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Agenda Item: 13.

## **Integration Joint Board**

Date of Meeting: 21 April 2021.

Subject: Equality Outcomes and Mainstreaming Reports.

### **1. Summary**

1.1. This report presents the draft Equality Outcomes Report and draft Mainstreaming Report to the Board, for consideration and approval.

### **2. Purpose**

2.1. The Integration Joint Board (IJB) is invited to consider the Equality Outcomes Report and Equality Mainstreaming Report, and approve both for publication.

### **3. Recommendations**

The Integration Joint Board is invited to note:

3.1. The IJB's legal requirements in respect of its equality duties, referred to in section 4 of this report.

#### **It is recommended:**

3.2. That the outcomes contained within the Equality Outcomes Report and the Mainstreaming Report, attached as Appendices 1 and 2 respectively to this report, be approved in so far as they relate to the remit of the Integration Joint Board.

### **4. Background**

4.1. In April 2015, the Scottish Government added Integration Joint Boards to Schedule 19 of the Equality Act 2010 and to the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015.

4.2. The Act places a single equality duty on public authorities, covering the nine 'protected characteristics' of race, sex, disability, sexual orientation, religion and belief, age, gender reassignment, pregnancy and maternity and marriage and civil partnership.

4.3. The single equality duty is in two parts:

4.3.1. The general duty requires public authorities to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations across the protected characteristics.

4.3.2. The specific duties provide a framework to help public authorities meet the general duty.

4.4. The amendment regulations, referred to at 4.1 above, require IJBs to publish the following information, every two years:

4.4.1. A report on mainstreaming the equality duty.

4.4.2. A set of equality outcomes.

4.5. One of the specific duties is that public authorities produce and publish a set of equality outcomes which will help them to better perform the equality duty. The outcomes must be published at two yearly intervals. Every two years the IJB must publish a progress report on the achievement of its equality outcomes.

4.6. A report to the IJB in June 2018 recommended renewal of the Equalities Outcomes for a two-year period, meaning that a progress report on those outcomes, alongside a review and refresh of the outcomes, would have been due in June 2020. However, the Coronavirus (Scotland) Act 2020 and, specifically, Sections 11 – 13 of the associated Guidance (under Duties in respect of reports and other documents) allows public authorities to postpone the publication of statutory reports, during the period covered by the Act. The Act has been extended to 30 September 2021.

4.7. The Equality and Human Rights Commission (EHRC) advises that public bodies subject to the Public Sector Equality Duty have to publish reports that were due during the period covered by the Coronavirus Act, by 30 April 2021.

## **5. Equality Outcomes**

5.1. An equality outcome is an objective that the public body aims to achieve in order to progress the requirements of the general duty. The outcome is not what the public body does, but the changes or effects resulting from it. These changes may be for individuals, groups, families, organisations or communities.

5.2. The EHRC has recently clarified the expected scope and subject matter of Equality Outcomes. Principally, Outcomes should be both proportionate and relevant.

5.3. The proposed Equality Outcomes seek to reflect the most pressing issues affecting people within the nine Protected Characteristics Groups, here in Orkney, including the characteristics that fall within the broader description of “peripherality”.

## 6. Consultation

6.1. Orkney has a relatively small population and if every public body in Orkney carried out their own separate engagement arrangements, this would quickly lead to 'engagement fatigue'.

6.2. The equality outcomes link with the strategic priorities and plans to integrate the work that is already being undertaken and to better focus efforts in improving equality.

6.3. These priorities were identified through a variety of consultative approaches including previous Community Learning and Development (CLD) consultation, Place Standard Community Consultation, and work with strategic and operational partners.

## 7. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	Yes.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	Yes.

## 8. Resource implications and identified source of funding

8.1. There are no specific resource implications associated with adoption of the attached report, with preparation of the attached report undertaken from existing resources.

## 9. Risk and Equality assessment

9.1. The legal obligations of the IJB, in respect of the Equality Act 2010, are detailed at paragraphs 4.1 – 4.5 above.

9.2. Adoption of the Equality Outcomes detailed in Appendix 1, along with the adoption of the associated strategies, will ensure that the risk of failing to comply with the legislation is mitigated as far as possible.

## 10. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 11. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

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## 14. Supporting documents

14.1. Appendix 1: Draft Equality Outcomes Report.

14.2. Appendix 2: Draft Equality Mainstreaming Report.



## Equality Outcomes Report

**What we have done in the period April 2018 to March 2021 to progress equality within the organisation and to make the Public Sector Equality Duty an integral part of the way we function.**

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

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## 1. Why Produce this Report?

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on 27 May 2012. One of the requirements of the Regulations is that public bodies, such as Integration Joint Boards (IJBs), must produce and publish an Equality Outcomes and Mainstreaming Report, every two years, detailing the work done to make the public sector equality duty an integral part of the way that the organisation functions, as well as report on the progress made against each of the published Equality Outcomes.

The Public Sector Equality Duty is defined in the Equality Act 2010, Part 11, Chapter 1, Section 149, which states:

“(1) A public authority must, in the exercise of its functions, have due regard to the need 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.”

The nine Protected Characteristics, as defined by the Equality Act 2010, are:

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

## 2. Health and Social Care Integration

The Public Bodies (Joint-Working) (Scotland) Act 2014 places a duty on Councils and Health Boards to delegate health and social care functions to an Integration Joint Board, where the Council and NHS Board have agreed to deploy a body corporate model.

