

**NHS Highland**



**Meeting:** **NHS Highland Board Meeting**  
**Meeting date:** **28<sup>th</sup> March 2023**  
**Title:** **NHS Highland Equalities Outcomes and Mainstreaming Progress Report 2021 to 2023**  
**Responsible Executive/Non-Executive:** **Tim Allison, Director of Public Health and Policy**  
**Report Author:** **Eve MacLeod, Senior Health Improvement Specialist**

**1 Purpose**

**This is presented to the Board for:**

- Approval

**This report relates to a:**

- Legal requirement

**This report will align to the following NHS Scotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s):**

|              |   |               |   |              |   |             |   |
|--------------|---|---------------|---|--------------|---|-------------|---|
| Start Well   | X | Thrive Well   | X | Stay Well    | X | Anchor Well | X |
| Grow Well    | X | Listen Well   | X | Nurture Well | X | Plan Well   | X |
| Care Well    | X | Live Well     | X | Respond Well | X | Treat Well  | X |
| Journey Well | X | Age Well      | X | End Well     | X | Value Well  | X |
| Perform well | X | Progress well | X |              |   |             |   |

## 2 Report summary

### 2.1 Situation

NHS Highland is the identified public authority reporting on equality outcomes and mainstreaming for the purposes of the Equality Act (2010) and governed by the NHS Highland Board.

The Equality Act (2010) contains specific and general duties that NHS Highland has a legal obligation to meet.

The specific duties include publishing equality outcomes and reporting on mainstreaming. Mainstreaming is the incorporation of the general equality duties within the functions of NHS Highland; NHS Highland must take equality into account in everything that it does as an employer, provider and commissioner of services, report and publish progress.

The Equality Outcomes and Mainstreaming Report published in 2021 to 2025 set out the following three equality outcomes that NHS Highland will work towards:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.
- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

The report also set out consultation undertaken, mainstreaming activities, published required employee data and information and succession planning.

The update on the report is included as an appendix to this Board paper. Some key highlights from the update include:

**Mainstreaming:**

- Staff completion of training, including equality training, has increased from 80% in February 2022 to 85% in January 2023.
- Level 1 Money Counts Training courses, which aims to encourage staff to have brief conversations about money worries, have been delivered to 241 health, council and third sector staff. Level 2 Money Counts Training which provides more evidence of the relationship between poverty and health, and increase skills for using the Money Counts leaflet has been delivered to 111 health, council and third sector staff.
- NHS Highland developed a new corporate induction which launched on 9<sup>th</sup> February 2023. It contains a specific section dedicated to Equality, Diversity and Human Rights.
- The average response for the iMatter question 'I am treated with dignity and respect as an individual', was 82% for the year 2018/2019 and rose to 84% in 2022.
- The NHS Scotland Pride Badge was implemented in 2021 alongside request for a pledge from each staff member being granted the badge.
- The Planet Youth, Icelandic Prevention Model has been adopted in a number of schools in NHS Highland to increase protective factors, and decrease risk

factors, to delay and reduce substance use among young people. Planet Youth is a primary prevention, whole systems, and whole family approach that works in collaboration with stakeholders.

- Training on Turas for NHS Highland EQIA process has been updated and includes an EQIA training example video. The Argyll and Bute HSCP EQIA process is introduced in the corporate induction programme.

Outcomes:

- Progress against Outcomes 1 to 3 are provided.

**2.2 Background**

The public sector equality duty (or general duty) in the Equality Act 2010 came into force in 2011.

It means Scottish public authorities must have 'due regard' to the need to:

- eliminate unlawful discrimination
- advance equality of opportunity
- foster good relations

In 2012 Scottish Ministers made regulations that placed specific duties on Scottish public bodies to help them meet the general duty. These are also known as the Scottish Specific Duties.

The specific duties mean we must carry out and publish Equality Impact Assessments (EQIAs). EQIAs help us to develop policies that do not discriminate against, or disadvantage, particular groups of people.

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including Health Boards to 'pay due regard' to actively consider, at an appropriate level, what more they can do to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development context, and publish a written assessment, showing how this has been considered.

**2.3 Assessment**

A short life working group is using a number of methods to gather information to provide a draft NHS Highland Equality Mainstreaming and Outcomes Report for the NHS Highland Board. This report provides an update on the actions being taken to achieve our mainstreaming duties and equality outcomes since April 2021. This report aims to meet NHS Highland's statutory requirements under the Scotland Specific Duties of Equality Act 2010, by publishing:

- Progress on equality outcomes published April 2021

- Mainstreaming equality
- Progress on the Fairer Scotland Duty
- Employee information
- Gender pay gap

Risks include the report not reflecting fully the progress NHS Highland has made toward the outcomes as it is limited to feedback being obtained from the workforce.

Reporting is a legal duty, and so there is a risk that of not fulfilling the legal duty.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

|             |   |          |  |
|-------------|---|----------|--|
| Substantial | x | Moderate |  |
| Limited     |   | None     |  |

From the update, all actions are being progressed.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

The report provides information on the equalities progress for the population within NHS Highland. This interventions identified in the report should have positive impacts for those protected under the Equality (Scotland) Act 2010 in accessing early intervention, prevention, information and services. This report will raise awareness of NHS Highland's commitment to equalities.

### 3.2 Workforce

The report provides information of the progress within NHS Highland's policy and practise to improve on the equalities provision which should provide a positive impact for all the workforce, particularly those protected under the Equality (Scotland) Act 2010. This report will raise awareness of NHS Highland's commitment to equalities.

### 3.3 Financial

No financial impact identified.

### 3.4 Risk Assessment/Management

No risk, if report assurance is provided and report can be published by April 2023.

### 3.5 Data Protection

Personally identifiable information has not been included in the interim report.

**3.6 Equality and Diversity, including health inequalities**

Publishing the interim report is a legal duty of the Equality Act 2010 and states the progress made by NHS Highland against the Mainstreaming and Board’s equality outcomes.

The report describes interventions that support the Fairer Scotland Duty, under Part 1 of the Equality Act 2010 that aim to reduce inequalities of outcome, caused by socioeconomic disadvantage.

An impact assessment has not been completed because it is not required for reporting for the progress report.

**3.7 Other impacts**

No other impacts identified.

**3.8 Communication, involvement, engagement and consultation**

State how his has been carried out and note any meetings that have taken place.

A survey link was sent via All Staff Communications via Internal Announcements Weekly Round Up on the 2<sup>nd</sup> of February 2023, additional support was offered to complete the report. Teams and staff members have also been asked to provide feedback on continuing or new work.

**3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- NHS Highland Diversity and Inclusion Group. 3<sup>rd</sup> of March 2023

**4 Recommendation**

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- The Board is being asked to approve the draft NHS Highland Equality Mainstreaming and Progress Report 2021 to 2023 and agree that the final report can be published in April 2023.

**4.1 List of appendices**

The following appendices are included with this report:

- NHS Highland Equality Outcomes and Mainstreaming Progress Report 2021-



NHS Highland  
2023 (draft) Equality Outcomes an

- [NHS Highland Equalities and Mainstreaming Report 2021 to 2025](#)
- [Highland Council Mainstreaming Equality and Equality Outcomes Report 2021 to 2025](#)
- [Argyll and Bute Health and Social Care Partnership Equality Outcomes and Mainstreaming Report 2021](#)



**NHS Highland Equality Outcomes and  
Mainstreaming Progress Report  
2021-2023**

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## Section 1: Equality Outcomes and Mainstreaming Reports

### Introduction

This report provides an update on the actions being taken to mainstream equality within NHS Highland and work undertaken to achieve our equality outcomes since April 2021. This report aims to meet NHS Highland's statutory requirements under the Scotland Specific Duties of Equality Act 2010, by publishing:

- Progress on equality outcomes published April 2021
- Mainstreaming equality
- Progress on the Fairer Scotland Duty
- Employee information
- Gender pay gap

The Equality Outcomes and Mainstreaming Report published in 2021 ([available online](#)) set out the following three equality outcomes that NHS Highland will work towards by 2025:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.
- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

The report also set out consultation undertaken, mainstreaming activities, published required employee data and information and succession planning.

### Key Relevant Legislation

#### Equality Act 2010

The Equality Act 2010 became law on the 1<sup>st</sup> October 2010 and replaced previous anti-discrimination laws with a single Act. It simplified the law into a single source and ensures that everyone is protected under law from discrimination, harassment or victimisation and is afforded the same level of protection.

NHS Highland, as a public body, is required to ensure that equality and diversity are embedded throughout all our functions, activities and decision making in line with the Equality Act (2010): as a service provider, a commissioner and as an employer. The Equality Act (2010) also introduced a new Public Sector Equality Duty (also known as the general equality duty). This requires Scottish public authorities to pay 'due regard' to the need to:

- Eliminate unlawful discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act (2010);
- 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 relevant protected characteristic and those who do not.

Protected characteristics are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation.

The purpose of the Public Sector Equality Duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence
- be more transparent, accessible and accountable
- deliver improved outcomes for all.

### **Fairer Scotland Duty**

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including Health Boards to 'pay due regard' to actively consider, at an appropriate level, what more they can do to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development context, and publish a written assessment, showing how this has been considered.

