



## **Moray Integration Joint Board**

### **Equality Mainstreaming & Outcomes Report 2019-2021**

**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**

I am pleased to present an update of the progress that Health and Social Care Moray have made on the mainstreaming of equalities across services over the last 2 years.

Whilst the last year has required a concerted focus on meeting the challenges of a Covid pandemic, positive steps have continued to be taken to incorporate and further develop equalities into our policies and processes, and our teams have actively engaged in meeting the needs of people with protected characteristics despite the complexities that Covid has created.

The last year has been hugely challenging, but has also brought into sharp relief the opportunities for how we transform services to better meet the needs of individuals. As well as outlining the progress made on our equality outcomes, this report will provide examples of actions taken across the wider service. As we move forwards from the last year, our focus will be on delivering better, and how with partner agencies and community groups we can gain traction on tackling inequalities and deprivation, and reaching those who may find accessing services more challenging.

**Simon Bokor-Ingram**  
**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) previous Equality Outcomes and Mainstreaming Equalities Framework was published in April 2018 and can be found at: [http://www.moray.gov.uk/moray\\_standard/page\\_100266.html](http://www.moray.gov.uk/moray_standard/page_100266.html)

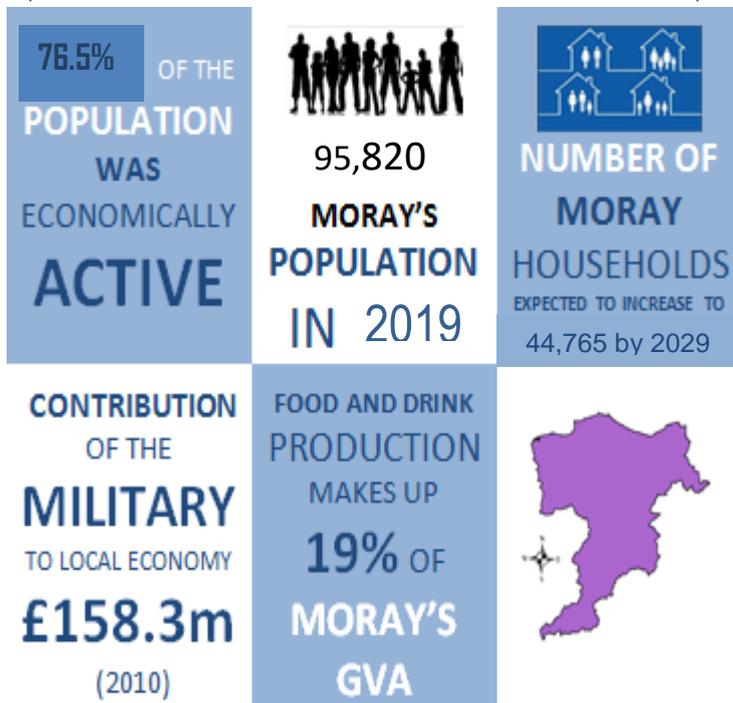
It should be noted that as the MIJB does not employ staff directly there is no requirement to produce or publish employee information. This information is reported by the two employing organisations (Moray Council and NHS Grampian). However access to employee information is available for functions delegated to the MIJB 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 2019 Moray's population was 95,820 and its total number of households was 42,932, projecting to increase to 44,114 by 2024 and to 44,765 by 2029.



Between October 2019 and September 2020, 76.5% of the population in Moray aged between 16-64 years old was economically active. From the male population in that age group, 80% were economically active<sup>1</sup> and in the female population it was 73%. 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 88.5% of all Moray businesses. There are 365 small and medium sized enterprises (10 – 249 employees), and just 10 large enterprises with more than 250 employees. Furthermore, there are fewer professional jobs in Moray, but there is a higher proportion of skilled tradespeople. Earnings in the region are below the Scottish average and 15% below the average earnings for our neighbours in Aberdeen City. Moray ranks 23<sup>rd</sup> out of all the Scottish local authorities for earnings.

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

<sup>1</sup> Economically active means those in work or actively seeking work

October 2019 and September 2020 was 3.4%, fractionally lower than Scotland's overall average of 3.5%, and down from the peak of 5.3% in 2011.

