

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD - 18 APRIL 2018

ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (AHSCP) EQUALITIES MAINSTREAMING REPORT

1 Recommendation

It is recommended that the Integration Joint Board:-

1.1 Approve the Aberdeenshire Health and Social Care Partnership (AHSCP) Equalities Mainstreaming Report.

2 Risk

- 2.1 IJB 4 Service Capacity/Business Transformation.
IJB 12 Compliance with legislation.
- 2.2 Implementation of the actions set out in the Mainstreaming Equalities and Equalities Outcomes Report will significantly contribute to ensuring services are delivered in a way that is fit for the future. Implementation of these actions will ensure due regard is given in the development of policies, strategies, and service plans to certain groups/ communities who may experience inequality, discrimination, and disadvantage. If these actions are not implemented there is a risk that business transformation to meet the needs of people with protected characteristics will not be met.
- 2.3 This would also mean that the Public Sector Equality Duty as set out in The Equality Act 2010 would not be met. Legislation requires the Integration Joint Board (IJB) to be compliant with The Equality Act 2010.

3 Background

- 3.1 The IJB approved the first AHSCP mainstreaming report and set of equality outcomes on 27 April 2016.
- 3.2 A fresh set of equality outcomes will require to be published in April 2020. Therefore, this report is a mid-point report as required by the legislation, to set out the progress that has been made over the previous two year period, and the next steps which will be carried out between now and April 2020.

4 Equalities, Staffing and Financial Implications

- 4.1 An Equality Impact Assessment is not required as one was carried out as part of the development of the mainstreaming proposals and outcomes set out in 2016. Overall the assessment concluded that the implementation of the



proposals would have positive impacts upon those with protected characteristics. As this is a progress report, there will be no differential impact, as a result of the report, on people with protected characteristics.

- 4.2 There are no specific staffing or financial implications arising from this report.
- 4.3 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council, have been consulted in the preparation of this report and their comments have been incorporated within the report.

Kim Penman
Health & Wellbeing Lead
Aberdeenshire Health and Social Care Partnership

Report prepared by: Katherine Regan, Strategic Development Officer
Date: 22 March 2018



Equalities Mainstreaming & Outcomes Report 2016-18



Table of Contents

1	Foreword	3
2	Overview of the Aberdeenshire Health and Social Care Partnership	4
3	Aberdeenshire in the context of Equalities	4
3.1	Demographics	4
3.2	The legal context	6
4	Mainstreaming progress report	8
4.1	Leadership & accountability	8
4.1.1	Next steps	10
4.2	Decision making, resource allocation and measuring performance	10
4.2.1	Next steps	13
4.3	Policy and strategic planning	13
4.3.1	Next steps	14
4.4	Service Delivery	14
4.4.1	Next steps	15
4.5	Supporting the workforce	16
4.5.1	Next steps	18
4.6	Engaging with people	18
4.6.1	Next steps	20
5	Equality Outcomes	21
5.1	Case Studies	21

1. Foreword

On behalf of Aberdeenshire Health and Social Care Partnership, I am pleased to share this update on the mainstreaming of equalities across all our services, and progress towards the equalities outcomes we set in 2016.

Since the first report was published two years ago, we have made positive progress towards embedding equalities within our governance processes and policies, and in meeting the needs of people with protected characteristics who use our services. This progress is to be commended, given the challenging climate in which we have been operating over the past two years, both financially and in terms of the changing demographics of our local population, particularly in relation to our ageing population.

This report highlights examples of the progress that has been made since 2016 and also provides details of the next steps we have identified as the basis of our equalities work programme over the next two years. Our message is that good progress has been made and that we are focussed upon continuing to ensure that consideration of equalities matters is embedded in how we go about our work, both at a strategic and operational level.

I would like to take this opportunity to thank all of our staff for their achievements and I am confident that with their continued commitment to this important area of our work, we will make further positive progress in the run up to our next update report in 2018.



Adam Coldwells
Chief Officer

2. Overview of the Aberdeenshire Health and Social Care Partnership

The Aberdeenshire Health and Social Care Partnership (AHSCP) formed in April 2016 as a result of the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the Act is to integrate planning and delivery of certain adult health and social care services. The Partnership is governed by an Integration Joint Board (IJB) who have responsibility for governance, strategy and scrutiny.

AHSCP has taken on responsibility for health and social care services previously managed by NHS Grampian and Aberdeenshire Council and is responsible for adult health and social care services across Aberdeenshire.



Our vision for integrated health and social care services in Aberdeenshire:
‘Building on a person’s abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities.’

3. Aberdeenshire in the context of Equalities

3.1 Demographics

**83% OF THE
POPULATION
WAS
ECONOMICALLY
ACTIVE**


**261,960
ABERDEENSHIRE'S
POPULATION
IN 2015**


**NUMBER OF
ABERDEENSHIRE
HOUSEHOLDS
EXPECTED TO INCREASE TO
135,000 BY 2039**

The National Records of Scotland report indicates that in 2015 Aberdeenshire's population was 261,960 and its total number of households was 109,631.

83% of the population in Aberdeenshire between 2015 and 2016 was economically active, from which 90.0% were males and 75.3 were females.


**ABERDEENSHIRE
CONTRIBUTES
40% OF THE
TOTAL VALUE OF
FARMING, FOOD AND
FISH LANDINGS**

 **TOURISM**
contributed
**£195.1m
in GVA during
2015**



Aberdeenshire residents are, on average, more likely to be employed and economically active, earn higher salaries and contribute more in terms of Gross Value Added (GVA) per capita than their Scottish counterparts. There is also a strong entrepreneurial farming and food culture

in the area, we contribute significantly to fish landings and associated products (40% of the total value in Scotland during 2015) and our tourism sector contributed £195.1m in GVA during 2015 (5.6% of the Scottish total). (Source: State of Aberdeenshire 2017)

However, there are economic issues that have the potential to change the prospects of certain sections of our population. The most immediate challenge since 2015 arguably concerns the downturn in the oil and gas sector. This is against a backdrop of cuts in public expenditure and recovery from the wider economic downturn. Despite that, unemployment in Aberdeenshire between 2015- 2016 was 3.3 %, lower than Scotland's overall average of 4.9%

Projected increase in Aberdeenshire's population between 2014 and 2039 is 19.7 %, the 3rd highest in Scotland. The 65+ age group is expected to increase by 64%, to 75,000 (or 24% of the projected population).

Aberdeenshire households are expected to increase to 135,000 by 2039, from 108,000 in 2014 (+25%). The area is also expected to have one the highest proportions of households with children.

Aberdeenshire's population increase is mainly driven by net migration but numbers had been falling since 2005 from over 322,000 to 95,000.

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

Age

As per Census 2011 report, the population under 15 increased by 4.3%, the population aged 16 – 64 increased by 7.3% and the population aged 65+ increased by 30.9%. Aberdeenshire's rate of growth in the population age 80 and above was 23.5% (Source: Census 2011).