### **Health and Social Care Integration**

In 2012 Highland Health and Social Care Partnership adopted the lead agency model. Highland Health and Social Care Partnership assumes responsibility for adult health and social care, while Highland Council assumes responsibility for children's care and services. Following the Public Bodies (Joint Working) (Scotland) Act 2014, Argyll and Bute adopted the Integrated Joint Board (IJB) model. Therefore, within NHS Highland there are two models of integrated health and social care partnerships:

- Highland Health and Social Care Partnership: lead agency model responsible for adult health and social care
- Argyll and Bute Health and Social Care Partnership: IJB model responsible for children's health and social care services, criminal justice social work and all acute services.

To meet the requirements under equalities legislation for IJBs, Argyll and Bute Health and Social Care Partnership have set the following outcomes for 2021-2025:

1. People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
2. People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.
3. People from identified groups, such as those with protected characteristics, will have improved experiences of services.

These align, where possible, with Argyll and Bute Council, and NHS Highland.

## **Section 2: Mainstreaming Progress Report 2021- 2023**

### **Background**

Mainstreaming equality means integrating equalities into day to day business of a public body. As a public body, NHS Highland needs to consider the impact of its actions for the people we support, particularly people who share a protected characteristic(s).

Mainstreaming the equality duty has a number of benefits, including:

- Equality becomes part of the structures, behaviours and culture of an organisation
- The organisation knows, and can demonstrate how, in carrying out its functions it is promoting equality
- Mainstreaming equality contributes to continuous improvement and better performance.

Mainstreaming equality leads to improved quality of service design and delivery, for example, equitable access to services and person-centred care that responds to the diverse needs of the Highland and Argyll and Bute population. This leads to improved outcomes for our patients and the people we support, as well as an improved working environment for our staff. This is a long-term process, inherently linked to culture change and organisational development.

The following section provides a number of examples of how NHS Highland is working to embed equality within the organisation.

### **People**

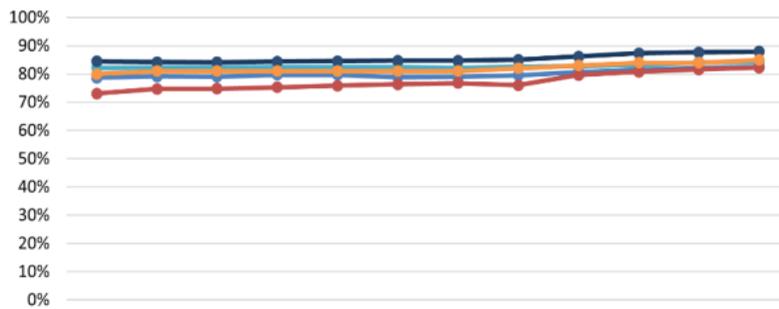
#### **Equality and Human Rights Statutory and Mandatory Training**

All new members of staff are required to complete the Highland: Equality and Human Rights mandatory training module within their first 2 weeks of employment. The course aims to

raise awareness of the importance of equality, diversity and human rights. It provides an overview of equality legislation and encourages staff to question their own perceptions and practice. In order to embed the principles of equality, diversity and human rights, all staff are required to refresh this core training every three years. The purpose of the refresher course is to ensure that all staff continue to be aware of equality and diversity matters and of NHS Highland’s commitment to eliminating discrimination and promoting equality across all services.

The completion of statutory and mandatory training is a core responsibility of all of our staff members, and our Managers monitor completion rates within their areas. Managers are responsible for ensuring staff are up to date with their training needs and that they are supported to complete any relevant training within their working time.

Monthly reports such as the below are produced and distributed amongst all managers so that they can monitor their team’s progress. They are also able to access completion rates in “real time” within the TURAS Learn system, allowing them to monitor compliance.



|                     | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Acute Services      | 82%    | 82%    | 82%    | 82%    | 82%    | 83%    | 82%    | 83%    | 83%    | 83%    | 84%    | 84%    |
| Argyll & Bute HSCP  | 79%    | 79%    | 79%    | 80%    | 80%    | 79%    | 79%    | 80%    | 81%    | 82%    | 82%    | 82%    |
| Corporate Services  | 73%    | 75%    | 75%    | 75%    | 76%    | 76%    | 77%    | 76%    | 80%    | 81%    | 82%    | 82%    |
| North Highland HSCP | 84%    | 84%    | 84%    | 84%    | 85%    | 85%    | 85%    | 85%    | 86%    | 87%    | 88%    | 88%    |
| NHS Highland        | 80%    | 81%    | 81%    | 81%    | 81%    | 81%    | 81%    | 82%    | 83%    | 84%    | 84%    | 85%    |

### Health Inequalities Training

During the pandemic, all face to face training ceased. Subsequently, a virtual Health Inequalities training course was developed and delivered over Microsoft TEAMS, over a 2 hour period. In addition, refresher training for all those involved in supporting the delivery of the health inequalities course was conducted.

The learning objectives for the course are to:

- Understand what is meant by health and health inequalities
- Examine the fundamental causes of health inequalities
- Reflect on the impact of attitudes and highlight poverty sensitive practice approaches
- Explore what works to tackle health inequalities and apply to your own work

Since 17<sup>th</sup> February 22, which is when the first virtual course launched, 5 courses with 38 participants have been delivered, from across the partnership including NHS Highland: Highland Council and the third sector.

Feedback from the course has been positive, with around 60% strongly agreeing, and 32% agreeing, that the course was relevant to their job role.

Some of the practical actions participants identified during the course included:

*"build more upstream activities into our work"*

*"explore funding available for tackling health inequalities"*

*"continue to be mindful of health inequalities experienced by people I'm working with"*

*"further referrals for support to help clients in financial poverty".*

This course is available for anyone in NHS Highland to book, via Turas.

### Money Counts Training

Money Counts training promotes using the 'Worrying About Money?' leaflet to initiate person-centred conversations around financial worries and support individuals access relevant services. The training is offered in North Highland on 2 levels and in Argyll and Bute at level 1.

The training aims to:

- Increase understanding of poverty and its impact
- Increase confidence to ask about money worries
- Increase knowledge of support services for money matters



Both courses are intended for anyone wishing to have a conversation about any financial issues they may be facing.

Level 1 is a short session (45 minutes) and encourages staff to have brief conversations around money worries.

Level 2 is a longer session (1hr30mins) and explores the relationship between poverty and health, increases knowledge of local services and includes skills practices for using the leaflet and asking about money worries.

A 'Worrying About Money? Highland' app has also recently been developed and launched.

### Level 1 Data – North Highland

| Courses since March 2021 | Attendees  | Average Pre course confidence | Average Post course confidence | Average Pre course knowledge | Average Post course knowledge |
|--------------------------|------------|-------------------------------|--------------------------------|------------------------------|-------------------------------|
| <b>40</b>                | <b>208</b> | <b>5.5</b>                    | <b>7.6</b>                     | <b>4.3</b>                   | <b>7.3</b>                    |

**Level 1 Data – Argyll and Bute**

| Courses since March 2021 | Attendees | Average Pre course confidence | Average Post course confidence | Average Pre course knowledge | Average Post course knowledge |
|--------------------------|-----------|-------------------------------|--------------------------------|------------------------------|-------------------------------|
| <b>8</b>                 | <b>33</b> | <b>6.7</b>                    | <b>8.5</b>                     | <b>7.1</b>                   | <b>8.5</b>                    |

**Level 2 data – North Highland**

| Courses since July 2021 | Attendees  |
|-------------------------|------------|
| <b>22</b>               | <b>111</b> |

**Participant feedback Level 2:**

- 87.8% of participants agreed or strongly agreed that the training had increased their understanding of poverty
- 85.4% of participants agreed or strongly agreed that the training had increased their confidence to ask about money worries.
- 97.6% of participants agreed or strongly agreed that the training had increased their knowledge of support service for money matters.

Examples of qualitative feedback received:

*“It was about the right length of time with the right amount of information. Both instructors knew their subject and were keen to get the audience involved. I enjoyed the course so thank you very much for your time today.”*

*“This is a really valuable course to take and opens great discussions amongst a variety of colleagues. Thank you for a thorough and informative presentation.”*

The areas have now been combined, and in future course evaluation will cover both north Highland and Argyll and Bute.

### New Corporate Induction

NHS Highland developed a new corporate induction which launched on 9<sup>th</sup> February 2023. It contains a specific section dedicated to Equality, Diversity and Human Rights. The section covers topics such as:

- A summary of The Equality Act 2010 and protected characteristics
- What is meant by the terms equality and diversity
- Discrimination, harassment and victimisation
- What are Human Rights?
- Policies that we utilised within NHS Highland
- Understanding stereotyping and bias

All new colleagues joining NHS Highland will be expected to attend the Corporate Induction and it will be available to book from the colleagues first day in the organisation. Sessions will be offered weekly via an online session or every 6 weeks in a face to face session, giving colleagues the option of which method of delivery they would prefer.

### iMatter Results 2022



| iMatter Questions                                      | Staff Experience Employee Engagement Components | Average Response |      |      |      |
|--|---|------------------|------|------|------|
|  |   | 2018             | 2019 | 2021 | 2022 |
| I am treated with dignity and respect as an individual | Valued as an individual                         | 82               | 82   | 81   | 84   |

The average response for the iMatter question 'I am treated with dignity and respect as an individual', has been static at 82% for the year 2018/2019. Due to the pandemic the survey was paused in 2020. In 2021 the average response rate to the question decreased by 1%. In that year NHS Highland implemented their inhouse Leadership and Management program, alongside training sessions on 'Courageous Conversations' and the Executive Directors Group (EDG) roadshows. These programs and events facilitated colleagues to have an open forum enabling them to share their views and to ask any questions. These events have contributed to a 3% increase and have propelled average response rate to 84% in 2022.

