

Orkney Health and Care
Draft of Equality Outcomes

April 2016 – March 2018

What Orkney Health and Care (OHAC) wish to achieve in the period April 2016 –March 2018 to progress equality both in the services it provides, and within OHAC.

February 2016.

This document is also available in large print and other formats and languages upon request. Please contact: OHACfeedback@orkney.gov.uk

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1. Foreword

Orkney Health and Care was formed in 2011 and was responsible for the management of Orkney Islands Council social work services and the NHS Orkney community based health services. Orkney Health and Care was run under joint management arrangements and was accountable to both the Council and NHS Orkney for the effective delivery of these services through the Orkney Health and Care Board.

From 1 April 2016, the existing Orkney Health and Care will cease to exist and will be replaced by a new organisation, which will use the same name i.e. Orkney Health and Care (OHAC). The new OHAC will manage the services previously provided by the old OHAC, but will be expanded to manage some of the services previously managed by NHS Orkney and Orkney Islands Council.

The new OHAC will follow the framework laid down in the Public Bodies (Joint Working) (Scotland) Act 2014 for the effective integration of adult health and social care services. The stated aims of the Act are to:

“...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.”

The new OHAC Board, managers, staff and partner agencies will work hard to continue to deliver the highest quality of social care and community health care services for the people of Orkney. A list of the wider range of services the new OHAC will provide is shown at Appendix I.

Caroline Sinclair,
Chief Officer,
Orkney Health and Care

2. Why produce this report?

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th May 2012. One of the requirements of the Regulations is that public bodies such as the new OHAC must produce and publish an Equality Outcomes Report by 30th April 2016, and every two years thereafter, setting out the objectives we wish to achieve in the field of equality and diversity in each two year period. This report covers the period 1 April 2016 to 31 March 2018.

This Outcomes Report details the work we propose to carry out to progress equality for each of the 9 “protected characteristics” of equality as defined by the Equality Act 2010. These 9 protected characteristics are:

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

The law requires that equality outcomes are designed to help us progress the requirements of Section 149 (1) of the Equality Act 2010 to:

“(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

3. Information about Orkney Health and Care

The new Orkney Health and Care (OHAC) came into being on the 1st April 2016.

a) Services provided

The services provided by OHAC are listed at Appendix I.

b) Population Served

The 2011 Census showed the population of Orkney to be 20,160. The latest official estimate of the size of the population as at 2014, is 21,590.

4. Staff Training Outcome: Staff who work within OHAC will understand and meet the health and social care needs of our local equality and diversity communities.

This outcome will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions

Over the next two years OHAC will provide equality and diversity training for over 50 staff, working within OHAC, appropriate to their role. The training will cover all 9 of the protected characteristics.

5. Impact Assessment Outcome: We will ensure that no OHAC policy, strategy or re-organisational proposal discriminates against any equality or diversity group

This outcome will:

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.

Supporting Actions

There are two main areas of work:

a) Equality and Diversity Impact Assessment

The aim of Impact Assessment is simply to avoid policies, strategies or re-organisational proposals being introduced, with the best of intentions, which discriminate against anyone who possesses one or more of the protected characteristics.

All OHAC policies, strategies and re-organisational proposals will be Equality and Diversity Impact Assessed to ensure they do not discriminate against any equality or diversity group.

b) Impact Assessor Training

OHAC will train a further 2 staff to be Equality and Diversity Level One Impact Assessors by 31 March 2017.

6. Racial Equality Outcomes: The communication and health and social care needs of our local ethnic communities will be met.

This outcome will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

a) Communication needs

The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. For most, the biggest barrier is language.

(i) Interpretation services

Definition: interpretation is changing the spoken word from one language to another.

There are two main types of interpretation services provided, these are:

- Face-to-face.
- Telephone.

Face-to-face interpretation

OHAC will continue to provide face-to-face interpreters for non- English speaking people when they access health or social care, whenever possible. OHAC will work with partner agencies to ensure that a sufficient number of “face to face” interpreters are trained and available to meet our needs.

Telephone interpretation

The “Language Line” telephone interpretation service gives staff access to expert interpreters, on the telephone, in 60-90 seconds, for 170 different languages.

“Language Line” services are available in OHAC to provide short notice ready access to telephone interpretation. 24/7. A further 5 Access Points will be added by April 2017, if required.

