



Western Isles Health and Social Care Partnership

Equality Outcomes and Mainstreaming Report 2021 - 2025

Table of Contents

	Page
1. Introduction - Western Isles Health and Social Care Partnership	3
2. The Equality Act 2010 and the General Duty	3
3. Equality Mainstreaming and the Integration Joint Board	5
4. Fairness Assessment	5
5. IJB Equality Outcomes published in 2016	6
5.3 Equality Outcome 1 – The Strategic Plan	6
5.4 Equality Outcome 2 – Budget and Savings Proposals	7
5.5 Equality Outcome 3 – Locality Planning Groups	8
5.6 Equality Outcome 4 – Frontline Delivery of Services	8
6. What Next and Equality Outcomes 2021-2025	9
Appendix – Population and Demographics in the Western Isles	11
• Population	11
• Age	11
• Sex	12
• Language	12
• Personal Well-being	12
• Gender Reassignment	13
• Marriage and Civil Partnership	13
• Sexual Orientation	13
• Ethnicity	14
• Religion	14
• Disability	14

1 Introduction – Western Isles Health and Social Care Partnership

- 1.1 The Western Isles Health and Social Care Partnership is an integration of health and social care services as outlined in the legislative framework of The Public Bodies (Joint Working) (Scotland) Act 2014. It is enhanced and overseen by the Integration Joint Board (IJB).
- 1.2 This Report outlines how Western Isles Health and Social Care Partnership (HSCP) has mainstreamed equalities since the publication of Equality Outcomes in June 2016. The HSCP has two parent bodies, namely NHS Western Isles and Comhairle nan Eilean Siar (CnES), the local authority, to whom the Partnership determines annual commissioning plans for a portfolio of delegated services in accordance with the IJB Strategic Framework (2023-26).
- 1.3 The Western Isles IJB is a commissioning body that was created in shadow form in August 2015 and formally constituted in May 2016. It works in close partnership with communities and its delivery partners, and commissions within its financial framework against the strategic objectives and underpinning methodology set out in the Strategic Framework.
- 1.4 The IJB is not an organisation which employs members of staff but it does have the authority to direct the 2 parent bodies about how it wants integrated services to be delivered including what the IJB wants to achieve in respect of the 9 protected characteristics as outlined in the Equality Act 2010 (“the Act”).
- 1.5 The HSCP is the identified public authority reporting on the equalities outcomes and mainstreaming for the purposes of the Scottish specific duties of the Act through the governance arrangements of the IJB. The IJB is committed to improving outcomes and supporting people with protected characteristics.
- 1.6 This Report follows on from the last published report which covered the period 2016 to 2019. The Report recognises the impact of global pandemic alongside a period of vacant post for the chief officer who took up post in early 2021.
- 1.7 The Report will review progress against the previous 4 equality outcomes. It is to be recognised that measuring improvement in outcomes is challenging due to the impact of social constructs and integrated service delivery. There the Report will be largely narrative in style.

2 The Equality Act 2010 and the General Duty

- 2.1 The Equality Act 2010 (“the Act”) came into force on 1 October 2010 and brought together over 116 separate pieces of legislation into one single Act. The Act introduced a new public sector general duty; this single duty replaced the 3 previous duties set out by race, disability and gender legislation.
- 2.2 The purpose of the Act is to simplify, strengthen and harmonise legislation with a new discrimination law which protects all individuals from unfair treatment and promotes a fair and more equal society. The Act aims to ‘integrate considerations of the

advancement of equality into the day-to-day business of all bodies subject to the duty’.

2.3 All individuals are protected by the Act as every person has one or more of the protected characteristics listed below, so the Act aims to protect everyone against unfair treatment. The 9 protected characteristics are:

- Age
- Disability
- Sex
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation.

2.4 Section 149 of the Equality Act 2010 came into force in 2011 which introduced a new Public Sector Equality Duty (“PSED”) which became law across Scotland. The PSED has 3 parts which required listed public bodies to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These 3 areas are often described as the ‘3 needs’.

Having 'due regard' in relation to the need to foster good relations includes:

- tackling prejudice
- promoting understanding.

2.5 Furthermore, 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 regard to this duty.

2.6 The IJB incorporates this responsibility into an equality impact assessment process. This integrated impact assessment process also includes the statutory responsibilities of the Islands (Scotland) Act 2018. This requires public bodies, including IJBs, to ensure islands receive equitable and fair treatment and that policies and strategies are tailored to the unique circumstances of island living.

