

Argyll and Bute Health and Social Care Partnership

Equality Outcomes and Mainstreaming Report 2016 - 2021



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Equality Outcomes and Mainstreaming Report 2016 - 2021

1. Introduction

This report outlines how Argyll and Bute Health and Social Care Partnership (HSCP) has mainstreamed equalities since the publication of Equality Outcomes in June 2016. The HSCP is a partnership between NHS Highland and Argyll & Bute Council and delivers services in accordance with a Strategic Plan 2019 – 2022:

[5.1\(ii\) AB HSCP Draft STRATEGIC PLAN 2019-2022v22.pdf \(scot.nhs.uk\)](#)

The HSCP is the identified public authority reporting on equalities outcomes and mainstreaming for the purposes of the Scottish specific duties of the Equalities Act 2010 and governed by the Argyll & Bute Integration Joint Board. The IJB upholds the intention of health and social care services to both protect people with protected characteristics and to improve the outcomes of people with protected characteristics.

This report covers a 5-year period from 2016 to 2021 and provides an overview of underpinning equalities work delivered in Argyll and Bute during that time. The equalities framework is aligned to the approaches in both NHS Highland and Argyll & Bute Council.

The following report is demonstrative of some of the key activity inherent in ensuring equality of opportunity in the review period. The information follows a narrative style and describes highlighted outputs. The challenge of effectively measuring the outcomes of equality work is acknowledged; it is not always possible to relate an improvement in outcome with a specific intervention due to overlapping service delivery and the wider social context of how people live.

The final section of this report outlines the new Equalities Outcomes for the period 2021 – 2025. An interim report on these outcomes will be published in 2023 in accordance with the Scottish specific duty. An attempt has been made to unify the HSCP's new outcomes with the outcomes of NHS Highland and Argyll & Bute Council, for example via partnership working at the joint Equality Forum, but this is not wholly achievable due to different reporting timescales across the three bodies.

2. Background and Legal Context

2.1 The Equality Act

The public sector equality duty, referred to as the 'general equality duty,' is set out in the Equality Act 2010. The Equality Act brings together the areas of race, disability, sex, sexual orientation, religion and belief, age and gender reassignment into one piece of legislation. It also clarifies the approach that should be taken to ensure fair

treatment with regards to marriage and civil partnership, pregnancy and maternity. In the exercise of its functions Argyll and Bute HSCP must:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not, by tackling prejudice and promoting understanding

These are the three fundamental elements of the general duty which applies to the following nine protected characteristics:

- | | |
|--|---|
| • Age | • Gender reassignment |
| • Disability | • Pregnancy and maternity |
| • Sex | • Religion or belief |
| • Sexual orientation | • Race, this includes ethnicity, colour and national origin |
| • Marriage and civil partnership (for which only the first duty applies) | |

2.2 Scotland Specific Equality Duties

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force in May 2012. These specific duties are designed to help public sector organisations meet the general duty effectively. The key legal duties are that Argyll and Bute must:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress

This report is evidence of the HSCP meeting the requirement to report progress on mainstreaming equalities into core service delivery.

In 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 HSCPs to ‘pay due regard’ to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies are required to publish written assessments showing how they have paid due regards to this duty. The HSCP incorporates this responsibility into an integrated equality impact assessment process further described in section 3.3.2.

This integrated impact assessment process also includes the statutory responsibilities of the Island (Scotland) Act 2018. This requires public bodies, including HSCPs, to ensure islands receive equitable and fair treatment and that policies and strategies are tailored to the unique circumstances of island living.

2.3 Integration Joint Board Argyll and Bute

In April 2016 the Integration Joint Board (IJB) of Argyll and Bute’s Health and Social Care Partnership was formed by NHS Highland and Argyll and Bute Council. The IJB has responsibilities to improve the health and wellbeing outcomes of people living in Argyll and Bute and to deliver health and social care services. The

mechanism for doing this is to implement a formally agreed Strategic Plan. The IJB is committed to ensuring equality is “mainstreamed” in our business and that everyone in Argyll and Bute has equal opportunities regardless of their status.

