NHS Ayrshire & Arran

Equality Outcomes 2021-2025

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.

As a result of the impact of COVID-19, it was agreed to seek continue to work towards the high level, aspirational outcomes with short term targeted equality outcomes to be achieved within the 4 year period underpinning those. The process in arriving at our final decision on our equality outcomes is highlighted below:

Consultation on Draft Outcomes

Outline of decision-making process for agreeing outcomes

- Agreed to propose continuation of existing high level outcomes with short term outcomes to underpin this work
- Desktop based research
- Engaged communities and staff on proposal for continuation of existing high level outcomes and priority areas for short terms outcomes sought – due to COVID-19 this was undertaken using limited methods of engagement including online surveys, engagement with national organisations that represent people with protected characteristics, engagement face to face with staff, and telephone calls with local citizens.
- Gathered and collated feedback
- Considered and included feedback where appropriate and proportionate
- Developed final short terms outcomes
- 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

In 2017 North Ayrshire Council and the Scottish Government undertook an Inclusive Growth Diagnostic pilot which identified local constraints that if tackled over a sustained period could make a transformational difference to the local community and excluded groups. The top three barriers to achieving inclusive growth were skills, amount of local jobs and health. Four groups excluded from the benefits of traditional forms of economic growth (particularly labour market participation) were identified:

- Young People;
- Those experiencing long-term health problems;
- Those experiencing in-work poverty;
- Females.

As part of the development of the Ayrshire Growth Deal and Ayrshire Regional Economic Partnership (REP), the Diagnostic tool was rolled out across the region. Findings helped inform development of North Ayrshire's Community Wealth Building (CWB) strategy. CWB reconfigures local and regional economies and takes a preventative approach to improving long-term health and wellbeing.

Ayrshire is at the forefront of implementing CWB in Scotland and provision of essential dedicated capacity to embed CWB activities within Anchor Institutions would further support this, particularly NHS A&A. Anchors will then be better able to capitalise on local assets and spending powers, promote good employment and target actions towards excluded groups. Subject to funding, creation of an Ayrshire Anchor Network with organisation commitments, alignment to NHS A&A strategies and development of practical toolkits would ensure benefits are firmly embedded beyond funding timescales.

Further evidence can be found at:

https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health

https://cles.org.uk/community-wealth-building/what-is-community-wealth-building/

https://cles.org.uk/community-wealth-building/how-to-build-community-wealth/

Rationale for Equality Outcome

Community wealth building seeks to increase flows of investment within local economies. It does this by harnessing the wealth that exists locally, rather than by seeking to attract national or international capital. Community wealth building not only aims to improve employment opportunities but also worker rights by, for example, promoting recruitment from lower income areas, inclusive employment practices, committing employers to paying living wage and building progression routes for employees.

Often the biggest employers in a place, the approach anchor institutions take to employment can have a defining effect on the employment prospects and incomes of local people. Working with human resource departments within anchor organisations, such as NHS Ayrshire & Arran, can stimulate the local economy through progressive employment and local labour market activities and thus support improved life experiences of our local people.

Final Agreed Outcome:

High level shared outcome - In Ayrshire people experience safe and inclusive communities

Equality outcome - Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

Evidence summary - Equality Outcome 1.2

Evidence Gathered & Sources

Wherever women and babies live in Scotland and whatever their circumstances, all women should have a positive experience of maternity and neonatal care which is focused on them, and takes account of their individual needs and preferences. All women, their babies, their partners and their families should be aware of the support and choices that are available to them in order that they can be partners in care and achieve the best outcomes for them and their family.

Since 2010 there have been between 3,300 to 3,800 maternities per year in NHS Ayrshire & Arran. The social and economic context in which women are living means that many could benefit from increasing their capacity to be healthy during pregnancy. Examples of the population health challenges include:

- Over 1 in 4 of children are living in families with limited resources after housing costs [26.5%] (these are families with low income who are not able to afford certain basic necessities). Source: Scottish Government 2014-17.
- One in 5 women are current smokers at time of antenatal booking appointment [19.6%]. Source: ISD 2017-18.
- Over half of women are either overweight or obese at the time of antenatal booking appointment [27.5% obese (BMI >30) and 27.8% are overweight (BMI 25-30)]. Source: ISD 2017-18.
- Only one in 5 babies are exclusively breastfed at 6 to 8 weeks of age [20.1%]. Source: ISD 2018-19.