### Hybrid and Flexible Working Policies

'Flexible working' describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. NHS Highland is committed to promoting and practising equal opportunities in employment. This includes allowing employees the opportunity to work more flexibly wherever practicable and it is recognised that hybrid working arrangements will support this, alongside other already established flexible working options. Hybrid working is a type of flexible working where employees split their time between working at home (or another location) one or a few days a week, with the rest of the time spent in the work environment. This protocol applies

to all employees of NHS Highland, and bank workers, regardless of hours worked or length of service, as long as the role that is performed includes activities that can be appropriately and effectively carried out from a location other than their workplace.

Hybrid working is one form of flexible working and is intended to complement and enhance the existing flexible working arrangements that operate across the organisation. A colleague can request changes to;

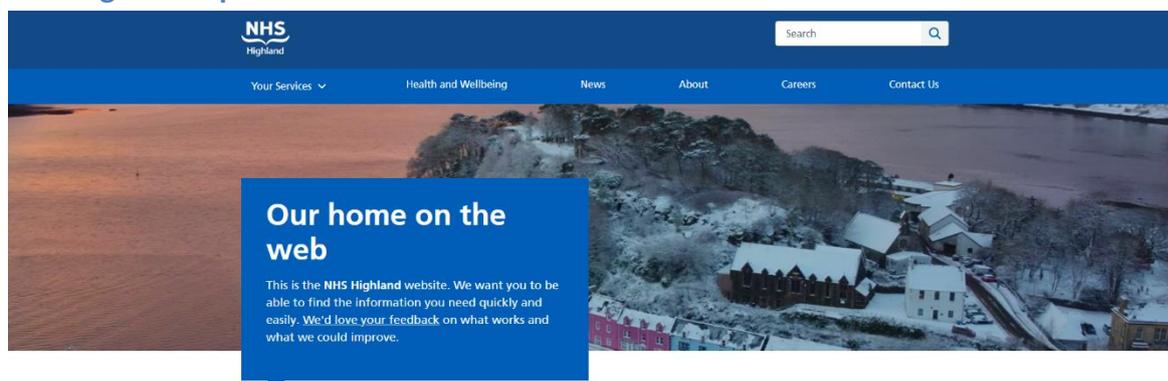
- The hours they work
- The days they work
- The times they work
- The place they work

They can also request a job share arrangement or annualised hours, or apply for paid parental leave or special leave to support attending IVF appointments for example.

The NHS Highland Agile Working group is made up of colleagues, staffside representatives and managers and works in partnership to develop guidance for colleagues around flexible working. Interim guidance is available to support the workforce to progress the implementation of hybrid working whilst a national policy is expected for release in late Autumn.

## Quality and Care

### NHS Highland Updated Website



The updated NHS Highland website was launched in November 2022. The website accessibility statement can be accessed directly from the footer of every website page. Pages relating to service and website accessibility can be reached via multiple routes from the home page, outer template and within page content. A full legally-compliant accessibility statement specific to the website is available to view on the website: [Website accessibility statement | NHS Highland \(scot.nhs.uk\)](#). The web manager can also be contacted with accessibility feedback, although no feedback of this nature has been received as yet. There have been general, positive comments regarding improvement of

presentation since the new site launch, however a user survey is being prepared to gather feedback in a more structured way.

The website developers have used an accessibility testing tool, *Web Accessibility Evaluation Tool* (WAVE), to determine the level of conformation to the Web Content Accessibility Guidelines (WCAG) 2.1. These guidelines cover a wide range of recommendations for making web content more accessible, and consider accessibility of web content on a range of devices. These make content more accessible to a wider range of people with disabilities, including accommodations for blindness and low vision, deafness and hearing loss, limited movement, speech disabilities, photosensitivity, and combinations of these, as well as accommodation for learning disabilities and cognitive limitations. It is recognised however, that not every individual's need will be addressed. Following these guidelines will also make web content more usable to people in general. Currently, the site conforms to WCAG 2.1 AA level indicating strong accessibility, although the aim is to reach the highest level, AAA, excellent accessibility. Another planned improvement to the website includes the addition of the *Userway* user accessibility widget, which will further support accessibility for users of the website.

### Planet Youth in Highland

The Planet Youth, Icelandic Prevention Model aims to increase protective factors, and decrease risk factors, to delay and reduce substance use among young people in Highland and Argyll and Bute. Planet Youth is a primary prevention, whole systems, and whole family approach that works in collaboration with stakeholders (including Highland and Argyll and Bute Alcohol and Drugs Partnerships, Highland and Argyll and Bute Councils, Highlife Highland, NHS Highland, Police Scotland and third sector organisations) by collating and analysing survey data on risk and protective factors that influence alcohol, tobacco and other drug use. This anonymous local data from S3/S4 pupils informs development and implementation of local action plans that respond to findings in key areas of young peoples' lives. The first survey was completed in autumn 2021 and will be repeated in 2023. Since being applied in Iceland, this approach reduced substance use rates among young people from among the highest in Europe to the lowest.



PARTNER Highland

Some protected characteristics are asked about in the survey, including sex, age, mental health, and added on the request of Highland, ethnicity. Some of the impacts highlighted by the Fairer Scotland Duty are also considered in the survey, including lone parents and care experienced children and young people. Two Equality Impact Assessments have been completed for the Planet Youth programme in Highland, the initial in relation to the survey, and the second applies to the local coalition group action plan, which includes work to

increase positive activities for young people and families, increase social cohesion among families, and support families and schools with consistent messaging regarding alcohol, tobacco and other drugs. These are available on the NHS Highland website. This work complements NHS Highland's Equalities Outcomes and Mainstreaming report (Outcome 1) and Highland Council's Equalities Outcomes and Mainstreaming report (Outcome 5); in Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing. Given that poverty is linked with problematic substance use, it is essential to focus resources at a faster pace for people who are experiencing the most disadvantages. The pilot compliments other initiatives targeted at young people at higher risk of substance use in relation to protective factors including access to leisure activities and anti-poverty measures. There are specific activities which have focused on mental health, including sharing information with the involved schools about Kooth (online mental wellbeing support for young people) which is being funded in Highland by Children and Adolescent Mental Health Service (CAMHS), and Planet Youth also works closely with Highland Cares, an initiative that supports community wellbeing, in the areas of the pilot.

The pilot in Argyll and Bute differs slightly to the north Highland approach, although the same principles and steps are being followed. The pilot is funded by the Argyll and Bute Alcohol and Drugs Partnership and the Education department of Argyll and Bute Council are leading the work. Focus is upon two secondary schools where work is underway to deliver upon the partnership action plan. Following engagement with staff and parents, support and commitment have been secured for the project and the next step is to galvanise community support for development and implementation.

#### **Argyll and Bute Alcohol and Drugs Partnership: Research into the needs of Children and Young People.**

The Argyll and Bute Alcohol and Drugs Partnership (ADP) Children and Young People Needs Assessment (2021) found that a greater recognition of trauma amongst the workforce was required, particularly relating to care experienced young people, the gaps in the provision of addiction services for young people and older young people as well as the need for Family Therapy and Parenting Support.

#### **Argyll and Bute Children and Young People Mental Health Early Intervention and Prevention Research**

Interviews have been conducted with service providers, focus groups with young people, and a parent's survey to scope existing provision and needs for mental health early intervention and prevention for young people. The findings will help inform the Argyll and Bute Integrated Children's Services Plan 2023.

### Screening Inequalities Project

The purpose of this project was to investigate the knowledge, confidence and comfort level of staff, volunteers and carers who support people with a learning disability and/or poor mental health in enabling informed participation in the NHS Health Screening Programmes.

Aim:

- To investigate knowledge and practice in relation to disease screening interventions in one to one consultations
- To identify and tackle inequalities in access to physical health screening services
- Increase front line staff knowledge and understanding of signposting to screening services
- Highlight risks of not undertaking screening programmes
- Ultimately reduce health inequalities in cancer/health outcomes

This project identified:

- Previous attendance at screening awareness sessions was shown to be beneficial
- Respondents keen to have training / updates
- Lack of understanding as to who should be responsible
- Male respondents were less comfortable promoting female screening programmes
- Primary care struggle with needs of LD clients
- Lack of awareness of how to access information in different formats
- Staff keen to have training and ongoing support

Following this project, work has commenced in developing a Turas learning module on screening programmes for staff supporting clients with a learning disability, poor mental health or those who require additional support.

### Cool2Talk

Cool2talk, an online service for young people aged 12-25 in Argyll and Bute provides free, anonymous and confidential health information for young people. Young people can post a question to the website and receive a bespoke answer posted on the cool2talk website, within 24 hours, 365 days per year. Cool2talk (2022) report that during the period 2020-2022 an average of 123 questions were asked per year. The questions asked covered a broad range of topics. The most common topics in the year 2020-2021 were sexual health (26), general health (21) and anxiety (15). 56 questions, 45% of the total questions asked in the year 2021-2022, were assigned to the emotional health topic. In addition, there were 37 questions assigned to the relationship's topic, this may have been due the impact of COVID-19 and lockdowns on young people's mental wellbeing and their friendships.