There is considerable evidence that discrimination and harassment negatively impact health, particularly mental wellbeing, and contribute directly to inequalities in life opportunities and health outcomes. The IJB also recognises individuals, groups and communities who routinely face such disadvantages also experience inequalities in how they access and experience health and social care services. We are committed therefore to making a real and lasting contribution to creating a fairer Argyll and Bute, and to reducing inequalities in health, access and opportunity for our whole population.

The IJB does not directly employ staff therefore employee information and gender pay gap information is published by the employing organisations and not the IJB. Information relating to staff employed by NHS Highland and Argyll & Bute Council can be found within their respective equalities mainstreaming reports.

Mainstreaming equalities commitments from 2016 include:

- The IJB upholds the rights of all people, regardless of protected characteristics, to lead healthy and fulfilled lives and to have appropriate health and care services available when they need it.
- The IJB firmly believes that by integrating health and social care services there is potential to improve health and social care outcomes for the whole population and narrow the gap between the better off and worse off in Argyll and Bute.
- The IJB will provide strategic leadership for equalities and work toward consistent approaches in the parent organisations. It will also act as a role model to partners in Argyll and Bute.
- The IJB recognises the importance of equality being embedded in day-to-day service delivery.
- The IJB will be sighted on the impact of service changes on people with protected characteristics and will require heads of service to carry out EQIA's. Existing reporting arrangements for NHS and Council equality activity will remain in place.

2.4 Position in Argyll & Bute Council and NHS Highland

Both Argyll & Bute Council and NHS Highland have published outcomes frameworks for equalities and they are available here:

1. NHS Highland Equality Outcomes - [Equality and diversity \(scot.nhs.uk\)](http://scot.nhs.uk)
2. Argyll and Bute Council Equality Outcomes - [Equality legislation and reporting \(argyll-bute.gov.uk\)](http://argyll-bute.gov.uk)

Partnership working to align equality outcomes and mainstreaming reporting between the HSCP, the NHS board and local authority takes place, for example via Argyll and Bute's Equality Forum.

3. Progress – Mainstreaming the Equality Outcomes for Argyll and Bute Health and Social Care Partnership

3.1 HSCP Outcomes Published in 2016

The Argyll and Bute HSCP Equalities Outcomes Framework and Mainstreaming report 2016-2020 can be accessed here alongside the interim report from 2018 - [Argyll & Bute HSCP Equality Impact Assessments \(scot.nhs.uk\)](https://www.scot.nhs.uk/argyll-bute-hscp/equality-impact-assessments)

The approach taken in 2016 when developing the 2016-2020 outcome framework was to map high level outcomes and to identify a realistic number of achievable actions and objectives, this included:

- Theme 1. Improve health and wellbeing outcomes for people with protected characteristics
- Theme 2. Empowering people with protected characteristics to have an influence on how services are delivered
- Theme 3. Increasing access to services for people with protected characteristics
- Theme 4. Improving experience of services for people with protected characteristics

Governance of the HSCP's equalities mainstreaming is achieved by:

- Oversight and leadership from the Strategic Leadership Team.
- Governance and discharging of statutory responsibilities via the Strategic Planning Group.
- Professional advice and support from the Public Health Department.
- Publication of the HSCP's equality impact assessments via the NHS Highland website.
- Equality responsibilities incorporated into the corporate induction programme
- Board paper templates requiring a section to be completed on equality and diversity.
- Reporting of equality activity via the HSCP's annual performance report.

3.2 Theme 1 Improve health and wellbeing outcomes for people with protected characteristics

3.2.1 Strategic Plan

Argyll and Bute HSCP's Strategic Plan sets out the vision, strategic priorities and high-level strategic intentions with regard to how health and social care services are shaped and describes the transformation required to achieve the vision and priorities. The current Joint Strategic Plan (2019-2022) has been developed with full engagement and is informed by an awareness of equality and diversity.

