



# **NHS Ayrshire & Arran**

## **Equality Outcomes 2017-2021**

Evidence Sources and Rational for  
Setting our Equality Outcomes

This document provides detail of the evidence sources considered as part of the development and production of NHS Ayrshire & Arran's equality outcomes. The document also outlines the process we went through in considering what our priorities would be for the coming 4 years and what the analysis of the relevant information told us. All of this together helped to shape and inform NHS Ayrshire & Arran's equality outcomes.

Each of the areas of improvement which were identified from the desktop based research and evidence review underwent the same process in arriving at our final decision on our equality outcomes and this is highlighted below:

### **Consultation on Draft Outcomes**

#### **Outline of decision-making process for agreeing outcome**

- Desktop based research
- Priority areas for improvement identified
- Engaged communities and staff on areas of improvement - undertaken using a variety of methods including online surveys, face-to-face engagement, engagement through PPF groups, engagement at community and staff events, and internal staff governance committee.
- Developed and consulted on proposed Equality outcomes
- Gathered and collated feedback
- Considered and included feedback where appropriate and proportionate
- Fed back final outcomes to everyone involved
- Outcomes agreed through Board and Governance structures

The following tables within this document outline the decisions we made in relation to how we prioritised, set and agreed each of the equality outcomes for NHS Ayrshire & Arran.

## NHS Ayrshire & Arran- EVIDENCE SUMMARY for Equality Outcomes

### Evidence summary - Equality Outcome 1.1

#### Evidence Gathered & Sources

A report on Hate Crime in Scotland 2015-16 was published by the Procurator Fiscal's Office which brought together figures on race crime, and on crime motivated by prejudice related to religion, disability, sexual orientation and transgender identity. It also includes figures for charges under the Offensive Behaviour at Football and Threatening Communications (Scotland) Act 2012.

Racial crime remains the most commonly reported hate crime in Scotland. There were 3,712 charges reported in 2015-16, three percent lower than in 2014-15, and the lowest number reported since 2003-04.

The second most common type of hate crime is sexual orientation aggravated crime. There were 1,020 charges reported in 2015-16, an increase of 20 percent. With the exception of 2014-15, there have been year on year increases in charges reported since the legislation introducing this aggravation came into force in 2010.

The number of religiously aggravated charges reported, at 581, is three percent higher than in 2014-15. Including charges that are now reported under the Offensive Behaviour at Football legislation, all religious related charges are also three percent higher than in 2014-15.

There were 201 charges reported in 2015-16 with an aggravation of prejudice relating to disability, 14 percent more than in 2014-15.

In Ayrshire the number of hate crimes is generally low, however this does not negate the fact that hate crime exists in Ayrshire. Consultation with local groups suggests that there is a need for community awareness-raising on the wide range of diversity, the different forms of discrimination and prejudice and the nature of hate crime, There is a lack of confidence in the community about third party reporting; both the availability and location of reporting centres and indeed of the processes involved. Several local respondents felt isolated, fearful of abuse and indicated that hate crime is an issue in certain localities within Ayrshire.

There also needs to be more training of all staff, especially those on the front line, to better understand the specific needs and relevant issues facing those with protected characteristics who face discrimination and/or hate crime and how to support them. There is a role for partnership initiatives, such as the LGBT+ Development Group which promotes information and guidance for the LGBT+ community and there may be scope for this type of initiative to be extended to other protected characteristic groups. In addition, the Keep Safe initiative will be implemented alongside partner agencies and staff training delivered as appropriate.

Further evidence can be found at:

<https://beta.gov.scot/publications/report-independent-advisory-group-hate-crime-prejudice-community-cohesion/>  
<http://www.stophateuk.org/>

[http://report-it.org.uk/what\\_is\\_hate\\_crime](http://report-it.org.uk/what_is_hate_crime)

<http://www.scotland.police.uk/contact-us/hate-crime-and-third-party-reporting/third-party-reporting-centres>  
<http://www.hatecrimescotland.org/report-it/centres/>

### **Rationale for Equality Outcome**

Hate crime involves any criminal offence motivated by malice and ill-will towards a social group. Hate crime can be motivated by prejudice against disability, sexual orientation, race, religion or faith.

Hate crime is a priority area for the Scottish government which has a zero tolerance approach. When the justice system deals effectively with hate crimes, this gives victims the confidence to report them and bring those responsible to justice. However there is a need for greater publicity about third party reporting centres within Ayrshire and Arran and the processes involved. It is not necessary to be a victim of hate crime in order to report it and witness testimony is thus welcomed. The Independent Advisory Group was commissioned by the Scottish Government to investigate this and produced the report on Hate Crime, Prejudice and Community Cohesion in September 2016. Whilst, severe abuse dominates the headlines, it was particularly noted that many are subject to lower levels of abuse on a day to day basis. Therefore, by working together in partnership across Ayrshire and Arran it was felt that increased awareness raising of

hate crime to reduce incidences should be taken forward.