Religion or Belief

There has been an upward trend in the proportion of adults reporting not having a religion, from 40% in 2009 to 50% in 2015. There has also been a corresponding decrease in the proportion reporting 'Church of Scotland', from 34% to 25%. 14% of respondents declared themselves as Roman Catholic, 7.6% as Other Christian and 1.4% as Muslims. (Source: 2015 Scottish Household Survey)

Marriage and Civil Partnership

As of 2015, the vast majority (96%) of adults aged 16 to 24 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 61% of adults across these categories and 45% for those aged 75 or over. 43% in this age are widowed or a bereaved civil partner. (Source: 2015 Scottish Household Survey)

Race

As of 2017, 94.5% of Aberdeenshire's residents are identifying themselves as White British with 61.3% identifying themselves as Scottish. (Source: State of Aberdeenshire 2017)

Disability

As per Census 2011, 6.3% of Aberdeenshire's population had a long term health problem or disability which limited their day-to-day activities. 26.9% of the population had one or more health conditions. (Source: Census 2011)

A total of 29 per 100,000 of under 18s in Grampian were admitted to a mental health unit in 2014/15 – higher than in 2009/10 (25.3) but lower than in Scotland (43.7). (Source: State of Aberdeenshire 2017)

Pregnancy and Maternity

There were 2,891 births in Aberdeenshire in 2015. Approx. 22% of babies are born to mothers aged over 35 years – almost triple the figure recorded in 1991. 38.9% of babies in 2015 were born to parents who were not married, the 3rd lowest proportion in Scotland. 85% of mothers were born in the UK, and 9.1% in the EU (the 6th highest proportion of EU mothers in the country). (Source: State of Aberdeenshire 2017)

Sex (Gender)

In 2015 the resident population in Aberdeenshire consisted of 130,100 males and 131,800 females. From that, 90.9% of males and 75.3% of females were economically active. (Source: Office for National Statistics)

Sexual Orientation

98.1% respondents to the Scottish Household Survey in 2015 identified themselves as Heterosexual/Straight, 0.8% as Gay/ Lesbian and 0.2% respectively as Bisexual or other. 0.7% refused to disclose. (Source: 2015 Scottish Household Survey).

Gender Reassignment

There are no records on numbers for this Protected Characteristic.

3.2 The legal context

With the introduction of The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015, Health and Social Care Partnership Integrated Joint Boards are required to comply with equality legislation.

The Public Sector Equality Duty, as set out by The Equality Act 2010, has three parts which must be complied with. It requires public bodies such as AHSCP Integrated Joint Board to have due regard (or to consciously consider) the need to:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity between those who have protected characteristics and those who don't; and
- Foster good relations between those who have protected characteristics and those who don't.

The nine protected characteristics are:

Age:	The Equality Act 2010 protects people of all ages.
Disability:	'Disability includes people with physical, learning and sensory disabilities, people with a long term illness and people with mental health problems.
Race:	Under 'The Equality Act 2010' 'race' includes, colour, nationality and ethnic or national origins. It also includes Gypsy Travellers.
Religion of Belief:	In The Equality Act 2010, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.
Sex:	Both males and females are protected under The Equality Act 2010
Pregnancy and Maternity:	The law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breastfeeding
Sexual Orientation:	The Equality Act 2010 protects lesbian, gay, bisexual and heterosexual people
Gender Reassignment:	The Equality Act 2010 provides protection to someone who proposes to, starts or has completed a process to change his or her gender.
Marriage and Civil Partnership:	Marriage is defined as a union between two people of different or of same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognized as 'civil partnerships'

Aberdeenshire Health and Social Care Partnership Integrated Joint Board approved its first mainstreaming report and set of outcomes on 26 April 2016. This report is a mid-point progress report, as required by the legislation, to set out what has been put in place over the previous two year period and details of the next steps to be carried out between now and April 2020.

4. Mainstreaming progress report

Within AHSCP, we are mainstreaming equalities matters in the way we go about our business across the following areas:

- Leadership and accountability
- Decision making, resource allocation and measuring performance
- Policy and strategic planning
- Service delivery
- Supporting the workforce
- Engaging with people

This section provides an update on the progress we have made against each of these areas over the last two years, and the next steps that we will be focusing on over the coming period.

4.1 Leadership & accountability

Effective leadership and accountability are essential in order to mainstream equality into the core business of the health and social care partnership. In the AHSCP, we recognize the need for leadership in relation to equalities matters across all levels of the organisation: from the IJB, to our Partnership Managers, and our Locality Managers who are working with teams on the front line of service delivery.

The ultimate responsibility for compliance with the equality legislation sits with the IJB, and the Chief Officer ensures legislative requirements are implemented and adhered to. Since we published our first mainstreaming report in 2016, we have adopted Aberdeenshire Council's Statement of Equalities as a standard item on all papers submitted to our IJB. As such, we are working to ensure that we are consciously considering equalities in decisions made by the IJB at the outset of our work programmes and continuing to reflect on their impact upon people with protected characteristics as programmes of work progress.

Over the last two years, the AHSCP has had representation on the Aberdeenshire Council Equalities governance groups. This has enabled us to access advice and support, to draw on existing tools and resources and to be involved with shaping new resources (see section 4.2 below regarding the Integrated Impact Assessment.) Advice and support has also been provided by NHS Grampian's Equality & Diversity lead. We will continue to review our involvement with the Aberdeenshire Council equalities groups and with NHS Grampian as we develop our own internal network of Equalities Champions and leaders, and governance processes.

A large focus of the work of the AHSCP over the last 12 months has been upon setting up our workforce infrastructure. Locality teams have now been established across areas within the North, Central and South of Aberdeenshire, with locality managers in place as the leaders of integrated care in their areas. Locality Plans for each of our localities (with one plan covering both localities in North Aberdeenshire) are currently being finalised and will be implemented from summer 2018.

The locality plans have been developed to ensure integrated service delivery is tailored to specific local needs and that resources can be allocated where they will be most effective. Locality plans will be used to inform the next AHSCP Strategic Plan, see section 4.3 below, to ensure a 'bottom up' approach is used to inform planning and service delivery.

Our next steps in relation to leadership and accountability, below, will involve enabling our locality managers to become more involved in equalities matters in order to bring about change at a local level. Localities are intended to be the 'engine room' of integration and as such, the role of locality managers will be key in both the mainstreaming of equalities matters and in working towards our equality outcomes over the next two years and beyond. Crucial to this will be a commitment to listening to and working with local communities to ensure considerations related to protected characteristics are addressed. Service-user feedback is an important element in developing services which are user-led, therefore locality managers will have a responsibility to ensure that there are opportunities for service-users to provide input into the design and development of current and future services.

In addition to the introduction of locality managers, dedicated capacity from the AHSCP Strategic Development Team is providing support to implement and monitor equality outcomes and mainstreaming activity. The AHSCP Health and Wellbeing lead will continue to oversee AHSCP wide activity to facilitate change towards greater equality.

Case study: home care service-user meetings

Aberdeenshire Council's Home Care Service has been holding service users' meetings across Aberdeenshire, to ask people what their expectations of a good home care service are, and what they expect of a good home carer. Over thirty people, including service-users, family members, and potential service-users attended the first meeting in Inverurie. Planning for meetings in Peterhead and Kincardine & Mearns is underway and further events will be planned for Formartine and Banff & Buchan. Views expressed at the meetings are reported to the home care service management teams as part of planning for service improvement and development.

4.1.1 Next steps

1. Members of the AHSCP IJB will be trained as Equalities Champions, to ensure senior leadership in relation to equalities matters.
2. An equalities network will be established across AHSCP with representation from the locality teams. The network will support the delivery of AHSCP equality outcomes, share examples of local good practice and provide updates for monitoring purposes. The champions will play a key role in creating a culture of equality across AHSCP.

