

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 APRIL 2021

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY
MAINSTREAMING PROGRESS REPORT 2019-2021

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB15-2021

1.0 PURPOSE OF REPORT

1.1 To seek approval of the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2019-2021. To inform the Integration Joint Board of planned work in relation to equalities mainstreaming and outcomes during 2021/22.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of the report.
- 2.2 Approve the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2019-2021 (section 4.2 and appendix 1).
- 2.3 Approves the intended approach to publication and dissemination (section 4.2.3).
- 2.4 Notes the planned programme of work for 2021/22 in relation to equalities mainstreaming and outcomes (section 4.3).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Public Sector Equality Duty

4.1.1 The Public Sector Equality Duty, laid out in the Equality Act 2010 (the Act) came into force in Scotland in April 2011. This equality duty is often referred to as the “general duty” and it requires public authorities (including Health and Social Care Partnerships) to have “due regard” to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion/belief; and, race. In addition, due to their association with people

who have protected characteristics, unpaid carers must also be considered when implementing the provisions of the Equality Act.

- 4.1.2 Integration Joint Boards were added to the list of public authorities subject to the requirements of the Act in 2015 and were required to publish Equality and Mainstreaming Outcomes plans by the end of April 2016. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) impose “specific duties” on Scottish public authorities to publish a set of Equality Outcomes at least every four years and a report showing progress being made in mainstreaming equality at intervals of not more than two years.
- 4.1.3 From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The duty places a legal responsibility on public bodies, including Integration Joint Boards to ‘pay due regard’ to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies are also required to publish a short, written assessment showing how they have fulfilled the duty in relation to individual strategic decisions; in Dundee this is done through the completion of Integrated Impact Assessments that accompany IJB reports.
- 4.1.4 In 2019 the Integration Joint Board approved and published a revised Equality Outcomes and Mainstreaming Framework 2019-2022 Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 29 March 2019 refers). Both the equality outcomes and framework were co-produced with people who have protected characteristics and who are affected by socio-economic disadvantage. They were also informed by the expertise and experience of organisational stakeholders who have an interest in equality and fairness issues and drew on the existing equality outcomes for Dundee City Council and NHS Tayside. The outcomes and framework are particularly closely linked to the Health Inequalities priority within the Partnership’s Strategic and Commissioning Plan 2019-2022.
- 4.1.5 As two years have now passed since the publication of the Equality Outcomes and Mainstreaming Framework 2019-2022 there is now a statutory requirement for the Integration Joint Board to produce and publish an equality mainstreaming progress report prior to the end of April 2021. The draft update report is attached as appendix 1.

4.2 Equality Mainstreaming Progress Report 2019-2021

- 4.2.1 The Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2019 - 2021 (appendix 1) provides an overview of progress made in achieving the Partnership’s equality outcomes and equality mainstreaming duty over the last two years. It also identifies areas for improvement and priorities for the next year in relation to equalities mainstreaming and implementation of the Partnership’s equality outcomes. The report is compliant with the Act, supplementary regulations and guidance issued by the Equality and Human Rights Commission. In addition, the report provides information about how the Partnership has worked to promote and mainstream fairness across all of its activities.
- 4.2.2 Some particularly noteworthy developments achieved over the last two years include:
- The development of new learning packages in response to the increasing need for employees to have the core skills and values needed to embed equalities and human rights in daily practice;
 - The provision of services targeted to reduce inequalities, such as the Community Health Inequalities Team, The Corner, Penumbra Carers Wellbeing Point and Dundee Carers Centre;
 - The development of a strategic response to trauma informed practice, both in relation to the delivery of services to the Dundee population and in relation to workforce wellbeing and organisational culture;
 - The establishment of the Gendered Services Project, in partnership with Dundee Volunteer and Voluntary Action and funded by the Corra foundation, to support mainstreaming of gendered approaches particularly in relation to better meeting the needs of vulnerable women;
 - Continued efforts to listen to the voices of people with protected characteristics and who are impacted by socio-economic disadvantage through targeted consultation

and engagement activities and through different approaches to directly involving people in our strategic planning and service design arrangements;

- Worked through our Social Care Contracts Team to promote Fair Work practices and to support contracted providers to address equalities, fairness and human rights where they are providing services on our behalf.

4.2.3 The Regulations specify that Equality Mainstreaming Progress Reports must be clearly identifiable and accessible to any member of the public who may have an interest in them. The Equality and Human Rights Commission recommends that reports are published on websites in a location that is easy to find and in a format that is compatible with accessibility features, such as screen reading facilities for people with sight impairments. It is therefore intended that following approval the Dundee report, will be designed by Dundee City Council Communications Division in compliance with accessibility standards, and uploaded onto the Partnership website in a manner which is compliant with this guidance. In addition, copies will be electronically disseminated in appropriate formats to organisations and identifiable community groups who are known to have a specific interest in the rights of people with protected characteristics or who are affected by socio-economic disadvantage. An appropriate summary of the report will also be included within the Annual Performance Report 2020/21 to support wider dissemination of key information.

