



Moray Integration Joint Board

Equality Mainstreaming & Outcomes Report 2016-2018

June 2018

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

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1. Foreword

This document is an update of the progress that Health and Social Care Moray have made on the mainstreaming of equalities across services and the outcomes specified in 2016.

I am happy to present this report providing opportunity to inform the reader on some of the positive steps we have taken to incorporate and further develop equalities into our policies and processes, and how our staff actively engage in meeting the needs of people with protected characteristics when delivering services.

As well as outlining the progress made on our equality outcomes, this report will provide examples of actions taken across the wider service.

Pam Gowans
Chief Officer

2. Background

The Equality Act 2010

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

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics:

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

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

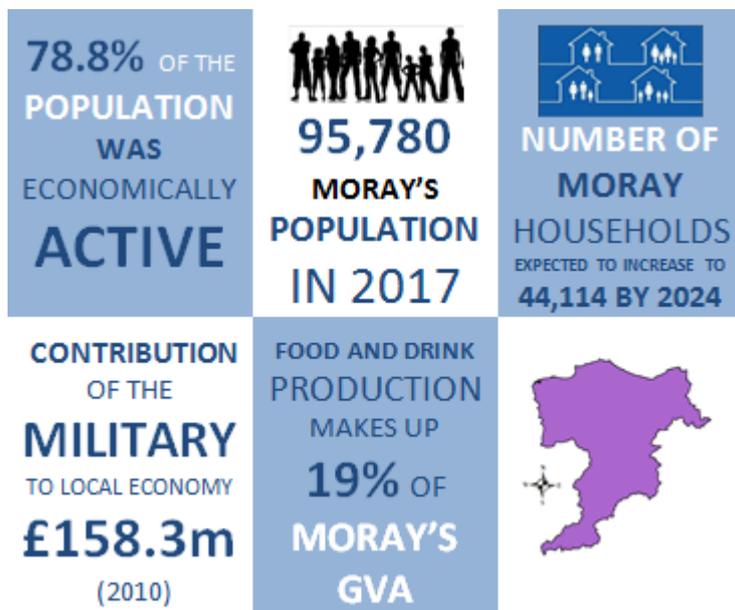
The Moray Integration Joint Board’s (MIJB) first Equality Outcomes and Mainstreaming Equalities Framework 2016/17 was published in April 2016 and can be found at: http://www.moray.gov.uk/moray_standard/page_100266.html

It should be noted that as the MIJB does not employ staff directly there is no requirement to produce or publish employee information. This information is reported by the two employing organisations (Moray Council and NHS Grampian). However, it is critical that access to employee information for functions delegated to the MIJB is in place to allow it to meet the general and specific equality duties with which it has to comply.

It is also recognised that the MIJB will actively participate in work undertaken by Moray Council and NHS Grampian to address employment provisions within the Act and to further embed equality mainstreaming within the delegated workforce.

3. Moray in the context of Equalities

3.1 Demographics



The National Records of Scotland report indicates that in 2017 Moray's population was 95,780 and its total number of households was 42,269. Between January and December 2017, 78% of the population in Moray aged between 16-64 years old was economically active. From the male population in that age group, 83% were economically active¹ and in the female population it was 74%. Moray residents are, on average, more likely to be economically active and will contribute the

national average Gross Value Added (GVA) per capita compared to people living in other parts of Scotland. However, on average they will earn lower salaries than people living elsewhere.

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

The Moray economy relies heavily on micro enterprises (those with 10 or fewer employees) which make-up 88% of all Moray businesses. There are over 3,000 small and medium sized enterprises (10 – 249 employees), and only a small number of large enterprises with more than 250 employees. Furthermore, there are fewer professional jobs in Moray. Earnings in the region are below the Scottish average and 22% below the average earnings for our neighbours in Aberdeen.