4.2 Decision making, resource allocation and measuring performance

AHSCP Integration Joint Board IJB and its Strategic Planning Group (SPG) are legally required under the Public Bodies (Joint Working) (Scotland) Act 2014 to ensure decision making gives due regard to the Public Sector Equality Duty. Therefore, as described in section 4.1, above, standard reporting on equalities has been adopted for reports presented to the IJB.

In addition, in order to ensure that we evidence how we are giving due regard to the three

elements of the Public Sector Equality Duty, our standard process is to carry out an Equality Impact Assessment (EIA). This process takes account of all nine Protected Characteristics and includes all three parts of the Public Sector Equality Duty.

Furthermore, over the last 12 months, AHSCP has been working with Aberdeenshire Council in the development of the current EIA into an Integrated Impact Assessment (IIA), which will bring together a number of different impact assessments into one online form. AHSCP has provided input in relation to the new Fairer Scotland duty, which will come into effect from 1 April 2018. This new duty means that organisations will have to give due regard to reducing inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. Evidence suggests that people with protected characteristics are more likely to also be effected by socioeconomic disadvantage. The introduction of this duty and its inclusion in our IIA process will be an important development in our decision making processes.

Consideration of equalities matters is embedded within the processes, procedures and standard documentation used by the HSCP team responsible for procurement and contract management. The procurement record, which summarises all decisions made by a project group in relation to a particular tender includes a prompt to ensure that the requirement for an Equalities Impact Assessment has been considered, and if not the justification for this decision.

In addition, the pre-contractual questionnaire (for direct awards) and the technical evaluation envelope (for tenders) both include a specific question about equalities:

‘Is it your policy as an employer to comply with the obligation contained in the Equality Act 2010 and accordingly your practice not to treat individuals or groups of people less favourable than other individuals or groups because of their gender, colour, race, nationality, ethnic origin, marital status, age, sexual orientation or disability? Does the organisation have policies and procedures that include the following:

Elimination of discrimination, harassment and victimisation

- Advancement of equality of opportunity between those who have protected characteristics and those who don’t
- Fostering of good relations between those who have protected characteristics and those who don’t

Furthermore, the standard contract terms and conditions includes the following: (in the Regulations clauses):

‘The Council is committed to preventing all forms of unlawful discrimination and to promoting equal opportunities and fostering good relations amongst all of its diverse communities in accordance with the Equality Act 2010. The Service Provider will ensure that Personnel receive appropriate equality training; that all work and duties are discharged in accordance with these same principles and will not unlawfully discriminate against Personnel, Supported Persons or the public for reasons relating to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation. For the avoidance of doubt, the Service Provider is responsible for complying with its own duties under the Equality Act 2010 to have regard to the matters referred to in section 149(1) of that Act when it is exercising public functions.’

Lastly, AHSCP Service providers are required to comply with the quality standards, which include: 'Supported Persons will be treated with respect and the Services provided will be non-discriminatory in terms of the Supported Persons' abilities or disability, religious or philosophical beliefs, gender, sexual orientation, racial or ethnic grouping, marriage or civil partnership status, pregnancy or maternity status, residence or financial means.'

AHSCP is currently undertaking a review of the performance framework which was put in place after the organisation was formed. The purpose of this review is to ensure we are providing performance information which is meaningful and which informs decision-making, governance and scrutiny for the IJB. Performance information must also support local service delivery and improvement, taking cognisance of the recent report by Harry Burns in which the recommendation is that: '... any new indicators should be pragmatic, coproduced with staff and those who access the services they measure. They should be subject to regular review to ensure they remain relevant. They should provide information on the whole performance of a system and not be based on a snapshot of one aspect of that system. Such snapshot can only tell whether a target is being reached. They cannot provide information as to why the system might not be reaching the target.' (Professor Sir H. Burns (2017) 'Targets and Indicators in Health and Social Care in Scotland – A Review'.)

Identifying data sources and performance indicators that can enable us to measure progress in relation to equalities matters is an ongoing challenge, in part due to a lack of disaggregated data in many of our data collection systems. However, part of the performance framework review will involve assessing how we can collect data to help us understand the diverse nature of our population. The intention is to use such data to inform how we deliver our services to bring about positive impact upon people with protected characteristics.

Case study – Participatory Budgeting

Supporting individuals and communities to take greater responsibility for their own health and wellbeing as well as have more influence in how services are delivered, has been a priority for Aberdeenshire Health and Social Care Partnership (AHSCP) since its inception in 2016.

As part of the HSCP's approach to enable local people to have greater influence, participatory budgeting (PB) was introduced in Aberdeenshire in 2016. The aim of this was to increase community participation in decision making processes about HSCP funding, make spending decisions that reflect the community's needs and priorities, stimulate positive action for health and wellbeing in communities experiencing deprivation / health inequalities and build community capacity / social capital.

In 2017-18 over 3,000 people voted in six PB activities to determine the allocation of a £326,000 funding allocation available for small grants. Demographic and protected characteristic information gathered and observations by the evaluation team indicate that voters at 'Big Vote' events were more likely to be female, married, aged 35 – 49 or over 65 years. This excluded the voters from Her Majesties Prisons and YOI Grampian that took part in the Peterhead 'Big Vote', all of whom were male. Voters at poster presentation events represented all age groups and reflected those population groups who attend community events and the local supermarket.

The equalities data would suggest that certain communities of interest, for example minority ethnic population were under-represented. A high proportion of voters chose not to provide this information.

4.2.1 Next steps

1. Develop local measures to be included in the AHSCP performance framework that relate to mainstreaming equalities and our 2016-10 equality outcomes.
2. Continue to contribute to the development of the Integrated Impact Assessment with Aberdeenshire Council.
3. Develop and rollout local guidance and training on the new Integrated Impact Assessment for AHSCP staff.

4.3 Policy and strategic planning

AHSCP Integration Joint Board is legally required to produce a Strategic Plan that describes how it intends to improve the health and wellbeing of adults in Aberdeenshire through the design and delivery of integrated health and social care services. The first Strategic Plan covered the period from 2016-19 and set out a series of strategic priorities which shaped AHSCP's strategic and delivery plans for this three year period. Our Strategic Plan for 2016-19 is based on what people in Aberdeenshire told us should be available in their locality. It describes how we'll work together to improve the health of local people and to provide the right services for people who are ill or who rely on social care.

Our Equality Outcomes (see section five, below) were developed in line with the priorities in our Strategic Plan to support the delivery of improved health and wellbeing outcomes in Aberdeenshire. The case studies in section five provide evidence of the progress we have made towards reaching our equalities outcomes over the last two years.

AHSCP is currently developing the next Strategic Plan, which will run from 2019-22. The priority areas identified in the five locality plans referred to in section 4.1 above will inform the next Strategic Plan, and tackling inequalities will continue to be a priority, building on the 2016-19 plan. This requires explicit consideration of how to close the health gap experienced by communities and marginalised groups and how to better address their needs. Consideration of the needs of people with protected characteristics and people affected by poverty/ disadvantage will require to be made, using the Integrated Impact Assessment (IIA) described at section 4.2 above, when it is introduced. The IIA will enable us to use a consistent and systematic process to identify potential negative effects of proposed policies, strategies and service plans on certain groups/ communities who may experience inequality, discrimination and disadvantage. The IIA will also ensure that due regard is given to the three elements of the Public Sector Equality Duty and the nine protected characteristics.

Case study – autism training

This case study demonstrates leadership around equality matters in relation to identifying gaps in knowledge and skills and developing professional development and training opportunities for AHSCP staff and partners in response.

