

Argyll and Bute Health and Social Care Partnership Equality Outcomes and Mainstreaming Interim Report 2023

Contributors:

Becky Hothersall – Shaping Places for Wellbeing Community Link Lead

Heather McAdam – Health Improvement Senior – NHS Highland

Rory Munro – Interim Health Improvement Lead – NHS Highland

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1. Introduction

In 2021 Argyll and Bute Health and Social Care Partnership (HSCP) published a report titled “Equality Outcomes and Mainstreaming Report 2016 – 2021”. This set out Equality Outcomes for the period 2021 to 2025.

This report outlines the mainstreaming of the general equality duty in the day-to-day functions of Argyll and Bute HSCP and sets out actions taken towards achieving the Equality Outcomes for the period 2021 to 2025 to date.

2. Background

2.1 Equality Act 2010

The public sector equality duty, also known as the general equality duty is set out in the Equality Act 2010. A requirement of the act is that all public bodies report on progress in making the general equality duty integral to delivering services and developing policies. The HSCP must report on progress every two years.

There are three fundamental elements of the general duty that the HSCP must apply in the exercise of its functions, these are:

- 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 and those who do not, by tackling prejudice and promoting understanding

There are nine protected characteristics to which these elements apply, these are:

- age
- disability
- gender reassignment
- race
- religion or belief
- sex
- sexual orientation
- marriage and civil partnership
- pregnancy and maternity.

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 HSCP 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 described later in the report.

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 Integrated Joint Board (IJB)

The HSCP is a partnership between NHS Highland and Argyll and Bute Council. The IJB has responsibility for health and social care planning and delivery. It is not a direct employer; therefore, employee and gender pay gap information is published by the employing organisations, NHS Highland and Argyll and Bute Council. The IJB is committed to ensuring equality is mainstreamed in all business and functions of the HSCP. All staff working in the HSCP receive equality and diversity training from their employing organisation.

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.

3. Progress – Mainstreaming the Equality Outcomes for Argyll and Bute Health and Social Care Partnership 2021-2025

3.1 Background

Mainstreaming equality means integrating equalities into day-to-day business of a public body. As a public body, Argyll and Bute HSCP 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 several 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 Argyll and Bute’s 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.

3.2 Equality Outcomes

In 2021 Argyll and Bute HSCP reviewed the previous equality outcomes and developed refreshed equality outcomes for the period 2021 to 2025. The refreshed equality outcomes are:

- People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
- 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.
- People from identified groups, such as those with protected characteristics, will have improved experiences of services.

This report outlines the progress to date in mainstreaming the outcomes outlined above. A final report will be published in 2025 outlining all work carried out within the period set out. A refreshed equality outcome framework will be produced and published concurrently to the final progress report.

Available at: <https://www.nhshighland.scot.nhs.uk/media/phxd2bqi/argyll-and-bute-joint-strategic-plan-15-06-2022.pdf>

3.3 Argyll and Bute HSCP Joint Strategic Plan

The aspiration of the Joint Strategic Plan is that people in Argyll and Bute will lead longer, healthier, independent lives. The plan includes four high level priorities which are:

- Prevention, early intervention and enablement,
- Choice and control and Innovation,
- Living well and active citizenship,
- Community co-production

One of the Commissioning Intentions under the Priority of Choice and Control & Innovation is that the HSCP will ensure that every decision will be made in consultation and engagement with the people of Argyll and Bute and will have a positive effect for those with protected characteristics. The Joint Strategic Plan aims to ensure that people receive the right level of care at the right time from our workforce of professional staff and can move through services easily. Services are planned strategically from the population and local data; evidence and what people and the workforce tell the HSCP. We need a range of services from prevention programmes to critical care.

Between September and December of 2021, a full period of consultation took place with the public, staff, stakeholders and the third and independent sector. An engagement specification and plan recorded all this engagement activity. In addition, a Joint Strategic Needs Assessment informed the work of the plan and provided demographic data on people who have a protected characteristic(s) as well as geographical data such as the rurality, living on islands and area deprivation data.