4.3 Equalities Mainstreaming and Outcomes Priorities for 2021/22

4.3.1 The Equality Mainstreaming Progress Report identified a number of priorities for progression during 2021/22. These include continued efforts to mainstream equalities across all of the Partnership's services and support, through learning and organizational development approaches and through our strategic commissioning and procurement arrangements. There will also be continued work in relation to how data is recorded and reported in a way that allows disaggregation and analysis in relation to protected characteristics. Some new areas of work planned over the next year include:

- Considering the introduction of an Equality and Diversity Network within the Partnership, including the interface with existing networks and the Equality and Diversity Champions structure within NHS Tayside;
- Auditing of the presence and quality of Integrated Impact Assessments accompanying IJB reports and identifying and actioning areas for improvement;
- Testing new approaches to virtual, remote engagement and involvement of people with protected characteristics in strategic and service planning;
- Enhancing the way we use feedback from our complaints and compliments processes to inform our actions on equality and fairness;
- Communicating key priorities and information regarding COVID recovery in an accessible way; and,
- Consider actions required to address digital poverty and inequality as we continue to deliver and develop blended models of service delivery.

Progress in these areas will be reported as part of the Partnership's Annual Performance Report as well as through future Equality Mainstreaming Progress Reports.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	Services delegated to the Integration Joint Board do not meet the needs of people who share protected characteristics, leading to poorer outcomes and a widening inequality gap.
Risk Category	Governance, Operational
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Equality Outcomes agreed and published, mainstreaming update report complete. A number of Strategic Planning Groups with a specific focus on the needs and rights of people who share protected characteristics are in place. Good links are in place with Dundee City Council and NHS Tayside Equalities structures. Complaints mechanism available to people using services who may wish to report service responses falling below the desired standard.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	While the inherent risk level is extreme, the impact of planned actions reduces the risk and therefore the risk should be accepted.

Risk 2 Description	Failure to meet statutory duties under the Equality Act 2010, including statutory reporting requirements.
Risk Category	Legal, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Update report has been produced and will be published by statutory deadline. Reporting requirements are incorporated into Strategy and Performance Service workplan. Continued representation from the Partnership at NHS Tayside and Dundee City Council corporate equality groups.
Residual Risk Level	Likelihood 1 x Impact 4 = Risk Scoring 4 (Moderate Risk)
Planned Risk Level	Likelihood 1 x Impact 4 = Risk Scoring 4 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Head of Service – Health and Community Care, Strategic Planning Advisory Group, NHS Tayside Equalities Group, Dundee City Council Corporate Equalities Steering Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 31 March 2021

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MAINSTREAMING
EQUALITY
PROGRESS REPORT
2019-2021

Dundee
Integration
Joint Board

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Introduction

The Equality Act places a duty on Public Bodies to publish a set of equality outcomes every four years and a report describing how well they are achieving these outcomes at least every two years. Public Bodies must also report on the progress they have made to make the equality duty integral to the exercise of their functions. This report is the two-year Equality Progress Report which gives information about how Dundee Integration Joint Board (IJB) are mainstreaming the equality duty and

achieving the equality outcomes that were set in 2019. The report provides an overview of some of the positive progress that has been made over the last two years, as well as identifying priorities for further progress and improvement in 2021/22.

The implementation of the Public Bodies (Joint Working) (Scotland) Act 2014ⁱ means that the IJB has developed and integrated health and social care functions in order to improve health and wellbeing outcomes for people in Dundee. The Strategic and Commissioning Plan 2019-2022 reiterates the vision of the IJB that *'Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.'* This vision sits alongside Scotland's long term aim for people to live longer, healthier lives at home or in a homely setting and that Scotland's National Health and Wellbeing Outcomes guide the work of the IJB. The plan details how Scotland's Nine Health and Wellbeing Outcomes support the IJB to deliver their vision.

Dundee Integration Joint Board published its Equality Outcomes and Mainstreaming Framework in April 2019.ⁱⁱ This Framework was developed with an aspiration of further progressing mainstreaming equality matters throughout all our activities and accompanied the Dundee Health and Social Care Partnership Strategic and Commissioning Plan 2019- 2022ⁱⁱⁱ. In particular, the Fairness agenda is closely linked with the key priority of reducing and eliminating health inequalities through a preventative approach, focussed on improving outcomes for our citizens, their carers and the workforce. Equality matters are embedded across the Health and Social Care Partnership (the Partnership) and the IJB takes fairness and the equality protected characteristics into account with all our planning and activity.