- 2.7 In June 2015 the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 came into force. This set of Regulations increased the number of listed bodies who are required to adhere to the Act and includes Integration Joint Boards established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014. This requires the Western Isles Integration Joint Board to be subject to the duties and responsibilities of the Equality Act 2010 and its subsequent Regulations.
- 2.8 On 18 March 2016, the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 came into force. This new set of Regulations (again applicable to the Joint Boards) introduced a new requirement on listed public authorities to publish the gender composition of their Boards, and to produce succession plans to increase the diversity (across all protected characteristics) of their Boards.

3 Equality Mainstreaming and the Integration Joint Board

- 3.1 Mainstreaming equality means making equality part of the day-to-day business of the health and social care partnership. In practice this means that equality and diversity must underpin all that the partnership does as a strategic planning and commissioning body.
- 3.2 Further, by mainstreaming equality, we will ensure that equality of opportunity is a fundamental part of the culture of the partnership, and that both employees and customers benefit from an organisation where they feel valued and everyone has equal opportunities regardless of their status.
- 3.3 In addition, peer review research evidence indicates that discrimination and harassment negatively impact health, particularly emotional and mental wellbeing and contribute directly to inequalities in life opportunities and health outcomes. Therefore, the IJB is committed to making a significant and sustained contribution to creating a fairer Western Isles, and to reducing inequalities in health, access and opportunity for our island communities.
- 3.4 Training is an important method of mainstreaming equality and diversity. Employees of both NHS Western Isles and CnES are able to take part in their respective organisation's equality and diversity awareness training and impact assessment training programmes. This will ensure that we are able to meet our general and specific duties under the equality legislation and benefit from a skilled, motivated and culturally capable workforce that can bring about changes that will improve services and tackle inequalities.

4 Fairness Assessment

- 4.1 The aim of Equality Impact Assessment (EqIA) is to ensure that no policy or function unlawfully discriminates against any of the 9 protected characteristic groupings. The IJB has adopted a fairness assessment process similar to the approach taken by NHS Western Isles. This looks not only to equality issues but to the human rights agenda as well, thereby giving a more holistic assessment. EqIAs are undertaken as a key part of service development.

5 IJB Equality Outcomes Published in 2016

5.1 The public sector equality duty requires the IJB, in the exercise of its functions, to publish a set of equality outcomes. An equality outcome is the result which we want to achieve in order to eliminate discrimination, advance equality of opportunity and foster good relations. The public sector equality duty covers age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation. By focusing on outcomes rather than objectives, the equality duty aims to bring practical improvements in the life chances of those who experience discrimination and disadvantage.

5.2 In the publication of the 2016 report the IJB determined that whilst it is not an employing body, it does have strategic commissioning responsibilities and our obligation is therefore to ensure that we are promoting equality within this context. The approach taken in 2016 identified 4 broad themes against which we need to ensure we are advancing equality and human rights:

- To develop and implement a Strategic Plan which sets out how services will change and develop over time to meet the needs of the population;
- To put in place robust financial planning arrangements to ensure that services are delivered within budget;
- To support the development of Locality Planning Groups, which will help to plan services for local communities; and
- To oversee the delivery of all the services delegated to it by the Local Authority and the Health Board.

The report will outline key progress from the publication of the 2016-19 report.

5.3 **Equality Outcome 1:** The Integration Joint Board produces a Strategic Plan which has been assessed for fairness and advances the human rights of people who use health and social care services.

The IJB last published a Strategic Commissioning Plan (2020-21) to cover a one year forward view which focused on particular actions to improve outcomes. The Strategic Plan was assessed for fairness and advances the human rights of people who use health and social care services in the Western Isles.

Shortly after the publication of the Strategic Commissioning Plan the IJB entered a period of approximately 18 months without the post of Chief Officer being filled. In addition, in the same time period core delegated services of the IJB were impacted by the global pandemic of COVID-19.

However, the IJB made significant progress in a number of key areas for services that directly support people with protected characteristics. Successes include:

- Good progress with the implementation of the Primary Care Improvement Plan
- Developing the provision of Housing with Extra Care (HwEC)
- Improving the uptake of Self-Directed Support
- Early development of home-based intermediate care (START/Reablement)
- Expansion of Hospital at Home Service (which received national recognition)

- Formation of Acute Assessment Unit to reduce hospital admissions
- Development of Urgent and Unscheduled Care model for community hospitals
- Appointment of GP Cluster Leads
- Development of a Polypharmacy review service for people with comorbidities
- Launch of 'Improving the Cancer Journey' programme of care
- Commissioning of online support tool for children and adolescents who are experiencing challenges with emotional and mental health (Kooth).