The plan is aspirational and aims to reduce health and wellbeing inequalities, it therefore aims to achieve all the equality outcomes listed above. In doing so it will have a positive impact for all groups with protected characteristics. Further engagement is underway to consult people on their thoughts on how the plan is being actioned within its first year.

4. Case Studies

The following case studies highlight work that considered equalities, actively aimed to promote equality of opportunity or aimed to decrease inequalities. These case studies are not an exhaustive list of work, they do however demonstrate progress towards the outcomes noted above and progress towards the mainstreaming of equality into the work of the HSCP.

4.1 Public Engagement

Argyll and Bute HSCP recognises that effective engagement is essential to the delivery of health and social care services and fundamental in supporting the HSCP to achieve its vision, ambitions and deliver on its key strategic objectives.

Effective engagement ensures decisions are informed by community needs and aspirations whilst balanced against available resources. It provides a platform for stakeholders to have their voices heard, their views considered and acknowledged, as well as strengthening relationships and building community capacity.

The HSCP has adopted the You Said, We Did philosophy which supports building relationships with our communities, partners and staff. The HSCP uses its engagement framework when engaging with people and groups with protected characteristics to ensure their voices are heard when implementing policy or service change.



4.2 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 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
8	33	6.7	8.5	7.1	8.5

4.3 Planet Youth



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 Argyll and Bute. Planet Youth is a primary prevention, whole systems, and whole family approach that works in collaboration with stakeholders (including Argyll and Bute Alcohol and Drugs Partnerships, Argyll and Bute Council, 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. Since being applied in Iceland, this approach reduced substance use rates among young people from among the highest in Europe to the lowest.

Some protected characteristics are asked about in the survey, including sex, age, mental health, and 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. The project 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. 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.

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.

4.4 Shaping Places for Wellbeing

[Shaping Places for Wellbeing](#) is a 3-year programme delivered by Public Health Scotland (PHS) and the Improvement Service (IS) jointly with local authorities and NHS local boards. It aims to improve Scotland's wellbeing by reducing the significant inequality in the health of its people while addressing the health of our planet. Across seven project towns, the programme's team has been combining data led approaches and engagement with local stakeholders to understand which groups of people are most affected by inequality in each town – and what changes to their place would make the biggest difference. Working in partnership, emerging plans, strategies or policies for the town or wider area are then assessed using the [Place and Wellbeing Outcomes](#). This process explores how well they contribute to delivering a place that enables wellbeing and how they could be strengthened.

Within Argyll and Bute, Dunoon is the local project town. Here, the programme has identified inequality areas relating to people experiencing addictions; people affected by health conditions putting them at risk of early death; people living in areas of deprivation, and people experiencing income and employment deprivation. ‘Sense-checking’ of these focus areas with local stakeholders suggested an additional focus on people experiencing poor mental health.

The HSCP has been working with the Shaping Places team to apply this place-based approach to its Joint Strategic Plan and the Joint Commissioning Strategy for 2022-25. In April 2023 a group of 20 people from across the HSCP, partner organisations and lay representatives, met to undertake a Place and Wellbeing Assessment of both documents. Discussions were focused on the priorities and commissioning intentions which underpin them, and on the specific service area of mental health. By sharing insights, expertise and lived experience, the group identified opportunities to strengthen the plans’ impact on wellbeing in a holistic way, particularly for people with protected characteristics or affected by inequality.

Priorities for tackling of health inequalities that came through strongly were affordable and accessible transport, appropriate and secure housing, good quality and connected greenspaces and education about mental wellbeing. The role of all these in early prevention in healthcare was also identified as key. The next steps will involve a process of working collaboratively supported by Shaping Places for Wellbeing to identify how the recommendations can become embedded in the plans, link to the strategic plans of partners and share data to support decision-making.

4.5 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.

4.6 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 have helped inform the Argyll and Bute Integrated Children’s Services Plan 2023.

4.7 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.

4.8 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.

4.9 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.

4.10 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.

4.11 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.

4.12 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.

4.13 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.

4.14 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.