**Final Agreed Outcome:**

**In Ayrshire people experience safe and inclusive communities**

## Evidence summary - Equality Outcome 1.2

### Evidence Gathered & Sources

Prevent is one of the four elements of CONTEST, the UK Government's counter-terrorism strategy. The aim of Prevent is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The Counter Terrorism and Security Act (2015) places a duty on a number of specified authorities to have "due regard to the need to prevent people from being drawn into terrorism". NHS Scotland is one of those specified authorities. This duty should be seen as an extension to existing safeguarding duties.

NHS Ayrshire & Arran has developed guidance and a process for raising a concern for staff who have a concern about someone they come into contact with who has either been radicalised or is being radicalised.

Additional training is being rolled out in the form of workshops and online awareness raising.

The Head of Resilience has been designated as the single point of contact (SPOC) for Counter Terrorism including Prevent.

Further evidence can be found at:

<http://www.traffordccg.nhs.uk/wp-content/uploads/2014/05/strategy-contest.pdf>

<http://www.traffordccg.nhs.uk/wp-content/uploads/2014/05/prevent-strategy-review.pdf>

<http://www.scotland.police.uk/contact-us/countering-terrorism>

<http://www.westsussexscb.org.uk/prevent-anti-terrorism-and-anti-radicalisation-of-vulnerable-people/>

<https://www.opensocietyfoundations.org/reports/eroding-trust-uk-s-prevent-counter-extremism-strategy-health-and-education>

**Rationale for Equality Outcome**

Prevention of terrorism and radicalisation is a UK government priority. Terrorism and radicalisation can often perpetuate incidences of hate crime. Therefore, it was felt that linking the work on Prevent to the previous outcome on hate crime has the potential to further support the reduction in hate crime and ensure the people of Ayrshire and Arran experience safe and inclusive communities.

**Final Agreed Outcome:**

**In Ayrshire people experience safe and inclusive communities**

## Evidence summary - Equality Outcome 1.3

### **Evidence Gathered & Sources**

Evidence shows that social isolation can result in both physical and mental ill-health. Social isolation and loneliness is widespread and not limited to some age groups or sections of society, though it may be more prevalent in certain groups. In recognition of this, the Scottish Government has designated it one of their priority areas and it has provided new funding for a £300k Social Isolation and Loneliness Fund aimed at preventing vulnerable young and older people becoming lonely or isolated. In addition, an extra £248k was given to well-established projects currently working to curb isolation.

Local consultation suggests that those in Ayrshire's rural communities are particularly prone to social isolation and are unable to access services, in part due to poor transport links, and that this is a particular issue for those with disabilities and older members of the community. Those who may also face prejudice and discrimination may require additional support to access safe, non-judgmental and non-threatening environments to combat social isolation.

Further evidence can be found at:

<http://www.campaigntoendloneliness.org/events/scottish-summit-on-loneliness-and-social-isolation-sep-2016/>

<http://news.gov.scot/news/tackling-loneliness>

<http://www.local.gov.uk/documents/10180/7632544/L15-431+Combating+loneliness+-+a+guide+for+local+authorities/b4b88757-2623-4696-ae04-565892a58909>

<http://www.lgiu.org.uk/wp-content/uploads/2016/02/Loneliness-and-social-isolation.pdf>

### **Rationale for Equality Outcome**

There is a wealth of research evidence that social isolation may result in poor physical and/or mental health and thus create more demands on local NHS provision. Thus the prevention or reduction of social isolation has the potential to



release additional resources for other health priority areas, in addition to reducing the suffering of those affected. Ayrshire faces particular challenges given the number of rural, small communities and the lack of adequate public transport. Therefore, a strategy and action plan will be developed to support a reduction in social isolation and the resulting actions driven forward.

**Final Agreed Outcome:**

**In Ayrshire people experience safe and inclusive communities**

## Evidence summary - Equality Outcome 1.4

### Evidence Gathered & Sources

There is a raft of national, international and local evidence which shows that women are disproportionately affected by Gender Based Violence (GBV). GBV and reporting remains a significant issue in Ayrshire and Arran, in line with that found across the whole of Scotland (<http://www.scotland.gov.uk/Resource/Doc/274212/0082013.pdf>).

Gender based violence or domestic abuse is a pattern of assaultive and coercive control, including emotional, sexual, psychological and physical abuse that affects between one in three and one in five women over the course of their lives. Whilst there is evidence of a disproportionate level amongst women, there is also evidence of GBV against men. Those in same sex relationships, people with disabilities and people from BME communities also experience GBV.

Although men experience domestic abuse, women are much more likely to experience repeated incidents over time, have greater injuries, and suffer more psychological and sexual violence.

In around two in five domestic abuse cases, there is also childhood physical and sexual abuse by the same perpetrator. There is evidence that domestic abuse within same sex relationships is common and could be higher than one in three according to a 2006 study.

In November 2015 the Scottish government announced a further £450,000 of funding to provide extra training staff for the innovative Mentors in Violence Prevention (MVP) Scotland programme. The project involves training staff working with senior pupils, in their fourth, fifth and sixth years at the school to become "peer mentors" who then go on to deliver the program to their younger counterparts in a safe and informal environment. The programme aims to reduce the future incidence of GBV through the education of young people.