Much of this was achieved through the development of integrated management and frontline service arrangements. This process will also engage third and independent sector partners to ensure that integrated working cuts across all sectors. The work will also signal a more focused attempt to implement an assets-based approach, to work with the strengths and capabilities of individuals and communities to meet needs, and to connect more effectively to community support arrangements.

A new draft Strategic Framework has been developed for the period 2023-2026. A framework approach has been adopted as it affords a more flexible approach to long-term planning and better informs the annual commissioning cycle. The draft Framework will shortly be published and further developed through engagement with communities and Locality Planning Groups. This will ensure full engagement with people specifically taking into account those with protected characteristics.

In addition, this work will be supported by the development of a robust Joint Strategic Needs Assessment.

5.4 **Equality Outcome 2:** The Integration Joint Board produces a budget and savings proposal which has involved consultation with the people who use services.

In the reporting period the IJB has been able to deliver financial balance through the measured use of reserves and robust budget planning. Looking forward, the fiscal environment is changing which will present significant challenges particularly in the arena of those with protected characteristics. Most notable is the growth locally in our aging population and the challenges of meeting increasing need and complexity.

Of particular note is the development of an integrated budget, within which savings proposals have been fully consulted on with the public and people with protected characteristics.

In addition, budget savings consultation across all 5 localities of the Integration Joint Board (through engagement meetings, focus groups, questionnaires, social media and involvement of relevant agencies), savings proposals which have been considered within EqIA.

During this period work was undertaken to explore the efficacy of a human rights budgeting framework to support the development of annual budgets. Evidence of the successful implementation of the underpinning principles of human rights approach is captured in performance data whereby the Western Isles Health and Social Care Partnership is performing better than the national average.

For this reporting period:

- Adults able to look after their health very well or quite well
- Adults supported at home who agreed that they were supported to live as independently as possible
- Adults supported at home who agreed that they had a say in how their help, care or support was provided
- Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
- Adults receiving care who rated the care they receive as excellent or good.

The above evidences the effective use of resources to support those in need and underpinned by Fairness Assessment Tool.

5.5 Equality Outcome 3: The Integration Joint Board will establish locality planning groups which involve service users and their advocates.

During the period covered by the Report the IJB developed Locality Planning Groups (LPGs), to support more localised planning and delivery of services. In addition, the IJB produced guidance to support LPGs to ensure that they are constituted in a way which involves services users and advocates and which ensures that the LPGs promote equal opportunity.

The LPGs continued to meet through global pandemic and moved to digital platforms to enable continued engagement and enable those with protected characteristics to have meaningful input into the planning of services across the diverse communities of the Western Isles.

Particular attention is given to supporting LPGs locally in promoting equality of representation within their structures.

LPGs are required to promote:

- Gender balance
- Involvement of disabled people
- Involvement of older people
- Promote engagement with those individuals who have protected characteristics.

5.6 Equality Outcome 4: The Integration Joint Board will integrate the frontline delivery of services to ensure that people have a better experience of care and will monitor how the integration of services advances equalities and human rights.

For the reporting period, the IJB has continued to develop integrated frontline services to meet the needs of our diverse and what can be described as remote populations.

Specific actions have been undertaken to oversee the development of integrated management and frontline service developments. This work successfully engaged third and independent sector partners to ensure that integrated working cuts across all sectors.

Notable examples of progress and success regarding the integration of services include:

- an Integrated Corporate Management Team continues to oversee the operation of integration, which allows for executive level coordination and agreement of health and social care priorities - 'one system, one budget'.
- The First Contact Physiotherapy Service in the Western Isles. Working on the notion of seeing the right person at the right time, the service allows people access to specialist Musculoskeletal (MSK) advice quickly. The service, established in all 9 GP Practices either in person or remotely, and 2,000 appointments were provided in the first year. The 2 First Contact Physiotherapists, manage all these practices with time split depending on the number of registered patients per Practice. We have implemented an integrated management structure which cuts across the Comhairle and the NHS and which brings together leaders from each professional area; this structure has continued throughout the pandemic and has proved to be very effective.
- The Hospital at Home service now provides outreach care and aims to provide hospital level care at home. This is for conditions which would usually require inpatient care, such as infections requiring intravenous antibiotics, oxygen therapy for various acute and chronic lung conditions, intravenous diuretics for heart failure, subcutaneous (drip) fluids for patients who may be at risk of dehydration, and all forms of monitoring of acute illness (pulse, blood pressure, ECG, oxygen and blood analysis). Further developments include intravenous bone sparing therapy to patients who have had a hip fracture, ensuring that they receive this treatment in a timely manner in the comfort of their own home while recovering from surgery. In addition, the development of a new Colon Capsule Endoscopy Service - this allows patients to remain in the comfort of their own home throughout the preparation and delivery of the capsule, demonstrating a real patient-centred approach to service design.
- The quality of integrated social care services has been formally recognised through the external scrutiny of the Care Inspectorate. The findings of the regulator inspections have recognised the high level of care and support being delivered to our residents and service users. Recent examples are the Short-Term Assessment and Reablement Service (START), Stomaigh Care at Home Service, Grianan Day Care Service and St Brendan's Care Home all receiving grade 5 for this aspect of the service. This is the second highest level and is classified as 'Very Good'. Similarly, the leadership within the services was evaluated as 'good' or 'very good.' The reports recognise the collaborative efforts of the staff and management to work with families, colleagues and agencies to support residents and services to meet their personal outcomes. The Goathill complex with 52-bedded care home and extra care housing is near to completion and transfer of clients will occur early Summer 2023.

6 What Next and Equality Outcomes 2021-2025

6.1 Focusing on equality outcomes should enhance one or more of the following needs:

- eliminate discrimination

- advance equality of opportunity
- foster good relations.

6.2 Action taken towards progressing an equality outcome should result in positive change for individuals, communities and society at large.

6.3 NHS Western Isles and Comhairle nan Eilean Siar both have their own equality outcomes. The outcome indicators for both parent bodies were developed in collaboration/consultation with either the public, key partners, colleagues or managers across the organisations, and informed by available evidence.

6.4 Going forwards, Western Isles IJB will seek to align, where possible, its equality outcomes with that of the parent bodies to ensure that those with protected characteristics are not disadvantaged.

6.5 In particular, attention will be given to ensure that the IJB’s Mission and Vision:

Mission: Our Mission is “To support people of the Western Isles to live well, care for themselves, meet their own needs, effectively manage their own conditions, and maximise their wellbeing as far as possible.”

Vision: Our Vision is “To empower the people of the Western Isles to live independently at home or in community settings by developing and nurturing community asset-based approaches.”

are guided and informed to promote awareness and consideration of inequalities in all that we do.

6.6 The IJB will continue to raise understanding of all inequalities and give a higher profile to engaging with all sections of the community to ensure services are truly reflective of the people who use them.

Appendix

Population and demographics Western Isles

Population

The most recent mid-year population estimates by National Records of Scotland 2019 for the Western Isles gives a population of 26,720. Over the last ten years, between 2009 and 2019, the Western Isles has seen a decrease of 700 persons (-2.6%) while Scotland overall saw an increase of 4.4%.

The birth rates as reported by National Records of Scotland across the Western Isles is shown in table 1 below.

Using 2018 as a base and taking into account key assumptions (mortality, fertility and migration); National Records of Scotland predict that the total population of the Western Isles is projected to fall to 22,709 by 2043. This is a projected decline of 16% or 4,021 people between 2018 and 2043. The equivalent figure for Scotland over the same time period is an increase of 2.5%.

Western Isles Birth Rates	
Year of registration	Annual total
2010	235
2011	235
2012	237
2013	246
2014	226
2015	222
2016	238
2017	215
2018	206
2019	200

Table 1

There may be opportunities for population attraction as a result of the pandemic and if adequately supported by transport and digital connectivity, with the islands being perceived as a low risk clean, attractive relocation opportunity for businesses and individuals.

Age

Demographically, the population of the Western Isles is ageing. As at June 2019 the median age in the islands was estimated to be 49.5 years compared to the Scottish average of 42 yrs. According to the National Records of Scotland as at 2019 approximately one in four people (26%) living in the Western Isles are aged 65 and over, in comparison to the Scottish average of 19%. The population continues to age with 16% of the population aged under 16 (17% nationally) and 59% of the population of working age (64% nationally) while 25% are pensionable age (19% nationally).

Table 2 summarises the data according to the 2011 Census.