There has been an increase in referrals to Adult Care Management, both for adults who have been formally diagnosed with autism and those who suspect themselves to be on the autistic spectrum but have been unable to obtain a formal diagnosis. These cases can present complex issues for staff, adults with autism and their families/carers because there is no clear integrated care pathway for adults with autism in Aberdeenshire. Given the breadth of the spectrum and individual responses to terminology, staff and services need to be sensitive to differences in how individuals and their families or carers wish to view themselves and how they wish to describe their autism. A number of staff across the Aberdeenshire Health & Social Care Partnership have identified the need for more training and awareness in supporting people with autism.

Following a successful application to the Integrated Care Fund, Aberdeenshire Council tendered for an experienced provider in the field of autism to help develop and deliver autism training for staff working in adult health and social care services (Council, NHS and the Third Sector). A multi-agency steering group is currently being established to work with the training provider to implement the following:

Autism Trainer Development Course – for a maximum of 36 professionals selected from across the Aberdeenshire Health & Social Care Partnership to form a multi-disciplinary training team. This training team will go on to deliver autism-awareness sessions to colleagues working in a range of adult health and social care services, utilising a standardised training pack.

Training for staff who undertake social care assessments and support planning – the training provider will deliver training for up to 75 Aberdeenshire Council and Third Sector staff who undertake social care assessments and support planning. This will ensure that staff are better equipped and confident in making the reasonable adjustments required to ensure the assessments and support planning they undertake meet the needs of each autistic adult.

Online Training Resource – Using their practice-based expertise, the training provider will develop an interactive online training resource that is accessible to staff from Aberdeenshire Council, NHS Grampian and the Third Sector

4.3.1 Next steps

1. Development of the next Strategic Plan giving due consideration to relevant equalities mainstreaming requirements and opportunities to make progress against the AHSCP equalities outcomes.
2. Carry out an IIA for the new Strategic Plan and ensure this IIA is reviewed on an ongoing basis over the timeframe of the plan.

4.4 Service Delivery

Our ambition is to provide high quality person-centred care. This requires people to be able to access, use and navigate local services. Ease of access to health and social care services can vary depending on communication needs, physical access needs, complexity of health problems and frailty, access to transport, understanding of how systems work and the impact of discrimination.

Building on existing good practice in NHS Grampian and Aberdeenshire Council a range of support has been put in place to provide opportunities to provide equitable access. This includes:

- Availability of trained interpreters for face-to-face interpreting services
- Availability of 'language line' telephone interpretation services
- Key health and social care information available in translation.
- On request published material translated into other language / other formats
- Front line services have access to induction loops (portable or fixed) to help people with hearing difficulties

Information on sources of help /support for people experiencing Gender Based Violence available
Inclusion of a statement on AHSCP publications explaining how members of the public can request the document in another format or language

Case study: Dental Care for Syrian New Scots in Aberdeenshire

Since April 2016 Aberdeenshire Public Dental Services have been offering routine dental care to a group of Syrian New Scots who had been resettled in areas across Aberdeenshire.

The dental team worked very hard to ensure that this group were welcomed into the service and received high quality dental care, whilst having to negotiate difficult issues around the obvious language barrier, patient contact problems and a large amount of oral and dental disease which in some cases had been causing long term pain and infection.

The dental team has forged close links with the individual council support workers and this aids greatly with patients' access to the service. Several information sheets were translated, for example an Arabic appointment card system which proved to be very useful. Input from interpreting services at appointments has been helpful in helping to build positive relationships between this group of patients and the dental team.

There have been significant improvements in oral health amongst this patient group, with treatment and full preventive measures still ongoing.

4.4.1 Next steps

1. Support the roll out of new contracts from Aberdeenshire Council for interpretation and translation services for people with sensory impairment to ensure awareness amongst AHSCP staff.
2. Develop a policy to ensure the provision of facilities for breastfeeding mothers across AHSCP sites.
3. Use data regarding uptake of interpretation and translation services to understand service demand and possible areas for development.

4.5 Supporting the workforce

All staff working within AHSCP are employed by either NHSG or Aberdeenshire Council and have the responsibility to promote equality and pay due regard to equalities matters as part of their role. Improving knowledge, attitudes and practice requires ongoing training and awareness raising and as such, AHSCP recognises the importance of staff training, learning and development to make sure that every patient / client contact is undertaken within a culture that promotes equality.

All new staff are expected to complete equality and diversity training as part of their induction programme with their 'parent' organisation. Equality and diversity training is already integral to both NHS Grampian and Aberdeenshire Council with e-learning and face-to-face training opportunities available.

For staff employed by NHS Grampian, equality and diversity is one of the core six dimensions of the KSF and is an essential element in career development. Training is delivered by the NHS Grampian corporate equalities lead at training seminars, attendance at which is recorded and feeds directly into staff Personal Development Plans. Training is available at two levels, level two and level four, the more advanced level being undertaken by staff with management responsibilities. All managers are required to have a good understanding of the Public Sector Equality Duty and to have undertaken training to ensure they understand their responsibilities.

For AHSCP staff employed by Aberdeenshire Council, it is expected that all employees should complete the following online courses:

'Equalities - What Does It Mean For Me?'

'Welcome to Respecting Diversity'

The training is also available on DVD for staff who do not have routine access to a computer (see case study below).

In addition, AHSCP staff who are employed by Aberdeenshire Council have access to an e-learning course, which has been developed to support employees who are required to complete Equality Impact Assessments. This training will be developed to reflect the additional Fairer Scotland duties when the new Integrated Impact Assessment is introduced.

In addition, AHSCP mental health leads are in the process of developing a foundation Learning Disabilities training module which will go on ALDO, the council's internal training database, for self-directed or group use. Adult day services have in-service days regularly throughout the year where training and development is delivered. In 2018, an Aberdeenshire multi-disciplinary professionals Learning Disabilities development day took place, which developed an action plan and formed a sub group to lead on the delivery of the actions. There has also been a development day for Adult Day Services staff in Central Aberdeenshire, which will be replicated in North and south. There have also been a number of topic-specific training sessions run throughout the last 12 months, including autism training. In addition to staff training we have an ESF funded project running currently where adults with learning disabilities are being trained to be trainers, with a remit to deliver learning disability awareness training to people and groups in the community, for example Leisure centre staff and GP practices amongst others.

Internal communication is another means by which we support the workforce and provide information about equalities matters relevant to our staff. Dedicated communications resource is now in place, hosted by Aberdeenshire Council's corporate communication team, and this will provide synergies with the council in relation to an Equality & Diversity calendar, intranet articles, social media posts, newsletter articles, and campaigns amongst others. Opportunities to link in with NHS Grampian equalities communications and campaigns will also be explored.

Case study – equalities training

Bennachie View care home has held group training sessions for staff to carry out 'Respecting diversity' training which was developed by Aberdeenshire Council. Feedback from staff was that the group sessions encouraged discussion and positive debates and conversations around all Protected Characteristics. The centre manager participated in a number of the sessions and gave positive feedback about the impact upon colleagues. She said: "I feel the staff have sound values and were well aware of respecting diversity. The training has helped highlight the different types of discrimination."

4.5.1 Next steps

1. AHSCP is committed to make sure that its health and social care workforce is as representative of the general population in Aberdeenshire as possible. Working with Human Resources from both Aberdeenshire Council and NHS Grampian, AHSCP will assess the diversity of its current workforce and agree improvement actions.
2. Develop and deliver training for IJB and SPG members to provide a refresh regarding the Public Sector Equality Duty, and next steps for the AHSCP in relation to mainstreaming of equalities matters and progress in relation to AHSCO equalities outcomes.