Access to key services, public spaces and retail centres is poorer in Moray than Scotland generally, possibly due to poorer public transport networks. In addition, Moray faces a declining working age population, while the number of residents of pensionable age and over is projected to increase by 33% by 2039. However, unemployment in Moray between January to December 2017 was 3.8%, lower than Scotland's overall average of 4.1%, and down from the peak of 5.3% in 2012.

Projected increase in Moray's population between 2016 and 2026 is 4.4 %, 1.2% higher

¹ Economically active means those in work or actively seeking work

than the projected rate for Scotland of 3.2%. The 65+ age group is expected to increase by 20.9%, to 23,874 (or 24% of the projected population). Moray households are expected to increase to 44,114 by 2024, from 42,269 in 2017(+3%).

Moray's population increase is mainly driven by net migration. Numbers had been rising since 2010/11 but during the period 2015-16, the level of inward migration in Moray was 3,563, a 3.2% decrease from 3,680 in the period 2014-15. The level of outward migration in Moray was 3,010, which is an 8 % decrease from 3,270 in 2014-15.

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

Age

In the 20 years from 1997 to 2017 Moray's population grew by 9.9% from 87,160 to 95,780. The number of people aged 0 to 15 reduced by 9.5% during this period, and the number of 25 to 44 year olds decreased by 14.7% from 26,069 to 22,224. The biggest increase was in the 75 and over age group which grew by 52.9% (5,841 to 8,993). To provide some context this age group across the whole of Scotland increased by only 30.6%. (Source: NRS population estimates).

Religion or Belief

There has been an upward trend in the proportion of adults reporting not having a religion, from 39% in 2009 to 53% in 2016. There has also been a corresponding decrease in the proportion reporting 'Church of Scotland', from 36% to 23.6%. 5.4% of respondents declared themselves as Roman Catholic, 16.5% as Other Christian and 1.3% as Pagans. (Source: 2016 Scottish Household Survey)

Marriage and Civil Partnership

In 2016, 349 marriages were registered in Moray (the 25th highest number out of the 32 local authority areas in Scotland). This is a 15.3% decrease from 412 in 2015. There were 2 civil partnerships registered in Moray, both male. As of 2016, the vast majority (68%) of adults aged 16 to 34 have never been married or been in a same sex civil partnership. For those in the age bands between 35 to 64, marriage is the predominant status and accounts for 64% of adults across these categories and 25% for those aged 65 or over. 29% in this age are widowed or a bereaved civil partner. (Source: 2016 Scottish Household Survey)

Race

The sample of Moray residents selected for the 2016 Scottish Household Survey all stated that they were white. A more useful picture of ethnicity in Moray is available from the Census 2011 data. 78% of Moray residents were White – Scottish, with White – Other British the second largest group at 18%. 1.1% of the population were Polish, with just 0.6% Asian, Asian Scottish or Asian British, and 0.5% other non-white ethnic groups. (Source: Census 2011)

Disability

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

Pregnancy and Maternity

There were 939 births in Moray in 2016. The most common age group was 25 to 29 years old with 300 births (32%), with over 40 year olds accounting for the fewest; 38 births (4%). During the 3-year period 2014/15 to 2016/17, on average 32.7% of babies were exclusively breastfed at their 6-8 week health review. (Source: ISD Scotland)

Sex (Gender)

In 2017 the resident population in Moray consisted of 47,475 males and 48,305 females. From that, 83% of males and 74.4% of females were economically active. (Source: Office for National Statistics). For men living in Moray, life expectancy is 78.7 years, compared to the Scottish male national average of 77.1 years. For women, life expectancy is 81.7 years, compared to the national average of 81.1 (Source: National Records of Scotland).

Sexual Orientation

97.4% respondents to the Scottish Household Survey in 2016 identified themselves as Heterosexual/Straight, 0.8% as Bisexual or and 1.1% as other; 0.8% refused to disclose. No-one in the sample who was surveyed identified as Gay/Lesbian. (Source: 2016 Scottish Household Survey).