AGE	Western Isles	Scotland
All people	27,684	5,295,403
% 0 to 4 years old	4.9	5.5
% 5 to 15 years old	12.0	11.8
% 16 to 29 years old	13.3	18.5
% 30 to 44 years old	18.3	20.0
% 45 to 59 years old	22.1	21.1
% 60 to 74 years old	19.4	15.5
%75 years old and over	10.0	7.7
Median age - Females	47	42
Median age - Males	44	40

Table 2

Sex

Table 3 below summarises the data according to the 2011 Census in relation to the sex breakdown across Scotland and the Western Isles.

Sex	Western Isles	Scotland
All people	27,684	5,295,403
% Males	49.4	48.5
% Females	50.6	51.5

Table 3

Language

According to Scotland's Census 2011, National Records of Scotland in 2011, most (93%) people in Scotland aged 3 and over reported that they used only English at home. Scots and Polish (each 1%) and Gaelic (0.5%) were the most common languages other than English reported as being used at home.

There were 59,000 Gaelic speakers, a slight fall from 2001. The council areas with the highest proportions able to speak Gaelic were Western Isles (52%), Highland (5%) and Argyll & Bute (4%). Gaelic was most commonly used at home in Western Isles (40%), Highland (2%) and Argyll & Bute (1%).

British Sign Language was used at home by 13,000 people aged 3 and over (0.2% of the total population aged 3 and over). It was reported that the Western Isles had a total of 36 BSL users in 2011.

Personal Well-Being

The Office of National Statistics Personal well-being reporting in the UK for April 2019 to March 2020 estimates of life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety in the UK, country, regional, county and local authority level. Average ratings are out of 10 and are summarised in Table 4.

March 2012 to March 2020	Western Isles	National average
Life Satisfaction	8.3	7.7
Worthwhile	8.3	7.9
Happiness	8.0	7.5
Anxiety	2.2	3.2

Table 4

Gender Reassignment

The Gender Identity Research and Education Society (GIRES) published a report that was funded by the Home Office which estimated that between 0.6% and 1.0% of the population were trans. As of 2011, 12,500 adults in the UK had sought medical interventions related to their gender dysphoria, the median age is 42.

Marriage and Civil Partnership

The Census 2011 statistics of marriage and civil partnerships as shown below in Table 5.

Marriage and Civil Partnerships	Western Isles	Scotland
All people aged 16 and over	23,006	4,379,072
% Single (never married or never registered a same-sex civil partnership)	31.9	35.4
% Married or in a registered same-sex civil partnership	49.0	45.4
% Separated (but still legally married or still legally in a same-sex civil partnership)	2.7	3.2
% Divorced or formerly in a same-sex civil partnership which is now legally dissolved	6.5	8.2
% Widowed or surviving partner from a same-sex civil partnership	9.9	7.8

Table 5

Sexual Orientation

The Scottish Government Equality Evidence Finder reports that, in 2018, 95.3% of people in Scotland identified as heterosexual and 2.6% as lesbian, gay or bisexual (LGB).

Ethnicity

In 2011, 84% of Scotland's population reported their ethnicity as 'White: Scottish' and a further 8% as 'White: Other British'. Together, minority ethnic groups and white non-British groups (which include 'White: Irish', 'White: Polish', 'White: Gypsy/Traveller' and 'White: Other white') made up 8% of the total population. The percentage of people in Scotland from minority ethnic groups had doubled to 4%, up from 2% in 2001. A breakdown of the data from the 2011 Census can be found within table 6.

Ethnicity	Western Isles	Scotland
All people	27,684	5,295,403
% White - Scottish	86.9	84.0
% White - Other British	10.5	7.9
% White - Irish	0.5	1.0
% White - Polish	0.2	1.2
% White - Other	1.0	2.0
% Asian, Asian Scottish or Asian British	0.5	2.7
% Other ethnic groups	0.4	1.3

Table 6

Religion

Table 7 below summarises the religious breakdown of the Western Isles and Scotland according to the 2011 Census.

Religion	Western Isles	Scotland
All people	27,684	5,295,403
% Church of Scotland	42.5	32.4
% Roman Catholic	12.3	15.9
% Other Christian	19.1	5.5
% Muslim	0.2	1.4
% Other religions	0.6	1.1
% No religion	18.1	36.7
% Not stated	7.1	7.0

Table 7

Disability

Table 8 below summarised the data according to the 2011 Census relating to people with long-term health problem or disability across the Western Isles and Scotland.

Disability	Western Isles	Scotland
All people	27,684	5,295,403
% Limited a lot	9.8	9.6
% Limited a little	10.8	10.1
% Not limited	79.5	80.4

Table 8