The IJB has limited responsibility in terms of the specific duties, as the Board is not an employer, nor does it deliver services. OIC and NHS Orkney continue to employ the staff and deliver the services, on behalf of the partnership, with both the Chief Officer and the Chief Finance Officer seconded to the IJB.

The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring delivery of its functions, through the locally agreed operational arrangements, set out in the Integration Scheme. The IJB has the lead responsibility to allocate resources within the shared health and social care budget, and to make decisions on the redesign and commissioning of services, to achieve better outcomes for people.

The IJB directs services to work in an integrated way to deliver the nine National Health and Wellbeing Outcomes. These are closely aligned to the IJB's Strategic Plan, along with local outcomes and priorities.

### **3. Benefits of Mainstreaming Equality and Diversity**

The Equality and Human Rights Mainstreaming Guidance identifies that mainstreaming the equality duty has a number of benefits including:

- Equality becomes part of everything we do, within our structures, behaviours and culture.
- We are more transparent and can demonstrate how, in carrying out our functions, we are promoting and embedding equality.
- Mainstreaming equality contributes to continuous improvement and better performance.

### **4. Equality Outcomes Review 2016 – 2021**

2016 saw IJBs across Scotland become responsible for developing a set of measurable equality outcomes, related to the 9 Protected Characteristics, noted in Section 1, for the first time. These outcomes are intended to detail how the IJB will work to:

- Eliminate unlawful discrimination harassment and victimisation.
- Advance equality of opportunity between different groups.
- Foster good relationships between different groups.

#### **4.1. Equality Outcomes 2016 – 2021**

The first set of outcomes, produced in 2016, addressed each of the nine Protected Characteristics, individually. However, on reviewing these outcomes, it is apparent that they do not provide detailed information on how those outcomes will address the needs of intended Protected Characteristic groups.

It is apparent, however, that they commit to ensuring consideration of each Protected Characteristic becomes part of day-to-day working (so called "mainstreaming"). Mainstreaming the Equality Duty (addressed at 3., above) is the responsibility of all public bodies, anyway; it is not something that should necessarily be addressed in the declared Equality Outcomes.

The new Equality Outcomes will address these issues, as we shall see in Section 5 below.



## **4.2. Scope of Review**

This review of the Equality Outcomes 2016 – 2021 seeks to provide evidence of progress against the stated outcomes. Most of the previous outcomes do not provide opportunities to provide measurable elements, as such, although evidence has been sought from both NHSO and OIC, wherever possible.

It should also be noted that the NHSO Equality Outcomes are currently undergoing review. As a consequence, much of the NHSO evidence is based upon evidence from the 2019 review, or from publicly available information. OIC evidence is up-to-date.

It should also be noted that delivery methods of achieving equality outcomes have had to be modified substantially from March 2020 to accommodate the Coronavirus pandemic. The IJB remains committed to achieving these outcomes regardless of delivery method.

## **4.3. Staff Training Outcome**

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

### **4.3.1. NHSO**

NHSO has in place a comprehensive Equality and Diversity Training Programme for staff. This Programme is essential to ensure that staff are aware of their responsibilities in this field and to ensure legal compliance.

#### **4.3.1.1. Delivery method**

Usually, equality and diversity training is delivered “face-to-face”, although on-line arrangements have been in place during the pandemic. Feedback and evaluation from participants has shown that this is the best and most effective way to deliver training. It also gives participants the opportunity to ask questions and have anything explained which is not clear. All training is interactive, enhancing the learning experience, and leads to much better training outcomes and knowledge retention.

Staff are encouraged, after training, to apply their knowledge. All participants at seminars are provided with a copy of the presentation used, together with training and other materials. Contact details for speakers are provided to enable further advice and support.

#### **4.3.1.2. Location of Training**

Training is provided throughout facilities in OHAC services.

#### **4.3.1.3. Booking and Recording of Training**

All attendees are required to sign in at each Seminar. Attendance records are then retained to participants’ learning records.

#### **4.3.1.4. Evaluation of Training**

Most seminars are evaluated by participants, who are encouraged to complete a Feedback Form (anonymously if they wish) at the end of the Seminar. It covers topics such as seminar content, pace of presentation, knowledge gained, and the knowledge and communication skills of the presenter.

To date feedback on the Seminars has been very positive.

#### **4.3.1.5. Training Seminars common to all Protected Characteristics**

Attending either a Level Two or Level Four Equality and Diversity Seminar is mandatory for all staff.

Equality and Diversity Knowledge and Skills Framework (KSF) Level Four training is aimed at senior staff, managers and assistant managers, and staff who are Appointing Officers.

The training comprises two 90-minute Seminars which, again, are very much interactive. The syllabus covers each of the 9 Protected Characteristics. There is also time for discussion and questions.

Equality and Diversity KSF Level Two Training is provided for supervisory and basic grade staff. It comprises one 90-minute interactive Seminar. The syllabus covers the same topics as the Level Four Seminar, but not in as much depth.

Experience has shown that offering these two levels meets the equality and diversity needs of all NHSO staff.

The Level One Equality and Diversity Impact Assessor Training is a one-day Seminar and equips staff to use the Rapid Impact Assessment Checklist approach to Equality and Diversity Impact Assessment. The training took place in August 2018, and included one member of staff who works for OHAC services. All successfully completed the training and are now qualified Impact Assessors. The Impact Assessors will continue to receive full ongoing support.

The Level Two Equality and Diversity Impact Assessor Training follows the Level One Training Seminar. It is of one-day duration and equips staff to undertake the full Equality and Diversity Impact Assessment, Health Impact Assessment and Budgetary Impact Assessment.