The scale and impact of the problem can be seen in the number of incidents of domestic abuse recorded by the police in Scotland. In 2015-16 there were 58,104 incidents of domestic abuse recorded by the police in Scotland though this is a decrease of 3.0% from 2014-15, albeit still too high. East Ayrshire has the highest rates of the three local authority areas in Ayrshire and Arran. To reduce these levels of incidences enhanced recording of GBV incidences is still required within the NHS, working in partnership with other agencies.

Whilst GBV rates amongst women are disproportionately higher, some men also experience GBV. Further evidence in this area can be found in Simon Josolyne's Doctoral research "Men's experiences of violence and abuse from a female intimate partner" (<http://www.mankind.org.uk/pdfs/Thesis%20Web%20Version%20060412.pdf>).

The Mentors in Violence Prevention (MVP) Scotland aims to break the circle of violence and challenge the culture that can lead to such violence being accepted as the norm. The Young People's Attitudes to Violence Against Women report, which surveyed 11-18 year-olds, found that those who held stereotypical gender views were less likely to view sexual harassment or controlling behaviour as seriously wrong. Boys were more likely than girls to hold discriminatory attitudes when it came to gender.

Further evidence can be found at:

[http://www.health.org.uk/media\\_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf](http://www.health.org.uk/media_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf)

[www.un.org/womenwatch/daw/cedaw/recomendations/recomm.htm#recom19](http://www.un.org/womenwatch/daw/cedaw/recomendations/recomm.htm#recom19)

<https://beta.gov.scot/policies/violence-against-women-and-girls/>

<http://www.gov.scot/Resource/0049/00498256.pdf>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522166/VAWG\\_Strategy\\_FINAL\\_PUBLICATION\\_MASTER\\_vRB.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF)

<http://www.abusedmeninScotland.org/>

<http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/TrendDomesticAbuse>

<http://www.gov.scot/Resource/0050/00508511.pdf>

### **Rationale for Equality Outcome**

The evidence highlights that GBV cuts across a number of vulnerable groups. Therefore, targeting resources to increase the early identification of people experiencing GBV has the potential to significantly improve the lives of the victims.

Whilst evidence at national and local levels show the uptake is improving, considerably more development and engagement needs to be done to support these individuals.

GBV will be integrated into all new NHS Ayrshire & Arran's strategies and plans, where it is appropriate to do so and we will seek to work in partnership with other agencies to support this work by establishing a pan-Ayrshire GBV group to produce an action plan. Early and appropriate intervention through Routine Enquiry will be offered through appropriately trained NHS staff.

### **Final Agreed Outcome:**

**In Ayrshire people experience safe and inclusive communities**

## Evidence summary - Equality Outcome 2.1

### **Evidence Gathered & Sources**

The Community Empowerment (Scotland) Act 2015 (CEA) sets out a legal framework to support the empowerment of community bodies, local communities and communities of interest across Scotland. Public service bodies, for example, local authorities and health boards, will have to develop processes through which community bodies can participate and influence the design and delivery of services. The duty will lie with community bodies to explain why they believe they should be involved and what improvements and outcomes they expect to achieve via their participation.

Furthermore, it is important the services meet the needs of local service users and that their views are taken into account in the design and delivery of services. This should include all groups and, often more importantly, those who are marginalised or under-represented who may experience difficulties accessing our services.

Local engagement was sought during the production of these outcomes with events organised in each locality and the facility to respond via monkey survey. The outcomes were also guided by additional local consultation with the LGBT+ community. However, more work is required to identify and involve those from hard to reach and /or disadvantaged groups, particularly those with protected characteristics.

At the end of 2016 work was undertaken to engage with local BME people and under-represented groups; however, this engagement work did not prove very successful.

Further evidence can be found at:

<http://www.gov.scot/Topics/People/Young-People/families/youth-work-participation>

<http://www.scdc.org.uk/what/national-standards/>

[http://www.voicescotland.org.uk/media/resources/NSfCE%20online\\_October.pdf](http://www.voicescotland.org.uk/media/resources/NSfCE%20online_October.pdf)

### **Rationale for Equality Outcome**

In order for services to be efficient, effective and tailored to the needs of services users, engagement particularly with hard to reach, disadvantaged, or otherwise disenfranchised sections of community is essential. Local engagement indicated that 90% of an, albeit small, sample agreed that processes should be put in place to welcome, encourage and support marginalised and under-represented groups to inform decision-making.

Therefore, combining the outputs of the local survey with the limited engagement which took place at the end of 2016, it was decided further focus in this area was required particularly given the fast changing demographics of Ayrshire and Arran.

**Final Agreed Outcome:**

**In Ayrshire people have equal opportunity to access and shape public services**

## Evidence summary - Equality Outcome 2.2

### **Evidence Gathered & Sources**

Local community engagement has identified there is a lack of gender identity support, knowledge and understanding within Ayrshire and Arran. In addition, it was felt that there were issues related to gender specific services which have adversely affected the experience of our accessing services by those identifying as transgender.

