennis Robertson (Chair)

Councillor Shona Morrison (Vice-Chair)
Professor Siladitya Bhattacharya (Voting Member)
Professor Nicholas Fluck (Voting Member)
Mr Sandy Riddell (Voting Member)
Councillor Frank Brown (Voting Member)
Councillor Theresa Coull (Voting Member)
Councillor John Divers (Voting Member)
Professor Caroline Hiscox (Ex-Officio)Mr Roddy Burns (Ex-Officio)

Ms Tracey Abdy (Non-Voting Member)
Mr Ivan Augustus (Non-Voting Member)
Ms Elidh Brown (Non-Voting Member)
Mr Sean Coady (Non-Voting Member)
Ms Karen Donaldson (Non-Voting Member)
Jane Ewen (Non-Voting Member)
Mr Steven Lindsay (Non-Voting Member)
Mr Chris Littlejohn (Non-Voting Member)
Ms Jane Mackie (Non-Voting Member)
Dr Malcolm Metcalfe (Non-Voting Member)
Mrs Val Thatcher (Non-Voting Member)
Dr Lewis Walker (Non-Voting Member)
Simon Bokor-Ingram (Non-Voting Member)

Clerk Name:	
Clerk Telephone:	01343 563014
Clerk Email:	committee.services@moray.gov.uk

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 APRIL 2021**

SUBJECT: **MEMBERSHIP OF BOARD AND COMMITTEES**

BY: **CORPORATE MANAGER**

1.   REASON FOR REPORT

1.1. To inform the Board of changes to Membership due to the requirement for the Chair and Vice-Chair positions on the Board to rotate between NHS Grampian and Moray Council.

2.   RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB):

   i)   notes the Chair and Vice-Chair were due to rotate on 1 April 2021 and confirms the Vice-Chair appointment;

   ii)   agrees a new Chair for the Audit, Performance and Risk (APR) Committee from the voting membership of NHS Grampian; and

   iii) notes the progress update for the proposed increase in voting membership.

3.   BACKGROUND

3.1. At the meeting of the Board on 29 August 2019 (para 9 of the minute refers) the Board approved the rotation of Chair from a Council to a Health Board Member in October 2019.

3.2. As the current Vice-Chair of the Board, Councillor Shona Morrison will take on the role of Chair with effect from 29 April 2021.

3.3. It is for NHS Grampian to nominate a new Vice-Chair of the Board.

3.4. Due to the rotation of Chair/Vice-Chair of the Board there is a requirement to appoint a NHS Grampian voting member as Chair of the APR Committee to take up post with effect from 29 April 2021. This cannot be the Chair or Vice-Chair of the Board.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The Chair and Vice-Chair of the Board is allocated on a rotational basis every 18 months. The next rotation is due on 1 October 2022.

4.2. The Chair of the APR Committee requires to be appointed from a member of the organisation which does not Chair the Board. As Councillor Morrison is the incumbent Chair of the Board, the new Chair of APR Committee must be a NHS Grampian voting member.

4.3. The current NHSG members of APR Committee are Mr Nick Fluck and Mr Sandy Riddell and would be eligible for appointment of Chair of APR Committee.

4.4. Mr Sandy Riddell is the current Chair of Clinical and Care Governance (CCG) Committee. This committee is required to be chaired by a NHSG voting member.

4.5. The consultation process for the proposal to increase the number of voting members has completed, no comments have been received. This matter is in the process of being referred to the Scottish Government for ratification. There is no specified timescale for response, however, when the response is received members will be notified immediately. In the interim, the standing orders and scheme of administration are being reviewed to identify areas for amendment in regard to increasing the membership and a report will be submitted to the Board once the response from Scottish Government is received.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
Effective governance arrangements support the development and delivery of priorities and plans.

(b) Policy and Legal
The Board, through its approved Standing Orders for Meetings, established under the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014, ensures that affairs are administered in accordance with the law, probity and proper standards.

(c) Financial implications
There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation
There are no risk implications arising as a direct result of this report.

(e) Staffing Implications
There are no staffing implications arising as a direct result of this report.

(f) Property
There are no property implications arising as a direct result of this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as the report is to inform the Board of changes required to membership of the Board and APR Committee.

(h)   Consultations
Consultation on this report has taken place with the Senior Solicitor (Litigation and Social Care) and Tracey Sutherland, Committee Services Officer, Moray Council, who are in agreement with the report where it relates to their area of responsibility.

6.   <u>CONCLUSION</u>

6.1. The rotation in Chair and Vice-Chair of the Board at 29 April 2021 should be noted and Vice-Chair confirmed.

6.2. A Chair of APR Committee should be appointed from the NHSG voting membership of the Board.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: None
Ref:

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 APRIL 2021

SUBJECT: EQUALITIES MAINSTREAMING PROGRESS REPORT 2019-2021

BY: CHIEF OFFICER

1.   REASON FOR REPORT

1.1   To seek approval of the revised Moray Integration Joint Board (MIJB) Equality Mainstreaming Progress Report 2019-21.

1.2   To inform the MIJB of planned work in relation to equalities mainstreaming and outcomes for 2021/22.

2.   RECOMMENDATION

2.1   It is recommended that the MIJB:-

i)   consider and approve the revised MIJB set of equality outcomes and the specific focuses;

ii) consider and approve the revised MIJB Equality Mainstreaming Progress Report 2019-21 (APPENDIX 1); and

iii) approve the further development of the work required to be undertaken in relation to the Equality Outcomes, in tandem with the development of re-mobilisation plans and the Strategic Transformation Implementation Plan and a progress report be submitted to the Board by March 2022.

3.   BACKGROUND

The Public Sector Equality Duty

3.1   The Public Sector Equality Duty, laid out in the Equality Act 2010 (the Act), came into force in Scotland in April 2011. This equality duty is often referred to as the "general duty" and it requires public authorities to have "due regard" to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act;

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
- Foster good relations between people who share a protected characteristic and those who do not.

3.2 The general duty covers the following protected characteristics: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion/belief; and, race.

Equalities Outcomes

3.3 Integration Joint Boards were added to the list of public authorities subject to the requirements of the Act in 2015 and were required to publish Equality and Mainstreaming Outcomes plans by the end of April 2016.

3.4 The first MIJB Equality Outcomes and Mainstreaming Equalities Framework was published in April 2016 following approval by the Board on 28 April 2016 (para 7 of the minute refers). The Equality Outcomes contained within the framework were subject to consultation, including representation from people who have protected characteristics, and were intended to contribute to the strategic priorities and shifts identified within the Strategic Commissioning Plan. A report on progress was submitted to the MIJB on 26 April 2018 and further work was required (para 8 of the minute refers) with a final report being agreed by the Board on 28 June 2018 (para 11 of the minute refers).

3.5 In the 2018 report it was identified that the wording of the outcomes was too specific to facilitate reporting of the progress made across the wider service. It was agreed that revised outcomes should be developed in tandem with the development of the new Strategic Plan and presented for consideration prior to March 2019. There were delays in the compilation and approval of the Strategic Plan and Transformation Plan which impacted on the ability to progress the revision of equality outcomes prior to the Coronavirus Pandemic.

3.6 The Pandemic impacted on all aspects of work for Health and Social Care Services and will continue to do so with regard to the health debt that has accrued, some of which is known but most of which is currently unquantified and some of it is not yet known.