The new Joint Strategic Plan (JSP) for the period 2022-2025 will build on success to date. The JSP intention will be to continue to improve outcomes for people with protected characteristics and to continue to empower people to actively engage in services. There will be full engagement with people to inform the plan and any barriers to engagement for those with protected characteristics will be removed to ensure there is active participation, including access through existing groups. A Joint Strategic Needs Assessment was conducted in 2019 to inform the JSP, this will be updated in 2022.

The Joint Commissioning Strategy (JCS) is being produced for the period 2022-2025. The JCS will be outcome focussed and will be informed by people using and delivering services. A steering group and working group were set up in 2020 to direct this activity and they include a range of representatives, for example carers, to ensure a wide range of perspectives are considered.

A full EQIA was carried out for the JSP in 2019. The JSP and EQIA are published here: [About Argyll & Bute \(scot.nhs.uk\)](https://www.scot.nhs.uk/about-argyll-and-bute/)

3.2.2 Older People's Strategic Group

A review of Dementia redesign proposals throughout 2019 led to the development of specific consultation and engagement in early 2020. The new Strategic Lead for Dementia took advice from Healthcare Improvement Scotland, Public Health and Alzheimer Scotland in February 2020 and developed engagement plans to inform a period of consultation from February to the end of March 2020.

Key feedback on the new dementia service model was analysed across each area, however key themes within service gaps noted that there was good attendance from service users and carers in each locality.

Many of these themes will link with developments around older adult care and the development of the Enhanced Community Dementia Team. It is hoped that a reference group will be established as part of agreed and sustained engagement soon.

In the past 18 months' work has been underway to review planning and engagement structures for older people and people with dementia, some but not all of whom will be using a range of services primarily within communities. Due to the pandemic the embedding of ongoing community engagement has not taken place but will do in terms of the Locality Planning Groups and we hope via a reference group for older adults and dementia.

During the pandemic in 2020, a Care Home Task Force was established to support all 17 care homes in Argyll and Bute in partnership with Public Health, Social Work, Health Protection Team, Scottish Care, Care Inspectorate & Finance colleagues. The group primarily focused on care home managers but this forum became the

vehicle by which the voice of residents and families was heard in terms of visiting restrictions and the impact of Covid-19 on care homes.

Care Homes and Housing transformational work stream was re-established in 2021. The engagement with local communities is ongoing and continues to be the driving enabler to ensure that any transformation work meets the needs of local communities and those who are directly impacted by any proposals.

This renewed focus will ensure that we continue to build trust and that plans are shaped and developed through active engagement.

3.2.3 Mental Health Strategy

Key achievements within mental health during the period of this report include:

- Development and launch of the primary care mental health service in January 2021, to increase access to residents in Argyll and Bute HSCP with common mental health conditions with a priority focus on referrals for perinatal and veteran care. Specialist OTs are part of the primary care team and have a focus on employability/disability and mental health and wellbeing. This aligns to action 37 of the national MH Strategy.
- Increased access/assessment within 14 days for those with a first episode/presentation of psychosis. We engaged in a national scoping exercise as one of two accelerator sites in collaboration with Healthcare Improvement Scotland and Scottish Government. This aligns with action 26 of the national strategy. Phase 1 report published here: <https://ihub.scot/media/8111/20210316-eip-report-v21.pdf>
- Pilot improved outcomes for those with co-morbidity and alignment to the rapid rehousing workstream, development and test of a homelessness, addiction and mental health practitioner in partnership with the local housing department. This aligns to action 28 of the national strategy
- Proposal submitted, to support associate DBI programme in Argyll and Bute HSCP until March 2023 to support those in distress across Argyll and Bute. This aligns to action 15 of the national strategy.
- Engagement with physical health screening pilot for patients living with mental health challenges in collaboration with public health. This aligns to action 15 of the national strategy.