4.6 Engaging with people

Understanding the needs and experiences of patients, service-users and the wider public ensures our services delivery high quality care. AHSCP has a responsibility to ensure that people are listened to and actively participate in their own care and in the planning and delivery of services.

Developing relationships with equality groups and organisations who directly work with these groups is a key part of this process. In Aberdeenshire there is already good work going on. There are established forums and groups that provide links between service providers and equality groups to identify and take forward issues of concern and interest and to act as a sounding board on relevant plans and policy developments e.g. Ethnic Minority Forum and Your Voice Older People's Forums. AHSCP will work with and support local forums representing people with protected characteristics and involve them in service improvement and planning processes.

To deliver care as close to people's homes as possible, health and social care services are being built around natural communities, and 20 Health and Social Care teams have been established. Local planning approaches are being rolled out across these communities to involve local people in decisions about these services. This is building on involvement from existing patient and service user groups, and connections to voluntary sector organisations through Aberdeenshire Voluntary Action.

Case Study – Urgent care in North Aberdeenshire: co-designing service improvements with the local Eastern European community in Peterhead and Fraserburgh.

In February 2018 the HSCP has embarked on a co-design project to engage directly with individuals from Eastern European communities in Fraserburgh and Peterhead about their experience of using Urgent Care services in North Aberdeenshire. At the time of the last census (2011) the number of individuals who were born in A8 Accession states, living in Fraserburgh and Peterhead, was 2363.

Over 12 months Grampian Regional Equality Council, on behalf of the Health and Social Care Partnership, aims to gain a better understanding of how these communities currently use the Minor Injury and GMEDs services and what motivates access to each service. The project will use a variety of engagement methods to ensure representative views from these communities are sought and recorded. This process will focus on:

- Understanding how people from Eastern European communities access Urgent Care services
- What works well for them
- Identify areas that could be improved
- The project will also support people living in Peterhead and Fraserburgh from Eastern Europe to participate in local meetings with other service users and staff Understanding how people from Eastern European communities access Urgent Care services
- What works well for them
- Identify areas that could be improved
- The project will also support people living in Peterhead and Fraserburgh from Eastern Europe to participate in local meetings with other service users and staff to help design and improve the services.

4.6.1 Next steps

1. To ensure participation is representative of the diverse communities across Aberdeenshire, AHSCP will monitor involvement of people with protected characteristics and actively seek representation.

5. Equality Outcomes

5.1 Case Studies

AHSCP has developed its five equalities outcomes in line with the priorities in the Strategic Plan. Below are examples of some of the work that has been carried out across AHSCP over the last two years which demonstrates the progress we have made towards the equality outcomes set in 2016.

Equalities Outcome 1: Everyone in Aberdeenshire will be empowered to contribute to the development of health and social care services		
Case Study Title	Details of case study, demonstrating how equalities have made a tangible difference to service users?	Service responsible for project / activities
Adult Care Management Integrated Outcomes Survey	<p>The Adult Care Management Integrated Outcomes Survey is an opportunity for service users to share their views on whether they have achieved their personal goals and what they think about our services. This information helps us understand how well we are doing as an Adult Social Work Service and inform how we shape and improve our services for the people we support.</p> <p>There are two versions of the survey – the standard survey and an ‘easy read’ version for people who have a learning disability. The survey can be completed on a printable version or via the Survey Monkey web link.</p> <p>A Strategic Development Officer is responsible for analysing responses and reporting back to operational teams – Learning Disabilities, Mental Health and Community Substance Misuse Service. 207 people accessing these services completed the survey in 2015-2016, with 96% stating that they were satisfied with the service received. Analysis of the 2015-2016 survey provided a range of helpful feedback:</p> <ul style="list-style-type: none"> • Outcomes that people are achieving • High quality of service and support from practitioners/teams • Issues with some Council processes • Gaps in services/resources <p><i>“Since moving to (supported living), I have been more independent and can travel to Aberdeen by bus by myself and can withdraw money from the bank. I have had a job which I enjoyed and I have helped plan my summer holiday. I have a good social life and lots of friends. I enjoy my day service.”</i> (Service User – South Learning Disability Team)</p> <p><i>“I am extremely grateful for the support I receive. I am debt free now, have secure accommodation and the support to attend medical appointments has probably saved my life.”</i> (Service User – North Community Substance Misuse Service)</p>	Adult Social Work Services

<p>Your Voice Older People's Forums and Charter</p>	<p>The Charter is monitored through consultation with the 'Your Voice' Older Peoples Forums (see below) annually, with a report going to the Community Planning Board.</p> <p>The Aberdeenshire Health and Social Care Partnership provides a small sum of money to Aberdeenshire Voluntary Action to support the 'Your Voice' Older Peoples Forums in Aberdeenshire. The purpose is to enable older people to identify and address local issues concerning health and social care, and related matters. In Laurencekirk, Inverbervie, Stonehaven and Portlethen forums are supported by the Mearns and Coastal Healthy Living Network through Big Lotter funding. Elsewhere, forums are supported by development officers from Aberdeenshire Voluntary Action. Twice a year, representatives of the forums meet as the Aberdeenshire forum to consider common issues.</p>	<p>Aberdeenshire HSCP - ICF</p>
<p>Young Carers event</p>	<p>A provision of the Carers (Scotland) Act 2016 is to develop a Local Carer Strategy for both adult and young carers which requires consultation with carers as well as with the organisations which support them. In June 2017, staff from the Aberdeenshire Health and Social Care Partnership met with young carers who are supported by Quarriers Carer Support Service to ask for their views on what they feel is important to them. During this consultation, young carers worked together to develop a vision for our Local Young Carer Strategy and gave advise about the content and format that this should take.</p>	<p>HSCP Strategy Team</p>

Equality Outcome 2: People who use health and social care services will be listened to and will have a positive experience of using services		
Case Study Title	Details of case study, demonstrating how equalities have made a tangible difference to service users?	Team or individual responsible for project / activities
Staff recruitment	Practice of having service users involved in the recruitment process for staff has been actively pursued for several years now. Skills and confidences of service users has been developed through support to think about what is important for them in a staff member, what types of questions will help them get the telling responses and the protocol of leading informal discussion and showing prospective candidates around project facilities all goes towards to feeling empowered, valued and having a voice. Service Users have been part of the process for the recruitment of service manager, day centre officer, care assistants and informally interviewed people which has resulted in their having an increased knowledge of staff, procedures and their own skills and abilities.	Banff & Buchan (Fraserburgh) Day Opportunities
Cultural Holiday at Home	On an annual basis the team at Grangepark take the holiday to the service users in the care home. For one week each summer we celebrate through sampling the food, music, activity, dress and decoration of a different country. In the past residents have “visited” places such as France and America. This has provided an excellent opportunity for residents to share some of their life experiences around their travels, impart some of their linguistic knowledge to the community as well as providing the opportunity to reminisce. The care inspectorate highlighted this excellent practice in the summer edition of their magazine last year. In addition to contributions from residents this showcase week also provides an opportunity to learn more about the cultures of staff and residents who were born out-with Scotland or have spent significant periods of time abroad during their lives. In the past Grangepark have enjoyed learning more about Algeria. This year we will be learning all about Russia, Australia and Hong Kong thanks to some residents and staff. Grangepark is an inclusive environment and events such as this help us to celebrate diversity and all that it brings to life in the care home.	Grangepark Care Home, Peterhead