### NHS Scotland Pride Badge

The NHS Scotland Pride badge promotes inclusion for LGBTQ+ people and makes a statement that there's no place for discrimination or harassment of any kind in NHS Scotland. Staff were informed about the scheme through all staff mailings, information on the intranet and internet site, and posters are available. Since the launch in 2021, in exchange for their Pride Badge, over 500 members of staff have pledged to;

- be aware of and responsive to issues faced by LGBTQ+ people accessing care
- be a friendly, listening ally who colleagues and service users can safely approach
- use inclusive language and respect identity.



### See Hear Strategy

NHS Highland's See Hear Strategy has been developed and approved, and is now in the process of being implemented across Highland. The Deaf Services team link with Care Homes with a view to providing a role with support, help and guidance for patients with hearing loss. Hearing aid maintenance sessions are available for staff. The post of Audiology Clinic Liaison Officer will shortly be advertised and will provide support and guidance to patients diagnosed with a hearing loss and signpost to relevant services. Sensory training is being rolled out across NHS Highland staff and is also delivered to student doctors. Over 460 members of staff have completed Deaf Awareness training since 2021. Discussions with the University of the Highland and Islands (UHI) are ongoing with regard to them offering sensory courses such as British Sign Language (BSL), lipreading and BSL Interpreters.

### COVID-19 Social Mitigation

NHS Highland's COVID-19 Social Mitigation Strategy and Action plan has been developed, comprising of 9 themes; Unemployment and the economy, Income and financial security, Cost of living including food insecurity, Mental health and wellbeing, Drugs and alcohol, Digital inclusion, Capacity and community resilience, Transport poverty and active travel, and Violence against women. There are various actions and recommendations attached to each theme, which are being worked towards. Some outcomes so far include NHS Highland being accredited as a Real Living Wage employer, Community Link Worker posts have been established, Mental Health First Aiders are being piloted. The nature of this work is broad and other outcomes have been included throughout this report, for example Money Counts work.

### Older Adult Reference Group

Older Adult and Dementia services in Argyll and Bute were reviewed in 2020 with changes implemented across 2021-2022. EQIA's carried out recommended engaging with stakeholders on service redesign and local changes to older adult services. The Health Improvement team were tasked with recruiting community representatives to sit on an Older Adults Reference Group. This was formed in 2021 with an independent chair from Alzheimer's Scotland and had eight members from across Argyll and Bute.

### Partnership Approaches

#### Suicide Intervention Prevention Programme (SIPP)

Mental Health and Wellbeing and Suicide Prevention has been recognised at local community partnerships and at CP Board as a key priority for local communities.

Suicide Intervention Prevention Programme (SIPP) is aimed at Highland Community Planning Partnership colleagues, third sector organisations and communities who want to be able to help someone who might be at risk of suicide. The course covers:

- The ability to recognise a person at risk of suicide.
- The ability and confidence to ask about suicide, including the ability to display listening and questioning skills.
- An awareness of the impact of attitudes and stigma on suicide.
- How to help a person at risk of suicide to stay safe, to signpost to appropriate support.

SIPP training has a focus on exploring how stigma and attitudes impact on those affected by suicide. A key component of the training is to encourage individuals to review their own attitudes and beliefs around mental health. The course also encourages individuals to consider their use of language, and to recognise the role of wider society plays in stigmatising mental and suicide and perpetuating inequalities (e.g media reporting, pop culture etc.).

Due to the COVID-19 pandemic SIPP has been delivered online since mid-2021.

In 2021, 22 SIPP courses were delivered, (157 participants completed the course).

In 2022, 32 SIPP courses were delivered (247 participants completed the course).

The demand for the course has been high with most courses oversubscribed. As a result some training sessions have been delivered to staff and organisations that would most benefit from the training e.g. frontline workers. However, most courses are available to all. Furthermore, this year (2023) has seen the first face to face SIPP training delivered, as the team are mindful that there can be barriers to virtual learning, for example those without the skills or equipment to participate. There has been an increase of new trainers from a

wide variety of organisations with the intention to make SIPP training more accessible in the coming year(s). Feedback received in 2021 and 2022 indicated that many participants felt virtual delivery provided a learning opportunity they may have previously had to decline (due to travel, time constraints etc.).

Work has been initiated with University of the Highland and Islands (UHI), and local business organisations to support SIPP training and suicide awareness amongst populations that have higher rates of suicide. These include the construction industry, forestry, and engineering. Training providers will continue to explore further opportunities to work with population groups who are most affected by suicide.

### **Argyll and Bute Mental Health and Suicide Prevention Training**

Throughout 2021 to 2023 suicide prevention training was provided in Argyll and Bute to staff and volunteers within the NHS, Argyll and Bute Council and some third sector organisations. The training offered included Applied Suicide Intervention Skills Training (ASIST), Scotland's Mental Health First Aid (SMHFA), Assessing for Suicide in Kids (ASK), safeTALK – suicide alertness for everyone and START – life-saving skills anytime, anywhere.

In addition, First Aid for Youth Mental Health training was commissioned, and attended by people from a range of services and sectors who work directly with children and young people in Argyll and Bute. A total of 38 people completed the certificated training from more than 16 different organisations.

### **Green Health Partnership**

An Equality Impact Assessment (EQIA) of the Highland Green Health Partnerships workplan was conducted. Reducing inequalities is a key aim running through all the work of the partnership. A number of actions contained within the workplan are aimed at mapping the needs of our communities targeting action towards disadvantaged and under represented groups. Since 2018, the partnership has organised four rounds of small grant funding and supported 65 community initiatives with funding. A key requirement of successful applicants was to demonstrate how the project would help to tackle health inequalities and bring services to those who would otherwise not be able to access them. The partnership has developed guidance and community toolkits for use by activity providers including a health inequality check list and self-assessment matrix. This has been used in three workshops in Lochaber, Badenoch and Caithness, where 60 green health activity providers attended. It was also piloted with a group of 20 Outdoor volunteering organisations. The partnership has also delivered training in health inequalities to activity leaders. In addition, the partnership has produced several translatable resources and have built a website, with plans to add accessible format for those with sight issues. Resources are available at this page;

[Downloadable Activities - Think Health Think Nature](#), with translation function available in the top right corner.

### **The Argyll and Bute Living Well Strategy 2019- 2024**

The Living Well Strategy makes a commitment to support people living in Argyll and Bute with long-term health conditions and those at risk of developing them.

The strategy focuses on supporting people to manage their own health, and supporting communities to build groups and networks which can link people together. The Living Well Strategy was developed following extensive engagement and consultation with the communities in Argyll and Bute.

Everyone can benefit from Living Well activities and support, even those who are already living healthy lives. Living Well promotes community and information, as well as planning in advance for any potential health problems that might arise. This is not as a replacement for health services, but rather helps to support services by building up people's capacity to know and manage their own health. The Living Well implementation plan aligns to the Argyll and Bute HSCP strategic intentions under four themes:

- **People** – enabling and informing to ensure healthy living and self-management of long-term health conditions
- **Community** – joined up approaches to support for health living within communities
- **Leadership** – high level commitment within the HSCP to ensure investment in prevention of health and social care problems
- **Workforce** - supporting and educating frontline health and social care professionals to anticipate and prevent problems before they arise

In 2021-2022 £46,000 in Living Well Self- Management Grants was provided to support physical activity, access to Information, mental health and wellbeing and healthy weight. The following types of activities were funded by these self-management grants:

- Mindfulness for carers
- Outdoor activity sessions to renew contacts with nature and each other after the prolonged isolation of Covid-19
- Outdoor walk and talks
- Mental wellbeing for veterans
- Physical activity projects.

During the year 2022-2023 funding was offered to third sector projects which had a particular focus on:

- Supporting volunteer wellbeing. Activities provided to support the wellbeing of the volunteers in your organisation.

- Reducing isolation and improving community networks, for example through befriending or peer support.
- Supporting healthy weight or access/cost around food via sustainable food programmes in our communities, for example community garden projects.

### Argyll and Bute Living Well Networks

The Argyll and Bute Living Well Networks (LWNs) are for people with an interest in building healthy communities. Eight LWNs cover the geographical area of Argyll and Bute and in the year 2021 to 2022 had an accumulative total of 840 members.

The networks provide an opportunity for people to come together to find out what issues matter to local communities and feed information to and from Local Planning Groups and Community Planning Partnerships. The aims of the Living Well Networks are to plan activities and events together and to network with individuals, services and organisations with an interest in improving health. The networks have allocated co-ordination time (about 1 day per week). They work towards one priority from the Living Well Strategy action plan; one from the Argyll and Bute ADP Strategy; and the networks own choice based upon the Public Health workplan.

### S3 Health Drama Programme “You Are Not Alone”

In 2017, Argyll and Bute piloted the School Health Drama Programme called ‘You Are Not Alone’. Since then, it has been delivered to S3 pupils from each of the ten secondary schools, making it a stable and valuable part of the curriculum. The multi-agency investment and partnership working has enabled this interactive drama tour to reach remote and rural communities.