Further evidence can be found at:

https://www.scottishwomensconvention.org/content/resources/Best-Start-Maternity-Grants.pdf

https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215869/dh_122844.pdf

Rationale for Equality Outcome

Person-centred, safe and high quality care for mothers and babies throughout pregnancy, birth and following birth can have a marked effect on the health and life chances of women and babies and on the healthy development of children throughout their life. The health, development, social, and economic consequences of childbirth and the early weeks of life are profound, and the impact, both positive and negative, is felt by individual families and communities as well as across the whole of society.

Truly family-centred care will maximise the opportunity to establish the building blocks for strong family relationships, and for confident and capable parenting. This can help to reduce the impact of inequalities and deprivation which can have longer-term health consequences for families. Good maternity and neonatal care will support the best possible outcomes for mothers, babies and the wider family.

Within NHS Ayrshire & Arran and the North Ayrshire Health and Social Care Partnership community midwifery team, we aim to improve the health and wellbeing of women during pregnancy. Establishing a programme of Maternity Care Assistants will improve engagement with pregnant women including referrals to the services that have been causing her concern.

By improving the health and wellbeing, including financial signposting, of women during pregnancy it is anticipated that bonding at an early age between the child and mother is established and future development of the child is improved. As well as the development of the child, it is also anticipated that the overall health and wellbeing of the mother is improved.

Final Agreed Outcome:

High level shared outcome - In Ayrshire people experience safe and inclusive communities

Equality outcome - Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

Evidence summary - Equality Outcome 1.3

Evidence Gathered & Sources

It was commonly accepted that birth in hospital was safer than home birth until Marjorie Tew published her analysis of the risks of home birth. This analysis has never been refuted and further research has supported her findings. Research evidence indicates that the health outcomes of planned home birth are as good as or better than those for hospital birth, and that many women experience a range of emotional and practical benefits from giving birth at home.
Evidence also shows that women who have good interaction with their midwife during pregnancy, and are educated and empowered to have a home birth can experience reduced birth trauma and improved bonding with their baby. This experience can have a positive impact on both the health of the mother as well as the future development of the child.

Further evidence can be found at:

https://www.npeu.ox.ac.uk/birthplace

https://www.aims.org.uk/information/item/booking-a-home-birth#post-heading-1

https://www.aims.org.uk/assets/media/3/benefits-of-home-birth.pdf

https://www.aims.org.uk/information/item/choosing-place-of-birth

Rationale for Equality Outcome

The Royal College of Midwives (RCM) and the Royal College of Obstetricians and Gynaecologists (RCOG) support home birth for women with uncomplicated pregnancies. There is no reason why home birth should not be offered to women at low risk of complications and it may confer considerable benefits for them and their families. There is ample evidence showing that labouring at home increases a woman's likelihood of a birth that is both satisfying and safe, with implications for her health and that of her baby.

The rate of home births within the UK remains low at approximately 2%. In 2017, NHS Ayrshire & Arran recorded 7 home

births and more recently that number has increased to 47. Given the research and evidence around home births, and more importantly the benefits to the mother, baby and wider family, NHS Ayrshire & Arran is committed to improving this figure further.

Final Agreed Outcome:

High level shared outcome - In Ayrshire people experience safe and inclusive communities

Equality outcome - Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

Evidence summary - Equality Outcome 2

Evidence Gathered & Sources

The future planning of healthcare requires to meet the changing demands of healthcare provision and the expectation of the patients who we serve. Digital healthcare provides continued delivery of services which has been key in 2020 during the coronavirus pandemic. Many services undertook massive changes in how they met the needs of their patients and carers. During the coronavirus pandemic, services were unable to provide face to face consultations, however with the use of digital technology they were able to provide virtual face to face consultations using Near Me. In February 2020 there were 57 consultations using the digital video consulting platform, Near Me, and by the end of January 2021 over 22,000 virtual consultations had taken place. Near Me has been used across Primary, Secondary, and Mental Health to sustain care and support to patients.

Future provision needs to continue to further develop and meet the diverse needs of our population.