When required, full Impact Assessment is provided by NHS Grampian. As the newly trained Impact Assessors gain in experience, it is anticipated that full Impact Assessments will be provided in-house at some point in the future.

#### **4.3.1.6. Training specific to particular protected characteristics**

Video British Sign Language (BSL) is being introduced across NHSO. Once established, partner agencies, such as the Council, will be offered the opportunity to share the service on an equal cost sharing basis.

Video BSL is required because, in mid-2018, the sole “face-to-face” BSL interpreter in Orkney left. In order to continue to provide this essential service, NHSO commenced a Video BSL contract with a reputable provider. This is the same provider as piloted by NHS Grampian, from February 2018. This system was demonstrated to staff and BSL users in Orkney, in November 2018.

#### **4.3.2. OIC**

The Council provides a number of different courses and approaches to learning and development related to equality and diversity. Equality and diversity is one of the core courses for new employees: as well as an iLearn course, training workshops for groups of staff are usually held, although not face to face during the pandemic. Training workshops have been developed on equality impact assessments, and sessions are regularly offered.

The Council Community Consultation and Engagement Policy includes a Policy Statement setting out the Council’s aims and intentions with regard to community consultation and engagement, including a commitment to Scotland’s National Standards for Community Engagement. It also covers the Council’s governance framework, equality requirements and corporate resources for consultation and engagement.

A Consultation and Engagement Officers’ Group works to support the policy implementation, comprising Council officers with a professional interest in consultation and engagement. The membership includes representatives from all Directorates, plus specialist officers, including the Council’s Equalities Officer. Members of the group meet quarterly to co-ordinate Council activity in consultation and engagement, plan surveys for Orkney Opinions, organise training and share best practice.

### **4.4. Impact Assessment Outcomes**

We will ensure that no policy, strategy or re-organisational proposal discriminates against any equality or diversity group.

#### **4.4.1. NHSO**

Impact Assessor Training Seminars and Level Two Impact Assessor support is provided by NHS Grampian as part of a Service Level Agreement.

No NHSO policy, strategy of re-organisational proposal is approved unless it has been Equality and Diversity Impact Assessed.

In compliance with the regulations, a list of recent Impact Assessments is posted on the NHSO website. Details are shown of who to contact should anyone wish to receive a copy of an Impact Assessment. All requests are met promptly.

#### **4.4.2. OIC**

The Council has carried out equality impact assessments since 2008. These are carried out when they are developing any new policy, plan or function, routine reviewing of existing policies, or making changes to an existing policy, plan or

function. This includes the reduction or termination of a service, as well as during development of the Council's annual budget proposals. They identify any impacts on people or groups of people who possess any of the nine Protected Characteristics, and on people who have caring responsibilities. The equality impact assessment process regularly makes provision for considering wider equality issues relevant to Orkney, such as 'peripherality'. Peripherality, or being on the edge, is an equality issue in Orkney because access to goods and services can depend very much on where you live.

Following the introduction of the Fairer Scotland Duty in 2018, the impact assessment process has been revised to include assessment of impact relating to socio-economic disadvantage. Whilst the duty is being implemented over a three-year period, the Council has taken an interim approach to integrate the Fairer Scotland Duty as part of the Equality Impact Assessment process. This approach will be reviewed in-line with the emergence of best practice approaches over this period.

As a result of the review of the Equality Impact Assessment process the Council has elected to include Care Experienced and Isles-proofing as additional themes to better assess the impact of our policies on these groups and to further improve our services for all. Young people who are care experienced can be treated differently, and sometimes negatively, because of their care identity. By including care experienced in our impact assessment process we are able to ensure that people from this group are considered in the same way as those with protected characteristics. This means we provide the same protection for care experienced young people in terms of discrimination because of their care identity, that we can raise awareness about the discrimination faced by this group, and improve the support and services available. It also ensures that our corporate parenting responsibilities and our work on equalities is better aligned.

Whilst the introduction of the Islands (Scotland) Act 2018 places a duty on the Scottish Government to ensure its policies and strategies are Island-Proofed, the Council is ensuring that its own policies, strategies and services are 'isle-proofed' through the integration of isles-proofing in the Equality Impact Assessment process. This means that the Council can make sure that any policies have been developed with due regard to Orkney's Isles communities. Where a proposal is anticipated to have a significantly different effect on an isles community, compared with other communities in Orkney, the assessment process requires detail about the type of likely impact and any subsequent mitigating measures or actions that can improve these outcomes.

Following the review of the Equality Impact Assessment process, updated accompanying guidance has been made available to aid the completion of the assessment.

Equality Impact Assessments help ensure services are fair. They provide an opportunity to stop or revise a policy or function which is potentially unfair or unlawful. They identify mitigating actions, wherever possible, to minimise any adverse impacts. They also identify opportunities for positive impacts, such as advancing equality of opportunity, and fostering good relations. OIC use internal and external data to provide evidence for the assessments, and consult directly with

equalities groups, as required. Impact assessments are organic documents and are developed and added-to as a project or plan progresses.

Where an Equality Impact Assessment has been carried out it is attached to any subsequent committee report. This ensures elected members can consider equality issues when reviewing a report or making decisions. A cumulative impact assessment is provided to committee for the budget setting report, each year, in addition to impact assessments for the individual proposals. This cumulative impact assessment highlights impacts which have been identified for each proposal, to help give a clearer view of how they are likely to collectively impact on particular groups, and to better inform the decision-making process. The OIC Equalities Officer provides guidance and advice to officers who need assistance during the process.