3.2.4 Covid-19 Social Mitigation Strategy and Action Plan

The HSCP recognises those who have experienced long-standing social inequities such as poverty will be disproportionately affected by Covid-19 and the unintended consequences of lockdown. In response to the wider population health and wellbeing consequences of the pandemic, NHS Highland has prepared a Covid-19 Social Mitigation Strategy and Action Plan. The plan targets support to those most in need and aims to mitigate the adverse impacts of the pandemic. This involves work focused on a number of key areas, including:

- Income maximisation
- Reducing child poverty
- Fair Work Practice in employment and recruitment
- Mental health improvement
- Improving equality of opportunity and inequalities sensitive practice

The strategy and action plan has been developed in partnership with Argyll and Bute HSCP Public Health team and links to Argyll and Bute HSCP work. Work is ongoing with the Argyll and Bute Health Improvement team, and local partners, such as the Community Planning Partnership.

3.3 Theme 2 Empowering people with protected characteristics to have an influence on how services are delivered

3.3.1 HSCP's Engagement Framework 2019 and annual action plan

The HSCP adopted an improved approach to community engagement during 2018-19. This has culminated in the following documents being developed:

- Engagement Framework ratified by the IJB in 2019
- Annual Engagement Action Plan
- Engagement Quality Standards September 2019

The Framework sets out the importance of effective engagement with all stakeholders, including the public, people who use health and care services, carers, partners, and staff. It provides detail and guidance on how effective engagement will be achieved, for example in accordance with best practice. The Engagement Framework set out clear standards for how the HSCP will conduct engagement activity.

An annual action plan for engagement is compiled in order to map the range of engagement activity taking place across the HSCP. This includes activity for corporate services, adult services, children and families, primary care, and public health. Service managers have been supported in delivering their engagement activity by input and training from the Public Health Department.

Managers plan their engagement activity using a toolkit which identifies the purpose of the engagement, the target audience, methodology and the reporting of findings. An internal audit of these engagement processes was conducted in 2019 and this resulted in a review of governance processes around the use of the findings from engagement activity. The HSCP recognised the importance to informing stakeholders about how their views are being incorporated into service planning and follow a *"you said: we did"* philosophy. Managers must ensure a range of engagement methods are developed to ensure optimal participation, for example, paper, digital and face-to-face. The use of third party advocates is often utilised to gather views in a partnership manner.

Full details of the HSCP's engagement processes can be found here: [Public Engagement in Argyll and Bute \(scot.nhs.uk\)](#)

Oversight of engagement activity and professional expertise was provided by a joint partnership called the Strategic Engagement Advisory Group. This comprised officers and partners including the Third Sector Interface, the Scottish Health Council, an IJB representative, and a community representative.

3.3.2 Updated Equality Impact Assessment

Over the course of the period covered by this mainstreaming report, considerable work has been done to review and improve the processes for conducting equality impact assessments. This has been driven by both new statutory requirements such as the Fairer Scotland duty and also a need to work towards a unified approach within the HSCP. The NHS and local authority have very different impact assessment processes which can cause problems for integrated services meeting their statutory responsibilities.

A new impact assessment process was developed in 2019 which aligns with Argyll & Bute Council's process. The HSCP is a member of Argyll and Bute's Equality Forum which is a Community Planning Partnership sub-group. Development of the HSCP's updated process took place in consultation with this group. Subsequent to the launch of the new impact assessment process, a series of briefings took place in a range of fora to ensure managers were supported to meet their responsibilities.

Publication of the HSCP's impact assessments and all the impact assessment guidance and information can be viewed here - [Argyll & Bute HSCP Equality Impact Assessments \(scot.nhs.uk\)](#)

3.4 Theme 3 Increasing access to services for people with protected characteristics

3.4.1 Caring for People during Covid-19 Pandemic (comms, shielding, food access, emotional support and digital inclusion)

A Caring for People response is required by Scottish Government resilience planning guidance. In March 2020 a steering group was formed in Argyll and Bute between the NHS, local authority and third sector to support the community during lockdown. This resulted in wide ranging activity described below.