One area for NHS Ayrshire & Arran to make improvements is to implement technology to allow patients with language barriers such as British Sign Language and Community Languages to be able to engage. Some test cases have commenced on Near Me. The Near Me test cases have shown that the platform has been successful to support consultations. This allows all involved to overcome language barriers, and avoids certain patients from being excluded to certain health care access points

Further evidence can be found at:

https://www.nhsaaa.net/services-a-to-z/near-me-attend-anywhere/

https://www.gov.scot/publications/evaluation-attend-anywhere-near-video-consulting-service-scotland-2019-20-main-report/

https://www.gov.scot/publications/near-video-consulting-programme-national-equality-impact-assessment/

https://www.gov.scot/publications/scotlands-digital-strategy-evidence-discussion-paper/

https://www.gov.scot/publications/realising-scotlands-full-potential-digital-world-digital-strategy-scotland/

It should be noted that the Scottish Government were consulting on a new digital strategy from September to December 2020 and the updated Strategy has not yet been released.

Rationale for Equality Outcome

In order for services to be efficient, effective and tailored to the needs of services users, we need to ensure that an equality impact assessment is carried out to highlight any areas where mitigating action is required. Through involvement with the national equality impact assessment process, NHS Ayrshire & Arran identified that new systems required to be put in place to support those with a communication or language barrier.

By implementing new systems and processes we aim to:

- Increase access to those with a communication or language barrier without discrimination
- Provide literature and guidance where English is not the person's first language
- Ensuring patient safety and delivering a service fit for the demands of modern life
- Improve patient experience of virtual consultations

<u>Final Agreed Outcome</u>:

High level shared outcome - In Ayrshire people have equal opportunity to access and shape public services

Equality outcome - Patients who require communication support can access digitally enabled health and care services which support them to manage and improve their health outcomes

Evidence summary - Equality Outcome 3.1

Evidence Gathered & Sources

Mental distress and illness are common in pregnancy and the first postnatal year, affecting up to one in 5 women, and the period after childbirth is a uniquely vulnerable time for development of severe mental illness for certain groups of women (Jones et al, 2014). The consequences of perinatal mental illness may be severe. Mental health related deaths are now the leading cause of maternal death in the first postnatal year (Cantwell et al, 2018). Men may also be more vulnerable to illness at this time and there is evidence that untreated maternal mental illness may adversely affect the mother-infant relationship and infant development (Stein et al, 2014).

The way in which services are traditionally organised is not responsive to the needs of pregnant and postnatal women. In community services, there is a need to respond rapidly to the timescales imposed by pregnancy and critical developmental stages in early infancy. Services require altered thresholds for referral, taking into account the particular demands brought about by pregnancy and caring for an infant.

The recognition that Adverse Childhood Experiences (ACEs) have a lasting impact on both mental and physical health has led to the development of prevention and early intervention services in at-risk populations, and trauma-informed therapeutic interventions for children and adults.

Those working with pregnant and postnatal women have a unique opportunity to prevent the development of illness in some women at highest risk and to improve outcomes for children growing up. There is good evidence that early intervention has better, and more cost-effective outcomes than later attempts to address child mental health problems.

In addition to maternal mental illness and the importance of promoting good infant mental health, there is an increasing understanding of the vulnerability of partners at this time. Five to 10% of partners may develop mental health problems in the perinatal period (Cameron et al, 2016) and they require support in their own right and as parents.

Further evidence can be found at:

https://www.mwcscot.org.uk/media/320718/perinatal_report_final.pdf

https://learn.nes.nhs.scot/10382/perinatal-mental-health-curricular-framework

https://www.nice.org.uk/guidance/qs115/chapter/Quality-statement-6-Psychological-interventions

https://www.gov.scot/publications/programme-government-delivery-planmental-health/

https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/12/programme-government-delivery-plan-mental-health/documents/better-mental-health-scotland/better-mental-health-cotland/govscot%3Adocument

https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/07/PMHNS-MNPI-service-development-guide.pdf#:~:text=MATERNITY%20AND%20NEONATAL%20PSYCHOLOGICAL%20INTERVENTIONS%20%28MNPI%29%20SERVICESREC.12%20NHS,and%20neonatal%20services%2C%20beginning%20in%20larger%20maternity%20units.

Rationale for Equality Outcome

The results of a survey outlining women's experiences of services for perinatal mental health was undertaken in collaboration with the Maternal Mental Health Scotland Change Agents, a group of women (and, in some instances, other family members) with lived experience who campaign for improved services. The findings provided evidence that women most value consistency of care during their antenatal and postnatal period, that they want to have information on which to make decisions about mental health treatments in the perinatal period and that they wish to feel comfortable about discussing emotional issues with professionals who have an understanding of mental health.

