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Agenda Item: 15

Integration Joint Board

Date of Meeting: 30 April 2025.

Subject: Equality Outcomes and Mainstreaming Report.

1. Purpose

1.1. To present members with the draft Equality Outcomes and Mainstreaming Report, for consideration and approval.

2. Recommendations

The Integration Joint Board is invited to note:

2.1. Progress made against the four Equality Outcomes, as well as efforts to mainstream the equality duty, as detailed within Appendix 1 to this report.

It is recommended:

2.2. That the Equality Outcomes contained within section 6 of the Equality Outcomes Report and Mainstreaming Report, attached as Appendix 1 to this report, be approved.

3. Background

3.1. A Scottish Government amendment, in April 2015, to Schedule 19 of the Equality Act 2010 and to the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 places a single equality duty on public authorities, including IJBs, covering the nine protected characteristics. These are race, sex, disability, sexual orientation, religion and belief, age, gender reassignment, pregnancy and maternity and marriage and civil partnership.

3.2. This amendment requires IJBs to report on efforts to mainstream the single equality duty, along with the progress they have made against their published Equality Outcomes.

3.3. The single equality 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.

3.4. In 2020, the Equality and Human Rights Commission clarified the expected scope and subject matter of Equality Outcomes. Principally, Outcomes should be both proportional and relevant, in as much as they must describe areas and themes over which IJBs have an influence. 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.

3.5. On 21 April 2021, the Board approved the following Equality Outcomes:

- Unpaid Carers Outcome.
- Young Person’s Mental Health Outcome.
- Access to Technology Outcome.
- Social Isolation of Older People Outcome.

3.6. The Equality Outcomes and Mainstreaming Report, attached at Appendix 1, provides an update on the progress made against the four Outcomes outlined above, and proposes that these Outcomes should be retained for the next four year period.

4. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

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

5. Resource and financial implications

5.1. There are no specific resource implications associated with the subject of this report, with preparation of the attached report undertaken from existing resources.

6. Risk, equality and climate change implications

6.1. The subject matter of this report specifically addresses equality matters, negating the need for a separate Equality Impact Assessment.

6.2. Publication of the Equality Outcomes and Mainstreaming Report will ensure the risk of failing to comply with the legislation is mitigated as far as possible.

6.3. There are no climate change implications associated with this report and the attached appendix.

7. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

8. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

9. Authors and contact information

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10. Supporting documents

10.1. Appendix 1: Equality Outcomes and Mainstreaming Update Report 2023 – 2025.



Equality Outcomes and Mainstreaming Report

A refresh of the Integration Joint Board's Equality Outcomes, along with a description of what has been done in the period 2023 to 2025 to progress the Board's existing Equality Outcomes.

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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Note: Links are included to several websites where you can find more information. They are highlighted in blue, [like this](#).

1. Why Produce this Report?

The [Equality Act 2010](#) was introduced to protect everyone from discrimination at work, and throughout wider society. This included something called The Public Sector Equality Duty, which required all public authorities to produce a report, every two years, saying how they are promoting equality, and eliminating all forms of discrimination, harassment, and victimisation, throughout their organisation. This is called “Mainstreaming the Public Sector Equality Duty”.

The Act also requires public authorities to ensure equality between people who share something called a Protected Characteristic, and people who do not share that characteristic.

Here is a list of the Nine Protected Characteristics:

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

An update to the Regulations that apply to the [Act](#), in Scotland, in 2012, meant that all Integration Joint Boards (IJBs) had to publish a set of Equality Outcomes, every four years, that would help them to do this. Equality Outcomes are a set of statements that say what all public authorities, including IJBs, will focus upon to make sure they are doing their best to help people avoid discrimination.

In 2021, the Equality and Human Rights Commission (EHRC) advised public authorities on what their published Equality Outcomes should cover. This is because the EHRC had found that Equality Outcomes are much more effective if they focus upon specific issues, especially those issues over which they have a lot of influence.

Here is what they said:

- Each public authority should look to set three to five Equality Outcomes.
- Equality Outcomes should be specific about what they want to do.
- Each Equality Outcome must be able to be measured.
- Every Equality Outcome should address an issue that is widespread in the area the public authority covers.
- The public authority must be able to influence each of the Equality Outcomes.