Gender Reassignment

There are no records on numbers for this Protected Characteristic. Data on gender identity was not collected in the last census; however research and testing is underway in the lead up to the next census in 2021 which may enable better monitoring of this in future.

4. Equality Outcomes

The focus of the Moray Strategic Plan is to improve the wellbeing of adults (18+) who use health and social care services, particularly those whose needs are complex and involve support from both aspects at the same time.

This focus arises from the analysis of the population of Moray and the health and wellbeing needs identified. The protected characteristics of age and disability are highest priority. The forecasts for the aging population identify the significant challenge in terms of strategic planning to meet future needs whilst ensuring opportunities are available for those who want it.

The equality outcomes presented in this report were designed to complement the outcomes of the Moray Strategic Plan 2016-19 and are targeted to demonstrate progress in advancing equality in the main areas highlighted in the Health Profile key characteristics above.

For Moray IJB the predominate key characteristics that were focused on initially were age, (specifically over 65 years old) and disability. Related to work in these areas there was also a focus on carers.

The outcomes that were identified were as follows:-

Outcome 1

The rate per 1,000 people aged 65+ who receive intensive care at home will be 19 for each of the four years of these Equality Outcomes.

Outcome 2

The rate per 1,000 people aged 65+ who are in permanent care will be 28 for each of the four years of these Equality Outcomes. This represents a slight decrease from the current rate of 29.87.

Outcome 3

Of people aged 65+ who receive care, 95% will report having more things to do for each of the four years of these Equality Outcomes. The current rate is 90%.

Outcome 4

Of the people who receive care, 95% will report feeling safe for each of the four years of these Equality Outcomes.

5. Mainstreaming

Leadership

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

Initial work has been undertaken in Forres and Keith to assess the demographics of the localities and assess the projected needs. Local Forums have been set up that represent the local communities and who are involved in developing current and future service delivery.

Planning

Reports, plans and strategies have an equality impact assessment completed where required. The process for the development of the future strategic plan underway with wide consultation and engagement from staff, partners and community representatives and will incorporate the requirements of the Act.

Performance

The performance framework is being further developed to ensure that information provided is meaningful and provides a basis for the effective strategic decision making of the MIJB and management decisions surrounding service delivery. As part of the development the Equality Outcomes identified for MIJB will be considered and alternatives suggested for future year reporting, where required.

Training

Equality and diversity training is provided for employees. Additional role specific training is provided where identified which is monitored by service managers.

Engagement

Staff are involved in a wide variety of engagement opportunities with the wider community in Moray and actively work to promote positive relationships. They support individuals by providing opportunities to meet like minded people whilst reducing isolation. They support building connections with the third sector and partners. As part of this engagement, the staff facilitate the establishment of a resilient and sustainable community because it is generated from their community.

6. Progress against current outcomes

Outcome 1

The rate per 1,000 people aged 65+ who receive intensive care at home will be 19 for each of the four years of these Equality Outcomes.

The overall aim of the outcome is to ensure that older people and those with a disability are looked after in their community and live at home longer. We aim to have supportive local communities which have the required capacity to provide care and support where needed.

The expected rate was increased to take account of the forecast increase in the “65 and over” population and the potential for an increase in the number of people living with multiple conditions who require 10+ hours care.

Date	31/3/14	31/3/15	31/3/16	31/3/17	31/3/18
Rate	20.5	19.1	18.6	18.6	not yet available

Source: Social Care Survey publication

Whilst the expected rate has not been achieved, in the main this is due to there being an increase in the amount of care being provided, to a reduced number of clients where the average hours per client has increased from 10.4hrs to 13.2hrs, which is above the national average of 11.7 hrs.

In addition a higher percentage of adults with long term care needs receive personal care at home, 43.3% in Moray compared to 35.2% nationally. This would indicate people with more complex needs are being supported within their community..

The updated figures for 2017/18 will be available in September. It is likely that the developments in extra care facilities across Moray will have an impact on statistics relating to intensive care at home and permanent care. This is an area that will be kept under close review.