Projected decrease in Moray's population between 2018 and 2028 is almost negligible at 0.12%, while the projected rate for Scotland is expected to rise by 1.8%. The 65+ age group is expected to increase by 22.2%, to 24,962 (or 26.2% of the projected population). Moray households are expected to increase to 44,765 by 2029, from 42,932 in 2019 (+4.3%).

Moray's population increase is mainly driven by net migration. Numbers decreased from the peak of 600 in 2013 until 2017 when there was no net migration. During the period 2019-20, the level of inward migration in Moray was 2,929, a 2.2% decrease from 2,994 in the period 2018-19. The level of outward migration in Moray was 2,661, which is a 1.5% decrease from 2,688 in 2018-9.

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

## Age

In the 20 years from 1999 to 2019 Moray's population grew by 10.4% from 86,800 to 95,820. The number of people aged 0 to 15 reduced by 9.3% during this period, and the number of 25 to 44 year olds decreased by 14.7% from 25,864 to 22,070. The biggest increase was in the 75 and over age group which grew by 55.8% (6,050 to 9,423). To provide some context this age group across the whole of Scotland increased by only 32.9%. (Source: NRS population estimates).

## Religion or Belief

There has been an upward trend in the proportion of adults reporting not having a religion, from 40% in 2009 to 59% in 2019. There has also been a corresponding decrease in the proportion reporting 'Church of Scotland', from 38% to 17%. 7% of respondents declared themselves as Roman Catholic, and 14% as Other. (Source: 2019 Scottish Household Survey (Moray))

## Marriage and Civil Partnership

In 2019, 301 marriages were registered in Moray (the 24th highest number out of the 32 local authority areas in Scotland); this is a 13.5% decrease from 348 in 2018. There were 0 civil partnerships registered in Moray. As of 2019, the majority (%) 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 74, marriage is the predominant status and accounts for 82% of adults across these categories and 32% for those aged 60 or over. 9% of adults are widowed or are a bereaved civil partner (Source: 2019 Scottish Household Survey (Moray)).

## Race

More than 99% of the sample of Moray residents selected for the 2019 Scottish Household Survey all stated that they were white; less than 1% stated they were Asian, Asian Scottish or Asian British. A more useful picture of ethnicity in Moray is available from the Census 2011 data, which is still the most recent data until the next Census, which is scheduled to take place in 2022. 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 824 births in Moray in 2019<sup>2</sup>. The most common age group was 30 to 34 years old with 270 births (33.1%), with 19 year olds and younger accounting for the fewest; 13 births (2.3%). During the 3-year period 2017/18 to 2019/20, on average 36.15% of babies were exclusively breastfed at their 6-8 week health review, above the Scottish average of 31.24%. (Source: NRS and ScotPHO)

## Sex (Gender)

In 2019 the resident population in Moray consisted of 47,546 males and 48,274 females. From that, 80.2% of males and 72.6% of females were economically active. (Source: Office for National Statistics). For men living in Moray, life expectancy is 79.1 years, compared to the Scottish male national average of 77.2 years. For women, life expectancy is 81.5 years, compared to the national average of 81.1 (Source: National Records of Scotland).

## Sexual Orientation

95% respondents to the Scottish Household Survey in 2019 identified themselves as Heterosexual/Straight, 3% as Gay/Lesbian, 1% as Bisexual; 1% refused to disclose. (Source: 2019 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 2022 which may enable better monitoring of this in future.

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<sup>2</sup> NRS data. 810 recorded by ISD

## 4. Equality Outcomes

The vision of the Moray Integration Joint Board “Partners in Care” Strategic Plan 2019 to 2029 “We will come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives”.

The equality outcomes presented in this report were designed to complement the strategic themes of this plan; Building Resilience, Home First and Partners in Care. They are targeted to demonstrate progress in advancing equality in the main areas highlighted in the analysis of the population of Moray and the health and wellbeing needs identified in section 3 above. The overarching priority for us is that for all individuals experiencing challenges with their health and wellbeing, we seek to understand how we can intervene helpfully to ensure independence is retained, enabling people to be in charge of their own future where they can make choices around what is important for them and the ways in which this can happen. It is especially important for us to identify and take action to support those who have protected characteristics.