(ii) Translation services

Definition: translation is changing the written word from one language to another.

A great deal of essential health and social care information is already available in translation. We will regularly review this material to ensure:

- All material available in translation is up to date.
- Any identified gaps in health or social care information will be filled on an ongoing basis.
- OHAC will produce any of its published material, upon request, in any other language, in compliance with the Equality Act 2010. This offer will appear at the front of all major OHAC documents.

b) Health and social care needs

- Over the next two years we will continue to involve and consult members of our local ethnic communities on all aspects of service provision.
- Encourage and support recent migrant workers and their families to register with their local GPs by explaining their entitlement to free NHS healthcare.

- Encourage and support recent migrant workers and their families to access social care services by explaining their entitlement to free social care services.
- Support carers in the recent migrant worker communities, many of whom are unaware of the wide range of support available to them.
- Provide multi-lingual Advocacy Services.

c) Supporting demographic information

The 2011 Census figures stated the population of Orkney as 20,160. The latest official Government Estimate as at 2014 was 21,590. This suggests that the size of the population of Orkney is relatively stable.

There are few local ethnic communities in Orkney who comprise approximately 3% of the total population.

7. Disability and Age Outcomes: We will meet the health and social care needs of people with disabilities and older people living in the community.

This outcome will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions

There are four main areas of work:

a) Communication Needs

It is vitally important to give people with disabilities and older people equality of access to health and social care information so they will have equality of access to health and social care services and be able to make informed choices. The work OHAC will do in this sphere is shown below.

- All OHAC leaflets, booklets and other published material will contain the offer to make the material available in any language or format, together with contact details of how to obtain this material. This offer will be placed at the front of the leaflets/material in minimum font size 14 or larger. All requests for OHAC information in other formats such as large print, audio and Braille, etc., will be met promptly.
- All new OHAC information leaflets, booklets and published material will comply with the requirements of the Royal National Institute for the Blind (RNIB) "Good Practice Guidelines", as contained in the RNIB publication: "See it right, making information accessible for people with sight problems."
- OHAC will produce accessible/pictorial Information to help people with learning disabilities or aphasia.
- Portable Induction Loops (PILs) or fixed induction loops will be made available to help people who use a hearing aid. All front line services will have access to this equipment.
- OHAC will provide a BSL interpreter when deaf people wish to access our health or social care services.

b) Improve and promote good health for people with disabilities and older people

- We will provide targeted health promotion material to encourage people to keep active as they get older, promote sports and other activities, provide self-care advice and opportunities for social interaction.
- OHAC will provide a wide range of health and social care services to support people in their own homes or in domestic type settings.
- OHAC will support national and local mental health initiatives such as the “See me” campaign to help overcome the stigma often associated with mental ill health.

c) Improve physical access to buildings and services

Over the next two years, OHAC will carry out Access Audits of the buildings used by staff working within OHAC, to ensure physical ease of access. For most people with disabilities and older people, the biggest barriers are steps, narrow entrances, a lack of lifts in multi-storey buildings, a lack of handrails, a lack of signage, a lack of toilets suitable for use by people with disabilities, a lack of Changing Places for adults, poor lighting and poor colour contrast on floors, walls and ceilings.

d) Help for carers of people with disabilities

Caring for a person with a disability or multiple disabilities can be a 24/7 commitment. It is important that the welfare of carers is given a high priority when social care is provided. It is widely accepted by the Scottish Government and society in general, that many carers feel undervalued and are socially isolated. We will work to further develop carer support arrangements, respite care facilities and seek to identify carers at risk.

e) Supporting statistical information

The 2011 Census figures show that approximately 13% of the population of Orkney described their health as either “fair”, “bad” or “very bad” This equates to 2,621 people. It must also be remembered that the 2011 Census figures are now 5 years old and this number will have inevitably increased.

8. Sex Equality Outcomes: OHAC will meet the health and social care needs of people who are victims of gender based violence such as rape, sexual abuse, or who have been trafficked.

This outcome will help to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Equality Act 2010.

Supporting actions

a) Gender based violence

OHAC in close co-operation with NHS Orkney, Orkney Islands Council, Police Scotland, other local public bodies, the Scottish Government and partner agencies recognise that gender based violence is a serious issue. It affects both the physical and mental health of those involved. Most gender based violence takes place in the domestic setting.