A limited amount of information is available in relation to outcomes for those with protected characteristics other than disability or age.

Care and Support services in Moray maintain high levels of performance in relation to Care Inspectorate Standards. 75% are graded as ‘good’ (4) or better overall.

Outcome 2

The rate per 1,000 people aged 65+ who are in permanent care will be 28 for each of the four years of these Equality Outcomes.

The aim of this outcome is to reduce the rate of people in permanent care and the target was reached and continues to be reduced year on year.

Date	31/3/14	31/3/15	31/3/16	31/3/17	31/3/18
Rate	29.45	26.57	25.00	23.42	23.24

Source: Carefirst system.

Users of health and social care services, their families and carers will have improved physical and mental well-being, will experience fewer health inequalities and will be able to live independently accessing support when they need it.

The reduction in permanent care rate relates, in part, to the increase in extra care facilities available across Moray through the partnership arrangements with housing providers. This has given people different choices and this relates to people with a number of different challenging conditions, supporting them to reach their potential in maintaining independence and diverting from traditional permanent care settings. This is an area we will continue to monitor.

There has been an increase in hospital admission rates following a fall, in the admission rate per 1,000 for those aged over 65 in Moray, between 2012/13 and 2016/17. This increase may reflect growth in the numbers of older people with levels of increased frailty. This is an area that has been investigated further and improvements have been made through investment in an Occupational Therapist based in the Emergency Department in Dr Grays. The expectation is that this figure will improve in future reporting and will be monitored closely in respect of progress and further interventions to ensure continuous improvement.

Outcome 3

Of people aged 65+ who receive care, 95% will report having more things to do for each of the four years of these Equality Outcomes. The current rate is 90%.

Date	31/3/14	31/3/15	31/3/16	31/3/17	31/3/18
Rate	96.8%	95.8%	96.8%	97.2%	96.2%

Source: Carefirst system.

Health Inequalities and Early Intervention/Prevention are included in our strategic priorities. Work is progressing towards supporting those who are furthest away from achieving outcomes to return them to a cycle of positive outcomes. In tandem with this, early intervention and preventive action is undertaken to maintain those who have positive outcomes to avoid these individuals moving into a cycle of negative outcomes.

Person-centred care and pathways of care form one of our strategic priorities. Work continues to progress this agenda as part of the Strategic Commissioning Plan. The recording of information will continue to be refined to enable the extraction of

information surrounding protected characteristics.

Users of health and social care services, their families and carers will be confident that information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered.

Outcome 4

Of the people who receive care, 95% will report feeling safe for each of the four years of these Equality Outcomes.

The current Scottish rate is 90%. The majority of this group in Moray are older people (78%). The remaining group are people with a disability, broken down as Physical and Sensory Impairment (9%), Learning Disabilities (9%) and Mental Health (3%).

Date	31/3/14	31/3/15	31/3/16	31/3/17	31/3/18
Rate	96.8%	97.1%	97.4%	98.5%	98%

Source: Carefirst system.

Users of health and social care services, their families and carers will experience fair access to services that mitigate the impact of any protected characteristics as defined in the Equality Act 2010

Link Workers have been co-located with General Practices to maximise individual's benefits and finance, with the aim of improving health and wellbeing longer term and reducing inequalities. The aim of supporting people in their communities to integrate is central to the function of the link worker.

The Making Recovery Real initiative has improved the ways in which we involve people with mental health issues in developing recovery focused mental health services

Outcome 5

Of all unpaid carers 95% will feel supported and capable to continue their role as a carer for each of the four years of these Equality Outcomes.

This data is no longer being collected nationally. However, the Performance Officer for MIJB will address this through the Health and Social Care Moray's Performance Management Group.

Frailty and ill health (including dementia) is prevalent in the increasing ageing population in Moray. The effect of this is an increased demand and usage of health and social care services and unpaid carers. HSCM will continue to address equality and fairness issues in achieving equality of outcome for Moray communities.