The programme delivers three short productions using comedy, music and interaction with the audience to convey powerful messages. It addresses social issues such as stereotypes and stigma, social media, peer pressure, safe relationships and sending sexually explicit photographs.

Pupils have an opportunity to discuss the dilemmas which characters present, ask questions, consider solutions and explore what support is available for them to access.

You Are Not Alone, delivered by Raenbow Productions, has bespoke resources including a booklet to encourage resilience and help young people think about their support networks. Pupils are also encouraged to participate in valuable discussions with their teachers during class lessons.

Through pupil, teacher and service evaluations, we know this programme is highly valued. It increases young people’s awareness of services and helps to engage them in services

In 2021/2022, due to COVID-19 guidance the live drama production was offered online, allowing it to be presented in classrooms at the teacher's convenience and all but one of the schools were supported by partner agencies for the delivery of the drama.

The 2023 drama tour will be delivered in person for the first time since the pandemic and it will be supported by a wide range of partners providing services for young people. All secondary schools in Argyll and Bute will receive the drama programme and a full evaluation will be completed.

### **Argyll and Bute: Gypsy and Traveller community work**

Engagement activity that identified a gap in provision of free sanitary products at Gypsy and Traveller community sites. Partnership work with the Minority Ethnic Carers of People Project (MECOPP) and Argyll and Bute Council enabled the provision of information and free sanitary products to Gypsy and Traveller community sites in Argyll and Bute. Initially, products were delivered by MECOPP on a person-to-person basis. MECOPP plan to support their service users to place orders for products using the councils My Tribe website, [MyTribe - Free period products \(mytribeargyll.co.uk\)](https://mytribeargyll.co.uk). Orders are placed on an individual basis within households.

Gypsy/Traveller History Month was promoted in 2022 throughout NHS Highland as well as Highland and Argyll and Bute Councils. The aims of this work were to; raise awareness of Gypsy and Traveller community history and culture, and address some of the barriers which prevent good health outcomes in these communities. Information was targeted at staff from primary and secondary care, and third sector organisations with a focus on those who deliver direct care to people. The Turas module *Raising awareness of Gypsy /Traveller communities* was promoted via social media. This module is for anyone interacting with patients, clients and the public to help develop an awareness of the culture and circumstances of Gypsy and Traveller communities in Scotland. It explores barriers to inclusion and good health, and ways to make services more accessible and responsive to the needs of Gypsy and Traveller communities. Participation and completion rates were double the previous year following the promotion activity.

### **Mental Health Engagement**

From 2021 to 2022 engagement activity was carried out in conjunction with third sector organisations Jean's Bothy, ACUMEN and Support in Mind Scotland (SiMS). Engagement took the form of focus groups, one to one interviews and surveys and asked Argyll and Bute residents' questions on their experience of accessing services during the pandemic and the impact on their mental wellbeing. The aim of the engagement was: To gain insight into people's experiences of the COVID-19 pandemic and the impact of this upon mental wellbeing and access to mental health support. Key themes emerged around accessible

support, community support and digital connectivity, and were captured in a report. A live graphic illustrator captured the themes at one of the Jean's Bothy focus groups.

## **Business Functions**

### **Procurement**

As a buyer of goods and services, the Procurement Department of NHS Highland have developed processes and procedures which are designed to facilitate fair, transparent and consistent procurement practice. NHS Highland implements Scottish Government Statutory Guidance when evaluating tender submissions, selecting tenderers and awarding contracts. This contains Fair Work Practices, including the Living Wage.

NHS Highland continues to encourage Fair Work Practices within our supply chain. Through Contract Management processes and procedures, Contractor provision of Fair Work Practices is monitored regularly. NHS Highland also regularly considers how to incorporate best Fair Work Practice into collaborative framework agreements and local tendering exercises.

### **Equality Impact Assessment (EQIA)**

Information about EQIA has been updated on the NHS Highland Intranet to include further explanation and signposting to the Turas training module. Guidance, templates, and other supporting documents are also available for staff. Following a pilot of the content with NHS Highland's Procurement team, there is now an EQIA training example video provided to support others to complete EQIAs.

The Argyll and Bute HSCP EQIA process has been updated and is introduced in the corporate induction programme. From 2021-2022 15 EQIA's were carried out regarding changes to services in Argyll and Bute, these included changes to older adult services, changes to day services for adults with learning disabilities and changes to tenancy agreements in mental health services among others. The breadth of EQIA's suggest that this process has become mainstream in Argyll and Bute HSCP.

## **Section 3: Equality Outcomes Progress Report 2021-23**

The Specific Duties require review of progress in meeting equality outcomes every two years. In April 2021, NHS Highland set out three equality outcomes:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

Progress updates on these are provided below.

**Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.**

| Key action   | Progress  |
|--|---|
| Development of the Highland Mental Health Delivery Group Action Plan, including the following areas: | The new MHDG action plan is currently under development, to date the following progress has been achieved:  |
| - Early Years, Childhood and Adolescence – a preventative approach                                   | Highland Cares initiative has held stakeholder events in all areas of Highland now where we have spoken with community representatives and numerous young people looking specifically at Mental health and Wellbeing. There have been project groups set up in each area looking at the identified themes working alongside the Community Planning Partnerships. Due to initial feedback from the Stakeholder events there have already been training and awareness sessions rolled out throughout Highland to address the requests for early intervention and prevention.  |
| - Tackling Stigma and Discrimination - supporting employers and public services                      | A quarterly newsletter ( <a href="#">example</a> ) is compiled highlighting key mental health and wellbeing (MHWB) themes around prevention and self-care. This multimedia publication seeks to reduce stigma and discrimination by highlighting both national and local campaigns seeking to educate and inform the population. Practical resources are highlighted as well as training and education opportunities available to those working (paid and unpaid) in communities of Highland.<br><br>The <a href="#">Highland Mental Wellbeing Website</a> is an information resource developed with the input from all partners with updates on services across Highland. It highlights services, training opportunities and an activity calendar. It aims to equip practitioners and communities with |

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|   | <p>information as well as a range of e learning and training resources to allow inclusive, compassionate responses to people experiencing mental health concerns and opportunities to understand the impact of Stigma and discrimination and inform approaches that challenge and reduce these forces.</p> <p>Engagement with both resources grows consistently and the group are about to launch a test of change in relation to the website</p> <p>The continuation and development of both these resource remains part of the MHDG actions.</p>  |
| <p>- Working and Responding Together - stronger collaborative approach across the public, third and independent sectors</p> | <p>The Mental Health and Wellbeing Delivery Group (MHDG) with 30 members from across the statutory and 3<sup>rd</sup> sector met in October 2022 to review the action plan post pandemic. Emerging priorities were highlighted through a Conversation Café model approach.</p> <p>4 Conversations were facilitated;</p> <ol style="list-style-type: none"> <li>1. Training and communications</li> <li>2. Suicide Prevention</li> <li>3. Listening to the voice of lived experience</li> <li>4. Developing the trauma informed workforce</li> </ol> <p>as well as plenary discussions.</p> <p>A resulting report has been compiled and the global, national and local policy environment referenced.</p> <p>Early 2023 will see the group continue to collaborate and develop the 2023 2025 action plan.</p> <p>The group will continue to collaborate to further develop a multi-agency training matrix linked to the levels of practice noted in Scotland's <a href="#">Mental health improvement and suicide prevention knowledge and skills framework</a></p> |
| <p>Participation and Inclusion - enabling people to have control over their lives and facilitating active involvement</p>   | <p>NHS Highland's Mental Health and Learning Disabilities Services have been working with partners to develop a strategy based on the principles and values of care provision. This work is aligned to the Scottish Government</p>  |

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|   | <p>draft document <i>Scotland's Mental Health and Wellbeing</i>, and our own Board strategy, <i>Together We Care</i>. This strategy is being developed with and informed by our partners and those in the 3<sup>rd</sup> sector, those with lived experience, and our workforce. Engagement activity was launched through collaboration with the Scottish Recovery Network. Four conversation cafe style sessions were run across the Highlands, pulling together over 30 community groups and over a hundred individuals. As our Adult Mental Health and Learning Disabilities Services cover a variety of areas (including drug and alcohol, learning disabilities, older adults and dementia, etc), we expanded our engagement activities to include these themes. We will, by the end of March 23, have a draft ready for consultation.</p> <p>A key outcome from the engagement work is the development of a delivery group, comprised of Highland 3rd sector, independent sector and voluntary organisations, ensuring that the voice of lived experience is present in the planning and delivery of the new NHS Highland Mental Health and Learning Disabilities Principles and Values strategy.</p> <p>Once this document is approved, it will be used in conjunction with our Annual Delivery Plans to inform not just what we provide, but the principles and values by which we do so.</p> |
| <p>Equality Impact Assess Mental Health Delivery group action plan:</p> <ul style="list-style-type: none"> <li>- Key actions will be identified for specific groups of people including those with protected characteristics</li> <li>- The action plan will be updated to reflect the outcome of the EQIA</li> </ul> | <p>The new MHDG action plan is under development and an EQIA will be completed as part of this process and actions taken accordingly to ensure inclusivity for all people in Highland with particular focus on those with protected characteristics. The group will continue to collaborate with colleagues from Scottish Recovery Network ensuring the voice of lived experience is listened to and reflected in resulting action plan.</p>  |
| <p>Establish infant mental health service</p>   | <p>Community Perinatal Mental Health and Maternity and Neonate Psychological Interventions teams are established and are providing assessment and professional consultation to families with perinatal, maternity and neonate mental health needs. The development of the Infant Mental Health</p>  |