As well as publishing a set of Equality Outcomes every four years, the Regulations say that public authorities must report on how they are progressing with the Equality Outcomes, every two years.

2. What is the Integration Joint Board?

In 2014, the Scottish Government introduced an [Act](#) that required local Councils and NHS Boards to work much more closely together, delegating some of their services, such as social work and community health services, to a new organisation, called an IJB.

IJBs are responsible for planning what community health and social care services the area needs, and how those services can be planned better, making sure they are more “joined-up”.

3. What are the IJB’s Equality Outcomes?

In 2021, the IJB decided to adopt four Equality Outcomes, with each one felt to be especially relevant to people in Orkney.

The four Equality Outcomes are:

- **Unpaid Carers:** People will be able to identify as an Unpaid Carer and will receive the support that they need to lead their own lives.
- **Young Persons’ Mental Health:** Mental health problems amongst 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.
- **Access to Technology:** More people have access to digital technology, enabling fast and efficient engagement with information and support services.
- **Social Isolation of Older People:** Older people are active and engaged and participate in public life.

4. How has the IJB Progressed with these Outcomes?

4.1. Unpaid Carers

People who provide unpaid care for a loved-one or friend are known as unpaid carers and can ask for support from a number of different services, including the Carer Support Service at Crossroads Care Orkney, as well as the social work services, Orkney Health and Social Care Partnership.

A lot of people, often caring for their husband, wife, or parent, do not realise that help is available to them, so much work has been done with The Orcadian, Radio Orkney, and, especially, social media, to publicise what an unpaid carer is, as well as the help available to them.

Videos have been posted on social media, some with carers telling people about their circumstances, whilst others tell people how they can get in contact and what services are available to them. This publicity has resulted in more people contacting services and asking for support.

Perhaps the most important example of the last two years has been the Unpaid Carers Conference, in 2023, the first of its kind in Scotland. People from across

Orkney came together to discuss how support for carers can be developed, as well as celebrate and publicise the work unpaid carers perform.

There is still a lot of work to do to reach more unpaid carers in Orkney. Work is ongoing with colleagues from NHS Orkney to introduce training for health, social care, and education staff, so that they can help unpaid carers to understand the support they can get. Another Unpaid Carers conference is also in planning, which we hope to hold before the end of 2025.

Another plan is to introduce dedicated carer posts, meaning more time can be spent developing support for carers.

Work is also ongoing with Orkney Islands Council, to help them better understand their staff with caring responsibilities, so that they can try to be more flexible, with the intention to develop a dedicated policy for staff with caring responsibilities.

There is still much to do for young carers, too. The Young Carer Support service, delivered by Crossroads Care Orkney, has done much to support young carers, but services will work with the schools to develop help and support designed to address the unique circumstances of young carers.

4.2. Young Person's Mental Health

The Child and Adolescent Mental Health Service (CAMHS) provides treatment and therapies to children and young people experiencing mental health problems, along with support for their families and carers.

Poor mental health can sometimes lead to the most tragic of outcomes. As a key contributor to the Orkney Suicide Prevention Task Force, the IJB has been at the heart of developing the new Orkney Suicide Prevention Action Plan.

4.3. Access to Technology

Supporting Older People has been a priority during the lifetime of the IJB's last Strategic Plan and will remain a priority in the new Plan. One way of giving older people the best possible opportunity to stay in their own homes has been access to the Telecare service.

This service is currently transitioning to a fully digital service, ensuring the latest technology is available to provide the specific technology every person needs. The Telecare team is able to do this by keeping up to date on the new models and products that are available.

The use of technology, like a laptop or tablet computer, or even a smartphone, to meet with friends, family, and some businesses, is something most people got used to during the COVID-19 lockdown, using apps such as Zoom or Teams.

Medical and support services, too, have been able to use a similar technology, called Near Me. This is an app that allows people to visit their GP, for example. Often, their GP is able to prescribe medication or treatment, without the need to examine their patient, face-to-face.