The figures reported in National Indicators 8 and 9 are from the Scottish Health and Care Experience Survey done biennially. (<http://www.hace15.quality-health.co.uk/reports/health-and-social-care-partnership-reports/2452-moray-pdf/file>).

The figures in this report are taken directly from our own outcomes reporting system in Carefirst. The difference is that the Scottish Survey one is exactly that, a Survey of

6,901 people registered to GP practices in Moray, of which only 1,514 responded whereas our figures are derived from the actual outcomes reported of those receiving Health and Social Care services.

7. Highlights for 2017

Outcome 1	Facilitate people receiving care to remain at home or a homely setting
Care at Home - Brokerage	Transformation of care at home service - with a focus on working closely with contracted providers to ensure the most appropriate care for clients, the management and teams co-ordinated staff resources across the various providers to achieve the most effective and efficient use of time.
Acute Care of the Elderly (ACE)	Appointment of a Geriatrician at Dr Grays has facilitated the provision of advice to support assessment and outreach work in the community, to prevent readmission to hospital for frail elderly clients. This will be further supported by the appointment of 2 Advance Nurse Practitioners during 2018/19
Dementia Training	The first phase of training for staff in care at home teams in relation to the Dementia Skilled Practice Level of the Promoting Excellence Framework was undertaken during 2017/18. This framework defines the skill level required by all staff involved with direct contact with people with dementia, their families and carers. This training will be rolled out to remaining staff during the course of the next two years.
Outcome 2	Reducing use of Care Homes where appropriate
Varis Court	In partnership with Hanover (Scotland) Housing Ltd accommodation is being provided in a substantial extra care development at Varis Court, Forres. This development opened in 2016 and continues to provide housing with care for older people; including people with dementia. A 12 month test site was established based on a nursing team providing 24 hours of care, 7 days a week at Varis Court with a strong reablement and recovery focus. The nursing team also provided support for people in their own homes in the community. Although the benefits of the test site are in the process of being fully evaluated, it is clear that important insights and learning can be gained from this project that will inform the future design of health and social care services in the Forres Area. This site also has designated dementia flats that help support clients to live independently for longer when they have been unable to stay at home due to the associated risks.
Linkwood	Linkwood View Development at Glassgreen, Elgin was opened in 2017. Commissioned by Health & Social Care Moray it is a facility making an important contribution to the delivery of extra care housing for a wide mix of tenancy groups in the Moray area. The age range is more diverse than other developments with older people, learning disabilities, mental health and dementia tenancies

	being accommodated and supported.
Self Directed Support	<p>Moray Council have been part of a two year Scottish Government project alongside East Renfrewshire in relation to SDS in a Residential Care Home. We explored the use of all four options of SDS, with an emphasis on Option 1 (Direct Payments).</p> <p>Over the course of the two years we worked alongside residents and their families, and two care homes in Moray to explore the use of SDS with an emphasis on a Direct Payment.</p> <p>The final report was submitted to Scottish Government in June 2017, highlighting the positive impact that a Direct Payment can have on an individual's social support which can be individualised to them.</p>
Outcome 3	Providing opportunities for 65+ receiving care to partake in activities in their communities
Mens Sheds	Support has been provided by Community Well being development team to develop Mens Sheds across Moray. They are working collaboratively with a third sector organisation to secure funds to increase growth of groups across Moray.
Be Active Live Longer (BALL) groups	<p>Groups to promote activity and social interaction have been established and continue to deliver benefits to participants with groups established across Moray.</p> <p>The development of health and social care community groups is a preventative approach which offers a method to future proof Moray by creating a flourishing connected communities for all generations to benefit, in particular the over 60s.</p>
Boogie in the Bar	Introduction of a community event for over 60s to dance, sing and chat with new and old friends. Working with local partners to offer advice to enable them to stay well, safe and connected to their community has proved a huge success and over 250 attend. These have now become a regular event due to demand.
Outreach Mobile Information Bus	<p>Over the past year we have built on and developed new collaborations to work in and with communities utilising our Outreach Mobile Information Bus to address health inequalities and promote social inclusion.</p> <p>We have built relationships, trust and capacity with communities, maximising opportunities for health gain, with partner organisations such as the Men's Sheds and Street Pastors; who have now become volunteer drivers. This has enabled the 'shedders' to promote the benefits of Men's Sheds and increase their membership. The street pastors, now have a safe space to engage with those more vulnerable in our communities encouraging and signposting them to other supporting agencies.</p> <p>We have increased access to approved information, advice and support to enhance community resilience through the outreach work with the Department for Work and Pensions, Quarriers and REAP Scotland; taking services to local communities.</p>
Outcome 4	People who receive care will feel safe
Technology	Use of technology to facilitate people living at home is a key