Aligned with these results it was also found that there was very limited, or no, specialist infant mental health input to mother and baby units, as well as limited capacity to provide a range of mother-infant psychological interventions.

Our local consultation work also identified that mental health of individuals was a key priority and therefore by implementing work into the perinatal field would support mother, child as well as wider family now and in the future.

Final Agreed Outcome:

High level shared outcome - In Ayrshire people have opportunities to fulfil their potential throughout life

Equality outcome - Women and children through access to localised and targeted service provision will experience improved mental health

Evidence summary - Equality Outcome 3.2

Evidence Gathered & Sources

In 2017 Healthcare Improvement Scotland published standards for the Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults.

In the same year a taskforce for the improvement of services for adults and children who have experienced rape and sexual assault was convened by the Chief Medical Officer for Scotland. The taskforce vision was to provide consistent, person centred, trauma informed health care and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland.

Any child can be affected by sexual abuse. But they may be more at risk if they have a history of previous sexual abuse, a disability, a disrupted home life or have experienced other forms of abuse. Both boys and girls can be sexually abused. Research suggests that girls are at a greater risk of being sexually abused by a family member and boys are at a higher risk of being abused by a stranger. Research has shown that teenage girls aged between 15 and 17 years reported the highest rates of sexual abuse.

Research confirms that a victim-centred and trauma-informed response to sexual crime can reduce further trauma and have a positive effect on the long-term recovery of an individual, continued engagement in any criminal justice process, and better quality evidence to support any criminal proceedings. Clear pathways which provide specialist support are essential and supporting individuals closer to home can improve this process. It should also be borne in mind that specific

forensic medical services for children and young people need to be adapted to their particular needs.

Further evidence can be found at:

https://www.legislation.gov.uk/asp/2021/3/contents/enacted

https://www.gov.scot/publications/clinical-pathway-healthcare-professionals-working-support-children-young-people-experienced-child-sexual-abuse/

https://www.gov.scot/publications/analysis-responses-equally-safe-consultation-legislation-improve-forensic-medical-services-victims-rape-sexual-assault/pages/6/

https://www.gov.scot/publications/forensic-medical-services-victims-sexual-offences-scotland-bill-crwia/

Rationale for Equality Outcome

NHS Ayrshire & Arran is committed to ensuring that people who have experienced rape, sexual assault or child sexual abuse receive person-centred and trauma-informed care. Scotland has a commitment to develop a trauma informed workforce to respond to people who have experienced trauma at any age, including children. A trauma informed workforce will provide opportunities for empowerment to individuals and ensure that physical and emotional safety, choice, collaboration and trustworthiness is offered.

We know that Adverse Childhood Experiences (ACEs) such as sexual abuse can create harmful levels of stress which can affect brain development, resulting in long term detrimental effects on learning, behaviour and health outcomes. It is not inevitable that ACEs will cause these negative outcomes and protective factors such as supportive relationships and appropriate care can mitigate their effects. The ideal is to prevent ACEs happening in the first place but once the traumatic events have occurred the aim is to ensure that children and young people affected by childhood adversity and trauma have the right support in place where and when needed to improve their health and life outcomes.

The immediate health needs of the child are paramount; these include the management of acute injuries, assessment of need for emergency contraception and post-exposure prophylaxis for blood-borne viruses. Therefore, examination should

occur as soon as appropriate. Establishing a sexual forensic suite in paediatrics within NHS Ayrshire & Arran will improve this.
<u>Final Agreed Outcome</u>: **High level shared outcome - In Ayrshire people have opportunities to fulfil their potential throughout life** **Equality outcome - Women and children through access to localised and targeted service provision will experience improved mental health**

Evidence summary - Equality Outcome 4

Evidence Gathered & Sources

People with certain protected characteristics face discrimination both in employment and the wider environment due to their protected characteristics. Whilst they will face discrimination due to this, they are often acerbated due to intersection of these characteristics. This has been brought to the forefront as a result of Covid-19 where some groups are disproportionately impacted more than others.

Employee network groups can transform the experiences of employees representing different and specific groups from diverse communities. The networks can provide peer-to-peer support to their members, create a sense of belonging that may not exist elsewhere in the organisation, raise awareness of equality inclusion but importantly be a critical friend to the employer in order to create a more inclusive environment. This latter is extremely important for organisations and can help to dismantle systemic and structural barriers that have hindered employee development, progression and retention in the organisation.