<p>Referral to Adult Mental Health Social Work – transgender young person</p>	<p>A service user (SU) was initially referred by the Young Persons Department at Royal Cornhill Hospital using their birth name. Following this, the Social Worker sent out a letter offering an appointment to SU using their birth name and title. Prior to the proposed appointment date the Social Worker spoke with a colleague in Children & Families for some background information. During this, the Social Worker was informed that SU was in a same sex relationship, however identified themselves as transgender.</p> <p>The Social Worker then received another letter from the Young Persons Department that identified SU as transgender and provided information about their preferred name. The Social Worker spoke at length with the Consultant Psychiatrist to get more background information regarding SU's mental health and diagnosis and what stage in the process of gender realignment SU was at. They also discussed the SU's current relationship and the meaning that this has for SU. It was the Social Worker's intention to make sure that she addressed SU in the appropriate way and had an updated knowledge base in order to support this young person in the most appropriate way.</p> <p>The Social Worker also spoke to management regarding how we record someone who is pre-operation on our systems. The SU had been put on the system prior to being made aware of the SU's gender identity. An issue is how we record people who identify their gender as being different from their physical gender.</p>	<p>Central Community Mental health Team</p>
--	---	---

<p>Good IDEA! Event</p>	<p>On 24 June 2016, around 90 people came together at Lochter Activity Centre, Oldmeldrum to take part in an event about peoples' experiences in Aberdeenshire Council Day Opportunities.</p> <p>The event provided an opportunity for individuals, groups, projects and teams to tell people associated with IDEA about their journeys, to celebrate the contribution people with disabilities have made to their communities and to demonstrate the potential they have.</p> <p>Around 60 people with learning disabilities from across Aberdeenshire Council day services actively participated in the event itself, with others coming along to find out more.</p> <p>The IDEA working group ensured the event was accessible for all levels of physical disability by including the provision of a 'Changing Place' -fully accessible toilet and changing facility- in partnership with Oldmeldrum Academy.</p> <p>The event also offered the opportunity for people to network, share ideas and meet new people. The day culminated with the opportunity for those who had participated in the event to try out a variety of Lochter activities, which they had perhaps not experienced before.</p> <p>Some feedback from evaluation:</p> <p><i>It was an excellent event thank you! Was so good to see all the marvellous things which are happening at day centres and in the community.</i></p> <p><i>Great to meet people.</i></p> <p><i>Going away with some ideas and happy to see how people are becoming involved.</i></p> <p><i>Brilliant day. So impressed with everything!</i></p> <p><i>Great to see everything that is happening at the day centres and community</i></p>	<p>Inclusive Day services Enabling Aberdeenshire (IDEA) Project</p>
<p>Adults With Learning Disabilities</p>	<p>The South Learning Disabilities Social Work Team is supporting a 25 year old woman with learning disabilities. She moved into 24 hour residential care aged 19 due to the breakdown of her family home situation. She lived there until mid-2015 when she moved to a shared tenancy supported by Aberdeenshire Supported Living Team. The provided visiting support to her and assisted her to develop independent living skills and to develop her confidence. In March 2016 she moved to her own tenancy and is supported for 10 hours a week to manage her shopping and housework and make sure the bills are paid. She has developed good links in her neighbourhood and particularly likes going to the local gym. Her confidence has grown and she is now actively looking for work.</p>	<p>South Learning Disabilities Social Work Team</p>

<p>Fit's for Supper</p>	<p>In 2015, Aberdeenshire Council won funding from the Scottish Government for an innovative project called 'Fit's for Supper? The project was funded under the Social Connectedness tranche of The keys to life Development Fund, and the project was written up into a 'How To' guide by the SCLD</p> <p>Fit's for Supper is an intergenerational and multi-ability supper club. It included people with learning disabilities, people with physical disabilities, older people, people with poor mental health, vulnerable parents and people who felt isolated in the community.</p> <p>The idea was to learn how to cook a new dish each week, prepare it together and then eat it together. We ran ten week clubs in Ellon, Inverurie and Stonehaven. 48 people completed the training. We worked in partnership with Garioch Community Kitchen who, along with Aberdeenshire Council staff delivered the training.</p> <p>The outcomes that the project achieved were:</p> <ul style="list-style-type: none">• New and increased cooking skills of members• Increased confidence to cook through practice and discussion with individuals about the barriers to cooking and how they can be overcome• Improved knowledge of nutrition and healthy options with learning from the facilitators, discussions, peer support• Improved connections with friends from meeting new people and creating opportunities for further social interaction beyond the actual activity <p>Quotes from service users:-</p> <p><i>"I'm going to miss it [now that it's finished]. My mum says my confidence at home has grown. Now I'm going to start at the 'pop up shop."</i></p> <p><i>"The tutors were amazing – I thoroughly enjoyed it – it gave me a lot of confidence. Play leaders were good [who looked after the children]."</i></p> <p>Case Studies from the project:-</p> <p>G said openly that she <i>"can't read, write or tell the time"</i>. At first she was very quiet and explained she didn't/couldn't cook as her partner did all the cooking. With some careful and personal guidance it was clear that she was actually quite a natural cook as well as being very clean, tidy and organised in the kitchen. She was amazed by her dishes and overwhelmed at her Chocolate Log (which was lovely).</p> <p>She wasn't keen to eat what she made and instead wanted to share it with her partner, clearly proud of her efforts.</p> <p>Mrs. J was very quiet for a number of weeks and would join in with the group's conversations but would become very tearful and have to leave the room. The tutors supported J with phone calls out with the session to encourage her to attend. J needed the company and to know that she wasn't the only one in the group who experienced ups and downs. She helped out every week with the food prep, dishes and enjoyed one on one time cooking.</p>
--------------------------------	--

Sharing of good practice	<p>In the six Very Sheltered Housing complexes we enable our service users through various activities to be healthy in mind and body –</p> <p>Service users have told us they enjoy the therapeutic benefit of animals so as well as the regular therapeutic dog visits the six complexes had a visit from therapeutic pet ponies.</p> <p>Service users said they would like more information on certain topics so education sessions were provided by either council trainers or service users themselves on topics such as dementia, Parkinson’s, adult support and protection etc. Having fellow service users explain how an illness affects them gives them a greater understanding and empathy and so there is less avoidance behaviour and more support.</p> <p>Service users have told us they do not want to use up staff time chatting as they feel there may be someone else who needs their time more. For this reason we operate a tenant of the day activity where each tenant has protected one-to-one time on a specific day of the month, each month, with a care and support worker. It allows the tenant and staff member to get to know each other better in a more relaxed and informal setting where the provision of care is not part of the activity. Activities can be going out, simply having a cuppa and a chat or a practical activity such as tidying a cupboard.</p> <p>Service users have said they want to stay mobile so we are encouraging them to be more physically active by being involved in the CAPPA project and having joint fun days.</p> <p>In order to better support our service-users who have dementia and their families we invited Tommy Whitelaw (“Tommy on tour”) to come and speak to staff. He speaks very emotionally about his experience of caring for his late mother who had dementia and the roles care staff had in their lives, both good and bad. It encouraged staff to consider the impact they can have with just a simple phrase or look. All staff who attended made pledges of how in a small way they would improve the life of someone.</p>
Mindfulness classes	<p>Several people using the Doing Well Clinic have asked for mindfulness classes. Most recently one client stated that she felt mindfulness training was what would benefit her most, but that she was unable to access a course due to her financial circumstances. The Doing Well Clinic in South Aberdeenshire is now running eight week mindfulness courses free of charge as an option for people using the service. The results from these classes so far demonstrate that they are successful in improving mental health and wellbeing.</p>