Through consultation with LGBT and non-LGBT people, the majority of those who engaged felt they knew a little about transgender issues but around 5% felt they knew nothing at all. Whilst it may be argued this reflects a lack of exposure to transgender people, the survey suggests that it is not as simple as mere exposure. Of those who reported knowing a transgender person, only 60% of those felt they knew a lot about transgender.

Staff training in LGBT+, particularly focussed on trans issues, would be helpful in making NHS premises more inclusive and welcoming for this group. Recent research has also found that despite high rates of problem alcohol and drug use, trans people are reluctant to use these services feeling that they would be discriminated against or treated unfairly.

Further evidence can be found at:

<http://www.equality-network.org/>

<http://www.equality-network.org/resources/publications/community-engagement/community-connections/>

[http://www.scottishtrans.org/wp-content/uploads/2013/03/changing\\_for\\_the\\_better.pdf](http://www.scottishtrans.org/wp-content/uploads/2013/03/changing_for_the_better.pdf)

<http://www.scottishtrans.org/alcohol-and-drug-services/>

### **Rationale for Equality Outcome**

Local engagement has indicated a need to train front line staff with specific, relevant knowledge of LGBT+ equality issues and to develop or identify training resources including the importance and nature of correct language and terminology.

This will make our premises more welcoming and ensure that services are accessed appropriately. A failure to access services may lead to delay in seeking help for health issues which may then be more difficult and costly to resolve with resultant resource implications.

**Final Agreed Outcome:**

**In Ayrshire people have equal opportunity to access and shape public services**



## Evidence summary - Equality Outcome 2.3

### Evidence Gathered & Sources

Extensive research has shown that people with protected characteristics such as age, the BME community and those with a disability are most affected by societal inequalities and are more likely to have poorer physical and mental health than the general population.

One major cause for concern is that health inequalities are increasing within Scotland (as seen, for example, in greater increases in life expectancy in more affluent parts of Scotland compared to the least affluent). The narrowing of this gap is a Scottish government priority in line with its aim of making Scotland a better, healthier place for everyone, no matter where they live.

The reduction of inequalities also lies at the heart of the proposed reform of the public sector, as outlined in the Scottish Government's response to the Commission on the Future Delivery of Public Services (the 'Christie report'). A number of bills included within the Scottish Government's current (2016-17) programme for government are relevant to inequalities generally and, therefore, to health inequalities.

NHS Ayrshire & Arran intends to carry an inequalities self assessment to identify current approaches to addressing inequalities within the NHS and to identify any areas for improvement. Recommendations will be taken to the NHS Board which may include for example staff undertaking training in inequalities sensitive practice.

Further evidence can be found at:

<http://www.bridgingthegap.scot.nhs.uk/values-and-principles,-policy-and-practice/how-are-we-to-tackle-health-inequalities.aspx>

<http://www.healthscotland.scot/>

[http://www.audit-scotland.gov.uk/docs/health/2012/nr\\_121213\\_health\\_inequalities.pdf](http://www.audit-scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf)

<http://www.scotpho.org.uk/comparative-health/health-inequalities/introduction>

<https://beta.gov.scot/news/health-inequalities-statistics-released/>

<http://www.gov.scot/Publications/2015/10/6061>

<http://www.healthscotland.com/uploads/documents/18922-CorporateStrategy.pdf>

<http://www.gov.scot/About/Performance/programme-for-government>

### **Rationale for Equality Outcome**

Health inequalities are a consequence of structural inequalities arising from the wider socio-economic environment. It is known that people who live in more disadvantaged communities have less healthy lifestyles resulting in more long-term conditions. This has implications for use of health services. Therefore, it will take concerted effort by government and all agencies to counteract the negative consequences of structural inequalities, but this is vital not only for the individual but also for the sustainability of the NHS and the wider community.

### **Final Agreed Outcome:**

**In Ayrshire people have equal opportunity to access and shape public services**

## Evidence summary - Equality Outcome 3.1

### **Evidence Gathered & Sources**

Evidence shows that North Ayrshire continues to have the highest unemployment claimant rate in Scotland as at March 2016 and East Ayrshire has the fourth highest rate. The Scottish Government is particularly keen to improve job opportunities for younger people through the provision, inter alia, of high quality modern apprenticeships. Modern Apprenticeships (MAs) offer people aged 16 or over paid employment combined with workplace training and off-the-job learning, in order to gain new and enhanced skills and recognised qualifications. MAs are currently being advertised for Microsoft - IT Systems and Networking. There are currently MAs in Business Administration and Dental Nursing and we will continue to seek to offer MAs in other areas.

It is recognised that both young disabled and BME candidates are less likely to secure a modern apprenticeship. Less than 0.5% of all Modern Apprenticeship placements are taken by someone with a declared disability, despite around 8% of the target population having a disability. Furthermore, less than 2% of all apprenticeships in Scotland are taken by ethnic minorities although they form around 4% of the target population.