- ***Caring for People communications plan***

The Covid pandemic response required a comprehensive and accessible communication strategy to ensure the public knew how and where to access support they needed. Access to shopping and medicines etc. were vital in supporting individuals to adhere to the lockdown rules introduced by the Scottish Government. In partnership with Argyll & Bute Council and Argyll and Bute Third Sector Interface,

NHS Highland (Argyll and Bute) Public Health Team developed a communications plan and accessible resources. This included:

- Hosting Covid specific information on the Argyll & Bute Council website which conforms to accessibility guidelines.
- Developing an accessible information leaflet promoting the single point of contact number and helpful information for those requiring it. This was posted to all homes in Argyll and Bute in 14 font using simple language and shared with partners who support vulnerable groups. Easy read and customised formats were produced and shared with partners such as those working with travelling communities, children and young people, and people with a learning disability.
- Bespoke guidance for volunteers and volunteering groups to ensure Covid-19 safe working practices within communities.
- Practical support customised for travelling communities.
- Animations produced with voice over and subtitles, promoting the single point of contact number, and services provided through that number.
- Poster and short video produced for social media with subtitles and voice over to promote adult and child protection services.
- Promotion of national campaign information in British Sign Language.

- ***Caring for People Emotional Support Service***

The HSCP launched an emotional support telephone helpline in May 2020. The helpline was busy during the first few weeks of operation and feedback from users was positive. Callers were signposted to a range of local and national support services including chaplaincy, palliative care, Cool2Talk, Argyll and Bute Rape Crisis, Breathing Space and the Samaritans. However, calls numbers declined in June 2020 and the helpline was suspended due to lack of use over the summer. Other third sector organisations reported similarly low levels of use of telephone support services. Reflections with partners on this service provision led to engagement with people who had unmet mental health needs to review what support is required. This engagement took the form of online survey and focus groups and community conversations with users of third sector partners.

These findings have been shared with the Commissioning and Market Facilitation Steering Group described in section 3.2.1. This will ensure mental health needs are incorporated into the commissioning of equitable services throughout Argyll and Bute.

- ***Caring for People – Access to food during the pandemic***

In March 2020 the effects of Covid-19 led to panic buying and shortages of key household items. With the introduction of the medical shielding the scarcity of some household goods increased dramatically. The project was set up to target three priority groups: individuals who were shielding; individuals considered vulnerable

(due to age, low income, health conditions); and individuals living in very remote rural areas.

The project delivered a holistic service by providing targeted parcels for catering to group requirements:

- Fresh food parcels to those who were shielding to supplement the ambient national parcels they received from the Scottish Government. This took account of dietary requirements.
- Fresh and ambient food parcels to vulnerable residents (including free school meals households).
- Frozen meals to those shielding and vulnerable and lacking the ability to prepare meals for themselves.

The project distributed over 45,000 food parcels over the project cycle. The majority of respondents to the evaluation survey noted that the main success of the project was delivering its key aim of food parcel distribution to those in need during a national health crisis.

- **Shielding**

During the pandemic the Scottish Government directed Local Authorities to provide support to those who required to 'shield'. The HSCP worked closely with Argyll & Bute Council to implement the shielding programme. From March to August 2020, 3275 people were supported to shield, key outcomes included:

- 733 were signed up to national food parcels
- 1019 were provided with local food assistance
- 348 received pharmacy delivery assistance
- 1617 were provided with other forms of support (from dog walking to isolation help).
- 2699 were assisted to access standard council services such as bin uplifts, council tax and benefits
- 439 were signed up to supermarket priority access

Argyll and Bute Council proactively contacted those on the shielded list to identify these needs. A Scottish Government data exercise shows that 99% of those who were shielding, were in touch with Argyll and Bute Council.

- **Digital Inclusion**

A project aimed at providing vulnerable households with access to digital devices in order to combat digital exclusion was developed. Donated devices were refurbished and distributed to priority families.