3.7 There is a requirement to review Equality and Mainstreaming Outcomes at least every four years; meaning the first substantive review in Moray was due by 1 April 2020. A short life working group was established early 2021 to rework the outcomes and provide a basis for reporting performance and demonstrating implementation across the whole of Health and Social Care services, whilst ensuring alignment to the "Partners in Care" Strategic Plan 2019-29. The outcomes are intended to be high level statements that will be underpinned by key areas of focus that will be reflective of the areas of work that are being undertaken.

The proposed Outcomes

3.8 **Equality Outcome 1: Everyone across Moray (including those who share a protected characteristic and those who do not) has the opportunity for good health and wellbeing across their lifespan.**

3.9 This outcome seeks to empower individuals to take charge of their own health and wellbeing; be active, make positive choice and feel connected within their communities; But also recognises that wider inequalities that effect Health and wellbeing as well as the need for prevention and early intervention to mitigate health consequences.

3.10 Specific key focuses:-
- Health & Social Care Moray (HSCM) will mitigate or minimise health inequalities across the life span
- HSCM enables individuals to self-manage their conditions
- HSCM supports individuals to make positive Health and Wellbeing choices
- Individuals are connected with communities

3.11 **Equality Outcome 2: Everyone across Moray (including those who share a protected characteristic and those who do not) has equitable access to Health and Social Care Services and are supported to live as independently as possible.**

3.12 This includes having the opportunity:-
- to access to person led Health and Social Care Services;
- being supported to make informed decisions about their care, and
- to feel more in control of their lives.

3.13 Specific Focuses:-
- Service users and their carers, are supported in accessing services. Services work proactively to develop ways for people to access services remotely, reducing the need for people to travel.
- Services support individuals to identify and achieve their support outcomes using a variety of options. Self-Direct Support is promoted
- Service users should have a say in local service delivery services and more in involvement in designing and delivering these services
- HSCM Services understand and support the needs of communities and individuals
- Informal carers are treated with values and principles of HSCM. They are supported and respected

3.14 **Equality Outcome 3: Health and Social Care staff understand the needs of people with different protected characteristics, are able to support them and promote diversity in the work they do.**

3.15 Specific Focuses:-
- All staff to receive feedback and are given development opportunities aligned to the common values and principles of HSCM.
- All staff are aware of issues affecting health equalities and receive training, appropriate for their roles.

- The health and wellbeing of staff is prioritised and supported. Opportunities for personal well-being, development and learning are provided for all employees.

3.16   The proposed outcomes have been reviewed by service managers but there has not yet been sufficient consultation and engagement with people with protected characteristics or those who represent them. It is intended that this consultation and engagement be progressed during this year, and that this prioritisation will be aligned to the Strategic Transformation Implementation Plan and performance measures will be clearly defined and an update will be provided to the Board by March 2022.

Equality Mainstreaming Progress Report 2019-21

3.17   The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) impose "specific duties" on Scottish public authorities to publish a set of Equality Outcomes and a report showing progress being made in mainstreaming equality at intervals of not more than two years.

3.18   A progress report was submitted to the Board in April 2018 and following additional work was approved at the MIJB meeting on 26 June 2018 (para 11 of the draft Minute refers). The next report was due to be submitted in April 2020 but this was delayed due to the priority of responding to the pandemic.

3.19   The report demonstrates the significant amount of work undertaken, and improvements made, across services to reduce inequalities in general, and there has been a concerted effort to address the particular challenges presented by the pandemic.

3.20   The Regulations specify that Equality Mainstreaming Progress Reports must be clearly identifiable and accessible to any member of the public who may have an interest in them. The Equality and Human Rights Commission recommends that reports are published on websites in a location that is easy to find and in a format that is compatible with accessibility features, such as screen reading facilities for people with sight impairments. It is therefore intended that, following approval, the report will be designed in compliance with accessibility standards, and uploaded onto the HSCM website. In addition, copies will be offered in appropriate formats to organisations and identifiable community groups who are known to have a specific interest in the rights of people with protected characteristics.

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

Equalities Mainstreaming and Outcomes Priorities for 2021/22

4.1   A key priority during 2021/22 will be to progress the review of the MIJB's Equality Outcomes to reflect the desired outcomes of affected communities. It is intended that the Strategic Planning and Commissioning Group will give clear recommendations in relation to how equalities issues are supported, governed, monitored and driven forward by HSCM. This group will review the equality outcomes and key focus areas ensuring alignment to the Strategic Transformation Implementation Plan.

4.2　It is intended that an update on the Equality outcomes be available for submission to the MIJB by March 2022.

5.　SUMMARY OF IMPLICATIONS

(a)　Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"

This report forms part of the governance arrangements of MIJB Strategic Plan.

(b)　Policy and Legal

It is recognised that the MIJB is directly subject to the Public Sector Equality Duty and therefore continues to address equalities matters through integration arrangements to ensure compliance with the Equality Act 2010 (specific duties) (Scotland) Regulations 2012.

(c)　Financial implications

None directly arising from this report.

(d)　Risk implications

Failure to comply with the commitments of the Public Sector Equality Duty would result in services delegated to the MIJB not meeting the needs of people who share protected characteristics, leading to poorer outcomes and a widening inequality gap.

(e)　Staffing implications

None directly arising from this report.

(f)　Property

None directly arising from this report.

(g)　Equalities/Socio Economic Impact

None directly arising from this report.

(h)　Consultations

Consultations have been undertaken with the Senior Solicitor (Litigation and Social Care), Equal Opportunities Officer, Moray Council, Chief Financial Officer, MIJB and Tracey Sutherland, Committee Services Officer, Moray Council who are in agreement with the content of this report where it relates to their area of responsibility.

6.　CONCLUSION

6.1　This report outlines the proposed revised Equalities Outcomes and the MIJB Equality Mainstreaming Progress Report 2019-21. This report also describes further development work to be undertaken in relation to the Equality Outcomes, in tandem with the development of re-mobilisation plans and the Strategic Transformation Implementation Plan. A report on progress on refining the outcomes be submitted to this committee by March 2022.

Author of Report: Jeanette Netherwood,
Background Papers: Held with author
Ref:

Moray Integration Joint Board

Equality Mainstreaming & Outcomes Report 2019-2021

This report provides an overview of progress made in achieving Moray Integration Joint Board's equality outcomes over the last two years. It identifies areas for improvement and priorities for the next year in relation to equalities mainstreaming. The report is compliant with the Equality Act 2010, supplementary regulations and guidance issued by the Equality and Human Rights Commission.

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1. <u>Foreword</u>

I am pleased to present an update of the progress that Health and Social Care Moray have made on the mainstreaming of equalities across services over the last 2 years.

Whilst the last year has required a concerted focus on meeting the challenges of a Covid pandemic, positive steps have continued to be taken to incorporate and further develop equalities into our policies and processes, and our teams have actively engaged in meeting the needs of people with protected characteristics despite the complexities that Covid has created.

The last year has been hugely challenging, but has also brought into sharp relief the opportunities for how we transform services to better meet the needs of individuals. As well as outlining the progress made on our equality outcomes, this report will provide examples of actions taken across the wider service. As we move forwards from the last year, our focus will be on delivering better, and how with partner agencies and community groups we can gain traction on tackling inequalities and deprivation, and reaching those who may find accessing services more challenging.