enabled care	priority for Health and Social Care Moray. As part of the process for arranging care provision, staff ensure that consideration is given to the use of technology aids such as community alarms, bed alarms and mobility sensors to support keeping clients safe.
Care at home re-configuration	Care at home extended the availability of care co-ordinators (7:00 to 22:00) to provide better continuity of care for families and clients requiring assistance outwith normal working hours. This service is considering a further development of an Out of Hours team to reduce emergency admissions to hospitals and provide additional support for palliative care.
Outcome 5	Unpaid Carers will feel supported
Carers	There are 1,481 adult carers registered with our carer support provider Quarriers with 146 being actively supported by a Family Wellbeing worker. Hours of availability have been extended to weekends and evenings, to address support needs of those carers who work. Support is also provided to the 91 registered young carers. Family Wellbeing workers engage with carers via a variety of mechanisms eg face to face, phone, text, social media to provide a range of support. This includes assistance with Carers Assessment and Support Plan, providing and sign posting training, provision information and providing emotional support.

8. Priorities for 2018/19

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

Review of Equality Outcomes

The Integrated Strategic Planning Group has agreed that a short life working group will be established to give clear recommendations in relation to how Equality Issues are supported, governed, monitored and driven forward.

A key priority for this group during 2018/19 will be to review the existing equality outcomes to ensure that they are fit for purpose and reflect the desired outcomes of affected communities. This work will also integrate with the review of the strategic plan during 2018/19 and it is intended that a revised set of outcomes be available for submission to the MIJB in early 2019.

Engagement with Equality Groups

Equality and Human rights Commission guidance states that public authorities must take reasonable steps to involve people who share a relevant protected characteristic and anyone who appears to represent the interests of those people in reviewing a set of equality outcomes. The short-life working group will ensure that revised equality outcomes are co-produced with affected people, utilising and strengthening existing engagement mechanisms. It is recognised that this will require careful planning and

significant expertise from across a range of stakeholders, including representation from those who share protected characteristics.

We will work with our Community Planning Partners to ensure that equality groups are able to participate and engage with us in the planning, delivery and review of services. This will include not just those services targeted specifically at equality groups, but also our “mainstream” services and our community planning contributions.

Impact Assessment and Fairer Scotland Duty

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including Integration Joint Boards to ‘pay due regard’ to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies will also be required to publish a short written assessment showing how they have fulfilled the duty. Interim guidance to support the implementation of the new duty was published in March 2018. The short-life working group will give consideration to how HSCM’s implementation of the Fairer Scotland Duty can be aligned within existing duty under the 2010 Act and existing commitments within the Strategic and Commissioning Plan to address health inequalities.

Working with our Partners

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

Links to Commissioning

We will explore how our commissioning activity, both internal and external, can better support the delivery of equality outcomes.

Future Reporting

In order to reflect our desire to fully mainstream our equalities work (including our obligations in relation to fairness) we will explore how we integrate our equalities (and fairness) reporting as part of the 2018/19 Annual Performance Report of the MIJB.