The development of services and supports for health and social care is well informed by the knowledge skills and experiences of service users, carers, communities and the workforce. The IJB agreed the refreshed Participation and Engagement Strategy^{iv} in 2019. The information in this report has been informed by previous engagement; however, since March 2019 the COVID Pandemic has curtailed much of our engagement activity.

Current Circumstances

Fulfilment of the outcomes outlined in the Strategic and Commissioning Plan and the Equality Mainstreaming Report 2019-2022^v has been impacted by the COVID Pandemic. In December 2020 the Scottish Government and the Convention of Scottish Local Authorities Report *'Scotland's Wellbeing: The Impact of COVID-19 in December 2020'*^{vi} confirmed that *'The COVID-19 pandemic has had a profound impact on our health, economy and society, with damaging impacts on the way of life and wellbeing of people in Scotland'* and that *'There is considerable uncertainty about long term impacts at present, as the pandemic and response continues to evolve'*. The report acknowledges *'that the impacts of the pandemic have been, and are likely to continue to be, borne unequally.'*

In October 2020 the Equality and Human Rights Commission published their report *'How coronavirus has affected equality and human rights.'*^{vii} This report advises that people who face discrimination are at the sharp end of inequality and poverty. People who are most negatively affected by inequality are also being identified as those who have also been most negatively affected by the pandemic. The Report says *'Poverty is expected to rise..... the groups most likely to be affected by the expected rise in*

poverty include young people, ethnic minorities, and disabled people, who are already closest to the poverty line.'

We acknowledge that one key impact of the pandemic has been to reinforce existing inequalities.

In particular the Scottish Government^{viii} confirm that '*The impacts on health are profound and include the direct impacts of the virus itself as well as indirect impacts through reduced access to care, and the health impacts of the response measures.*' Growing evidence suggests that, with regard to health issues, some of the protected characteristic groups have been more adversely affected including older people, those with underlying health conditions, men, those in the most deprived areas, some minority ethnic groups and disabled people.

In February 2021 a report shared the findings from an 'ENGAGE DUNDEE' survey designed by Dundee Partnership to explore the impact of the COVID-19 pandemic on Dundee's citizens. Nearly 900 people responded and analysis found that the issues that the most people reported as being impacted included mental health, maintaining a healthy lifestyle, income/money, family/household relationships and physical health. The report identified social isolation, access to services, job insecurity and fear for the future were also highlighted as significant issues for respondents.

The report recommends that accelerated efforts should be considered by a wide range of partners to mitigate effects for those in most need, whilst building resilience for individuals and communities to provide responses themselves. Of note for the Health and Social Care Partnership are the impacts of health and social inequalities and how people already disadvantaged may have been further impacted, including difficulties in accessing health and social care services. The report also highlights the burden felt by unpaid carers and care workers was negatively impacting on their mental health, in particular on those unpaid carers living with people who have dementia and unpaid carers with elderly parents, who were working or not living near them. The Dundee Carers Partnership engagement undertaken in late 2020 has indicated particular impact for carers of children with additional support needs who were adversely affected by school closures and restrictions on respite care. Action and activity are already in progress across Dundee to address these matters and more work is planned.

Good Practice Example- Addressing the impacts of Health Inequality

Addressing the Impacts of Health Inequality

The Health Inequalities Service approach to improving health is shaped by a number of principles which include: partnership working; a social model of health, empowerment and outreach. The service has various branches including the 'Keep Well' Team and Health and Homelessness Outreach Team.

During the initial lockdown period two nurses, one based in each of these teams, provided support at a local hotel accommodating up to 22 homeless people as part of pandemic arrangements. Many of these new residents had complex physical and mental health needs as well as very complex social circumstances.

Some of the individuals moving in had poor or very poor health; some had a history of sleeping rough; some used heroin and had associated problems due to injecting. People who are homeless are more likely to have experienced multiple traumas in their lives and as a result may be very untrusting of other people, including health care professionals. The specialist nurses have skills, knowledge and experience in building rapport with individuals who experience a number of these circumstances. By extending their service and support to people who moved into the hotel the nurses were able to give intensive nursing support to those who needed it including people who would otherwise have been admitted to hospital for care and treatment.

Significant components of the support provided by the nurses was intense and critical and required extra-ordinary input, such as urgent clinical wound care on a daily basis, including weekends, for up to three weeks. The role of the nurses in liaising with a range of health and other services was invaluable at this time in particular because conventional health services are not always tailored to meet the needs of people who have such complex needs. It is recognised that some of the individuals the nurses support are particularly vulnerable but don't readily accept support in the form or manner it is usually offered and available. During the pandemic there were also many changes to regular supports and services due to risks and restrictions and this may have adversely impacted on the individuals in the hotel.

The nurses regularly updated a range of health colleagues including Integrated Substance Misuse Services where the individuals were known to this service. During each visit to the hotel the nurses also offered and provided support to hotel and security staff.