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|   | <p>Service was completed in March 2023 with the appointment of the Clinical Lead and pathways to support access to the service are currently underway. The tri-pathway model will promote mental wellbeing during pregnancy and early years. The developing pathways are underpinned and driven by a reference group of women with lived experience to improve and ensure access to the resources needed to support mental health and wellbeing.</p>  |
| <p>Respond to care review by delivering on The Promise (to care experienced young people)</p> | <p>Activity to support Highland in #Keeping the Promise has included:</p> <p>Improvement work within Highland Council and Partners in changing the language of care – with an aim to embed destigmatising language and practices across the way we work. Any improvement activity in this area should be informed by lived experience. Working alongside Each &amp; Every Child, we are engaging leaders across the partnerships to ensure organisational and systemic change of ‘language’ including service plans (where relevant and appropriate).</p> <p>Supporting the Workforce is one of 5 priorities within the Promise Plan 2021 – 2024 and within this priority, embedding trauma informed practice into the workforce is key. Therefore, alongside partners, the development of Highland’s Trauma Informed workforce plan, is key to building the foundation in which to deliver on The Promise.</p> <p>Promoting Highland’s vision of The Promise. In order to enhance awareness and confidence of The Promise in the workforce, the following activity was undertaken:</p> <p>The rollout of Promise Engagement sessions.<br/> The development of The Promise Newsletter.<br/> Recruitment of Promise Ambassadors. There is also a wide range of activity across the partnerships including but not limited to the work within the Highland Strategic Alliance which is developing small tests of change within ‘Moving On’ (older young people moving out of care), Residential care, and Family Support.</p> |

**Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.**

| Key action   | Progress  |
|--|---|
| Review relevant Violence Against Women guidelines and policies and ensure they are made available to support NHS staff on VAW issues | Gender based violence guidelines are developed and available on the NHS Highland intranet for all staff to access. There are additional materials and guidance available on the Highland Violence Against Women Partnership website; <a href="https://www.scot.nhs.uk/highland-violence-against-women-partnership/">Highland Violence Against Women Partnership – Ending Violence Against Women (scot.nhs.uk)</a> .<br>Reviews are still to be progressed.  |
| NHS Highland to pilot the Equally Safe at Work programme due to start in 2021  | Included as a priority in NHS Highland Annual Delivery Plan.  |
| Develop a refreshed set of priorities and measures for Highland VAW Partnership (HVAWP) Strategy.                                    | Complete, guided by national priorities. Each priority, and associated actions are measured by evidence of progress.  |
| - Develop 2021-24 HVAWP action plan.   | HVAWP Action Plan 2021-2024 currently being worked to.  |
| - Use COVID-19 related data and partner information to inform the strategy and action plan   | There was an increased focus on domestic abuse, both nationally and locally, during COVID-19 and its aftermath with incidents continuing to increase. Incidents of domestic abuse recorded by the Police Scotland have risen over the past 5 years by 8.8% ( <a href="https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2020-21/">https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2020-21/</a> ).<br>Highland Women's Aid groups report receiving a 14% increase in referrals from women and girls experiencing domestic abuse in the year April 2021 to 22 March 2022 from that of the previous year. In addition, there were over 400 referrals to the Highland Multi Agency Risk Assessment Conferences (MARAC) during 2021, these respond to victims at highest risk of serious harm or murder due to domestic abuse. |
| Deliver and evaluate the HVAWP training programme  | The training offer continues, delivered by a part-time, dedicated training officer. Training is delivered both remotely and in person to provide maximum accessibility. Training demand is high, and courses are well received  |

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|  | and attended, with annual evaluation of the training delivered by VAWP in place. The Highland VAWP Training and Prevention Subgroup is well attended, with highly experienced members working together to improve the awareness of gender based violence issues and accessibility to support across Highland. |
| Increase training capacity by supporting Trainers who attended the “training for trainers” course to deliver training. | T4T no longer is in operation and training is being reviewed at a national group meeting.   |
| -Develop online courses for TURAS and other digital platforms.   | Transfer of course administration to the TURAS system has greatly improved the efficiency of administration, reporting opportunities and increased training delivery times available.   |

**Outcome 3 - In NHS Highland, people from identified groups will have more control over the care and services they receive.**

| Key action   | Progress  |
|--|---|
| NHS Highland Communication and Engagement Strategy:  |   |
| - Communication and Engagement Strategy to be developed in partnership with key groups, patients, and partners.                                | A three-year strategy is in place, with year two currently being delivered. This is guided by an annual action plan aligned to NHS Highland’s Annual Delivery Plan (ADP). The Engagement Framework has been approved by NHS Highland’s Board and is also going through a 3-stage implementation plan. |
| - An internal framework and resources, are to be introduced to support meaningful conversations and engagement with communities and key groups | An Engagement Framework has been approved. Resources including templates, training and guides are available. Staff introductory and awareness sessions are currently taking place, and supporting materials and signposting is being added to the staff intranet pages.                               |
| - Training sessions piloted and delivered to managers across NHS area  | Training is being delivered on an Introduction to Engagement, Face to Face Engagement and other topics. Training needs will be continually assessed to ensure staff are equipped to deliver meaningful and inclusive communication and engagement across the organisation.                            |

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|  | Development of a peer network to support staff is planned in partnership with other departments, in order to help provide an internal supportive network for staff, managers and clinicians relating to communication and engaging with people.  |
| - Training and support to be piloted to lay members of committees and project groups   | Work continues with Healthcare Improvement Scotland - Community Engagement (HIS-CE), to develop bespoke training for lay members, in partnership with lay members. Lay representatives, NHS and HIS-CE have met several times to discuss and identify content, with further sessions planned. The main training aims to be delivered by HIS-CE in spring / early summer 2023.  |
| - Develop networks and effective ways for people to give views, share experiences or take part in engagement opportunities on matters that are important to them | <p>Networks continue to be developed both for central communications and engagement channels, as well as with some locality and specific areas, as part of strategy or redesign work. For example, supporting Together we Care, and Mental Health and Learning Disability (MHL) Strategies, Maternity Review, Skye and Lochaber Redesign stakeholder analysis and networking building.</p> <p>Currently introducing Care Opinion to four test sites within NHS Highland, as a way for people who are attending or need our services to share their experiences with us, which will help continually improve our services.</p> <p>Radio podcasts and sound bites have been introduced in Skye and Lochaber. These are recorded by key members of staff who share information and updates about local services. This form of information sharing has been introduced to extend our reach to people in these areas so that they can listen to important updates on their devices, wherever they may be listening, at no cost to them. People are invited to contact the radio station with questions or suggestions, and this offer has been taken up by members of the public. Information provided on the podcasts are also available</p> |

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|   | <p>via newsletters, that can be shared in different formats, including easy read.</p> <p> <a href="#">Skye Newsletter Poster 2 1.pdf</a></p>  |
| <p>- Develop ongoing relationships with vulnerable groups/ communities of interest and provide opportunities for views and experiences to be heard, listened to, and considered, e.g. Inclusion Scotland 2021 summit and NHS Scotland Gypsy and Travellers Charter of Involvement</p> | <p>Initial contacts have been made with several groups, including Highland Senior Citizens Network, Highland Pride and Autism Initiatives. Conversations have begun with the Highland Council Housing Officers to explore how we can connect with some of the vulnerable groups via Tenants Associations or with people who are homeless. We have also recently reached out to Community Health Workers to explore how to support conversations with Gypsy Traveller Communities as part of the MHLD strategy development.</p> |
| <p>The Carers Strategy commits to:</p>  |  |
| <p>- Carers actively involved whilst the person they care for is in hospital/planning for discharge</p>   | <p>From autumn 2022, a working group has been re-introduced, and meets monthly. This includes carer participation, and involvement of the new adult social care patient flow team. As the group develops, there are plans to include unpaid carers, who are currently represented by the CEO of the local carers centre.</p>   |
| <p>-Improved engagement with carers and involvement in the Highland Carers Strategy, services, policies and any guidance pertinent to carers.</p>   | <p>This includes carers leading the development of the Highland Carers Strategy. The unpaid carers group, who meet 6 weekly, since September 2022, are planning a consultation during summer 2023, and for the strategy to be published in the autumn. In order to support this work compatible IT equipment will be provided to assist carers to be equal participants in carer development work.</p>   |
| <p>- Outcome focused Adult Carer Support Plans available to carers who want one: Pathways and resources available; support plans reviewed in line with the changing needs of carer</p>  | <p>No further progress to date, although plans are in place for 2023-2025.</p>   |
| <p>- Carers benefiting from access to tailored short breaks and respite support</p>   | <p>Since September 2021, over 700 cares have benefited from funding via this scheme. In addition, a Carers Wellbeing Fund was introduced in January 2023 that offers support to carers in critical or substantial need, linked to the cost of living crisis. This funding is time limited until 31st March</p>   |

|  |   |
|--|---|
|  | 2023. The first panel met and considered the initial ten applications in February 2023. |
|--|---|

## Appendices

### Appendix 1

#### Employee Protected Characteristics Data and Analysis

NHS Highland employee data relating to protected characteristics is held in the electronic Employee Support System (e:ESS). e:ESS went live in 2013, and employee and manager self-service functionality implemented, however adoption of the self-service functionality is high for managers, but less so for employees. This functionality is used by employees to update, amongst other things, their protected characteristic information.