Home Carer Service	<p>All clients who use the Home Carer Service are written to and asked to complete a questionnaire concerning the quality of their care and to comment on any areas of improvement. These responses are all collated and feedback to clients which demonstrate 97% satisfaction (Very satisfied/satisfied) level. All comments are looked at and improvements made based on these. For example, following a request, we are arranging for carers' names to be highlighted on their uniforms as, although all staff carry Council ID, they are not always easy for clients to read. In addition, events have been held across Aberdeenshire where clients, family members and interested parties are invited to meet with staff to discuss what makes a good carer and how the service can be improved. These have proved very successful and further sessions across the three Partnership Areas are being planned.</p>
---------------------------	---

Equality Outcome 3: AHSCP Integrated Joint Board and staff have an increased understanding of the challenges facing people with protected characteristics and practice in a way that is sensitive to their requirements		
Case Study Title	Details of case study, demonstrating how equalities have made a tangible difference to service users?	Team or individual responsible for project / activities
Identification of prejudice at interview	<p>Bennachie View care home have included a question around respecting diversity as part of their interview process, they ask candidates to consider the question “John and James have recently moved in as a couple, you are on shift and witness residents and family members making discriminatory remarks. How do you deal with this?” Asking the question at interview stage adds another dimension in assessment of the candidate. The service has in the past been able to identify candidate’s judgemental views through discussion of this question</p>	<p>Bennachie View Care Home</p>
Discussion of equalities training	<p>Bennachie View have set up group sessions to watch respecting diversity training on ALDO. They feel the group sessions encourage discussion and there have been lots of good debates and conversations. Having sat in on a couple of Aldo sessions the Manager stated “I feel the staff have sound values and were well aware of respecting diversity. The training helped highlight the different types of discrimination</p>	<p>Bennachie View Care Home</p>
Physical Disability Consultation – Living in Aberdeenshire with a Physical Disability	<p>Consultation is ongoing with residents in Aberdeenshire who recognise themselves as having a physical disability. A survey was produced by the Physical Disability Strategic Outcome Group, which includes disabled people and carers as well as representatives from Aberdeenshire Council, Aberdeenshire Health and Social Care Partnership, NHS Grampian and voluntary organisations in Aberdeenshire. This group leads on the direction for planning, development and delivery of services for physically disabled people in Aberdeenshire.</p> <p>In the wide ranging survey people were asked about their experiences and views on education, employment opportunities, finance, health and social care, family and social life, leisure and sport, housing, communities and transport. The survey also asked about their experiences, in particular if they have been subject to discrimination, harassment or hate crime because of their disability. The results of the survey will be used to inform future planning and improve communities for disabled people across Aberdeenshire.</p>	

Equality Outcome 4: The health outcomes of people with protected characteristics will be improved.		
Case Study Title	Details of case study, demonstrating how equalities have made a tangible difference to service users?	Team or individual responsible for project / activities
<p>Asylum seeker who had experienced torture</p>	<p>A man was referred via his GP to the Central Community Mental Health multi-disciplinary team. The individual had recently been granted asylum after experiencing torture. This man required significant input to assist with stabilising his life, accessing some benefits and addressing his trauma.</p> <p>A further complicating factor was that the man was unable to speak any English. This caused him difficulty living and integrating into life in Aberdeenshire.</p> <p>At a loss with how to commence supporting this man, his social worker contacted Aberdeenshire Council's Equalities Team who provided information and signposted the social worker to the ethnic minorities worker employed by the voluntary sector. They were also able to use the Grampian Racial Equalities Council translators to begin building a relationship with the man and carry out a full assessment of his needs.</p> <p>Through joint working they were able to access free English classes for him to attend and make applications for him to successfully be awarded disability benefits. With the support of the translator they were able to establish that some of his main needs were for psychological input to deal with his past experiences. The social worker liaised with the psychological therapies department in NHS Grampian and through positive discussions with the clinicians they were able to locate a psychologist within the hospital who spoke his language and was able to take on his case.</p> <p>Through the support of the Equalities Team, some creative working and the desire from all agencies involved to overcome the barriers faced by this man, they were able to provide a quality service and ensure all his needs were met. The outcomes for the individual were very clear in that his self-esteem seemed to improve and his quality of life increased. The man was very forthcoming in his gratitude to the workers and services involved for their input.</p>	<p>Central Community Mental Health Team</p>

<p>Autism Friendly Aberdeenshire</p>	<p>The Aberdeenshire Health and Social Care Partnership has provided one year’s funding from the Integrated Care Fund to support the development of autism friendly communities across Aberdeenshire. On behalf of the Partnership, Aberdeenshire Council tendered for an experienced provider in the field of autism to help develop and deliver the project. Autism Friendly Aberdeenshire was launched in April 2016, in timing with World Autism Awareness Week.</p> <p>The aim of the project is to raise awareness, build capacity and sustainable processes in communities across Aberdeenshire which will allow people on the autistic spectrum to have improved access to community services and resources. It is hoped that the project will lead to a better understanding of autism and breakdown some of the barriers that people with autism face in our communities on a daily basis. Some of the elements of the project are:</p> <p>Schools Autism Awareness Week (SAAW) – the provider will make resources available for schools across Aberdeenshire and will work with schools to roll out activities during SAAW in March 2017</p> <p>Too Much Information campaign – supported by the provider, Aberdeenshire Council is a formal partner in the campaign this year. Online adverts are being developed to target audiences not commonly engaged with autism issues and virtual reality experiences are being arranged in Aberdeenshire over three days to enable members of the public to understand the sensory experience of a child with autism on a trip through a shopping centre (see photos below)</p> <p>Upstream preventative support service for adults and/or young people in transition from Children’s Services who might appear reasonably independent but who are potentially at risk of significant isolation that might result in greater input from statutory services over time (predominantly people with an Asperger Syndrome diagnosis)</p> <p>Autism Access Award – funding for up to six publicly-run facilities in Aberdeenshire to undertake this award, thus becoming more accessible to autistic people.</p>	<p>Aberdeenshire HSCP - ICF</p>
---	---	---------------------------------

<p>Scottish Vocational Qualification for Carers</p>	<p>From May 2014 to August 2016, a total of 34 carers have registered to undertake the SVQ award. A total of 21 have registered on the Social Services & Healthcare (Adult) qualification. A total of 13 have registered on the Social Services (Children & Young People) qualification. A total of 16 carers have completed the award so far – 12 have completed the Social Services & Healthcare (Adult) qualification, and 4 have completed the Social Services (Children & Young People) qualification.</p> <p>An unpaid carer made enquiries about starting the SVQ course as she was caring for both her elderly mother-in-law, as well as her 23 year old daughter who has complex learning difficulties. She had lost confidence and wanted to undertake this qualification to increase her confidence and self-esteem. Throughout the course, she grew in confidence, and persevered to continue and complete this course, despite several setbacks and difficulties. Since successfully completing the course, she has now started her own part-time business and is currently looking at part-time employment within the care sector. This carer has also used the learning from the SVQ to increase her awareness and support of her daughter, particularly in looking at person-centred care and promoting independence.</p> <p>Feedback: <i>“Personally it has a positive impact on me and my daughter who I care for and boosted my confidence. Professionally, it has also helped with my confidence and has helped me feel that I could return to work in the care sector where I used to work a long time ago. I cannot praise my assessor enough. She has supported me with the qualification whilst I have gone through many personal difficult issues. She is exemplary. She completely gets it and understands how to support you positively with no pressure, taking into account always the nature of your caring role.”</i></p>	<p>Adult Social Care Services</p>
<p>Wellbeing Checks and Brief Advice</p>	<p>The Keep Well Wellbeing Check and Making Every Opportunity Counts programmes together have offered a package of brief advice and support to patients and clients who would like to improve their lifestyle and wellbeing. Brief lifestyle advice has been provided through General Practices, HSC teams and 3rd sector partners targeting people who may be experiencing health inequalities including carers, unemployed people, older people on low income, offenders etc.</p> <p>Between March and December 2016 224 wellbeing checks and 205 brief lifestyle interventions were delivered.</p>	<p>Aberdeenshire Public Health Team</p>

