

**Equality Outcome 1**

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

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

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

**Evidence from the strategic needs assessment:**

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

**Strategic Outcomes:**

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

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

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

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

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

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

	put together and implemented to incorporate activities in the local community working with individuals and families/guardians to achieve identified outcomes.	Reviewed through service user and staff feedback	
e)	<b>Moray Alcohol and Drugs Partnership (MADP)</b> support small community projects through tsiMoray and participatory budgets project, to improve the outcomes for communities and enable local groups to develop and engage with local populations.	tsiMoray reports and liaison with community projects.	Disability

**Equality Outcome 2**

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

This includes :-

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

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

**Evidence from the strategic needs assessment:**

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

**Strategic Outcomes**

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

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

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

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

Key Focus	2.3 Service users should have a say in local service delivery services and more in involvement in designing and delivering these services		
Ref	Actions	Measures	key protected characteristics
a)	The IJB has an agreed communication, engagement and participation framework which guides all activity. The Board has endorsed the National Standards for Community Engagement which sets the best practice principles for the way public bodies engage with communities.	Number of people getting involved in service design through co-production and engagement opportunities	All

	<p>Stakeholders are engaged in identifying and assessing needs and priorities, developing strategies and plans, designing pathways and services, examples such as;</p> <ul style="list-style-type: none"> <li>• Making Recovery Real Partnership in mental health – carer groups for Ward 4 and Muirton</li> <li>• Keith &amp; East Locality Project – prior to Covid</li> <li>• Engagement group for Moray Transformation Board</li> </ul> <p>Services seek feedback on existing services from service users/patients and carers through a variety of means including conversations, monitoring surveys and feedback forms</p> <ul style="list-style-type: none"> <li>• Engagement with unpaid carers (Jan/Feb 2021)</li> </ul>	<p>Increase in positive responses relating to satisfaction with services provided</p>	
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Key Focus	2.4 HSCM Services understand and support the needs of communities and individuals		
Ref	Actions	Measures	key protected characteristics
a)	Collation of the Joint Strategic Assessment and using information to base decisions for service delivery across Moray	Joint Strategic Needs Assessment updated bi-annually	All
b)	<p>Improving early assessment and responses to child neglect and poverty across <b>Children and Families Health Services</b>.</p> <p>A shared method has been identified and confirmed, through this conditions for change have been created and there is an understanding of the current system, including where there may be gaps.</p> <p>This includes adoption of NHS Grampian Neglect 7 Minute Brief and development of Moray Child Poverty 7 Minute Brief that support discussions to ascertain current levels of knowledge and understanding on</p>	early assessments and response undertaken with improved outcomes for people involved	Age

	neglect / poverty respectively and what would support practitioners to improve/build on an early assessment and response to this.		
c)	SDMD data based, DAISY system, Recovery Outcomes Tool, MADP quarterly reporting and MADP delivery plan.	Agency and MADP quarterly reporting	

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

**Equality Outcome 3-**

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

**Strategic Theme:** Partners in care, Building resilience

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

**Strategic Outcomes:**

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

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

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

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

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

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

	Social Care Assistants kept service users updated on issues which were evident to them to maintain appropriate protection for employees and service users, e.g. appropriate PPE use and safe discarding of such items.		
<b>f)</b>	All teams within our <b>Independent Living Service</b> were given information on Health and wellbeing. This information was gathered from the SSSC, Care Inspectorate and Health and Social Care Moray. This included emails with information on looking after yourself and your mental health also, invitations to webinars discussing Health and wellbeing. This information was shared through weekly newsletters.	It was voluntary participation	All Protected Characteristics are be included
<b>g)</b>	In all of our <b>Provider Service Teams</b> , staff support during the pandemic has been maintained by; <ul style="list-style-type: none"> <li>• Daily, weekly, monthly oversight meetings;</li> <li>• Communicating regular updates and new or amended information immediately;</li> <li>• Having access to a central point to discuss any processes or fears;</li> <li>• Having access to appropriate PPE;</li> <li>• Early access to vaccination programmes;</li> <li>• Access to Lateral Flow testing;</li> </ul> Access to Time for talking which is a confidential advice service available to council employees.	Feedback from employees	All
<b>h)</b>	See references to MADP workforce development above.  Contracted agencies have staff support systems in place.	Quarterly contract review meetings	