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

Work has been undertaken by a short life group to review and identify the outcomes whilst aligning to the strategic plan objectives. Whilst it is recognised that there is more work to be progressed in relation to wider consultation and engagement with the third sector and partners providing care, the consultation to date has been in agreement with the key areas of focus.

The overarching outcomes identified are as follows:-

### 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.

Specific focuses:-

- 1.1 HSCM will mitigate or minimize health inequalities across the life span
- 1.2 HSCM enables individuals to self-manage their conditions
- 1.3 HSCM supports individuals to make positive Health and Wellbeing choices
- 1.4 Individuals are connected with communities

## Equality Outcome 2

**Everyone across Moray (including those who share a protected characteristic and those who do not) has equitable access to Health and Social Care Services and are supported to live as independently as possible.**

This includes having the opportunity:-

- to access to person led Health and Social Care Services;
- being supported to make informed decisions about their care, and
- to feel more in control of their lives.

Specific Focuses:-

- 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.
- 2.2** Services support individuals to identify and achieve their support outcomes using a variety of options. Self-Direct Support is promoted
- 2.3** Service users should have a say in local service delivery services and more in involvement in designing and delivering these services
- 2.4** HSCM Services understand and support the needs of communities and individuals
- 2.5** Informal carers are treated with values and principles of HSCM. They are supported and respected

## 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.**

Specific Focuses:-

- 3.1** All staff to receive feedback and are given development opportunities aligned to the common values and principles of HSCM.
- 3.2** All staff are aware of issues affecting health equalities and receive training, appropriate for their roles.
- 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.

## **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.

With the appointment of Locality Managers work undertaken to establish Local Forums to represent the local communities and it is intended this framework will be further developed to integrate involvement in developing current and future service delivery requirements.

The governance of the “Home First” theme, a Grampian wide theme that has locally identified projects, has included involvement and input from the third sector, carers and staff. These projects will help those with protected characteristics of age and disability for example Discharge to Assess, reduces the likelihood of elderly people, who can be treated, rehabilitated and supported safely at home, from being admitted to hospital and the provision of a Virtual Pulmonary Rehab Programme which has supported people with COPD to adopt self-management strategies, participate in virtual exercise programmes and build their peer network. The collaborative working and input from various professional and those with lived experience is proving valuable and will be taken forward.

### **Performance**

The implementation of the performance framework continues and is being further developed to facilitate locality management. As this progresses it will assist in highlight and understanding the priorities for particular communities and will inform effective strategic decision making of the MIJB and management decisions surrounding service delivery.

### **Training**

Staff awareness, understanding and actions are considered and essential element to be able to mainstream equalities, which is why it is a particular focus in an outcome. Whilst resources are limited there is a focus on ensuring equality and diversity training is provided for employees. Additional role specific training is provided where identified which is monitored by service managers.

### **Engagement**

In order to make the best decisions for people and their communities it is essential that they are involved in the identification of needs and potential solutions. Staff are involved in a wide variety of engagement opportunities with the people they work with and the wider community in Moray and actively work to promote positive relationships. Over the past year traditional forms of engagement have not been possible due to the pandemic so there has been more reliance on virtual solutions or social media. This in itself can be a barrier so there is work underway to identify alternative methods and to utilise existing relationships and groups in the community.

## 6. Progress against current outcomes

### Impact of Covid

The Corona Virus Pandemic of 2020 impacted significantly on all aspects of people's lives. Many services had to be suspended due to safety considerations and resources required to be prioritised to the greatest need. Many of those affected would have protected characteristics of age and disability. Whilst every effort was undertaken to mitigate the impact for individuals, there will have been some who have been negatively impacted and it is not possible to know at this stage what the longer term health impacts across the population will be.

Despite the significant challenges, there have been many examples where teams have worked to engage with people to work round the issues and establish alternative ways of supporting people and some case studies are set out below.

#### a) Unpaid carers/self-directed support (SDS)

Services were suspended due to Covid – this impacted those with age and disability protected characteristics.

#### Actions

i) Remobilisation Group was established.

Engagement with Quarriers to ensure carers' voices were heard. 8 sessions were held with unpaid carers, facilitated by SDS staff and the Public Engagement Officer. This resulted in the development of a Market Position Statement which informs ongoing remobilisation work.