Simon Bokor-Ingram
Chief Officer

2. <u>Background</u>

The Equality Act 2010

The public sector equality duty, laid out in the Equality Act 2010 (the Act), came into force in Scotland in April 2011. This equality duty is often referred to as the "general duty" and it requires public authorities (including Integration Joint Boards) to have "due regard" to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- 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.

The general duty covers the following protected characteristics:

- Age
- Disability
- Sex
- Gender reassignment
- Pregnancy and maternity
- Sexual orientation
- Marriage and civil partnership
- Religion, belief or lack of religion/belief
- Race

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) also impose "specific duties" on Scottish public authorities to publish a set of Equality Outcomes and a report demonstrating the progress being made in mainstreaming equality ,at intervals of not more than 2 years.

The Moray Integration Joint Board's (MIJB) previous Equality Outcomes and Mainstreaming Equalities Framework was published in April 2018 and can be found at: http://www.moray.gov.uk/moray_standard/page_100266.html

It should be noted that as the MIJB does not employ staff directly there is no requirement to produce or publish employee information. This information is reported by the two employing organisations (Moray Council and NHS Grampian). However access to employee information is available for functions delegated to the MIJB to allow it to meet the general and specific equality duties with which it has to comply.
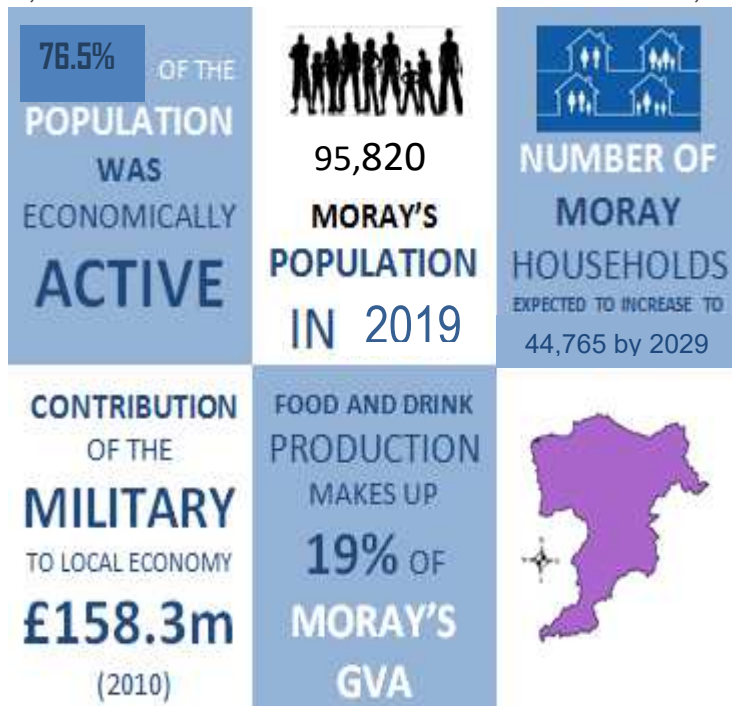
It is also recognised that the MIJB will actively participate in work undertaken by Moray Council and NHS Grampian to address employment provisions within the Act and to further embed equality mainstreaming within the delegated workforce.

3. Moray in the context of Equalities

3.1 Demographics

The National Records of Scotland report indicates that in 2019 Moray's population was 95,820 and its total number of households was 42,932, projecting to increase to 44,114 by 2024 and to 44,765 by 2029. Between October 2019 and September 2020, 76.5% of the population in Moray aged between 16-64 years old was economically active. From the male population in that age group, 80% were economically active[1] and in the female population it was 73%. Moray residents are, on average, more likely to be economically active and will contribute the national average Gross Value Added (GVA) per capita compared to people living in other parts of Scotland. However, on average they will earn lower salaries than people living elsewhere.

Two key factors are seen as having a major impact on the Moray economy: the missing generation of 16-29 year olds, and the issue of fair work for women, with evidence of occupational segregation, a significant gender pay gap, and additional under-employment issues for women.

The Moray economy relies heavily on micro enterprises (those with 10 or fewer employees) which make-up 88.5% of all Moray businesses. There are 365 small and medium sized enterprises (10 – 249 employees), and just 10 large enterprises with more than 250 employees. Furthermore, there are fewer professional jobs in Moray, but there is a higher proportion of skilled tradespeople. Earnings in the region are below the Scottish average and 15% below the average earnings for our neighbours in Aberdeen City. Moray ranks 23rd out of all the Scottish local authorities for earnings.

Access to key services, public spaces and retail centres is poorer in Moray than Scotland generally, possibly due to poorer public transport networks. In addition, Moray faces a declining working age population, while the number of residents of pensionable age and over is projected to increase by 33% by 2039. However, unemployment in Moray Between

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[1] Economically active means those in work or actively seeking work

October 2019 and September 2020 was 3.4%, fractionally lower than Scotland's overall average of 3.5%, and down from the peak of 5.3% in 2011.

Projected decrease in Moray's population between 2018 and 2028 is almost negligible at 0.12%, while the projected rate for Scotland is expected to rise by 1.8%. The 65+ age group is expected to increase by 22.2%, to 24,962 (or 26.2% of the projected population). Moray households are expected to increase to 44,765 by 2029, from 42,932 in 2019 (+4.3%).

Moray's population increase is mainly driven by net migration. Numbers decreased from the peak of 600 in 2013 until 2017 when there was no net migration. During the period 2019-20, the level of inward migration in Moray was 2,929, a 2.2% decrease from 2,994 in the period 2018-19. The level of outward migration in Moray was 2,661, which is a 1.5% decrease from 2,688 in 2018-9.

In considering data by Protected Characteristic, the following is noted:

Age

In the 20 years from 1999 to 2019 Moray's population grew by 10.4% from 86,800 to 95,820. The number of people aged 0 to 15 reduced by 9.3% during this period, and the number of 25 to 44 year olds decreased by 14.7% from 25,864 to 22,070. The biggest increase was in the 75 and over age group which grew by 55.8% (6,050 to 9,423). To provide some context this age group across the whole of Scotland increased by only 32.9%. (Source: NRS population estimates).

Religion or Belief

There has been an upward trend in the proportion of adults reporting not having a religion, from 40% in 2009 to 59% in 2019. There has also been a corresponding decrease in the proportion reporting 'Church of Scotland', from 38% to 17%. 7% of respondents declared themselves as Roman Catholic, and 14% as Other. (Source: 2019 Scottish Household Survey (Moray))

Marriage and Civil Partnership

In 2019, 301 marriages were registered in Moray (the 24th highest number out of the 32 local authority areas in Scotland); this is a 13.5% decrease from 348 in 2018. There were 0 civil partnerships registered in Moray. As of 2019, the majority (%) of adults aged 16 to 34 have never been married or been in a same sex civil partnership. For those in the age bands between 35 to 74, marriage is the predominant status and accounts for 82% of adults across these categories and 32% for those aged 60 or over. 9% of adults are widowed or are a bereaved civil partner (Source: 2019 Scottish Household Survey (Moray)).