For most protected characteristics (notable exceptions being age and gender), this figure has remained consistent over the last 5 years. The key action, therefore, in relation to our Equalities Duties in respect of employees, is to improve the quality of the employee equalities data we hold.

As at 07/02/23, current equalities data held in eESS is: (where an individual has opted not to disclose, this is recorded as Not Provided)

#### Disability

- Disability Not Provided 15.75%
- Disability Provided 84.25%

#### Ethnicity

- Ethnicity Not Provided 18.96%
- Ethnicity Provided 81.04%

#### Gender Reassignment

- Gender Reassignment Not Provided 16.38%
- Gender Reassignment Provided 83.62%

### Sexual Orientation

- Sexual Orientation Not Provided 18.73%
- Sexual Orientation Provided 81.27%

### Religion

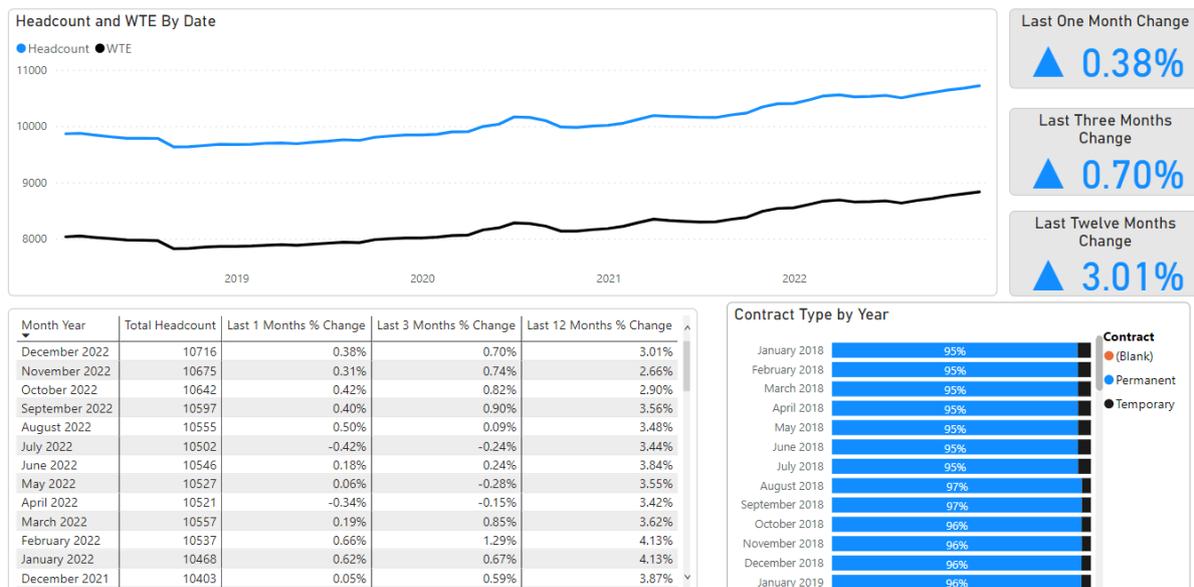
- Religion Not Provided 21.44%
- Religion Provided 78.56%

To improve the quality of our equalities data, we committed in the last action plan to roll out across NHS Highland the elements of Employee Self Service that will allow staff to update their Equalities information. However, this has not been possible for several reasons. A refreshed project is underway to implement manager self service for e:ESS. This alone will not improve the quality of the data held, however, it will mean the current process for collecting equalities information will change. The project team will be tasked with identifying the least burdensome process for collecting equalities information.

NHS Highland will be launching a revised Exit Survey early 2023 for employees leaving the service, this will enable collation of leaver information from one source.

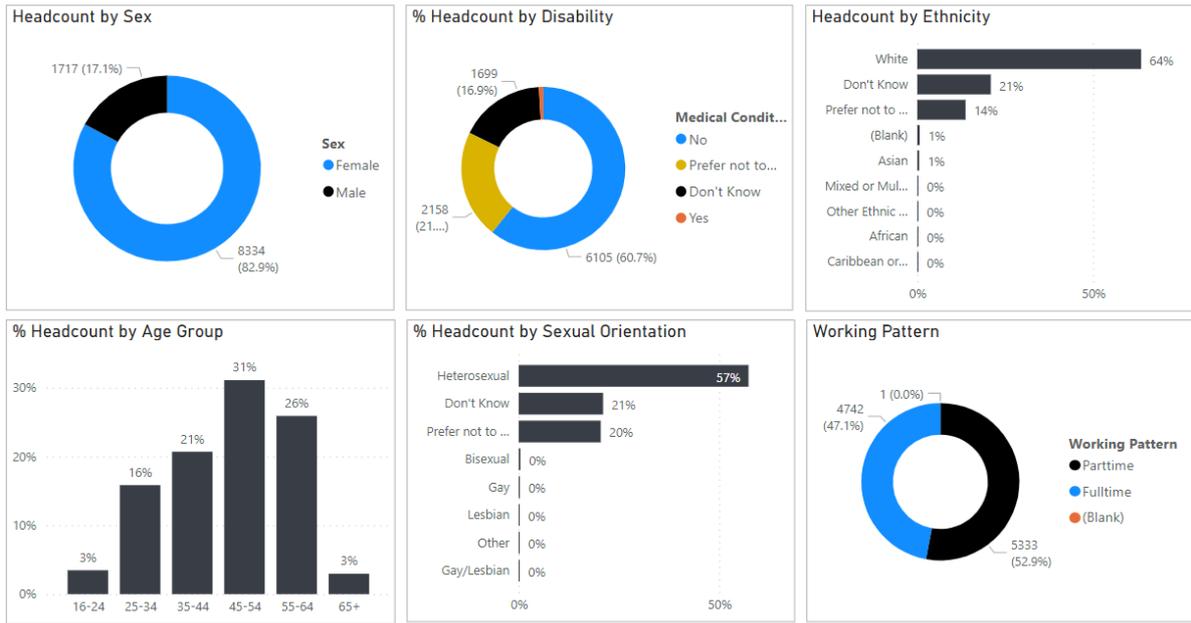
The workforce profile information presented below considered data sets across 3 years from January 2020 to January 2023. Where detailed an average headcount across the 12 (monthly) workforce profile snapshots are presented for 2022.

### Infographic 1: Headcount Visual 31<sup>st</sup> December 2021 - 31<sup>st</sup> December 2022



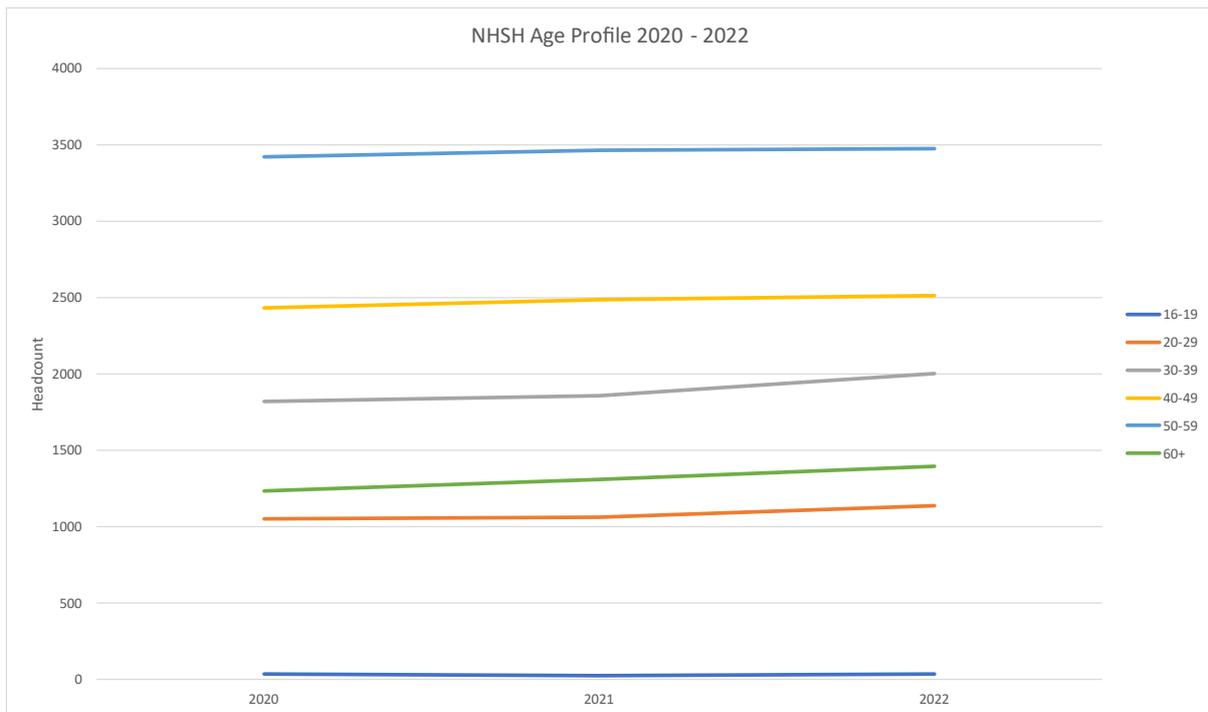


### Infographic 2: Equality and Diversity (31<sup>st</sup> December 2022)



### Graph 1: Age Profile

For each year it is an average headcount across the 12 (monthly) workforce profile snapshots taken.