5. Equality Impact Assessments

Equality Impact Assessments (EQIAs) are a tool designed to enable the HSCP to ensure that policies and services delivered do not discriminate against anyone. They ensure that protected characteristics, geography, people living on islands and socioeconomic background are considered when introducing or making changes to policies and services. It is a legal requirement to carry out EQIAs and they are published on the NHS Highland website.

A review of all EQIAs from 2021 to 2022 was undertaken to assess whether equalities can be considered mainstreamed within the HSCP. The review found that EQIAs had been carried out on 15 occasions during the two-year period. As previously noted, the work of the Joint Strategic Plan considered the work of the HSCP as a whole and the EQIA undertaken had utilised a broad range of demographic data to ensure the plan served all residents of Argyll and Bute.

The EQIAs completed covered a wide range of topics such as redesign of services, reallocation of budgets and redevelopment of service access criteria. Improvements that could be made include reducing the use of jargon to ensure they are accessible, describing fully how impacts will be mitigated and a clear description of how the work assessed will progress because of the EQIA. The broad range of EQIAs carried out suggests that equalities are considered when making service change throughout the HSCP, equalities can therefore be considered mainstreamed within Argyll and Bute HSCP.

6. Engagement with Locality Planning Groups

Engagement took place with the four Locality Planning Groups to assess awareness of the Equality Act 2010 and the HSCP Equality Outcomes. The following questions were used to generate discussion:

- Were members aware of the HSCP Equality Outcomes?
- Are these outcomes still relevant?
- Are there other priorities to consider?

A total of 78.4% of respondents were aware of the HSCP Equality Outcomes, although several people noted that they did not know about them in much detail.

21.6% of respondents were not aware of these Equality Outcomes, suggesting more work needs to be done to promote awareness.

When asked whether the Equality Outcomes are still relevant, every respondent agreed that they are still relevant. Some respondents indicated that the process of how these outcomes were delivered was not well defined and this suggests that there needs to be more details of this shared within the community. A key theme that emerged when discussing whether the outcomes are still relevant was around the process of embedding and measuring equalities within LPGs, especially in relation to protected characteristics. To illustrate this, some respondents queried whether common disabilities such as sight or hearing loss are fully considered, perhaps as they do not have the same profile as more profound disabilities. Overall, members believed the current Equality Outcomes are relevant, though many suggested further work is necessary to raise the profile to maximise considered at a local level.

Sharing of information emerged during the discussions. Members of LPGs felt local data on equalities work could be communicated better to communities. Discussion took place around embedding equalities into locality plans and using said plans to communicate how the HSCP are meeting their public duties.

Discussions about what might be missing prompted a wide range of discussion and several themes emerged:

- Remote, rural and island living
- Digital connectivity
- Loneliness and isolation
- Commitment to working with communities using principles of coproduction

7. Conclusion

The high-level aspirational Equality Outcomes set out in 2021 have remained relevant and there has been much work during the period 2021-2023 to advance equality of opportunity for the residents served by Argyll and Bute HSCP. People with protected characteristics, rurality, deprivation and islands were considered throughout the production of the Joint Strategic Plan 2022-2025, this demonstrates the HSCPs commitment to mainstreaming equalities into its policies and ensuring that services are accessible to everyone.

The EQIA process has been utilised on 15 occasions to fully explore the impacts of policy and/or service change on people with protected characteristics. The range of subjects that EQIAs were carried out for suggests that equality considerations are mainstreamed throughout our HSCP services. The progress that has been made to date in raising the profile of inequalities should be celebrated, however given the

current cost of living crisis following on from the COVID-19 pandemic, the work to raise the profile of inequalities should continue and expand at pace.

Engaging with LPGs has confirmed that the HSCP Equality Outcomes are still as relevant as when they were drafted in 2021. These discussions have also developed potential solutions in developing indicators to measure how equalities are embedded in policies and strategies, as well as ensuring service changes consider equalities. The HSCP is in a good position in terms of achieving the Equality Outcomes set out in 2021 and the mainstreaming of equalities in the organisation. Work will continue to advance equalities before the Equality Outcomes are review in June 2025.