Race

More than 99% of the sample of Moray residents selected for the 2019 Scottish Household Survey all stated that they were white; less than 1% stated they were Asian, Asian Scottish or Asian British. A more useful picture of ethnicity in Moray is available from the Census 2011 data, which is still the most recent data until the next Census, which is scheduled to take place in 2022. 78% of Moray residents were White – Scottish, with White – Other British the second largest group at 18%. 1.1% of the population were Polish, with just 0.6% Asian, Asian Scottish or Asian British, and 0.5% other non-white ethnic groups. (Source: Census 2011)

Disability

As per Census 2011, 7.6% of Moray's population had a long term health problem or disability which limited their day-to-day activities a lot; 10.2% were limited a little. Almost a third (29.1%) of the population had one or more health conditions. (Source: Census 2011)

Pregnancy and Maternity

There were 824 births in Moray in 2019[2]. The most common age group was 30 to 34 years old with 270 births (33.1%), with 19 year olds and younger accounting for the fewest; 13 births (2.3%). During the 3-year period 2017/18 to 2019/20, on average 36.15% of babies were exclusively breastfed at their 6-8 week health review, above the Scottish average of 31.24%. (Source: NRS and ScotPHO)

Sex (Gender)

In 2019 the resident population in Moray consisted of 47,546 males and 48,274 females. From that, 80.2% of males and 72.6% of females were economically active. (Source: Office for National Statistics). For men living in Moray, life expectancy is 79.1 years, compared to the Scottish male national average of 77.2 years. For women, life expectancy is 81.5 years, compared to the national average of 81.1 (Source: National Records of Scotland).

Sexual Orientation

95% respondents to the Scottish Household Survey in 2019 identified themselves as Heterosexual/Straight, 3% as Gay/Lesbian, 1% as Bisexual; 1% refused to disclose. (Source: 2019 Scottish Household Survey).

Gender Reassignment

There are no records on numbers for this Protected Characteristic. Data on gender identity was not collected in the last census; however research and testing is underway in the lead up to the next census in 2022 which may enable better monitoring of this in future.

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[2] NRS data. 810 recorded by ISD

4. Equality Outcomes

The vision of the Moray Integration Joint Board "Partners in Care" Strategic Plan 2019 to 2029 "We will come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives".

The equality outcomes presented in this report were designed to complement the strategic themes of this plan; Building Resilience, Home First and Partners in Care. They are targeted to demonstrate progress in advancing equality in the main areas highlighted in the analysis of the population of Moray and the health and wellbeing needs identified in section 3 above. The overarching priority for us is that for all individuals experiencing challenges with their health and wellbeing, we seek to understand how we can intervene helpfully to ensure independence is retained, enabling people to be in charge of their own future where they can make choices around what is important for them and the ways in which this can happen. It is especially important for us to identify and take action to support those who have protected characteristics.

The forecasts for the aging population identify the significant challenge in terms of strategic planning to meet future needs whilst ensuring opportunities are available for those who want it. For Moray IJB, the predominate key protected characteristics requiring a continued focused are age, (specifically over 65 years old) and disability. Related to work in these areas there was also a focus on carers.

Work has been undertaken by a short life group to review and identify the outcomes whilst aligning to the strategic plan objectives. Whilst it is recognised that there is more work to be progressed in relation to wider consultation and engagement with the third sector and partners providing care, the consultation to date has been in agreement with the key areas of focus.

The overarching outcomes identified are as follows:-

Equality Outcome 1

Everyone across Moray (including those who share a protected characteristic and those who do not) has the opportunity for good health and wellbeing across their lifespan.

This outcome seeks to empower individuals to take charge of their own health and wellbeing; be active, make positive choice and feel connected within their communities; But also recognises that wider inequalities that effect Health and wellbeing as well as the need for prevention and early intervention to mitigate health consequences.

Specific focuses:-
1.1 HSCM will mitigate or minimize health inequalities across the life span
1.2 HSCM enables individuals to self-manage their conditions
1.3 HSCM supports individuals to make positive Health and Wellbeing choices
1.4 Individuals are connected with communities

Equality Outcome 2

Everyone across Moray (including those who share a protected characteristic and those who do not) has equitable access to Health and Social Care Services and are supported to live as independently as possible.

This includes having the opportunity:-

- to access to person led Health and Social Care Services;
- being supported to make informed decisions about their care, and
- to feel more in control of their lives.

Specific Focuses:-

2.1 Service users and their carers, are supported in accessing services. Services work proactively to develop ways for people to access services remotely, reducing the need for people to travel.

2.2 Services support individuals to identify and achieve their support outcomes using a variety of options. Self-Direct Support is promoted

2.3 Service users should have a say in local service delivery services and more in involvement in designing and delivering these services

2.4 HSCM Services understand and support the needs of communities and individuals

2.5 Informal carers are treated with values and principles of HSCM. They are supported and respected

Equality Outcome 3

Health and Social Care staff understand the needs of people with different protected characteristics, are able to support them and promote diversity in the work they do.

Specific Focuses:-

3.1 All staff to receive feedback and are given development opportunities aligned to the common values and principles of HSCM.

3.2 All staff are aware of issues affecting health equalities and receive training, appropriate for their roles.

3.3 The health and wellbeing of staff is prioritised and supported. Opportunities for personal well-being, development and learning are provided for all employees.

5. Mainstreaming

Leadership

Responsibility for compliance with the equality legislation lies with the MIJB. The Chief Officer and Senior Management team ensure that the necessary steps are taken to implement the requirements of the legislation.

With the appointment of Locality Managers work undertaken to establish Local Forums to represent the local communities and it is intended this framework will be further developed to integrate involvement in developing current and future service delivery requirements.

The governance of the "Home First" theme, a Grampian wide theme that has locally identified projects, has included involvement and input from the third sector, carers and staff. These projects will help those with protected characteristics of age and disability for example Discharge to Assess, reduces the likelihood of elderly people, who can be treated, rehabilitated and supported safely at home, from being admitted to hospital and the provision of a Virtual Pulmonary Rehab Programme which has supported people with COPD to adopt self-management strategies, participate in virtual exercise programmes and build their peer network. The collaborative working and input from various professional and those with lived experience is proving valuable and will be taken forward.

Performance

The implementation of the performance framework continues and is being further developed to facilitate locality management. As this progresses it will assist in highlight and understanding the priorities for particular communities and will inform effective strategic decision making of the MIJB and management decisions surrounding service delivery.

Training

Staff awareness, understanding and actions are considered and essential element to be able to mainstream equalities, which is why it is a particular focus in an outcome. Whilst resources are limited there is a focus on ensuring equality and diversity training is provided for employees. Additional role specific training is provided where identified which is monitored by service managers.

Engagement

In order to make the best decisions for people and their communities it is essential that they are involved in the identification of needs and potential solutions. Staff are involved in a wide variety of engagement opportunities with the people they work with and the wider community in Moray and actively work to promote positive relationships. Over the past year traditional forms of engagement have not been possible due to the pandemic so there has been more reliance on virtual solutions or social media. This in itself can be a barrier so there is work underway to identify alternative methods and to utilise existing relationships and groups in the community.

6. Progress against current outcomes

Impact of Covid

The Corona Virus Pandemic of 2020 impacted significantly on all aspects of people's lives. Many services had to be suspended due to safety considerations and resources required to be prioritised to the greatest need. Many of those affected would have protected characteristics of age and disability. Whilst every effort was undertaken to mitigate the impact for individuals, there will have been some who have been negatively impacted and it is not possible to know at this stage what the longer term health impacts across the population will be.