The above graph shows the trend in age group profile over the last 3 years from January

2020 to December 2022. NHS Highland demonstrates an ageing workforce with a significant number coming up to or over the average retirement age. The median age is 48 for NHS Highland, which has not changed from pre-covid. However, the headcount over 55 has increased. The Board's average retiral age is 63, an increase from 61 in 2018, this highlights a risk to the sustainability of the workforce. Over 2000 employees are age 57 and over and of those 1000 are 61 and over. The highest number of employees working beyond the Boards average retirement age are within the Band 2 and Band 1 pay banding.

NHS Highland will continue to work on age profile modelling through developments of Dashboards and working in partnership with the NHS Education for Scotland (NES) Workforce team with an aim to enhance our intelligence to help inform succession planning and workforce planning in relation to the ageing workforce. Work has begun with the launch of the Retire and Return Policy to understand which sections of the workforce may choose to work for longer and identify how NHS Highland can retain the skills and experience of the older workforce, whilst providing safe and manageable roles. We also need to work with colleagues to ensure that flexible working options are fully utilised and managers have the necessary skills in management and rostering to make the most of this.

Although many current members of staff will be working longer there is clearly an urgent need to recruit the younger generation, this is underpinned by the fact that less than 400 employees (3.5% of the workforce) in NHS Highland are aged 24 or under. 48% of the under 24s are within the Nursing and Midwifery job family. There are multiple critical issues within our workforce profile around the time taken to train in professional roles, the loss of experienced colleagues and the impact on an aging workforce due to the physical nature of some roles. It is vital that Managers are aware of the current age profile, average retiral age across job families and project retirals, in order to deploy targeted retention or succession planning work in good time to avoid shortfalls in service, particularly in remote and rural areas where the fragility of small teams is high.

**Table 1: Age Profile**

| Age Range    | 2020        | 2021         | 2022         |
|--------------|-------------|--------------|--------------|
| 16-19        | 33          | 25           | 37           |
| 20-29        | 1049        | 1063         | 1140         |
| 30-39        | 1822        | 1859         | 2002         |
| 40-49        | 2435        | 2487         | 2511         |
| 50-59        | 3424        | 3464         | 3475         |
| 60+          | 1235        | 1310         | 1397         |
| <b>Total</b> | <b>9998</b> | <b>10208</b> | <b>10562</b> |

**Table 2: Employments by Sex**

For each year it is an average headcount across the 12 (monthly) workforce profile snapshots taken. In common with other employers in the health and social care sectors, we have a significantly higher proportion of female employees (82.6% as of 31<sup>st</sup> December 2022).

| Employments by Sex | 2020        | 2021         | 2022         |
|--------------------|-------------|--------------|--------------|
| Female             | 8313        | 8466         | 8732         |
| Male               | 1686        | 1741         | 1831         |
| <b>Total</b>       | <b>9999</b> | <b>10207</b> | <b>10563</b> |

**Table 3: Employments by Agenda for Change (Bands)**

This data is taken from the Headcount Power BI report. It is an average headcount across the 12 (monthly) workforce profile snapshots taken for 2022.

| Agenda for Change Employees | Female | Male | Grand Total |
|-----------------------------|--------|------|-------------|
| Band 1                      | 38     | 5    | 43          |
| Band 2                      | 1814   | 422  | 2236        |
| Band 3                      | 1381   | 205  | 1586        |
| Band 4                      | 945    | 140  | 1085        |
| Band 5                      | 1681   | 196  | 1877        |
| Band 6                      | 1314   | 243  | 1557        |
| Band 7                      | 771    | 170  | 941         |
| Band8A                      | 211    | 54   | 265         |
| Band8B                      | 74     | 26   | 100         |
| Band8C                      | 28     | 11   | 39          |
| Band8D                      | 18     | 9    | 27          |
| Band 9                      | 1      | 1    | 2           |
| Not AFC                     | 603    | 360  | 963         |

Just over 89% of staff at Band 5, for example, are female, compared to 77% for Band 8a and significantly higher paid bands.

The breakdown of gender across job families below demonstrates significant occupational segregation. Almost 100% of dental support staff are female, with very high proportions of women seen in nursing and midwifery, social care, allied health professions and administration. Higher paid occupations, such as medical and dental and senior management show a more equal split between genders. Support services, which includes

domestic services, portering and estates, and Health Care Sciences each have similar proportions of females, around 58%. This occupational segregation has a significant impact on the Gender Pay Gap reported later in this paper.

**Table 4: Employments by Job Family and Gender**

This data is taken from the Headcount Power BI report. It is an average headcount across the 12 (monthly) workforce profile snapshots taken for 2022.

\*Note as this is by job family, the sum may be higher than that of employees, where employees are counted more than once due to having employments across different job families.

| Job Family - Gender      | Female | Male | Female | Male   |
|--------------------------|--------|------|--------|--------|
| ADMINISTRATIVE SERVICES  | 1744   | 303  | 85.20% | 14.80% |
| ALLIED HEALTH PROFESSION | 663    | 91   | 87.93% | 12.07% |
| DENTAL SUPPORT           | 181    | 1    | 99.45% | 0.55%  |
| HEALTHCARE SCIENCES      | 206    | 148  | 58.19% | 41.81% |
| MEDICAL AND DENTAL       | 320    | 300  | 51.61% | 48.39% |
| MEDICAL SUPPORT          | 15     | 18   | 45.45% | 54.55% |
| NURSING/MIDWIFERY        | 3588   | 335  | 91.46% | 8.54%  |
| OTHER THERAPEUTIC        | 276    | 50   | 84.66% | 15.34% |
| PERSONAL AND SOCIAL CARE | 1095   | 120  | 90.12% | 9.88%  |
| SENIOR MANAGERS          | 27     | 16   | 62.79% | 37.21% |
| SUPPORT SERVICES         | 671    | 452  | 59.75% | 40.25% |

### Gender Pay Gap

The tables below outline the Gender Pay Gap for the Board as a whole and then further broken down across the different terms and conditions in use across the board.

The information is presented in three different formats, each defined below. Mean Pay is a sum of hourly rates divided by the number of hourly rates. Median Pay is the hourly rate in the middle of all hourly rates in ascending order. For example, 3 is the median of the range 1,2,3,4,5. Mode Pay is the most common hourly rate.

This data is taken from an extract from Payroll as at 31 Dec 2022, matched on to an extract from SWISS to get employment info.

| Whole Board | Male   | Female | Gender Pay Gap | Percentage Difference |
|-------------|--------|--------|----------------|-----------------------|
| Mean Pay    | £22.41 | £17.78 | -£4.62         | 20.63%                |
| Median Pay  | £18.09 | £14.52 | -£3.57         | 19.74%                |

|          |        |        |       |  |
|----------|--------|--------|-------|--|
| Mode Pay | £12.18 | £12.18 | £0.00 |  |
|----------|--------|--------|-------|--|

The gender pay gap for the board as a whole is significant at negative £4.62 or 20.63%. This is higher than the Scottish average reported in 2021 of 10.1%. NHS Highland's gap has reduced since the last report. The negative median pay gap of £3.57, when read in conjunction with the Mean pay and Mode pay, effectively shows there are a relatively small number of men in NHS Highland with high levels of pay compared to the rest of the workforce. This can be seen when we look at the Medical and Dental pay gaps.

| Agenda for Change | Male   | Female | Gender Pay Gap | Percentage Difference |
|-------------------|--------|--------|----------------|-----------------------|
| Mean Pay          | £17.28 | £16.73 | -£0.55         | 3.19%                 |
| Median Pay        | £14.42 | £14.42 | £0.00          | 0.00%                 |
| Mode Pay          | £12.18 | £12.18 | £0.00          |                       |

| Adult Social Care (TUPE) | Male   | Female | Gender Pay Gap | Percentage Difference |
|--------------------------|--------|--------|----------------|-----------------------|
| Mean Pay                 | £19.27 | £17.91 | -£1.36         | 7.05%                 |
| Median Pay               | £20.86 | £16.69 | -£4.17         | 19.99%                |
| Mode Pay                 | £23.21 | £23.21 | £0.00          |                       |

| Medical and Dental | Male   | Female | Gender Pay Gap | Percentage Difference |
|--------------------|--------|--------|----------------|-----------------------|
| Mean Pay           | £47.82 | £43.33 | -£4.50         | 9.40%                 |
| Median Pay         | £49.09 | £47.25 | -£1.84         | 3.74%                 |
| Mode Pay           | £58.28 | £51.95 | -£6.33         |                       |

| Senior Management | Male   | Female | Gender Pay Gap | Percentage Difference |
|-------------------|--------|--------|----------------|-----------------------|
| Mean Pay          | £42.31 | £46.56 | £4.25          | -10.05%               |
| Median Pay        | £44.51 | £43.96 | -£0.54         | 1.22%                 |
| Mode Pay          | #N/A   | £35.42 | #N/A           |                       |

\*Mode - all male have different rates

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