Part of this work was to engage with providers to continue to provide services, previously buildings-based, online during the pandemic. Examples were Dreamtime, who provide support under SDS option 2, who moved their day activities online and Quarriers who provided support to unpaid carers online. The options to provide support and services online have opened up the opportunity, after the pandemic, to reach people who may not wish to access buildings based support thus increasing choice.

To encourage people to meet their outcomes in creative way, where services closed we

- 1) Undertook Social Work reviews with a focus on SDS options discussions, where option 1, 2 and 4 provide more flexibility, in line with Scottish government SDS Covid guidance.
- 2) We developed Talking Heads videos where people spoke about their experience of using SDS creatively, for example;
  - a) a greenhouse was purchased, through SDS option 1, to meet the unpaid carers outcome of having a break from caring for her family member
  - b) purchase of a laptop, through SDS option 1, so that the service user could

continue yoga and music sessions, provided under SDS option 2, online  
c) purchase of gym equipment, under SDS option 1, to continue gym sessions whilst the gym was closed.

The work of the remobilisation group is continuing to maintain the engagement and to develop opportunities and options for alternative solutions that meet the needs and outcomes for people.

ii) Unpaid Carers and Personal Assistants were supported to help keep themselves and the people they cared for safe, with the supply and delivery of appropriate PPE resources throughout the pandemic. They have also been provided with Lateral Flow Devices for testing and updates regarding vaccination information.

## **b) Children and Families Health Services (C&FHS)**

### **C&FHS Working Leadership Collaborative**

Children risk being amongst COVID-19 biggest victims, whilst children have been largely spared from the direct health effects of COVID-19 (to date), the pandemic is having a profound effect on wellbeing.

All children of all ages, are being affected by the COVID-19 pandemic, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good. That this is a universal crisis and the impact will be lifelong. In addition, the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries and communities and for those in already disadvantaged or vulnerable situations.

At a Moray C&FHS level, there are relevant and increasing concerns specific to child neglect and poverty, which is further confirmed through local and national intelligence, evidence and international policy.

Estimates identify 3,049 children living in relative poverty in Moray. This represents one child in six (17%). This is lower than the interim target of 18% in the Child Poverty (Scotland) Act, but higher than the ultimate target of 10%. (1)

According to the Chief Economist for the Scottish Government, Moray is likely to suffer the economic impacts of COVID-19 to a greater extent than most regions in Scotland. It has also been identified that there are already significant increases in Universal Credit claims along with a demand on the local authority's food and hardship funds and referrals made to the Moray Food Bank .

There are increased risks of abuse and of neglect within families, with additional stresses from changes to early learning and childcare, school and business closures, family confinement and isolation, alongside physical and psychological health impacts.

The NHS Grampian Child Protection Specialist Team report through child protection data for the time period January – April 2020, that Midwives, Health Visitors, Family Nurses and School Nurses have had a reduced opportunity to identify vulnerabilities in families during the COVID-19 pandemic, which may lead to a reduction in multi-agency communication that is required to support vulnerable families through multi-agency planning, and in the number of referrals to Social Work for children in need of care and protection. By April, a significant drop in the number child protection medicals identified through multi-agency Initial Referral Discussion (IRD) was reported and IRD data shows a steady decrease in the total number of IRD`s over the first four months of the calendar year.

Through working at a partnership level, police concern reports and IRD`s anecdotal evidence indicates a local increase in:

- Parental mental wellbeing concerns;
- Financial difficulties;
- Parental Tensions; and
- Marital breakdown.

As part of the HSCM response to Home First, a C&FHS Working Leadership Collaborative has been established, with representation from primary, secondary and community services i.e. Health Visiting, School Nursing, Specialist Child Protection, Allied Health Professions, Pediatrics, CAMHS, Public Health Dental Services and Health Improvement.

With direct input and support from the national Children and Young People`s Improvement Collaborative (CYPIC) via the Regional Improvement Advisor the Working Leadership Collaborative have identified and confirmed a shared purpose:

### **C) Video Consultations – including use of “Near Me”**

The use of technology for delivery of services is one of the objectives in the Moray Integration Joint Board “Partners in Care” Strategic Plan 2019 to 2029, to improve access to services whilst reducing economic barriers to people from engaging with services such as cost of travel.

Whilst there had been some progress in establishing the option for use of video consultations, the pandemic significantly increased the need and services responded.