Despite the significant challenges, there have been many examples where teams have worked to engage with people to work round the issues and establish alternative ways of supporting people and some case studies are set out below.

a) Unpaid carers/self-directed support (SDS)

Services were suspended due to Covid – this impacted those with age and disability protected characteristics.

Actions

i)   Remobilisation Group was established.

Engagement with Quarriers to ensure carers' voices were heard. 8 sessions were held with unpaid carers, facilitated by SDS staff and the Public Engagement Officer. This resulted in the development of a Market Position Statement which informs ongoing remobilisation work.

Part of this work was to engage with providers to continue to provide services, previously buildings-based, online during the pandemic. Examples were Dreamtime, who provide support under SDS option 2, who moved their day activities online and Quarriers who provided support to unpaid carers online. The options to provide support and services online have opened up the opportunity, after the pandemic, to reach people who may not wish to access buildings based support thus increasing choice.

To encourage people to meet their outcomes in creative way, where services closed we

1) Undertook Social Work reviews with a focus on SDS options discussions, where option 1, 2 and 4 provide more flexibility, in line with Scottish government SDS Covid guidance.
2) We developed Talking Heads videos where people spoke about their experience of using SDS creatively, for example;
   a) a greenhouse was purchased, through SDS option 1, to meet the unpaid carers outcome of having a break from caring for her family member
   b) purchase of a laptop, through SDS option 1, so that the service user could

continue yoga and music sessions, provided under SDS option 2, online
c) purchase of gym equipment, under SDS option 1, to continue gym sessions whilst the gym was closed.

The work of the remobilisation group is continuing to maintain the engagement and to develop opportunities and options for alternative solutions that meet the needs and outcomes for people.

ii) Unpaid Carers and Personal Assistants were supported to help keep themselves and the people they cared for safe, with the supply and delivery of appropriate PPE resources throughout the pandemic. They have also been provided with Lateral Flow Devices for testing and updates regarding vaccination information.

b) Children and Families Health Services (C&FHS)

C&FHS Working Leadership Collaborative

Children risk being amongst COVID-19 biggest victims, whilst children have been largely spared from the direct health effects of COVID-19 (to date), the pandemic is having a profound effect on wellbeing.

All children of all ages, are being affected by the COVID-19 pandemic, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good. That this is a universal crisis and the impact will be lifelong. In addition, the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries and communities and for those in already disadvantaged or vulnerable situations.

At a Moray C&FHS level, there are relevant and increasing concerns specific to child neglect and poverty, which is further confirmed through local and national intelligence, evidence and international policy.

Estimates identify 3,049 children living in relative poverty in Moray. This represents one child in six (17%). This is lower than the interim target of 18% in the Child Poverty (Scotland) Act, but higher than the ultimate target of 10%. (1)

According to the Chief Economist for the Scottish Government, Moray is likely to suffer the economic impacts of COVID-19 to a greater extent than most regions in Scotland. It has also been identified that there are already significant increases in Universal Credit claims along with a demand on the local authority`s food and hardship funds and referrals made to the Moray Food Bank .

There are increased risks of abuse and of neglect within families, with additional stresses from changes to early learning and childcare, school and business closures, family confinement and isolation, alongside physical and psychological health impacts.

The NHS Grampian Child Protection Specialist Team report through child protection data for the time period January – April 2020, that Midwives, Health Visitors, Family Nurses and School Nurses have had a reduced opportunity to identify vulnerabilities in families during the COVID-19 pandemic, which may lead to a reduction in multi-agency communication that is required to support vulnerable families through multi-agency planning, and in the number of referrals to Social Work for children in need of care and protection. By April, a significant drop in the number child protection medicals identified through multi-agency Initial Referral Discussion (IRD) was reported and IRD data shows a steady decrease in the total number of IRD`s over the first four months of the calendar year.

Through working at a partnership level, police concern reports and IRD`s anecdotal evidence indicates a local increase in:

- Parental mental wellbeing concerns;

- Financial difficulties;

- Parental Tensions; and

- Marital breakdown.

As part of the HSCM response to Home First, a C&FHS Working Leadership Collaborative has been established, with representation from primary, secondary and community services i.e. Health Visiting, School Nursing, Specialist Child Protection, Allied Health Professions, Pediatrics, CAMHS, Public Health Dental Services and Health Improvement.

With direct input and support from the national Children and Young People`s Improvement Collaborative (CYPIC) via the Regional Improvement Advisor the Working Leadership Collaborative have identified and confirmed a shared purpose:

C) Video Consultations – including use of "Near Me"

The use of technology for delivery of services is one of the objectives in the Moray Integration Joint Board "Partners in Care" Strategic Plan 2019 to 2029, to improve access to services whilst reducing economic barriers to people from engaging with services such as cost of travel.

Whilst there had been some progress in establishing the option for use of video consultations, the pandemic significantly increased the need and services responded.

All GP practices are set up and using Near Me for consultations and this is offered to patients. This type of service is was also adopted by other services including Allied Health Professionals and Mental Health Services, where they were not able to meet people in the usual way. Through use of Near Me people have continued to have contact with and receive a service with their health professional. Recently this option has been extended to all Social Work teams including drug and alcohol and learning disabilities. The use of video

consultations will continue to be extended as part of a phased programme.

The number of service providers set up to use Near Me increased from 177 at beginning of April 2019 to 307 at end of March 2021 and the number of consultations undertaken increase from 459 to 4,200 over the same period which is a significant increase. Consultation hours has increased from 58.8 to 690.2 during the same period and work is ongoing in relation to establishing how effective these consultations are from the perspective of both professional and person in receipt of the service.

7. Highlights for 2019-2021

The table attached at **Appendix A** to this report outlines the progress that has been made across services in the reporting period under each of the outcomes. It highlights the cross system activity that is being undertaken and how services are incorporating actions to reduce inequalities as part of the integral working practices within Health and Social Care Moray.

8. Priorities for 2021/22

A number of key priorities have been identified for the coming year:

Review of Equality Outcomes

A key priority will be to continue the review work completed to date incorporating the potential health and social care debt impacts and consequences of Covid to ensure that key focus is directed to the greatest need. We will consult more widely with communities to ensure they reflect their desired outcomes and to further develop the reporting of data against the measures identified. This information will be reported to the Strategic Planning and Commissioning Group (SPCG) which will have oversight and be able to provide clear recommendations in relation to how Equality Issues are supported, governed, monitored and driven forward. SPCG will also explore how our commissioning activity, both internal and external, can better support the delivery of equality outcomes.

Engagement with Equality Groups

Equality and Human rights Commission guidance states that public authorities must take reasonable steps to involve people who share a relevant protected characteristic and anyone who appears to represent the interests of those people in reviewing a set of equality outcomes. This is acknowledged as an area that has not progressed as intended due to the impact of Covid. Work will be taken forward by a short-life working group to ensure that revised equality outcomes are discussed more widely with affected people, utilising and strengthening existing engagement mechanisms.

There will be a review of the engagement mechanisms to ensure that equality groups are able to participate and engage with us in the planning, delivery and review of services.