OHAC will:

- Provide training for front line staff to help them recognise the signs of gender based violence or people who have been trafficked. This training will also give staff the knowledge and skills to respond appropriately.
- Produce information on the sources of help and support and make these readily available.
- Put in place arrangements to help any OHAC staff member who may be experiencing gender based violence themselves.
- Meet the ongoing healthcare and social support needs of people who have been raped, sexually abused or trafficked, in liaison with other bodies, and charitable organisations.

b) Supporting information

The latest information available from the Scottish Government Social Research was published in July 2010. This research covers the period 2008/09 and shows that in Scotland, there were 53,681 incidents of gender based violence recorded by the police. These incidents comprised:

2008/09 Incidents of Gender Based Violence

Perpetrator	No of incidents	% of total
Male perpetrator against female victim.	45,092	84%
Female perpetrator against male victim.	7,408	14%
Totals.	52,500	98%

The remaining incidents comprised:

Male perpetrator against male victim.	634	1.18%
Female perpetrator against female victim.	43	0.08%

It is generally accepted, by all of the agencies concerned, that these figures are understated. Many incidents of gender based violence go unreported. This violence can take many forms, such as physical assault, rape, sexual assault, mental cruelty, forced marriages and so-called "honour crimes".

Preliminary figures for Orkney for 2015 show that 74% of incidents of gender based violence involved a male perpetrator against a female victim. These incidents include sexual offences, assault, threatening and abusive behaviour, reckless conduct and communications offences; the most common problem being assault at 41%.

In 2014, there were two convictions in Aberdeen of people involved in Human Trafficking. It is unlikely that these two people are the only ones involved in this trade

in human misery in the North East of Scotland. This is also the view of Police Scotland.

c) Community based sentences and non-conviction diversions from prosecution

In Orkney, 95% of recipients of community based sentences and non-conviction diversions from prosecution are male.

The Criminal Justice Social Work Services are responsible for the supervision of people who receive these community based sentences and non-conviction diversions from prosecution.

9. Sexual Orientation Outcome: OHAC will meet the specific health and social care needs of our local LGB and T communities.

This will:

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

a) Promotion of a positive image of our local LGB and T communities

OHAC will stage at least one event designed to promote a positive image of our local LGB and T communities, to the wider community in Orkney, in the next 2 years.

A recent Scottish LGBT Report in June 2015 highlighted that six out of 10 respondents living in rural areas, regularly travelled outwith their local area to access LGBT services. This is in contrast to urban areas where just over a third of respondents said they travelled outwith their local area to access LGBT services.

b) Increase the availability of information

Over the next two years, OHAC will continue to provide health care information of particular interest to the LGB and T communities. Work will also continue to identify and meet any new information needs.

c) Training to help OHAC staff to be sensitive to the sexual orientation of people

LGB and T awareness training will be an integral part of the OHAC Equality and Diversity Staff Training Programme.

d) Sexual health

We will promote the safe sex message to men who have sex with men (MSM) to reduce the risk of contracting sexually transmitted diseases or blood borne viruses.

The "Good Practice Guidance on HIV Prevention in Men who have Sex with Men" (MSM) was produced by Health Scotland in 2012. It highlighted that MSM were a

key population of concern in the spread of HIV. Sexual contact between men accounted for 71% of new HIV cases. In November 2015, the Terrence Higgins Trust stated that the level of new HIV infections amongst MSM was the highest it had ever been in Scotland. Effective intervention targeting this population is therefore essential.

e) Supporting statistical information

Information on sexual orientation is something which many people feel uncomfortable divulging. The General Register Office for Scotland considered including an LGB and T question in the 2011 Scottish census. A pilot was carried out in 2005 involving 4,400 households. They found:

“Overall only 2.2% of respondents declared non-heterosexual orientation.”

Most respondents felt that sexual orientation was too sensitive and too intrusive a question to include in a Census. Accordingly, no sexual orientation question was included.

The official UK Government estimate is that 6% of the population are gay, lesbian or bisexual. Using this estimate and the 2011 Orkney Census population figure of 20,160, this would give an LGB and T population in Orkney of 1,210 people.

10. Gender Reassignment Outcome: Meet the specific health and social care needs of members of our transsexual and transgender communities. Promote a positive image of the transsexual and transgender communities to the wider community in Orkney.