Officers within Legal Services review every committee report that goes before members, and any Board report for the IJB. As part of this, they consider whether an Equality Impact Assessment is required to accompany the report. They also consider the details contained within assessments. This helps ensure OIC and the IJB are fully compliant with legislative requirements.

Equality impact assessment is included in the equalities workshop as part of the induction programme for elected members. They are also provided with briefing notes published by the Improvement Service, and the Equality and Human Rights Commission, regarding using the equality duties to support fair financial decisions.

Completed assessments are published on the OIC website unless the document contains confidential information which could identify individuals. A redacted version may be provided upon request, in those circumstances.

## **4.5. Racial Equality Outcome**

The communication, health and social care needs of our local ethnic communities will be met.

### **4.5.1. NHSO and OIC**

The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if equality in health and social care is to be achieved. For most, the biggest barrier is language.

#### **4.5.1.1. “Face-to-face” Interpretation**

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

#### **4.5.1.2. 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 services to provide short-notice, ready access, to telephone interpretation, 24 hours a day.

#### **4.5.1.3. Translation Services**

A great deal of essential health and social care information is already available in translation. This is regularly reviewed to ensure:

- All material available in translation is up-to-date.
- OIC and NHSO produces any of its published material, upon request, in any other language, in compliance with the Equality Act 2010. This offer appears at the front of all major documents.

As part of the Council website review, the ReciteMe programme was implemented to further improve translation and accessibility for website users. ReciteMe gives translation into over 100 different languages, and is an accessibility tool that is proven to work across all devices, so we can provide improved accessibility for visitors to easily access content more readily.

#### **4.5.1.4. Orkney Equality Forum**

The IJB covers a relatively small population, especially when compared to mainland health and social care partnerships. If every public body in Orkney carried out their own separate consultation and engagement arrangements, this would quickly lead to “engagement fatigue”. As a consequence, public bodies in Orkney work together to involve people with different protected characteristics in their work, through the Orkney Equality Forum. Previously the Orkney Equality Forum has been the main vehicle for this involvement work.

#### **4.5.1.5. Supporting Demographic Information**

The 2011 Census figures stated the population of Orkney as 20,160. The latest official National Records of Scotland Estimate as at 2019 was 22,270. This suggests that the size of the population of Orkney is growing slightly.

There are few local ethnic communities in Orkney, as evidenced by these figures taken from OIC’s Equality Outcomes 2018 – 2022 Report:

- White Scottish 79.3%.
- White British 17.7%.
- White Other 2.2%.
- Asian, Asian Scottish/British, Mixed, Multiple or other 0.8%.

### **4.6. Disability and Age Outcome**

We will meet the health and social care needs of people with disabilities and older people living in the community.

## **4.6.1. NHSO and OIC**

### **4.6.1.1. British Sign Language**

NHSO and OHAC services are part of the National Video British Sign Language (BSL) service, a useful supplement to the “face-to-face” BSL service.

### **4.6.1.2. Portable and Fixed Induction Loops**

Portable and fixed induction loops are available to assist service users and patients who use a hearing aid.

### **4.6.1.3. Information in Other Formats**

The IJB will provide any of its published material in any other format or language, upon request. All leaflets, booklets and other published material contain this offer at the front of each document, together with information on who to contact to obtain this.

### **4.6.1.4. Royal National Institute for the Blind (RNIB) Good-Practice Guidelines**

Most people with a sight problem can read written material, without adaptation, if it is written clearly. All new information leaflets, booklets and published material complies with the requirements of the RNIB publication: “See it right, making information accessible for people with sight problems”:

- All material should be in a sans-serif font, minimum font size 12.
- There should be a good colour contrast between the print and the background.
- Text should be left justified; this gives a jagged edge to the right-hand side of the page, helping people with a sight problem to see where the next line begins.
- Text should not be in all capitals; often the shape of a word helps a person to identify the word. Capitals remove the recognisable shapes.
- Emboldening should be used to give emphasis rather than underlining. Underlining masks the shape of words.

### **4.6.1.5. Improving and promoting good health for people with disabilities, and older people**

A number of actions and initiatives have been undertaken by OIC and NHSO staff to deliver improving good health for older people and people with disabilities:

- Health promotion material has been targeted to encourage people to keep active as they get older, promoting sports and other activities, providing self-care advice and opportunities for social interaction.
- A wide range of health and social care services to support people in their own homes, or in domestic type settings.
- Weekly drop-in sessions at the Selbro Resource Centre (prior to the pandemic) to provide advice and guidance to people who have difficulties managing their daily living activities.

- Support continues for both national and local mental health initiatives, such as the “Butterfly Scheme” for people with dementia, and the “See me” campaign to help overcome the stigma often associated with mental ill health.

#### **4.6.1.6. Improve access to buildings and services**

OIC and NHSO have, and will continue to, review access to facilities in OHAC services. 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.

#### **4.6.1.7. Help for Unpaid Carers**

Implementation of the Carers (Scotland) Act has seen Unpaid Carers entitled to increased support services.

For example, publication of OHAC’s Carers’ Strategy, coupled with the establishment of the Carers’ Strategy Group (a multi-agency group charged with delivery of the Carers’ Strategy) has seen the profile of Unpaid Carers raised significantly, in Orkney, as well as awareness of the support that is available.

Work continues to further develop carer support arrangements and to help people identify as Unpaid Carers.