Working with our Partners

We will continue to work with our statutory partners to develop, implement and support an appropriate model of co-operation and mutual support in relation to the Public Sector Equality Duty, with a specific focus on employee information and procurement aspects of duties under the Act.

We will continue to engage with Integrate Grampian to ensure awareness of the wider population needs and the actions that we can take to work collaboratively across Grampian.

Horizon Scanning

The need to increase and improve horizon scanning relating to inequalities, at a whole system level is recognized. Identification of early signs of potentially important developments, changes and risks in our communities, particularly relating to vulnerable population groups will help us, to identify areas for action going forward and to facilitate accessing external resources where available.

The **Independent Review of Adult Social Care in Scotland**, led by Derek Feeley and developments in relation to the recommendations from this review will be wide reaching and key aspects of the report will be incorporated into the approach adopted by Health and Social Care Moray.

The recent ratification by COSLA for the Self-Directed Support (SDS) standards is the basis for further expanding and increasing understanding of SDS options, the need to focus on personal outcomes. It is intended that these outcomes will be defined through adoption of the 3 Conversations model which is in line with the standards.

Another key area is the review and development of the Moray Carer Strategy. With the increasing elderly population and the improvements in health care resulting in more people living with long term conditions, the reliance on unpaid carer will increase and it will be essential to have robust mechanisms in place to ensure the right support is available for people.

One aspect of horizon scanning will include consideration of the impact of new legislation on Health and Social Care services. An example will be consideration of **Human Rights as part of Scots Law:-**

New Human Rights Bill

Subject to the outcome of the 2021 Scottish Parliamentary Election, a new Human Rights Bill will incorporate four United Nations Human Rights treaties into Scots law, including legislation that enhances human rights for women, disabled people and minority and

ethnic communities. The new Bill which will be introduced in the next parliamentary session will include specific rights, subject to devolved competence, from

- the International Covenant on Economic, Social and Cultural Rights
- the Convention on the Elimination of all Forms of Discrimination in Women
- the Convention on the Elimination of all Forms of Racial Discrimination
- the Convention on the Rights of Persons with Disabilities

A total of 30 recommendations made by the National Taskforce for Human Right Leadership have been accepted by Scottish Government including measures, which for the first time, improve equality and human rights on an environmental, social, economic and cultural scale.

By focusing on these key priorities we aim to continue to reduce the inequalities experienced by people in Moray.

Equality Outcome 1

Everyone across Moray (including those who share a protected characteristic and those who do not) has the opportunity for good health and wellbeing across their lifespan.

This outcome seeks to empower individuals to take charge of their own health and wellbeing; be active, make positive choice and feel connected within their communities; But also recognises that wider inequalities that effect health and wellbeing as well as the need for prevention and early intervention to mitigate health consequences.

Strategic Theme: Building resilience – Taking greater responsibility for our own health and wellbeing.

Evidence from the strategic needs assessment:
- There are continuing inequalities in health status in Moray, with evident association between level of neighbourhood affluence and morbidity and mortality
- There is significant demand for health and social care services arising from chronic disease and comorbidity
- There is significant morbidity and mortality due to mental health problems
- There is significant morbidity and mortality due to lifestyle exposures smoking, alcohol and drug misuse

Strategic Outcomes:
- Lives are healthier
- People live more independently
- Quality of Life is improved
- Health inequalities are reduced
- People are safe

	Key Focus HSCM will mitigate health inequalities across the life span		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	Health point – the provision of advice, information and signposting. Utilising the Making Every Opportunity Count (MEOC) approach.	Participation numbers Participant Feedback Staff Feedback	Age Disability
b)	Our *Housing Support Service covering Woodview* and *Woodview Children and Young People* implemented an activity programme as an alternative to high school education. This was due to the young person's reluctance to attend in conjunction with being anxious around COVID-19. These activities include outings in the local community as well as activities further afield. Any activities are discussed and planned with the young person and their family to ensure their views and choices are promoted.	Regular meetings and reviews are held with young person, family and professionals	Disability
c)	Within our *Care at Home Service*, at the commencement of the COVID-19 period, health services were established to support people in their own homes who tested positive and did not require hospital admission. The *Care at Home Service* withdrew provision of support at this time. As the period of COVID-19 extended, the *Care at Home Service* was required to support service users with their support needs regardless of whether they were positive for COVID-19 or not.	Outcomes of remaining at home as opposed to having a hospital admission were met and peoples choices were supported	Age All
d)	*Alcohol and Drug Services* have remained open although groups were not functioning. Arrows continued to provide a walk in service; along with increased phone support.	Quarterly agency reporting. SDMD/DAISY reporting. Staff feedback	

	MIDAS focussed on those at the highest risk, ensuring that prescriptions were delivered along with increased proactive phone contacts		
	Carers and Advocacy services have remained open, with pro-active phone contacts		

Key Focus	1.2 HSCM enables individuals to self-manage their conditions		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	Respiratory Conditions Programme – virtual and face to face exercise classes to support individuals to self-manage their condition.	Participation numbers Participant Feedback pre/post participation Staff Feedback pre/post	Age Disability
b)	In our *Short Term Assessment and Re-ablement Team [START]* the Social Care Assistants [Carers] took part in a Care Inspectorate initiative called Care About Physical Activity [CAPA] which was to promote better movement and mobility in our older People. Training and guidance was delivered to the staff group who then set up goals and programmes for people to follow and monitor progress. This was to support improved mobility, increase confidence and better overall health.	Measures were gathered weekly and input into a Web based programme to gather evidence.	All

Key Focus	1.3 HSCM supports individuals to make positive Health & Wellbeing choices		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	**Routine Enquiry -** of domestic abuse was introduced in 2008 following the issue of Chief Executive Letter 41: Gender Based Violence Action Plan. This details the actions required from Health to improve NH Scotland's response	Health Visitor Service Dashboard, included and monitored via the	Pregnancy / Maternity, Sex,

	to gender based violence (GBV). Routine enquiry involves asking all women at assessment about abuse regardless of whether there are any indicators or suspicions of abuse. It was established in maternity, sexual health, health visiting, substance misuse and mental health settings. This was due to the disproportionate number of women accessing these services who have experience of abuse. Routine enquiry is embedded in the Universal Health Visiting Pathway and is continued rollout is a key component of the Equally Well Delivery Plan.	Moray Children and Families Health Services Self-evaluation Calendar Data is recorded via the local	
b)	**Baby Steps** – programme which focused on the risks related to adverse effects of maternal obesity on both the mother and the child.	Participation Numbers Feedback from mothers	Pregnancy /Maternity Age, Disability
c)	**Alcohol Brief Interventions** – use of a short, evidence-based, structured conversation about *alcohol* consumption. It seeks to motivate and support the individual to consider a change in their *drinking* behaviour in order to reduce their risk of harm.	Participation numbers Participant Feedback Staff Feedback	Age Disability
d)	**Tobacco** - delivery of smoking advice service. Uptake and quit rates are currently good	Participation numbers Quit rates Participant Feedback Staff Feedback	Age Disability
e)	In our **Children's Residential Service at CALA** we have supported a young person (aged 17) to access, through self-referral, mental wellbeing supports.	Additional training and webinars for staff to enhance their knowledge of local resources	Age and ethnicity
f)	**Walk Moray** – promotion of physical activity through Walk Moray.	Participation numbers Feedback from participants.	Age Disability

g)	Alcohol and drug, Carers and Advocacy services. See above.	Participation numbers Participant Feedback Staff Feedback	Age Disability