Further evidence can be found at:

<https://beta.gov.scot/publications/scotlands-labour-market-strategy/>

<https://beta.gov.scot/news/scotlands-changing-population/>

[https://www.skillsdevelopmentscotland.co.uk/media/40691/2869\\_sds\\_equalities\\_action\\_plan\\_digital\\_v7.pdf](https://www.skillsdevelopmentscotland.co.uk/media/40691/2869_sds_equalities_action_plan_digital_v7.pdf)

### **Rationale for Equality Outcome**

As one of the largest local employers, NHS Ayrshire & Arran has a role to play in reducing youth unemployment, particularly for those with protected characteristics who are under-represented in the workforce, such as BME (circa 2% of current employees) and disability (0.58% declared a disability, though this is likely to be an underestimate) and in addition underrepresented in MAs (less than 0.5% for disability).

Therefore, in the course of our equality outcomes 2017 – 2021 we will seek to take positive action steps to address this, beginning with an audit of the current cohort by protected characteristics. In addition, we will seek to promote uptake amongst those with protected characteristics. NHS Ayrshire & Arran is in the fourth year of offering a supported internship programme, Project Search, which is designed to help young people with learning disabilities and/or on the autistic spectrum into work. One graduate from the programme has now secured a MA in HR. In addition, NHS Ayrshire & Arran works with JobCentre Plus to offer work experience to unemployed young people for eight weeks to improve their employability and a graduate from this programme has secured a MA in Horticulture, the first of its kind in NHS Ayrshire & Arran.

This is also important from a workforce planning point of view as a 2016 analysis of NHS Ayrshire & Arran's workforce shows it is skewed towards older age groups with the majority of the workforce aged between 46-55, which has implications for succession planning. Whilst modern apprenticeships are an important route for youth employment, it is important to note that not all of our current employees aged between 16-24 hold modern apprenticeships and that general recruitment also offers potential employment for this group.

**Final Agreed Outcome:**

**In Ayrshire people have opportunities to fulfil their potential throughout life**

## Evidence summary - Equality Outcome 3.2

### Evidence Gathered & Sources

Evidence for Scotland indicates that men dominate in construction and skilled trades, and women are over-represented in secretarial and caring occupations. Vertical segregation refers to the under-representation of women in management positions, sometimes referred to as the 'glass-ceiling'.

In NHS Ayrshire & Arran, the workforce is predominantly female (83.56% in 2016). In addition, recruitment in 2015/2016 was also predominantly female with 86.89% of job offers made to females. This is likely to be a reflection of occupational segregation as the largest category of staff within the NHS is nursing and midwifery which have traditionally been seen as female roles, though this is slowly changing. Nursing and midwifery need to attract more males to the profession. Furthermore, traditionally male dominated occupations need to attract more female recruits to tackle gender segregation. The Scottish Government has made improving the gender balance on some Modern Apprentice frameworks one of its priority areas and aims to tackle this imbalance, developing targets that encourage systemic change rather than small incremental improvements (<http://www.gov.scot/Publications/2014/12/7750/7>; <http://www.gov.scot/Publications/2014/12/7750/10>).

In addition, we aim to increase to percentage of MAs in non-traditional female and male roles. For example, industry research indicates that 98% of all construction placements are still taken by men. Although men are increasingly moving into 'traditionally female' apprenticeship programmes, there is no evidence of an increase of women entering 'traditionally male' apprenticeships.

Further evidence can be found at:

<https://www.closesthegap.org.uk/>

<http://www.gov.scot/Resource/0050/00502056.pdf>

[https://www.skillsdevelopmentscotland.co.uk/media/40691/2869\\_sds\\_equalities\\_action\\_plan\\_digital\\_v7.pdf](https://www.skillsdevelopmentscotland.co.uk/media/40691/2869_sds_equalities_action_plan_digital_v7.pdf)

<https://beta.gov.scot/publications/developing-young-workforce-scotlands-youth-employment-strategy/>

<https://beta.gov.scot/publications/scotlands-labour-market-strategy/>

<https://beta.gov.scot/publications/science-technology-engineering-mathematics-consultation-strategy-education-training/>

<http://www.gov.scot/Topics/People/Equality/18500/OccSeg>

### **Rationale for Equality Outcome**

As a major local employer, NHS Ayrshire & Arran will seek to be more inclusive in the recruitment and retention of staff. Furthermore, as Scotland has an ageing population and NHS Ayrshire & Arran an ageing workforce, there is a need for succession planning. Given that most of the workforce is in nursing, associated caring and office roles which have been traditionally filled by females, there is a critical need to tackle gender segregation and attract more males into these areas by offering high quality MAs to attract young talent.

### **Final Agreed Outcome:**

**In Ayrshire people have opportunities to fulfil their potential throughout life**

## Evidence summary - Equality Outcome 3.3

### Evidence Gathered & Sources

Self management support is the name given to a set of approaches which aim to enable people living with long term conditions to take control and manage their own health. The Scottish Government has published a strategy for self management of long term conditions (<http://www.gov.scot/Resource/0042/00422988.pdf>) and also established the Self Management Fund, a £2m per year fund which is managed by the ALLIANCE to provide grants to third sector groups to encourage the sharing of good practice and the development of new approaches to self management.