In addition, an Unpaid Carers’ Representative has been appointed to the IJB.

### **4.7. Sex Equality Outcome**

We 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.

#### **4.7.1. NHSO and OIC**

##### **4.7.1.1. Gender-Based Violence**

The Orkney Domestic Abuse Forum (incorporating the Violence Against Women partnership), known as DAF, is a partnership organisation working to reduce and prevent incidents of domestic abuse in Orkney.

Through effective multi-agency communication, the forum delivers high-quality services to those experiencing, affected by, or at risk of, domestic abuse. The Forum acknowledges that gender-based violence cuts across all boundaries of age, ethnicity, disability, sexual orientation, religion and belief, and socio-economic inequality, and that all members of the community experiencing such abuse are given consideration when developing actions to address domestic abuse.

In seeking to reduce and prevent incidents of domestic abuse DAF identified 4 strategic objectives in the 2017-2019 action plan. These include:



- Increase awareness and understanding of what constitutes domestic abuse and violence against women and girls, and promote appropriate responses and preventative approaches to eradicating these.
- Maintain involvement in and monitor effectiveness of Multi Agency Risk Assessment Conferencing (MARAC) in Orkney.
- Ensure learning and development opportunities (including funding) are promoted and linked to national and local priorities.
- Contribute to collation of national statistics and feeding into national work.

Each of these objectives is supported by a comprehensive Action Plan, published on the OIC website.

A number of policies and strategies to address this issue have been developed. The work undertaken includes:

- The introduction of the routine inquiry of gender based violence in priority areas such as Maternity Services, Primary Care and adult protection.
- Providing training for front-line managers and staff to recognise the signs of gender-based violence, and to have the knowledge and skills to respond.
- Producing information on the sources of help and support, and making these readily available.
- Work within the Community Justice Partnership and OHAC services to further understand and support impacts and meet outcomes due to the Coronavirus pandemic.

Work continues to progress against the Equally Safe Quality Standards and Performance Framework and DAF meet regularly to share best practice and provide oversight to the action plan, which has been revised for 2019 - 2021.

#### **4.7.1.2. Supporting statistical information**

Gender based violence statistics from Police Scotland show:

- There were 58,104 incidents of domestic violence nationally recorded.
- 79% of incidents involved a female victim and a male perpetrator. There is a gradual downward trend in the number of incidents involving a female victim and a male perpetrator. In 2006/07 this figure was 87%.
- 18% of incidents involved a male victim and a female perpetrator. There is a gradual upward trend in the number of incidents involving a male victim and a female perpetrator. In 2006/07, this figure was 11%.
- 3% of incidents involves the victim and the perpetrator being of the same sex.
- 51% of incidents resulted in at least one crime or offence being committed.
- People in the 26-30 age group were at highest risk.
- Across Scotland, there were, on average, 108 incidents per 10,000 of population.
- Orkney has one of the lowest rates of domestic abuse in Scotland, with a rate of 64 incidents per 10,000 of population, but this still means that there were 134 incidents of domestic abuse on Orkney in 2015/16.

However, it is generally accepted by all 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”.

## **4.8. Sexual Orientation**

We will meet the specific health and social care needs of our local LGBT+ communities.

### **4.8.1. NHSO and OIC**

#### **4.8.1.1. Staff Training**

Sexual orientation is covered in detail in staff Equality and Diversity Seminars. The training is designed to help staff be sensitive to the sexual orientation of patients and service users.

#### **4.8.1.2. Increasing the availability of information**

The range of healthcare information of particular interest to the LGBT+ communities has expanded. Work has also continued to identify any new information needs.

In addition, The Nordhaven Clinic offers a range of free and confidential sexual health advice and treatment, including free condoms and Condoms by Post, confidential advice, STI testing and treatment.

#### **4.8.1.3. Supporting statistical information and consultation**

Information on sexual orientation is something which many people feel uncomfortable divulging. The General Register Office for Scotland considered including an LGBT+ 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 assuming an Orkney population of 22,000, would give an LGBT+ figure for Orkney of 1,320.

The sexual orientation health needs assessment is based upon:

- The present uptake of LGBT+ related services.
- Involvement and consultation with LGBT+ interest communities and their representative organisations.
- Information from front line staff who provide services.

The Orkney Equality Forum has also been a vehicle for consultation on sexual orientation healthcare matters.

## **4.9. 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.

### **4.9.1. NHSO and OIC**

#### **4.9.1.1. The provision of a comprehensive gender dysphoria service**

Gender dysphoria is a condition where a person feels that they are in a body of the wrong sex. NHSO contracts with NHS Grampian for the provision of a gender reassignment service. NHS Grampian provides the full range of 22 elements recommended by the Department of Health as comprising a gender dysphoria service.

#### **4.9.1.2. Staff Training**

Gender reassignment is an integral part of all NHSO and OIC Training Seminars.

#### **4.9.1.3. Supporting statistical information**

There is no reliable information on the numbers of people in Orkney who have transitioned from one sex to another, nor, indeed, in Scotland; however, various studies have shown that 70% of people who transition from one sex to another, transition from male to female.

The average age at which people realise they have gender dysphoria is 14, whilst 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 a life changing transition and major surgery.

The Orkney Equality Forum has been a vehicle for consultation on gender reassignment-related matters.

## **4.10. Pregnancy and Maternity Outcome**

Meeting the specific health and social care needs of pregnant and nursing mothers, advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

### **4.10.1. NHSO and OIC**

#### **4.10.1.1. Pregnant patient facilities and nursing mothers**

The new Balfour hospital offers improved services for pregnant women, babies and nursing mothers. There are also enhanced facilities for nursing mothers who may be visitors to the new Hospital or GP Practice.