Key Focus	1.4 Individuals are connected with communities / locality planning		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	**Community Resilience** – the provision of small grants and funds to improve community health and wellbeing in line with Public Health Outcomes.	Programmes Supported Participation numbers Participant Feedback Staff Feedback	Age Disability
b)	**Poverty Agenda** - the provision of small grants and funds, via the Health Improvement Fund and the Improvement Fund to improve the outcomes of the most vulnerable groups living in poverty in Moray.	Programmes Supported Participation numbers Participant Feedback Staff Feedback	Age Disability
c)	In our *Short Term Assessment and Re-ablement Team and Care at Home Teams* we follow the MEOC initiative (Making Every Opportunity Count), by signposting and supporting Service Users to access services or opportunities in the local community, such as ball groups, tea dances, coffee mornings etc. Increasing these opportunities and helping to alleviate social isolation.	These conversations are recorded by Social Care Assistants and submitted to be added to records	All
d)	Our *Housing Support Service at Woodview* set service aims against a quality framework for support services (care at home, including supported living) The aims have been embedded into the Service Plan under "Peoples	Care Treatment and Support Plan Service Support Plan	Disability

	health and well-being benefit from their care and support". Support Plans are put together and implemented to incorporate activities in the local community working with individuals and families/guardians to achieve identified outcomes.	Outcomes Reviewed through service user and staff feedback	
e)	**Moray Alcohol and Drugs Partnership** (MADP) support small community projects through tsiMoray and participatory budgets project, to improve the outcomes for communities and enable local groups to develop and engage with local populations.	tsiMoray reports and liaison with community projects.	Disability

Equality Outcome 2

Everyone across Moray (including those who share a protected characteristic and those who do not) has the opportunity for equitable access to Health and Social Care Services.

This includes :-
- having access to person led Health and Social Care Services;
- being supported to make informed decisions about their care, and
- feeling they have more control of their lives
- being supported to live as independently as possible and to remain in their home or a homely setting for as long as possible.

Strategic Theme: Partners in care- Making choices and taking control over decisions affecting our care and support
Home First- Being supported at home or in a homely setting as possible

Evidence from the strategic needs assessment:
- Moray is characterised as remote and rural, and there are significant access challenges for some in the population to access services.
- Moray's military and veteran population constitute a significant group, requiring general health services and specific services
- Population is ageing, with a growing proportion represented by adulate over the age of 65, and growing numbers of adults aged over 80, with implications for increasing morbidity
- Care activity is highly demanding of informal carers, and there is evidence of distress in the informal carer population

Strategic Outcomes
- Experience of services are positive Lives are healthier
- People live more independently
- Quality of Live is improved
- Health inequalities are reduced
- People are safe
- Carers are supported

Key Focus	2.1 Service users and their carers, are supported in accessing services. Services work proactively to develop ways for people to access services remotely, reducing the need for people to travel.		
Ref	Actions	Measures	key protected characteristics
a)	HSCM will continue to improve the **Digital Health and Telecare Services** available in Moray for those people with a disability or who are elderly and cannot physically access their local health services e.g. Use of Near me in consultations **Community Development Team** have supported 80 people with protected characteristics to access devices and training, to enable them to make use of digital services and video consultations an essential aspect of this work. Devices have also been supplied to care homes.	Numbers of consultations undertaken using near me Satisfaction of patients/clients	All characteristics
b)	Implementation of **telephone triage and near me** (video assessment) in March 2020 – easier access to the OOH Primary Care service to patients	Number of consultations completed using the virtual assessment tool	All characteristics
c)	In our **Residential Children's Service at CALA** the Young People in our service have been supported to use the Near Me Service and other virtual means of accessing health care and support.	Weekly consultations for some young people, as required.	Age, disability and ethnicity.
d)	Frequently, the older people the our **Shared Lives Service** support do not have family members who live nearby and they struggle to access various services including Opticians – eye tests and hearing tests including fitting of glasses and hearing airs, dentists, Chiropodist, Specialists appointments etc. They may also lack capacity to notice that their quality of life has become diminished e.g. hearing problems affecting their ability to hear and interact with peers.	Carers provide flexible support to take users to appointments Shared Lives is ideally placed to link people together	Age Disability

		Service users have equal access to the vital services they require to keep well and make the most out of life	

Key Focus	2.2 Services support individuals to identify and achieve their support outcomes using a variety of options. Self-Direct Support is promoted		
Ref	Actions	Measures	key protected characteristics
a)	In the **START** service all service users are asked to participate in their service looking at choices, preferences, ability to maintain their independence, health and wellbeing. This is recorded in their personal plan. On the review document there are questions relating to their feedback on how we can improve the service and their involvement	Reviews and feedback are taken during and when the service ceases.	All
b)	In our **Community Support Service** users take part in the support planning and reviews, they are encouraged to make their own recording (where possible) on the service they received and whether their goals and outcomes were met.	Through review process	Mental Health Disability Age
c)	In our **Housing Support Service at Woodview** liaising with other health professional, individuals, families and guardians to identify individuals requiring person led Health and Social Care Services to transition into their own home with person centred support packages tailored to meet the individual's needs.	Number of transitions achieved.	Disability
d)	The multi-disciplinary team in our **Housing Support Service covering**	Updates and regular	Disability

		meetings	
	Woodview and **Woodview Children and Young People** meet in collaboration with other services to identify children's needs for provision of a person centred Health and Social Care Service. Identified staff then work alongside young person, family, professionals and others to plan the process for transition into a person centred environment.		
e)	The **Care at Home Service** is available to all people with an assessed need for support. The service agrees how it will be delivered to meet with the person's individual choices to remain safely at home for as long as possible. Part of the assessment includes risk assessment and ensuring the service supports both reducing risk and making informed choices about positive risk taking, if the person makes that decision. Reviews at 6 weeks and 6 monthly thereafter include feedback on the service and how improvements can be made.	Reviews and feedback are taken to identify improvement.	All Age
f)	Informal carers are supported to undertake their Adult Carer Support Plan to identify their own support needs and if they have entitlement to Self-Direct Support	Increase in positive responses for Carers feeling supported	All

Key Focus	2.3 Service users should have a say in local service delivery services and more in involvement in designing and delivering these services		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	The IJB has an agreed communication, engagement and participation framework which guides all activity. The Board has endorsed the National Standards for Community Engagement which sets the best practice principles for the way public bodies engage with communities. Stakeholders are engaged in identifying and assessing needs and priorities, developing strategies and plans, designing pathways and services, examples such as;	Number of people getting involved in service design through co-production and engagement opportunities Increase in positive responses relating to	All

	Making Recovery Real Partnership in mental health – carer groups for Ward 4 and Muirton • Keith & East Locality Project – prior to Covid • Engagement group for Moray Transformation Board	satisfaction with services provided	
	Services seek feedback on existing services from service users/patients and carers through a variety of means including conversations, monitoring surveys and feedback forms • Engagement with unpaid carers (Jan/Feb 2021)		