Chronic obstructive pulmonary disease (COPD) is a long-term lung condition which causes you to feel breathless. It includes both chronic bronchitis and emphysema. It is thought that there are around 1.2 million people in the UK who have been diagnosed and are living with COPD. However, it's likely that there are more people who haven't yet been diagnosed, with perhaps as many as two thirds of cases undiagnosed (<http://www.scotpho.org.uk/health-wellbeing-and-disease/chronic-obstructive-pulmonary-disease-copd/key-points>).

You are more likely to have COPD if you're over 65 and have smoked for a long time and the current high rates reflect the higher smoking rates of decades ago. COPD is an important cause of morbidity and mortality in Scotland and worldwide. It is estimated that it was the fourth most common cause of years of life lost in Scotland in 2015, ranked after ischaemic heart disease, lung cancer and cerebrovascular disease ([Global Burden of Disease 2015](#)). NHS Ayrshire & Arran has the highest level of avoidable hospital admissions for COPD in the whole of Scotland.

NHS Ayrshire & Arran currently have the highest rate of respiratory acute care across Scotland. Tobacco control is one of NHS Ayrshire & Arran's Public Health department's four key priority areas. Its smoking cessation initiative Fresh Airshire has a role to play in reducing future prevalence of the condition.

Further evidence can be found at:

<http://www.scotpho.org.uk/health-wellbeing-and-disease/chronic-obstructive-pulmonary-disease-copd/key-points>

<https://www.chss.org.uk/chest-information-and-support/about-your-chest-condition/common-chest-conditions/copd/>

<https://www.chss.org.uk/documents/2014/03/supporting-people-self-manage.pdf>

<http://www.gov.scot/Topics/Health/Support-Social-Care/Self-Management>

<http://www.alliance-scotland.org.uk/what-we-do/self-management/>

### **Rationale for Equality Outcome**

Living with multiple conditions is increasingly common and has an impact across all areas of peoples' lives. People with long-term conditions are twice as likely to be admitted to hospital, they will stay in hospital longer, and they account for 60% of hospital bed days used. People with long-term conditions are also more likely to experience psychological problems and are more likely to be disadvantaged across a range of social indicators including employment, educational opportunities, home ownership and income.

Working with local partners, which included teams from across NHS Ayrshire & Arran, leisure trusts, local authorities, third sector organisations and service users; a tiered, menu based rehabilitation programme has been developed for people with cancer, COPD, cardiac conditions, stroke or a high risk of falls, and at least one other condition. The programme was named Healthy and Active Rehabilitation Programme (HARP) and since November 2015 it has been available across North, South and East Ayrshire. The programme is currently being evaluated but to date nearly 500 people have been referred in to the programme illustrating that this approach is both feasible and acceptable.

### **Final Agreed Outcome:**

**In Ayrshire people have opportunities to fulfil their potential throughout life**



## Evidence summary - Equality Outcome 3.4

### **Evidence Gathered & Sources**

Approximately 17% of Scotland's population is 65 or over and thus at a higher risk of falls. The associated costs to health and social care services in Scotland are estimated to exceed £471m each year (est. rising to £666m by 2020). Consequently prevention of falls has the potential to release significant cost savings in addition to improving the quality of life of older people in the community and is thus an important public health priority. As a result there is a National Falls programme in Scotland to implement good, evidenced based practice for the prevention and treatment of falls. As previously stated, HARP has been implemented across Ayrshire and Arran for those with multiple conditions including those with a high risk of falls to improve rehabilitation outcomes. We aim to reduce both the number of falls and to help improve individuals' ability to self manage. In addition, we will educate staff to identify those of risk of falls and refer to either services or resources as appropriate via training and/or briefing sessions.

Further evidence can be found at:

<http://www.healthcareimprovementscotland.org/default.aspx?page=13131>

<http://www.gov.scot/Publications/2014/04/2038>

<http://www.gov.scot/Resource/0044/00448210.pdf>

<http://www.ageuk.org.uk/scotland/health-wellbeing/keeping-healthy/preventing-falls/>

[http://www.nes.scot.nhs.uk/media/3278418/20150519\\_ed\\_resources\\_falls\\_prevention.pdf](http://www.nes.scot.nhs.uk/media/3278418/20150519_ed_resources_falls_prevention.pdf)

[http://profound.eu.com/wp-content/uploads/2014/11/7\\_Ann-Murray-Glasgow-Falls-Seminar-2014.pdf](http://profound.eu.com/wp-content/uploads/2014/11/7_Ann-Murray-Glasgow-Falls-Seminar-2014.pdf)

### **Rationale for Equality Outcome**

Falls have a significant cost implication for health and social care as well as reducing the quality of life for older people. Local consultation indicated a high level of support for high quality falls prevention and management resources and for

identification of those at risk of falls. Although life expectancy has been increasing, the healthy years of life has not increased at the same rate. Falls prevention thus has a role to play in ensuring that older people are able to led high quality, fulfilling lives in their own home or a homely setting.