Further evidence can be found at:

Race
https://www.gov.uk/government/publications/race-at-work-2018-mcgregor-smith-review-one-year-on

https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

https://www.england.nhs.uk/wp-content/uploads/2017/08/inclusion-report-aug-2017.pdf

Disability
https://onlinelibrary.wiley.com/doi/abs/10.1002/ajim.22818

https://www.londonleadershipacademy.nhs.uk/sites/default/files/Staff%20Networks%20Literature%20Review%20%28Final%29.pdf

LGBT
https://www.stonewall.org.uk/system/files/setting_up_an_lgbt_employee_network_group.pdf

https://www.emerald.com/insight/content/doi/10.1108/02610151211223049/full/html

Rationale for Equality Outcome

Staff Diversity Networks are a powerful resource to build upon what matters most. This is true for both network members and management, as the basis upon which staff diversity networks are created is to deliver shared understanding and improvement. Staff diversity networks have the opportunity to work with management to inform key decision-making, practices and policies.

Staff diversity networks can be useful in developing staff engagement and thinking to contribute to the development of the whole organisation diversity and inclusion agenda. They are pivotal in engaging staff and management around particular issues that face a body of diverse employees.

Staff diversity networks also provide a platform for:

- Peer group support
- Organisational change to address inequalities
- Networking, advice and support in a safe environment
- Advancing employees with similar social identities
- Understanding the viewpoints of staff groups that are under-represented and to develop processes for inclusion

It is also well documented that when staff feel supported and appreciated at work, they are more productive and for NHS Ayrshire & Arran means we can provide the best care possible for our citizens.

Final Agreed Outcome:

High level shared outcome - In Ayrshire public bodies will be inclusive and diverse employers

Equality outcome -	**Our BAME, disabled and LGBT+ staff have safe and supportive work environments where they are able to share experiences and access peer support, improving their experience at work**

Additional Evidence Sources

http://www.gov.scot/Topics/Statistics/SIMD Scottish Index of Multiple Deprivation 2016 (2016), Scottish Government

https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/pqn-standards-for-community-perinatal-mental-health-services-4th-edition.pdf?sfvrsn=f31a205a_4

https://www.nice.org.uk/guidance/cg192

https://www.relate.org.uk/sites/default/files/relationship_distress_monitor_0.pdf

https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/employee-resource-group-black-ethnic-minorities

Hastings,Roscoe and Mansell,Oliver. "Somewhere over the rainbow: The challenges and opportunities open to LGBT* staff". 2015 19 4 122-126.

Robson, Linda, Patel, Mona. and Nicholson, Jacquie. National Association of Disabled Staff Networks (NADSN) – "Our Stories: Experiences from our Disabled Staff Networks across the UK". The Journal of Inclusive Practice in further and higher education. 2016 (7) pp. 28–33.

Wright, T., Colgan, F., Creegany, C. and McKearney, A. (2006), "Lesbian, gay and bisexual workers: equality, diversity and inclusion in the workplace", Equal Opportunities International, Vol. 25 No. 6, pp. 465-470.

Carter, Nigel Geoffrey. "Black Workers and BME networks organising against racism in the NHS workplace". 2018. Doctoral thesis, London Metropolitan University.

Richardson, Jennifer. "How The BMJ's racism special inspired a Leeds GP to set up an ethnic minority staff network". BMJ. 2020 370 m3477.

Ross, Shilpa. "Workforce race inequalities and inclusion in NHS providers". The Kings Fund. 2020.

Race in the workplace: The McGregor-Smith review: https://www.gov.uk/government/publications/race-at-work-2018-mcgregor-smith-review-one-year-on

Covid-19: the risk to BAME doctors: We have seen disproportionate numbers of BAME doctors and other healthcare workers die from COVID-19: https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-the-risk-to-bame-doctors

A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS: https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

Identifying and Removing Barriers to Talented BAME Staff Progression in the Civil Service: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/417250/Ethnic_Dimension_Blockages_to_Talented_BAME_staff_Progression_in_the_Civil_Service_Final_16.12.14__1_.pdf

The “snowy white peaks” of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England. http://eprints.mdx.ac.uk/13201/1/The%20snowy%20white%20peaks%20of%20the%20NHS%20final%20docx%20pdf%20%283%29.pdf

https://lgbtnetworks.org.uk/the-final-event