#### **4.10.1.2. Sex education for teenagers**

Teenage pregnancy rates in Scotland have been falling for several years. The successful sex education campaign for teenagers in Orkney has continued, and has had positive impact in this area.

#### **4.10.1.3. Supporting statistical information**

Demographic information on pregnancy and maternity in Orkney is taken from the National Records of Scotland.

In Orkney, the standardised birth rate decreased from 10.3 per 1,000 population in 2018 to 10.1 in 2019. In comparison, the rate in Scotland overall decreased from 9.4 to 9.1.

### **4.11. Marriage and Civil Partnership Outcome**

Staff respect the rights of marriage partners, civil partners and common law partners in the health and social care setting, advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

#### **4.11.1. NHSO and OIC**

##### **4.11.1.1. Respecting the rights of marriage and civil partners**

Staff are 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.

All Equality and Diversity training includes information on the need for staff to be aware of the possible existence of an undisclosed same sex marriage or civil partnership.

##### **4.11.1.2. Supporting statistical information**

Demographic information on marriages and civil partnerships is taken from the National Records of Scotland. In 2019, 77 marriages were registered in Orkney. This is a 18.9% decrease from 95 in 2018. In comparison, the number of marriages registered in Scotland overall decreased by 5.5%.

There were no Civil Partnerships registered in Orkney, in 2019, almost certainly a consequence of the legalisation of same sex marriage in Scotland.

### **4.12. Religion or Belief Outcome**

Staff are aware of the specific religious and spiritual needs of people in a health or social care setting, advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

#### **4.12.1. NHSO**

##### **4.12.1.1. Educational resources**

NHSO, in co-operation with NHS Shetland, created the post of Head of Spiritual Care, a few years ago. The post holder has done a great deal of work to enhance, expand and develop the chaplaincy services in Orkney, and build strong relationships with religious and belief groups.

The Head of Spiritual Care has worked with staff to enhance their knowledge of religion and spiritual care. The “Religions and Cultures” booklet has also been made widely available, providing a ready reference for staff.

##### **4.12.2. OIC**

Service software systems gather the date of birth and gender for each service user along with their ethnic origin and religion, or belief. This information is collected to inform the creation of support plans.

Support plans are developed in collaboration with the service user, and are tailored to meet their individual needs, so knowing some of a person’s history can help the service to ask the right questions, in the right way, when creating the plans.

Knowing the service user’s ethnic origin can inform the service about communication needs and how best to engage with a service user, for example, ensuring that cultural sensitivities are respected.

Similarly, a knowledge of a religion or belief system can inform dietary taboos, for example. Such knowledge can also help inform and guide carers about beliefs and customs so that the potential for offence is avoided in conversation. This also helps to inform end of life care, for example.

##### **4.12.3. Supporting statistical information**

The religious beliefs of people in Orkney are similar to those found across Scotland, with 50.8% identifying as Christian; 39.2% as No Religion; 0.9% as Other; 0.1% as Muslim, and 9% Declining to Comment.

## **5. Equality Outcomes 2021 – 2025**

The Equality and Human Rights Commission (EHRC) has recently provided clarification of the expected scope and subject matter of public bodies’ Equality Outcomes. Indeed, officers from OIC attended an EHRC-hosted workshop, where advice and guidance were provided to public bodies on the suggested number, subject matter, and content of declared Equality Outcomes.

The EHRC were clear that:

- Each body should look to set 3-5 Outcomes.
- Outcomes should be specific, not generic.
- Outcomes must be measurable.

- Outcomes should identify equality issues most prevalent in the area for which the public body is responsible.
- Outcomes should reflect those issues which a public body can influence.

As a consequence, the Outcomes selected by the IJB reflect the issues that are of the most pressing importance to Protected Characteristic groups, in Orkney, including the characteristics that fall within the broader description of “peripherality”, such as loneliness, access to transport, access to technology, etc. Selection of priority Outcomes has also been informed by the impacts on groups caused by the Coronavirus pandemic. It is anticipated that these impacts will remain for a significant proportion of the next Equalities Outcomes period.

## **5.1. Unpaid Carers Outcome**

### **5.1.1. Description**

People will be able to identify as an Unpaid Carer and will receive the support that they need to lead their own lives.

### **5.1.2. Strategic Plan Priority**

- Value and support Unpaid Carers.

### **5.1.3. National Health and Wellbeing Outcomes**

Number 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

### **5.1.4. Equality Act (2010) Protected Characteristic and Local Protected Characteristics**

- Caring Responsibilities.
- Age.
- Care Experienced.
- Socio-Economic Disadvantage.

### **5.1.5. Indicator of Progress**

- A baseline of the number of known unpaid carers has been determined.
- The number of additional unpaid carers identified will be monitored.
- The number of Carer Assessments undertaken annually will be monitored.
- Ongoing survey of Unpaid Carers. Results are reported to every meeting of the Carers’ Strategy Group.
- The multi-agency Carers’ Strategy Group meets every six weeks and is charged with delivery of the requirements of the Carers (Scotland) Act 2016.

### **5.1.6. Narrative and Inequalities**

The Carers (Scotland) Act 2016 came into force on 1 April 2018. The Act provides new rights to carers in a number of areas. These include: a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.

Carers are unable to pursue their own interests, often having to eschew paid work owing to their caring commitments and, as a consequence, can be economically disadvantaged.