Other services, too, have been using Near Me, and not just because of the lockdown. For example, CAMHS has been able to meet with children, young people, and their families, using Near Me, meaning they did not need to travel to Kirkwall, or even Aberdeen, for their appointment. A survey of their service users and staff showed that both were very positive about how this technology made using the service more convenient.

This technology has also been extremely helpful to people living in the isles. Previously, almost all appointments at the hospital, or with social services, meant travelling into Kirkwall, even if a face-to-face examination was not necessary. However, using Near Me, as well as Teams, has helped people in the isles to attend their appointment “virtually”.

This has also been really useful for health and social care staff, who have been able to spend less time travelling, and more time meeting people, delivering the treatment and support that they need, so the number of virtual appointments will increase, ensuring services continue to improve.

Technology is also allowing people to stay in their own homes longer, delaying or removing the need for a residential care place. The next section will show how a device called [Komp](#) is assisting older people to stay in touch with loved ones. Another device, called [Possum](#), helps people with more challenging conditions to perform some tasks, such as making phone calls, turning the television on and off, opening and closing doors, as well as many other functions.

Telecare services are also allowing people to remain independent. Basic functions include notifying a call centre or family if a person falls or needs other emergency assistance. The service has also trialled the use of something called [Canary Care](#). These devices deploy sensors that can be set to detect motion, heat and light and can help the service to examine care need trends. For example, the system has been used to show that a service user regularly falls at night because they are not switching on a light.

4.4. Social Isolation of Older People

Older people are much more likely to need medical and care services if they are unable to stay in touch with friends and family or take an active part in their local community.

Technology has enabled people to get access to help and support. However, not all people are comfortable using smartphones and computers. To tackle this problem, care services have been using a device called [Komp](#), a remarkably simple one-button computer that bridges the gap between those who struggle to use modern day technology, and their more tech-savvy family and friends.

Komp allows families and friends to share photos, messages, and make video calls directly to the person viewing Komp’s screen, helping older people to stay in touch. It can also be used as a prompt for meals or medication.

Another way that isolation will be tackled is through Community Led Support (CLS). This is an initiative which involves collaborating with people to identify their strengths, capabilities, and existing local support networks, helping to prevent or

delay the need for help and support, and is one of the Orkney Health and Social Care Partnership's top priorities in the latest [Strategic Plan](#).

The IJB has supported the work of the Community Link Practitioners, based in GP surgeries, to link isolated communities to statutory services, as well as the Islands Wellbeing Project, a ferry-linked isles initiative that provides 1-2-1 advice and support for people to quickly access both statutory and third sector services.

5. What has the IJB done to “Mainstream” Equality and Diversity

As discussed earlier, the Public Sector Equality Duty requires all public authorities to report on how they are working to “Mainstream” equality and diversity in their organisation. For example, both NHS Orkney and Orkney Islands Council have training programmes that help staff to learn about the importance of equality and diversity in both their working life and private life.

The IJB does not employ staff; however, it does make decisions about services, decisions that will affect everybody who uses community health and social care services. This includes people who share one of the nine Protected Characteristics that were mentioned, above.

Whenever the IJB considers changing a policy, a new strategy, or some form of re-organisation, the IJB also considers something called an Equality Impact Assessment (EqIA). This is a document that demonstrates how and why people who share a Protected Characteristic will not be discriminated against, in any way, by the changes being proposed.

Additional characteristics are also considered when undertaking an EqIA, including people with caring responsibilities, and people with experience of being in care as a young person. The final characteristic considered relates to people who may suffer from economic hardship, something that is known as socio-economic disadvantage. This was added in response to a requirement, introduced by Scottish Government, called The Fairer Scotland Duty, which instructed some public organisations to think about how they can make their policies and services fairer for people in economic hardship.

Alongside the EqIA, the IJB also considers something called an Island Communities Impact Assessment (ICIA). This is in response to the Islands (Scotland) Act 2018 which requires all IJBs to consider what impact their decisions may have on island communities.

Every EqIA and ICIA is published on the Orkney Islands Council website, alongside the policy to which it relates.