Key Focus	2.4 HSCM Services understand and support the needs of communities and individuals		
Ref	Actions	Measures	key protected characteristics
a)	Collation of the Joint Strategic Assessment and using information to base decisions for service delivery across Moray	Joint Strategic Needs Assessment updated bi-annually	All
b)	Improving early assessment and responses to child neglect and poverty across *Children and Families Health Services*. A shared method has been identified and confirmed, through this conditions for change have been created and there is an understanding of the current system, including where there may be gaps. This includes adoption of NHS Grampian Neglect 7 Minute Brief and development of Moray Child Poverty 7 Minute Brief that support discussions to ascertain current levels of knowledge and understanding on neglect / poverty respectively and what would support practitioners to improve/build on an early assessment and response to this.	early assessments and response undertaken with improved outcomes for people involved	Age
c)	SDMD data based, DAISY system, Recovery Outcomes Tool, MADP	Agency and MADP	

	quarterly reporting and MADP delivery plan.	quarterly reporting	

Key Focus	2.5 Informal carers are treated with values and principles of HSCM. They are supported and respected		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	Dedicated social worker assigned to providing assistance and support to informal carers including the development of their Adult Carer Support Plan that helps identify any additional support they require in their own right.	Number of Adult Carer Support Plans completed Carers are supported in ways that they have identified Carers feel valued	Age, Disability
b)	The MADP contract with Quarriers Carers and Arrows to support carers and families.	Outcomes written into contracts. Services provide quarterly performance reports.	All

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Equality Outcome 3-

Health and Social Care staff understand the needs of people with different protected characteristics, are able to support them and promote diversity in the work they do.

Strategic Theme: Partners in care, Building resilience

Evidence: from Workforce Planning and Employee Information held by partner organisations (Moray Council and NHS Grampian)

Strategic Outcomes:

- Staff and Carers are supported ·
- The Workforce continually improves ·
- Resources are used effectively and efficiently

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Key Focus	3.1 All staff to receive feedback and are given development opportunities aligned to the common values and principles of HSCM		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	In our *Housing Support Service at Woodview* which is an expanding service, a keyworker development programme and pack was implemented to aid career progression/aspirations. The programme/pack was designed and put together to help support staff gain the skills, knowledge and understanding to progress to Keyworker job role as opportunities arose. This enhances staff skills within this role and is beneficial in ensuring a consistent approach for individual service users.	Number of Support Workers participating along with reviews and feedback.	Disability

b)	The Staff team at our *Residential Service at CALA* have been supported in enhancing their knowledge of local resources and enhancing practice skills through attending training, mainly by virtual means (i.e., mental health awareness training, ABI training).	Training records, feedback from staff as to how training impacts practice	Age All
c)	The *MADP Workforce* programme was put on hold at the start of the pandemic, but was re-established with courses being provide using IT and video systems. This has continued to develop with a full programme now running.	Training records, and feedback.	All

Key Focus	3.2 All staff are aware of issues affecting health equalities and receive training, appropriate for their roles		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	Through the working leadership collaborative development of a programme to help health care support workers to have difficult conversations with patients/individuals.	Participation numbers Feedback from participants.	Age (vulnerable families).
b)	Specialist School Nursing: Priority Areas and Pathways The refocused School Nurse role (for 5-19 years old) concentrates on ten priority areas and represent public health priority areas and interventions which have been found to be effective in preventing adverse childhood experiences (ACEs), the impacts of which not only effect health and development potential in childhood, but can also persist deep in to adulthood. Ten Supporting Pathways have been developed and implemented. Through current Scottish Government funding a local plan is in place to increase the qualified school nursing staffing establishment and via local	Contacts recorded via School Nursing Dashboard, monitored via Moray Children & Families Health Services Self-Evaluation Calendar. Participation numbers	Age (vulnerable families) Sex

	investment, increase the number of school nurses to complete an MSc Advancing Practice programme at Robert Gordon University in Aberdeen to become qualified School Nurses.		
c)	Making Every Opportunity Count Training	Participation numbers Feedback from participants.	Age Disability
d)	Alcohol Brief Interventions Training	Participation numbers Feedback from participants.	Age Disability
e)	In our **Housing Support Service covering Woodview** and **Woodview Children and Young People** they implemented a document to record sensitive information the young person wished to share with staff members. Staff were instructed and shown how to use the system, record the information and when to report concern to senior staff.	Review documents and records regularly.	Disability
f)	**Routine Enquiry** Routine enquiry of domestic abuse was introduced in 2008 following the issue of Chief Executive Letter 41: Gender Based Violence Action Plan. This details the actions required from Health to improve NH Scotland's response to gender based violence (GBV). Routine enquiry involves asking all women at assessment about abuse regardless of whether there are any indicators or suspicions of abuse and is embedded in the Universal Health Visiting Pathway	Contacts recorded via the local Health Visitor Service Dashboard, included and monitored via the Moray Children and Families Health Services Self-evaluation calendar	Maternity Sexual health Mental health
g)	(See references above to MADP workforce programme). The new DAISY (Drug and Alcohol Information System) was introduced in December 2020. Staff have been trained and supported in using the system. Contracted agencies have workforce development and staff support systems in place.	Agency and MADP quarterly reports and agencies contract reviews.	All

Key Focus	3.3 The health and wellbeing of staff is prioritised and supported. Opportunities for personal well-being, development and learning are provided for all employees.		
Ref	**Actions**	**Measures**	**key protected characteristics**
a)	Health and Wellbeing – key health messages delivered via video and QR codes. Telephone and MS Teams appointments for staff and staff supported via virtual t breaks	Participation numbers Feedback from participants.	Age Disability
b)	Walk Moray – promotion of physical activity through Walk Moray.	Participation numbers Feedback from participants.	Age Disability
c)	taking lessons and experiences of staff who are shielding and working from home at the same time, the service will continue with the home working model to enable staff remain in the workplace. This would be done in conjunction with OHS and GP to ensure staff are fit to work in some capacity within the home environment.	OHS assessments, feedback from staff	disability/age/pregnancy/race
d)	Within all Provider Service Teams, the **Time for Talking** service was added in updates for people who felt they needed confidential advice and support for any personal issues they were going through.	Voluntary and Confidential	All Protected characteristics are included
e)	In all of our **Provider Service Teams**, regular updates on COVID-19 have been communicated to the workforce as they become available. This included information from Health and Social Care Moray, Moray Council, the Care Inspectorate, Health Protection Scotland and NHS Grampian. Social Care Assistants kept service users updated on issues which were evident to them to maintain appropriate protection for employees and	Feedback from employees	All

	service users, e.g. appropriate PPE use and safe discarding of such items.		
f)	All teams within our *Independent Living Service* were given information on Health and wellbeing. This information was gathered from the SSSC, Care Inspectorate and Health and Social Care Moray. This included emails with information on looking after yourself and your mental health also, invitations to webinars discussing Health and wellbeing. This information was shared through weekly newsletters.	It was voluntary participation	All Protected Characteristics are be included
g)	In all of our *Provider Service Teams*, staff support during the pandemic has been maintained by; • Daily, weekly, monthly oversight meetings; • Communicating regular updates and new or amended information immediately; • Having access to a central point to discuss any processes or fears; • Having access to appropriate PPE; • Early access to vaccination programmes; • Access to Lateral Flow testing; Access to Time for talking which is a confidential advice service available to council employees.	Feedback from employees	All
h)	See references to MADP workforce development above. Contracted agencies have staff support systems in place.	Quarterly contract review meetings	