The Community Learning and Development (CLD) Partners plan has an action to produce a report, by September 2021, to identify and understand the impact of unpaid caring on young people and families. This report will support the identification of priority actions to achieve this outcome.

## **5.2. Young Persons' Mental Health Outcome**

### **5.2.1. Description**

Mental health problems amongst our children and young people are identified at an early stage, ensuring a healthy start in life which is aimed at positive development in childhood, adolescence and adulthood.

### **5.2.2. Strategic Plan Priority**

- Mental Health.
- Support to children and young people.

### **5.2.3. National Health and Wellbeing Outcomes**

Number 5. Health and social care services contribute to reducing health inequalities.

### **5.2.4. Equality Act (2010) Protected Characteristic and Local Protected Characteristics**

- Age.
- Disability.
- Sex.
- Sexual Orientation.
- Trans status.

### **5.2.5. Indicator of Progress**

- Establish baseline data on the number of young people accessing these services, including a review of diversity data to be captured at this stage.

## **5.2.6. Narrative and Inequalities**

Mental health and emotional problems experienced by children and young people are varied. In 2019 Orkney had an estimated population of 4,024 children and young people under the age of 18 years. In 2019/20 there were 110 referrals to the Child and Adolescence Mental Health Service (CAMHS) in Orkney. This equates to a 12% increase from 2018/19.

Evidence shows that there is a gender variation in the impact of mental health with some mental health conditions more common in men and some more common in women.

Whilst local data is limited in terms of our LGBT communities, Stonewall's LGBT in Scotland – Health Report published in January 2019 highlights the extent of health inequalities faced by LGBT people. In particular, their experiences of poor mental health, substance abuse, discrimination in healthcare environments and challenges in accessing health services.

Key findings show that in the year prior to the report, half of LGBT people have experienced depression and more than half of trans people have thought of taking their own life.

The impacts of the Coronavirus pandemic on children and young people have also informed the prioritisation of this Outcome.

## **5.3. Access to Technology**

### **5.3.1. Description**

More people have access to digital technology, enabling fast and efficient engagement with information and support services.

### **5.3.2. Strategic Plan Priority**

- Promote and support self-management.
- Revisit models of care and support.

### **5.3.3. National Health and Wellbeing Outcomes**

Number 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

### **5.3.4. Equality Act (2010) Protected Characteristic and Local Protected Characteristics**

- Age.
- Socio-Economic Disadvantage.



### **5.3.5. Indicator of Progress**

- More families with devices and the ability to use them.
- Effective co-ordination of IT support schemes.

### **5.3.6. Narrative and Inequalities**

People who do not have access to digital technology and fast broadband are unable to properly engage with modern society. Information dissemination is moving increasingly to the digital domain, as are many social and leisure activities.

Health and social care services, too, are moving increasingly on-line, in an effort to reduce the need for travelling to health and social care appointments. The pandemic has resulted in a rapid move towards many new ways of accessing services including virtual appointments. As we progress service delivery it is important that we consider ways to support community members and develop their skills in this area.

The inability of some people to access online information, social activities, and support services can have significant long-term effects on their health and wellbeing.

Orkney was successful, in 2019, in becoming a Named Partner in Scottish Government's Tech Enabled Care (TEC) Pathway Finders project. This allows Orkney to work (alongside colleagues in East Ayrshire) to see how technology can aid and support individuals' care.

The CLD Partners plan states it will work collectively with key partners to provide co-ordinated support to those families most in need, especially in relation to child poverty and IT support including skills development, device allocation and internet safety.

## **5.4. Social Isolation of Older People**

### **5.4.1. Description**

Older people are active and engaged and participate in public life.

### **5.4.2. Strategic Plan Priority**

- Promote and support self-management.
- Mental Health.
- Developing Community Hubs.

### **5.4.3. National Health and Wellbeing Outcomes**

Number 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Number 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Number 5: Health and social care services contribute to reducing health inequalities.

Number 9: Resources are used effectively and efficiently in the provision of health and social care services.

#### **5.4.4. Equality Act (2010) Protected Characteristic and Local Protected Characteristics**

- Age.
- Socio-Economic Disadvantage.

#### **5.4.5. Indicator of Progress**

- Wider representation at community engagement events.
- As this is a preventative outcome, at this stage it is difficult to establish the appropriate indicators. This will be reviewed on a regular basis.

#### **5.4.6. Narrative and Inequalities**

Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. This has been significantly exacerbated by the restrictions relating to the Coronavirus pandemic.

Social isolation and loneliness have a detrimental effect on health and wellbeing.

Studies show that being lonely or isolated can impact on blood pressure, and is closely linked to depression.



## **Equality Mainstreaming Report**

**What we have done between 2018 and 2021 to progress equality within the organisation and to make the Public Sector Equality Duty an integral part of the way we function.**

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

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# 1. Why produce this report?

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on 27 May 2012.

These were amended in 2015 to include the new Integration Joint Boards which came into being on 1 April 2016.

One of the requirements of the Regulations is that public bodies such as the Orkney Integration Joint Board (IJB) must produce and publish a “mainstreaming” update report every two years. This must detail the work done over the last two years to make the Public Sector Equality Duty an integral part of the way the IJB functions as an organisation.

Under normal circumstances, a report on progress against the previous Outcomes was due in June of 2020. However, the Coronavirus pandemic placed an unprecedented burden on public services, particularly services responsible for health and social care delivery. In recognition of these pressures on services, the Coronavirus (Scotland) Act 2020 allowed public authorities to postpone the publication of statutory reports, during the period covered by the Act. These postponements expired on 31 March 2021.