6. Equality Outcomes 2025 – 2029

The Equality and Human Rights Commission (EHRC) provides clarification of what is expected of the Equality Outcomes adopted by public organisations (or bodies), including IJBs.

The EHRC is clear that:

- Each body should look to set three to five Outcomes.
- Outcomes should be specific.
- Outcomes must be measurable.
- Outcomes should identify equality issues most common in the area for which the public body is responsible.
- Outcomes should reflect those issues which a public body can influence.

This means that the Outcomes the IJB have chosen are those which they think are most important in relation to the Protected Characteristic groups in Orkney. They have also considered how these Outcomes affect people who experience something called “peripherality”, which means being on the edge or on the outside. Good examples of peripherality are loneliness, access to transport and access to technology.

The Outcomes chosen four years ago remain as relevant now as they did then, perhaps even more so. There have been great efforts to improve the lives of people falling under each of the four Outcomes, but much still needs to be done.

It should also be mentioned that social isolation, supporting Orkney unpaid carers, developing technology to assist service delivery, and maximising opportunities for our young people are part of the “Golden Thread” that runs through the IJB’s new Strategic Plan 2025 – 2028, as well as the current strategic plans of NHS Orkney, Orkney Islands Council and the community planning partnership (known as The Orkney Partnership).

For these reasons, the same four Outcomes for the next four years have been chosen.

6.1. Unpaid Carers

6.1.1. Description

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

6.1.2. Strategic Plan Priority

- Supporting Unpaid Carers.

6.1.3. 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.

6.1.4. Equality Act (2010) Protected Characteristic and Local Protected Characteristics

- Caring Responsibilities.

- Age.
- Socio-Economic Disadvantage.

6.1.5. Indicator of Progress

- The number of additional unpaid carers, including young carers, identified will be recorded and measured.
- The number of Carer Assessments undertaken annually, including Young Carer Assessments will be recorded and measured.
- Hold a second Carer Conference.
- Develop a new approach to the delivery of respite care.

6.1.6. Narrative and Inequalities

Carers are frequently unable to put themselves first. Often, this means they cannot work full-time; sometimes not at all. This can lead to financial problems, as well as mental and physical health problems.

Carers are frequently older, too, most often looking after their spouse or partner.

Perhaps the greatest issue facing Orkney's estimated 3,500 carers is that most simply do not know what support is available to them.

6.2. Young Persons' Mental Health

6.2.1. Description

Mental health problems amongst our children and young people are identified at an early stage, making sure of a healthy start in life followed by positive development in childhood, adolescence, and adulthood.

6.2.2. Strategic Plan Priority

- Mental Health.
- Early Intervention and Prevention

6.2.3. National Health and Wellbeing Outcomes

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

6.2.4. Equality Act (2010) Protected Characteristic and Local Protected Characteristics

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

6.2.5. Indicator of Progress

- Establish a baseline number of children and young people accessing the CAMHS service, including low level support.
- Reduce the waiting time for access to services.

6.2.6. Narrative and Inequalities

According to the Children and Young People's Commissioner for Scotland, in 2020, almost a quarter of young people in Scotland experienced two or more psychological problems in a single week. Furthermore, they reported that one in 10 children and young people, aged five to 16, had a mental illness that could be diagnosed clinically.

Whilst local data is limited in terms of the 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 longer-term impact of the Coronavirus pandemic on children and young people is increasingly concerning and, consequently, has also informed the prioritisation of this Outcome.

6.3. Access to Technology

6.3.1. Description

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

6.3.2. Strategic Plan Priority

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

6.3.3. 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.

6.3.4. Equality Act (2010) Protected Characteristic and Local Protected Characteristics

- Age.
- Socio-Economic Disadvantage.

6.3.5. Indicator of Progress

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

6.3.6. 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 online, 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 service delivery is developed, it is important that ways are considered 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.

6.4. Social Isolation of Older People

6.4.1. Description

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

6.4.2. Strategic Plan Priority

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

6.4.3. 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.

6.4.4. Equality Act (2010) Protected Characteristic and Local Protected Characteristics

- Age.
- Socio-Economic Disadvantage.

6.4.5. 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.

6.4.6. 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.