<p>Care ...About Physical Activity (CAPA)</p>	<p>The Care Inspectorate was commissioned by the Scottish Government to lead the “Care...about physical activity” (CAPA) improvement programme. The key aim of CAPA is to build on knowledge skills and confidence of social care staff to enable the older people they care for to increase their physical activity levels and do more, more often. Aberdeenshire H&SCP successfully bid to be one of the eight partnerships across Scotland involved in the programme which will run until October 2018. The CAPA team will provide training and information to the twelve self-selected local authority and private sheltered housing establishments across Aberdeenshire.</p> <p>So far in Aberdeenshire the CAPA team have delivered: 2 learning events, providing participants with the opportunity to meet, learn and share Established links with UK Active who are working with Care Inspectorate to gather, format and deliver data. Set up a range of initiatives including: Older Peoples Highland Games; sensory gardens; walking groups with Paths for All and personal trainers twice weekly across Aberdeenshire care homes involved in CAPA.</p> <p>The key benefits noted so far by staff from introducing more physical activity include: “strengthening muscles in legs, has helped many residents over various establishments to walk unaided, little further and more frequently” “allows staff to promote independence.”</p> <p>Future developments will include intergenerational activity e.g. care home in Aboyne has recently engaged with the local Academy, and there are now four volunteers providing support with activities one afternoon per week. We are also encouraging local community to become more involved.</p>	
<p>Health Walk Groups</p>	<p>These low intensity walks with a group leader encourage people to become or remain physically active and make social contact social. Walking groups in Banff and Buchan meet every week, are inclusive for slower members of the group, and depending where appropriate, additional activities are included such as a larger loop, a power walk or Macmillan support. Walks are typically one hour, free, friendly and finish with a social over a ‘flycup’ (tea or coffee).</p> <p>The health walk groups are inclusive for people of all ages. Young mums participate with prams, families with children, and groups of older people.</p>	

<p>Deveron Harriers</p>	<p>Deveron Harriers is a running club developed to encourage people to run, become physically active and make physical activity affordable in the Banff and Macduff area. There are now over 80 members, of whom 50% are female, and up to 25 Junior Joggers.</p> <p>In 2015 the club joined Active Schools to encourage primary school children to run through Junior Joggers. In 2017 the club started junior training sessions for academy age young people, to enable a progression route into endurance running.</p> <p>The club supports Active Schools with the regional cross country races. At the last race in Banff one parent was so impressed by the support given to her autistic son, she now makes a 25 mile journey to have her son participate at a weekly training evening.</p>	
<p>The Garioch Games</p>	<p>The Garioch Games was established in 2017 to provide elderly people from Aberdeenshire over the age of 65 the opportunity to take part in Sport and Fun activities for free. Over three days, 119 participants took part in the Games and the feedback was very positive, with plans already in place to run a second Garioch Games in 2018. The Garioch Games involves six partner agencies including the Aberdeenshire Health and Social Care Partnership, Inverurie Loco Works Football Club, Garioch Sports Centre, Paths for All, Alzheimer Scotland and Dementia Friends. This ensure a variety of activities were of offer to participants including Dacen Classes, Health Walks, Walking Football and many more. This not only provided participants with the opportunity to take part in sport and physical activity for free but also to iunteract with more members of their community socially.</p>	
<p>Men's Shed Aberchirder</p>	<p>The men's shed in Aberchirder received support from the Aberdeenshire Health and Social Care Partnership and Scottish Men's shed association to fund a project for men in the village of Aberchirder. A committee was established to obtain a section of land in the village where a men's shed could be built, and building work is now progressing swiftly. The committee has been successful in raising funds, attracting donations and support in kind to convert six containers and a poly tunnel.</p>	
<p>Early Months parenting group</p>	<p>This is offered within the Inverurie Health Centre and supports new parents. We have a variety of topics including dental health, car seat safety and emotional development to support attachment and bonding, first aid for under-fives, which includes a session on resuscitation and choking. The early years development workers also participate in the group.</p>	

Equality Outcome 5: People will be able to access health and social care services with ease and confidence regardless of their protected characteristic

Case Study Title	Details of case study, demonstrating how equalities have made a tangible difference to service users?	Team or individual responsible for project / activities
<p>Dementia Friendly Aberdeenshire</p>	<p>The Aberdeenshire Health and Social Care Partnership has provided two years' funding from the Integrated Care Fund to support the development of dementia friendly communities across Aberdeenshire. This builds on the pilots in Inverurie, Huntly and Stonehaven in 2015. The inclusion of people with dementia in their communities is developed through dementia awareness-raising with local businesses and community networks to enable shops and businesses to dementia friendly and to support community groups to continue to include any members who develop dementia. A project team employed by Aberdeenshire Voluntary Action have commenced work in North and South Aberdeenshire. The project will be supporting a new initiative in Portlethen led by the local care home and a local councillor.</p> <p>Case Study</p> <p>Pauline is in the early stages of dementia. She wanted to be more involved in her community and to attend groups that are not exclusive to those with memory impairment. She was supported to attend the local memory café, and she does so as a volunteer to keep the group running, rather than to gain from the group. As a former employee of Sainsbury's supermarket, she would like supermarket staff trained to look out for people who may appear confused and in need of help, and to be able to support them appropriately. Through the project, supermarket staff in Inverurie and Huntly have undertaken dementia awareness training and are working to make the shops dementia friendly.</p>	<p>Aberdeenshire HSCP ICF</p>

<p>Aberdeenshire Wellbeing Festival</p>	<p>Aberdeenshire Wellbeing Festival was launched in May 2016 in support of Mental Health Week. With the aim to raise awareness that we all have mental health, to promote good mental health, reduce stigma, and advocate that mental health is everyone's business. The Festival aimed to highlight how healthy, nurturing relationships can help us protect and sustain good mental health. Small grants were made available from Aberdeenshire's Health Improvement Fund to support local activities with 43 applications made. The Festival programme was published and promoted both locally and Aberdeenshire wide, resulting in a wide range of mental health promoting activities running throughout Aberdeenshire during the Festival by local clubs, groups, services and community organisations.</p>	<p>Aberdeenshire Public Health Team</p>
<p>Dementia Local Enhanced Service</p>	<p>Participating General Practices have a trained GP in dementia care – having completed the NHS Grampian Dementia Scholarship or equivalent. Currently 8 GP practices are involved with an additional 4 more GPs having just completed their training</p>	<p>Aberdeenshire HSCP –ICF General Practice</p>

If you require this document in another format, or if you require further information or would like to make comment on any aspect of this plan please contact:
Aberdeenshire Health and Social Care Partnership
integration@aberdeenshire.gov.uk