**Final Agreed Outcome:**

**In Ayrshire people have opportunities to fulfil their potential throughout life**

## Evidence summary - Equality Outcome 3.5

### Evidence Gathered & Sources

Making informed health care decisions is one of the biggest challenges that patients face today. Evidence shows that having access to clear and reliable health information is vital to allow patients to make informed choices about their condition. However, with access to the world wide web, finding good and reliable information can often be a challenge for patients.

Evidence also shows that the wider social determinants of health, which are the economic and social conditions and their distribution among the population that influence individual and group differences in health status, also impact on an individual's ability to digest all the information provided to people.

The Health Promoting Health Service (HPHS) concept is that *"every healthcare contact is a health improvement opportunity"* and aims to embed health improvement into acute care settings. With proportionately greater use of acute and community hospital services by patients from deprived communities and people at increased risk of multiple health and social inequalities, hospital settings offer a major opportunity for primary and secondary prevention.

In 2008, the Scottish Government Health Directorate, identified the key role hospitals can play in improving population health and wellbeing and reducing health inequalities through their access to a large number of patients, families, visitors and staff. In 2012, further emphasis was given to the importance of integrating health improvement into every healthcare opportunity.

Further evidence can be found at:

[http://www.sehd.scot.nhs.uk/mels/CEL2008\\_14.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_14.pdf)

[http://www.sehd.scot.nhs.uk/mels/CEL2012\\_01.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2012_01.pdf)

<http://www.gov.scot/Resource/Doc/158744/0043087.pdf>

<https://www.nhsinform.scot/search?q=health+information>

### **Rationale for Equality Outcome**

Health Information and Support Centres are non-clinical spaces within hospitals. Staff in these Centres can provide information and support on a wide range of health and lifestyle issues, including

- information on health conditions;
- benefits and money advice;
- information on lifestyle factors such as stopping smoking, exercise and weight management;
- information on issues such as health rights and NHS complaints; and
- details of other local services that may be able to assist people.

With the increasing number of people accessing our hospital sites, it seemed appropriate to pilot a health information and support centre. The service aims to support all individuals including patients and their families, carers, visitors and staff to improve their health and wellbeing. It is not aimed at one particular group and aims to be accessible to all. With the multiple identities of individuals, including literacy issues, it is anticipated the service could benefit anyone from the equality groups and appropriate support provided on a needs-led basis.

### **Final Agreed Outcome:**

**In Ayrshire people have opportunities to fulfil their potential throughout life**

## Evidence summary - Equality Outcome 4.1

### Evidence Gathered & Sources

North Ayrshire has the highest unemployment claimant rate (Job Seekers Allowance (JSA) and out of work Universal Credit) in Scotland as at March 2016 and East Ayrshire has the fourth highest rate compared to all 32 local authorities in Scotland, as was the case in 2015. All three local authorities, however, showed an overall reduction in unemployment claimants when compared to March 2015.

Employment is one of the most strongly evidenced determinants of health, the World Health Organisation (WHO) notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families'. Unemployment therefore has a direct impact upon NHS service provision. However, it is important to note this employment advantage only holds for good quality employment. There is also recognition that some recruitment practices can be a barrier to employment for particular groups.

Supporting employability is a shared goal across all three Community Planning Partnerships (North, South and East) in Ayrshire, and NHS Ayrshire & Arran is committed to contributing to this goal. NHS Ayrshire & Arran will work in partnership with local providers to help address issues of unemployment. However, it is acknowledged that financial issues constrain the number of available vacancies both in the NHS and in the local area.

Given the age demographic of NHS employees (the majority over 46), recruitment also offers the potential to address this imbalance whilst reducing youth unemployment, a Scottish government priority. Furthermore, Disability Inclusive = Confident Employers (DICE), a pan-Ayrshire initiative was launched at the end of January 2017. Only 48% of disabled working age adults are in employment compared to 80% of non-disabled. DICE seeks to highlight the benefits of recruiting disabled people and to address common misconceptions about disability in the workplace.

Further evidence can be found at:

<http://inclusivetop50.co.uk/>

<http://www.gov.scot/Resource/0047/00472389.pdf>

[http://www.enei.org.uk/data/files/enei\\_Publications/Managing\\_Inclusive\\_Workplaces.pdf](http://www.enei.org.uk/data/files/enei_Publications/Managing_Inclusive_Workplaces.pdf)

<https://beta.gov.scot/publications/everyone-matters-2020-workforce-vision-implementation-plan-2017-18/documents/00510703.pdf?inline=true>

<https://ayrshiredice.wordpress.com/>

### **Rationale for Equality Outcome**

As previously stated workforce data indicates that NHS Ayrshire & Arran has an ageing workforce – approximately 54% of the workforce is aged 46 or over and this has implications for succession planning even given the likely financial constraints on future recruitment. As a large local employer in an area with the highest and fourth highest numbers of JSA claimants, the NHS is likely to be regarded as a high quality, desirable employer. However, the current workforce is predominantly female, white, heterosexual and non-disabled (at least non-disclosing of disability where this can be hidden). The NHS thus seeks to become a more diverse employer offering high quality employment to all and increase representation from those with protected characteristics. In addition we will achieve and maintain Level 2 of the Disability Confident Scheme and, thereafter, seek to achieve level 3 of the Disability Confident Scheme. It is also recognised that a variety of medium should be considered when advertising posts to attract a more diverse workforce.