This will:

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

a) Health care

OHAC will work closely with NHS Orkney and NHS Grampian to ensure that the health care needs of members of the transsexual and transgender communities are met.

b) Social services

Work will be progressed to provide enhanced social services support and counselling services.

c) Promoting a positive image

OHAC will work hard to promote a positive image of the transsexual and transgender communities to the wider community in Orkney.

d) Supporting statistical information

Transsexual Community

There is no reliable information on the numbers of people in Orkney who have transitioned from one sex to another.

Various studies have shown that 70% of people who transition, transition from male to female. The average age at which people realise they have gender dysphoria is 14, the average age to transition is 42. This often means that when people come to transition, they are married with children. This adds emotional trauma to the trauma of facing major surgery and a major life change. Members of the transsexual community are some of the most vulnerable in our society. Research by NHS Grampian indicates that approximately 58% have either attempted suicide or had serious suicidal thoughts.

Transgender Community

There is no reliable information on the numbers of people in Orkney who are transgender.

11. Pregnancy and Maternity: Meeting the specific health and social care needs of pregnant and nursing Mothers

This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

a) Maternity care

OHAC will continue to provide the highest standard of community based antenatal and post natal care through our GP's and Community Midwifery network.

b) Facilities for Nursing Mothers

All buildings used by OHAC will provide facilities for Nursing Mothers by 31st March 2017. All new buildings will include facilities for Nursing Mothers in their design brief.

c) Social care and support

We will continue to provide social care and support services to young Mothers and Mothers who are experiencing social issues during and after pregnancy.

12. Marriage and Civil Partnership Outcomes: Staff will respect the rights of marriage partners, civil partners and common law partners in the health and social care setting.

This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

a) Respecting the rights of marriage partners, civil partners and civil partners

Staff are already aware of the need to respect the legal rights of marriage partners, especially when important health care or social care decisions are being made which may involve seriously ill patients or end of life issues.

However, due to the relatively small number of people in civil partnerships or in a same sex marriage living in Orkney, it may not immediately occur to staff that a same sex marriage or civil partnership may exist when people receive health or social care.

Our staff training will enhance staff awareness to ensure that staff are aware of the possible existence of civil partnerships or same sex marriages when providing health or social care. This will help them to safeguard the rights of civil partners and same sex marriage partners. The training will also make staff aware of the rights of Common Law partners.

13. Religion or Belief Outcomes: Staff will be aware of the specific religious and spiritual needs of people in a health or social care setting.

This will:

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

a) Provide educational resources

We will provide educational resources for staff working within OHAC to enhance their awareness of the specific religious and spiritual needs of different faith communities.

b) Staff training

The staff training will make staff aware of the need to respect the religion or belief of patients and those receiving social care.

14. Equality and Diversity Monitoring within OHAC: OHAC comply with all current equality and diversity legislation and have in place effective monitoring arrangements.

This will:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

a) OHAC Board Monitoring

The HSCP Board will:

- monitor compliance by the OHAC organisation with equality and diversity legislation.
- monitor compliance by staff working within OHAC.
- Address any issues or problems promptly.
- Receive regular reports from the OHAC Chief Officer.

b) Production of Statutory reports

The OHAC Chief Officer will ensure that all statutory reports are produced by the due date and presented to the OHAC Board for scrutiny and approval. Thereafter, the finalised reports will be made widely available.

Appendix 1

Services which the new Orkney Health and Care (OHAC) will manage

A Summary of the services that will be managed by the new OHAC is shown below:

- Social work services for adults including older people, children and families.
- Social work and social care services for people with learning disabilities, physical disabilities and/or sensory impairment.
- Mental health services including child and adolescent services.
- Social work services to the criminal justice system.
- Home care, care homes and day centres.
- Telehealth and telecare services.
- Services to support carers.
- General Practitioner (GP) and general medical services.
- Dental health services.
- Community pharmacy services.
- Community ophthalmic services.
- Community nursing.
- Mental health including child and adolescent services.
- Community allied health professional services, i.e. physiotherapy, occupational therapy, dietetics and speech and language therapy.
- School health services and child health visitors.
- Maternity services.
- Drug and alcohol services.
- Community access to outpatient and diagnostic services.