The Equality and Human Rights Commission (EHRC) advises that public bodies subject to the Public Sector Equality Duty have to publish reports that were due during the period covered by the Coronavirus Act, by 30 April 2021.

The Public Sector Equality Duty is defined in the Equality Act 2010, Part 11, Chapter 1, Section 149, which states:

“(1) A public authority must, in the exercise of its functions, have due regard to the need 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.”

The nine “protected characteristics”, as defined by the Equality Act 2010, are:

- Race.
- Disability.
- Age.
- Sex (male or female).
- Sexual orientation.
- Gender reassignment.
- Pregnancy and maternity.

- Marriage and civil partnership.
- Religion or belief.

## **2. Health and Social Care Integration**

The Public Bodies (Joint-Working) (Scotland) Act 2014 places a duty on Councils and Health Boards to delegate health and social care functions to an Integration Joint Board (IJB), where the Council and NHS Board have agreed to deploy a body corporate model. Orkney Islands Council (OIC) and NHS Orkney (NHSO) formed the Integration Joint Board.

However, unlike many other public bodies in Scotland, the IJB has limited responsibility in terms of the specific duties, as the Board is not an employer, nor does it deliver services. OIC and NHSO continue to employ the staff and deliver the services, on behalf of the partnership through Orkney Health and Care (OHAC), the health and social care partnership which delivers the delegated services.

The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring that the delivery of its functions, through the locally agreed operational arrangements, set out in the Integration Scheme. The IJB has the lead responsibility to allocate resources within the shared health and social care budget and to make decisions on the redesign and commissioning of services, to achieve better outcomes for people.

The Board directs services to work in an integrated way to deliver the nine national Health and Wellbeing Outcomes. These are closely aligned to the Strategic Plan, along with local outcomes and priorities.

## **3. Benefits of Mainstreaming Equality and Diversity**

The Equality and Human Rights Mainstreaming Guidance identifies that mainstreaming the equality duty has a number of benefits including:

- Equality becomes part of everything we do, within our structures, behaviours, and culture.
- We are more transparent and can demonstrate how, in carrying out our functions, we are promoting and embedding equality.
- Mainstreaming equality contributes to continuous improvement and better performance.

The IJB is directly accountable for developing a set of measurable equality outcomes related to the nine protected characteristics, noted in section 1. These outcomes evidence that we will work to:

- Eliminate unlawful discrimination harassment and victimisation.
- Advance equality of opportunity between different groups.
- Foster good relationships between different groups.

## **4. How we have “Mainstreamed” Equality and Diversity**

### **4.1. Equality and Diversity Training**

For NHSO staff working within OHAC services, “Equality and Diversity” is one of the six core skills of the “Knowledge and Skills” Framework. This is a framework of skills which the overwhelming majority of NHS staff are required to attain, at a level appropriate to their role. Voluntary sector partners are also offered free access to this training.

OIC also has in place a mandatory Equality and Diversity Training Programme for its staff.

Accordingly, equality and diversity training is already an integral and essential part of training for NHSO and OIC staff.

Staff working within OHAC services have access to both the NHSO and OIC training, as appropriate.

This training ensures that staff working in OHAC services are aware of the health and social care needs of our local equality and diversity communities and know how best to meet those needs.

We also encourage staff to pass on their knowledge, post-training. To facilitate this, all participants at seminars are provided with a copy of the PowerPoint presentation used, together with copies of any other materials. The contact details for speakers are provided and participants are welcome to contact the speakers for help or advice, at any time.

#### **4.1.1. Location of Training**

Training is provided on-site across care settings across OHAC services.

#### **4.1.2. Recording of Training**

All attendances at Equality and Diversity Training Seminars and online training are recorded and linked into Personal Development Plans so that individual progress can be monitored, and statistical data extracted.

#### **4.1.3. Training Evaluation**

Participants are encouraged to provide feedback, anonymously if they wish, by either hard copy questionnaire or by completing an on-line Feedback Form.

### **4.2. Engagement and Consultation**

NHSO, OIC and several other bodies in Orkney have well established engagement and consultation arrangements with the different local equality and diversity communities. Rather than replicating these arrangements, we have liaised with these different bodies and used their networks to:

- Involve and consult our local equality and diversity communities when new services are being planned or ideas when change to existing services are being developed.
- Obtain feedback on how well we are meeting the needs of these diverse communities.

The information obtained has been used by the IJB to inform the design and improvement of services, ensuring that their needs are an integral part of the planning process.

Over the last few years, we have developed our own:

- Feedback Service which can be accessed at: [OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk).
- Complaints Handling Procedure so that all complaints can be quickly investigated, an appropriate response made, and any follow up action required taken promptly.

### **4.3. Equality Impact Assessment**

The aim of the Equality 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. Equality Impact Assessments are a legal requirement for public bodies.

OHAC services have access to trained Level One Equality and Diversity Impact Assessors through NHSO. More specialised support such as the completion of full EQIA is available from NHS Grampian through the NHSO / NHS Grampian Service Level Agreement.

Since 1 April 2016, all IJB policies, strategies and re-organisational proposals are the subject of an Equality Impact Assessment when presented to the IJB for consideration.

## **5. Comments on this “Mainstreaming” Update report**

We warmly welcome feedback on this mainstreaming update report. Comments can be made:

By email to: [OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk).

By phone to: 01856873535.

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