3.4.2 Child Poverty Plan

Argyll and Bute published its first Child Poverty Action Plan in June 2019 and will publish a review every year until 2030. A multi-agency Child Poverty Group was formed prior to the pandemic and chaired by the HSCP Chief Officer. This group

has successfully coordinated and developed work that targets the most vulnerable. Some examples of this include:

- Automating free school meal and school clothing grant benefits.
- Flexible food fund which provides additional financial support to vulnerable families and links them to financial advice.
- A project providing school clothing banks for all schools.
- Support for the food forum which coordinates the work of food banks and other organisations.
- Tiered child poverty training for staff including Money Counts, to enable staff to ask difficult money question.

Links to Argyll and Bute’s Child Poverty Action Report and 2019 / 2020 Review:

https://www.argyll-bute.gov.uk/sites/default/files/child_poverty_action_plan_0.pdf

<https://www.argyll->

[bute.gov.uk/sites/default/files/child_poverty_action_plan_review.pdf](https://www.argyll-bute.gov.uk/sites/default/files/child_poverty_action_plan_review.pdf)

3.4.3 Suicide Prevention Plan

A multi-agency steering group oversees suicide prevention in Argyll and Bute chaired by the HSCP Chief Officer. The following short-term priorities were set during 2020:

- Mental health improvement of people requiring formal mental health services by proactively providing support for those with poor mental wellbeing (staff and the public).
- Utilising the opportunity to train staff in mental health, suicide prevention and trauma awareness while they are operating under capacity.
- Building upon improved joint working practice established to put in place new long-term operating systems.
- Support put in place for those at most risk based on evidence such as mental health clients, those who self-harm, those experiencing domestic abuse, the economic impact of the Covid-19 pandemic, etc.

In addition to the above, Argyll & Bute is continuing to work towards evidencing itself as a suicide safer community through the Living Works Suicide Safer Communities Award.

The Suicide Prevention Action Plan was updated in line with Cosla’s priorities and is congruent with inequalities sensitive practice. Actions include:

- Communications plan including social media
- Support available for those bereaved by suicide
- Distress Brief Interventions (DBIs) and trauma informed staff
- Engagement with local communities and stakeholders
- Gap analysis of services
- Embed needs of children and young people in the action plan

3.4.4 Alcohol and Drug Strategy

Argyll and Bute Alcohol and Drug Partnership (ADP) is a multi-agency group tasked by the Scottish Government with tackling alcohol and drug issues through partnership working and strategy development. The partnership underwent a review in 2018 with refreshed membership and strategic planning. Place is at the heart of the ADP's work and every opportunity has been taken to learn from locality data; drug and alcohol deaths as well as the near misses.

Argyll & Bute Council Education Department receive funding from the ADP to engage local services to provide support in secondary schools in Argyll and Bute for children who are experiencing issues with substances use, mental, emotional and physical health that affect them, families and friends. In addition, two part time posts extend the counselling service introduced by the Scottish Government into Primary Schools for P6 and P7 pupils.

Recovery Orientated Systems of Care (ROSC) work has significantly widened the range of partners, enabling people with protected characteristics to be equally represented. Recovery Communities and Cafes have been established throughout Argyll and Bute to bring people in recovery together, show the wider community that recovery happens and that there is life beyond addiction. These communities provide support and assist people to access a range of services including job seekers, financial support, housing services and alcohol & drug treatment and support services.

The latest ADP annual report is published here: [Item 14 appx a AB ADP Annual Report October 2020.pdf \(scot.nhs.uk\)](#)

3.4.5 Near Me and Technology Enabled Care

The dispersed geography of Argyll and Bute has prompted trailblazing remote working practices. One of these technologies is Near Me which provides medical consultations as close as possible to home. During the Covid-19 pandemic reliance on Near Me to deliver remote services has been crucial in order to minimise the risk of infection for staff and patients. The Near Me team has developed a local guide to support staff when including BSL or language interpreters, along with guidance for BSL interpreters and patients who are deaf on how to access Near Me appointments. These have been made available on the Near Me webpage along with translated materials in multiple languages.