All GP practices are set up and using Near Me for consultations and this is offered to patients. This type of service is was also adopted by other services including Allied Health Professionals and Mental Health Services, where they were not able to meet people in the usual way. Through use of Near Me people have continued to have contact with and receive a service with their health professional. Recently this option has been extended to all Social Work teams including drug and alcohol and learning disabilities. The use of video consultations will continue to be extended as part of a phased programme.

The number of service providers set up to use Near Me increased from 177 at beginning of April 2019 to 307 at end of March 2021 and the number of consultations undertaken increase from 459 to 4,200 over the same period which is a significant increase. Consultation hours has increased from 58.8 to 690.2 during the same period and work is ongoing in relation to establishing how effective these consultations are from the perspective of both professional and person in receipt of the service.

## 7. Highlights for 2019-2021

The table attached at **Appendix A** to this report outlines the progress that has been made across services in the reporting period under each of the outcomes. It highlights the cross system activity that is being undertaken and how services are incorporating actions to reduce inequalities as part of the integral working practices within Health and Social Care Moray.

## 8. Priorities for 2021/22

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

### **Review of Equality Outcomes**

A key priority will be to continue the review work completed to date incorporating the potential health and social care debt impacts and consequences of Covid to ensure that key focus is directed to the greatest need. We will consult more widely with communities to ensure they reflect their desired outcomes and to further develop the reporting of data against the measures identified. This information will be reported to the Strategic Planning and Commissioning Group (SPCG) which will have oversight and be able to provide clear recommendations in relation to how Equality Issues are supported, governed, monitored and driven forward. SPCG will also explore how our commissioning activity, both internal and external, can better support the delivery of equality outcomes.

### **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. This is acknowledged as an area that has not progressed as intended due to the impact of Covid. Work will be taken forward by a short-life working group to ensure that revised equality outcomes are discussed more widely with affected people, utilising and strengthening existing engagement mechanisms.

There will be a review of the engagement mechanisms to ensure that equality groups are able to participate and engage with us in the planning, delivery and review of services.

## 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.

We will continue to engage with Integrate Grampian to ensure awareness of the wider population needs and the actions that we can take to work collaboratively across Grampian.

## Horizon Scanning

The need to increase and improve horizon scanning relating to inequalities, at a whole system level is recognized. Identification of early signs of potentially important developments, changes and risks in our communities, particularly relating to vulnerable population groups will help us, to identify areas for action going forward and to facilitate accessing external resources where available.

The **Independent Review of Adult Social Care in Scotland**, led by Derek Feeley and developments in relation to the recommendations from this review will be wide reaching and key aspects of the report will be incorporated into the approach adopted by Health and Social Care Moray.

The recent ratification by COSLA for the Self-Directed Support (SDS) standards is the basis for further expanding and increasing understanding of SDS options, the need to focus on personal outcomes. It is intended that these outcomes will be defined through adoption of the 3 Conversations model which is in line with the standards.

Another key area is the review and development of the Moray Carer Strategy. With the increasing elderly population and the improvements in health care resulting in more people living with long term conditions, the reliance on unpaid carer will increase and it will be essential to have robust mechanisms in place to ensure the right support is available for people.

One aspect of horizon scanning will include consideration of the impact of new legislation on Health and Social Care services. An example will be consideration of **Human Rights as part of Scots Law:-**

## New Human Rights Bill

Subject to the outcome of the 2021 Scottish Parliamentary Election, a new Human Rights Bill will incorporate four United Nations Human Rights treaties into Scots law, including legislation that enhances human rights for women, disabled people and minority and ethnic communities. The new Bill which will be introduced in the next parliamentary session will include specific rights, subject to devolved competence, from

- the International Covenant on Economic, Social and Cultural Rights
- the Convention on the Elimination of all Forms of Discrimination in Women
- the Convention on the Elimination of all Forms of Racial Discrimination
- the Convention on the Rights of Persons with Disabilities

A total of 30 recommendations made by the National Taskforce for Human Right Leadership have been accepted by Scottish Government including measures, which for the first time, improve equality and human rights on an environmental, social, economic and cultural scale.

By focusing on these key priorities we aim to continue to reduce the inequalities experienced by people in Moray.