### **Final Agreed Outcome:**

**In Ayrshire public bodies will be inclusive and diverse employers**

## Evidence summary - Equality Outcome 4.2 – Training / equalities sensitive practice from workforce

### **Evidence Gathered & Sources**

NHS Ayrshire & Arran is aware that all staff are not always aware of the best way to be sensitive to individual needs, in particular in relation to equalities. This can often be as a result of staff feeling they lack the necessary skills to deal with such issues, and also lack the confidence to challenge discriminatory behaviour they may witness. Therefore the organisation has recognised that staff may require further additional training, knowledge and awareness-raising of the different equalities areas. A more informed workforce will be better able to support inclusiveness and equality.

Furthermore, whilst NHS Ayrshire & Arran recently achieved the LGBT Charter Foundation Award, consultation with the local LGBT+ community indicates that members still have concerns in some areas about staff attitudes and knowledge of their needs, in particular trans issues. Again, this may be the result of lack of knowledge or awareness.

In addition, the recent arrival of refugee and asylum seekers to Ayrshire and Arran, which has had a low ethnic mix, may require additional staff training and indeed a greater awareness of NHS Ayrshire & Arran's Communication Support Policy in relation to translation support.

Further evidence can be found at:

[http://www.equalitiesinhealth.org/public\\_html/isp\\_new.html](http://www.equalitiesinhealth.org/public_html/isp_new.html)

<http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Training-Materials/>

<http://www.nes.scot.nhs.uk/media/16766/Equality-an-Diversity-Strategic-Action-Plan-Accessible.pdf>

<http://www.healthscotland.com/equalities/health-inequalities/index.aspx>

### **Rationale for Equality Outcome**

Whilst Equality and Diversity (E&D) training is part of the online Mandatory and Statutory Training (MAST) within the

organisation and there is an additional half day face-to-face E&D training course, these cannot, alone, cover the complexities of equalities practise in an in depth manner. There may be a need for additional training to be developed, especially for those in the front line, to ensure that all service users, including those with additional needs such as disability, ethnicity and/or sexual orientation, continue to receive high q quality care.

To ensure consistent information is being disseminated across Ayrshire, it was deemed appropriate that this be a shared equality outcome and has been set in partnership with other community planning partners.

**Final Agreed Outcome:**

**In Ayrshire public bodies will be inclusive and diverse employers**



## Evidence summary - Equality Outcome 4.3

### **Evidence Gathered & Sources**

The Scottish Government's person centred Occupational Health and Safety Strategic Framework provides a national statement of aims and priorities, together with a clear framework for delivering improvements in the occupational health and safety of NHS Scotland staff. In doing so, this strategic framework makes a commitment to ensure that:

- NHS Scotland staff should not be injured or made ill by their work;
- the health and wellbeing of staff will be promoted and improved within the workplace; and
- where necessary, staff are supported, when affected by illness or injury, to remain in the workplace with adjustments and support as needed.

The four key priorities identified in the framework were:

- mental health and wellbeing;
- musculoskeletal disorders;
- aggression and violence; and
- slips, trips and falls.

Further evidence can be found at:

<http://www.bridgingthegap.scot.nhs.uk/values-and-principles,-policy-and-practice/how-are-we-to-tackle-health-inequalities.aspx>

<http://www.healthscotland.com/equalities/health-inequalities/index.aspx>

<http://www.gov.scot/Resource/Doc/346075/0115178.pdf>

### **Rationale for Equality Outcome**

In line with the national commitments to deliver improvement in the occupational health and safety of NHS staff, NHS Ayrshire & Arran has recently published its [Staff Health, Safety And Wellbeing Strategy](#) for 2016 – 2019. Over the next three years, the objectives are:

1. To achieve the Healthy Working Lives gold award, whilst maintaining the silver and bronze awards;
2. To continue to engage with staff on a range of health, safety and wellbeing activities, monitoring and reporting improvements;
3. The continuation of an online resource for the provision of staff health checks and to support wellbeing, including scoping of health and wellbeing ‘apps’;
4. To address health inequalities within staff groups by offering face-to-face health checks for those considered to have the greatest need; and
5. To identify and implement a range of health improvement programmes, where feasible, to meet NHS Scotland’s strategic objectives – for example, Safe and Well at Work, Health Promoting Health Services. This will include asset and value-based approaches.

The current three year face to face health check programme has been instituted on identified staff groups. 944 health checks have been carried out since the commencement of the programme. Feedback from the lead occupational health nurse has indicated that:

- Age range of staff attending for a check is 17-74.
- 50% of eligible staff attended for a health check during the first three-yearly cycle.
- 58% of work areas tracked reduced their sickness absence during the first three-yearly health check cycle.

As well as the key priorities identified in the national framework, it should also be recognised that a number of conditions have been detected / potentially detected as part of the local work, including MSK problems, diabetes, respiratory conditions and cancer.

**Final Agreed Outcome:**

**In Ayrshire public bodies will be inclusive and diverse employers**

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