<https://www.nhshighland.scot.nhs.uk/NHSNearMe/Pages/Welcome.aspx>

An innovative pilot project is underway in partnership with a rural community council which aims to make Near Me accessible to people who may be otherwise digitally excluded. The project involves the community council providing access to digital devices, training and support members of their community who may require support to access Near Me services.

Technology Enabled Care (TEC) advances in Argyll and Bute have seen:

- Loaning library set up - worked with 3rd sector colleagues to loan iPads or WIFI extenders to ensure digital inclusion
- Partnership working with LiveArgyll to offer online classes
- Community hubs - 1st one created in Cairndow community hall with a local on call service for 24-hour access to include 24hr availability to OOH or Near Me appointments.

3.5 Theme 4 Improving experience of services for people with protected characteristics

3.5.1 Joint Health and Wellbeing Plan

The HSCP launched a Joint Health Improvement Plan (JHIP) in 2017 covering a 5-year period. The intention of this plan was to continue partnership working to improve health and wellbeing outcomes and work in a preventative way to minimise and anticipate health problems. The JHIP included four strategic intentions: getting the best start in life, working to ensure fairness, focussing on wellness not illness, and connecting people with support in their communities. The fairness objective stated: *health inequalities continues to be a priority. One of the best ways to improve health is to increase income levels. Other areas of fairness include: race, religion, disability, age, gender, sexual orientation, marital status and pregnancy. Our rural geography can also be a barrier to fairness here.*

This strategic intention was enacted in an area wide public health plan and local community plans in eight Health and Wellbeing Networks. This was supported with grant funding for community based projects. This activity was reported annually, one example of which is published here: [FINAL-Health-and-Wellbeing-Annual-report-2017-18-FINAL.pdf \(healthargyllandbute.co.uk\)](https://www.healthargyllandbute.co.uk/~/media/Health-Argyll-and-Bute-Health-and-Social-Care-Partnership/2018-19-Annual-Report/FINAL-Health-and-Wellbeing-Annual-report-2017-18-FINAL.pdf)

3.5.2 Living Well Strategy

The Living Well strategy was launched in September 2019 by the IJB following extensive community engagement. This strategy further develops the intentions of the JHIP to support people experiencing long term health conditions and to reduce their occurrence.

The Living Well Implementation plan aligns to the HSCP strategic intentions and includes the following 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

- **Living Well grants**

Annual investment in community led activity supports the implementation of the Living Well Strategy. Successful bids include social support for people who are lonely, physical activity classes for falls prevention and coping strategies for health conditions such as tai chi and mindfulness. Small youth grants of £500 were awarded to 12 groups in October 2020 to provide activities for young people not normally accessing activities.

- **Self-management**

Partnership working with third sector organisations has resulted in digital solutions to self-management resources being developed to allow continued access to self-management tools during lockdowns. A series of pain sessions in March were held virtually to support people to access tools to better manage their pain.

- **Physical activity**

There has been significant work on physical activity with the Living Well physical activity group working closely with third sector organisations and HSCP staff. Virtual exercise sessions by Live Argyll and other organisations such as Versus Arthritis have supported people who are frailer to increase and or maintain their activity.

- **Living Well networks**

Eight Living Well networks across Argyll and Bute continue to be key to engagement and sharing information with and from third sector organisations working in local communities. These organisations are varied and many are working with people with protected characteristics.

3.5.3 Homelessness support

The HSCP works closely with Argyll & Bute Council to support the needs of homeless people. There are two gypsy/travellers sites at Duncholgan and Bayview. Consultation is ongoing with residents to determine the scope of works and funds have been made available by the Scottish Government to carry out these improvement works. In addition, the Housing Service has employed a full time Housing Occupational Therapist to work within the housing service to ensure needs are met both within new build Registered Social Landlord (RSL) properties and adaptation referrals for Private Sector Housing Grant.

During the Covid Lockdown, it was necessary to source temporary accommodation across Argyll and Bute. As a result, a small number of families with children were housed in the short term in unsuitable accommodation. These cases are all now resolved, and all families with children who are residing in temporary accommodation are in self-contained accommodation. Housing Services also set up a Flexible Emergency Fund which enable housing support providers to access grants so that they could support people at the point of crisis. Housing Services continue to operate a 24hr, 365 days a year housing information and advice service, to enable equality of

access to services and also to be able to assist disadvantaged groups who may be suffering from housing related issues.

3.5.4 Sexual Health Services

Across Argyll and Bute there is a multi-partner approach to sexual health services. These are provided via GP surgeries, a service level agreement with NHS Greater Glasgow and Clyde, and a direct contract with Waverley Care who specialise in providing support to young people, LGBT communities and education. This multi approach is designed to reduce inequalities within service provision.

Waverley Care provide education programmes in schools, Online education - targeting those that specifically work with young people who face particular barriers to accessing sexual health services. They are also working with LGBT Youth Scotland and Saga are also both keen to address the lack of sexual health resources for LGBTQ+ young people in Argyll and Bute.

3.5.5 Public Health screening engagement 2018-2020

During 2017 the health improvement team identified the need to better target public health screening programmes to ensure a more equitable uptake across the whole population. This resulted in a funding award to employ an officer to address screening inequalities. The project, which ran from November 2018 until October 2020, supported informed participation in NHS cancer screening programmes.

The project officer increased the number of opportunities to engage with and deliver screening awareness training to professionals, front line staff and volunteers who were in a position to support and encourage informed participation in screening, particularly focusing on those who have clients in the five areas of highest deprivation in Argyll and Bute.

The initial project led to a further funded project for 2021 which aims to:

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

4. Next steps - Equality Outcomes 2021-2025

Equality outcomes should further one or more of the following needs: eliminate discrimination, advance equality of opportunity and foster good relations. Action taken towards progressing an equality outcome should result in positive change for individuals, communities and society at large.

NHS Highland and Argyll & Bute Council both have their own equality outcomes. Both sets of outcomes were developed in collaboration/consultation with either the public, key partners, colleagues or managers across the organisations, and informed by available evidence.

NHS Highland equality outcomes 2021-2025:

- 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

Argyll & Bute Council equality outcomes 2019-2023:

Workforce:

- We support our workforce, encouraging participation across all age groups
- We promote diversity across occupational groups

Engagement:

- We have improved engagement with protected groups

Services:

- People with protected characteristics have improved experiences of services
- We take the views of people from protected groups into account when we change our services.

Education:

- We do not tolerate bullying and harassment of people from protected groups.
- The gap in educational attainment between people with and without protected characteristics is reduced.

Argyll and Bute HSCP new equality outcomes

During 2021-2025, Argyll and Bute HSCP will align its outcomes where possible with Argyll & Bute Council and NHS Highland. Consultation with a wider group of stakeholders will be carried out during 2021 to develop, inform and identify contributions to the equality outcomes across Argyll and Bute.

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.

4. Conclusion

Work across Argyll and Bute has seen a steady increase in the awareness of and consideration for inequalities in all work streams. The Covid pandemic introduced new ways of working that in many instances were of great benefit to previously disadvantaged groups e.g. Near Me for remote access to medical appointments.

Building on the gains made post pandemic and moving forward over the coming years, we will ensure the benefits for disadvantaged groups continue until they are mainstream in the services provided across the area.

Work needs to continue on the great strides made to raise understanding of all inequalities and give a higher profile to engaging with all sections of the community to ensure services are truly reflective of the people that use them.

The HSCP is already in a good position due to the challenges of rurality to build on the knowledge and progressive actions achieved to date. Joined up working across our communities with all public sector colleagues and third sector partners has proven to be of great benefit during the pandemic e.g. Caring for People and this will continue to be mainstreamed as business as usual.