As well as practical support, care and treatment, the nurses were a source of emotional support and advice for many of the residents. They gave health promotion and nutritional advice and arranged food parcels and Welfare Rights support for those who needed it.

The nurses also worked in partnership with relevant agencies to secure suitable housing for people and some hotel residents have been successfully supported to move into their own accommodation.

We are aware that, in general, health inequalities are likely to have worsened during the pandemic. A report from social research for Scottish Government 'Coronavirus (COVID-19) - disabled people: health, social and economic harms' analyses information from a number of sources ^{ix}. The report summaries information from statistics from the Scottish Learning Disabilities Observatory during the COVID-19 pandemic. The SLDO concludes that people within the learning/intellectual disabilities population in Scotland were more than three times more likely to die from COVID-19 than those in the general population, twice as likely as those in the general population to become infected with COVID-19 and twice as likely to experience a severe outcome of COVID-19 infection.

In addition to this the report highlights information from a range of disabled people's organisations that indicates that, alongside experiencing direct COVID-19 health impacts, disabled people are also experiencing a range of other harms which exacerbate existing barriers, circumstances or conditions and/or have had a bigger impact on disabled people than the impact on the general population. This includes findings that there was increased mental ill-health; increased debt and economic difficulties; problems accessing food and priority deliveries during early phase of shielding support; increased isolation; additional barriers due to the disruption of routine health and social care; accessibility issues/ There is evidence that disabled people, who are more likely to experience poverty, and more likely to work in sectors which have been hit hard by COVID-19, or not be employment.

The following information table about risks of dying from COVID -19 in Scotland was taken from the Scottish Government National Performance webpages.

Deaths from COVID-19



There are substantial differences in the risk of dying for different groups of people within Scotland

Age



The **oldest age groups have been most affected**, with more **than three quarters (77%)** of deaths from among those **aged 75 and over**.

Sex



After adjustment for age, **males were 1.4 times more likely to die than females**.

Ethnicity



There is evidence that **minority ethnic groups are at higher risk of dying from COVID-19 than the rest of the population**, and the risk may not be the same for all ethnic groups.

Location



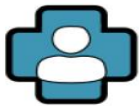
People in **large urban areas were 4 times more likely to die than those in remote rural areas**.

Poverty and Deprivation



People in the **most deprived areas were over twice as likely to die as those in the least deprived areas**.

Existing Health Conditions



Most people (92%) who died between March and August had an existing underlying health condition.

In future we anticipate we will learn more about our citizens and how the pandemic has impacted them. Our aim is to make plans to take further steps to mitigate the impact and improve outcomes. The DHSCP recovery plan (submitted to Scottish Government in partnership with NHS Tayside) aims to address three critical elements: scalable and sustainable plans for living with COVID, including further potential surges in COVID-19 cases and peaks of demand; medium-term recovery planning over the next 12-24-month period; and, re-setting our strategic vision and priorities post-COVID in partnership with people who use our services, carers and communities.

We are aware that the positive progress we had achieved prior to and during the pandemic may not have been sufficient to achieve the fairness and equality outcomes we had hoped for at this stage. Changes that were introduced in 2020 and early 2021 in response to the pandemic were made with a genuine focus on vulnerable people.

Despite the negative impacts of the Pandemic some of our activity and progress towards our equality outcomes has continued to positively impact Dundee citizens and our health and social care workforce in relation to fairness and equality. The priority at present for the workforce, our managers and planners within health and social care is about delivering the most essential supports and services in a safe way along with recovery planning, this is supported by the mainstreaming of equality

responsibilities. A key principle of recovery planning is that 'Plans will act to mitigate and reduce health and social inequalities.* The IJB has had regular updates about progress of recovery plans and take up opportunities to reflect on fairness and equality issues within all planning activity.



1

Health Inequalities



2

**Early Intervention
Prevention**



3

**Localities and Engaging
with Communities**



4

**Models of Support/
Pathways of Care**

*Reducing Health Inequalities is one of four main priorities for the IJB

When developing this progress report, we would have, in more usual circumstances, been able to provide more examples of mainstreaming and more evidence of positive outcomes. It does not seem to be an appropriate approach to seek further evidence at this stage when the workforce overall is stretched and making concerted efforts to continue to deliver supports as well as making well considered recovery plans. It is hoped that we will be able to demonstrate greater engagement with the workforce, carers, and citizens when the next mainstreaming report is due and equality outcomes are reviewed in two-years' time.

Good Practice Example-Violence Against Women

Violence Against Women Website

The Dundee Violence Against Women Partnership launched a new website in 2021 to help professionals and victims of gender- based violence and abuse.

This new resource has information for people experiencing gender- based violence and abuse, including adults, children and young people, and anyone who has a concern about someone experiencing these issues. In addition, the website details relevant legislation, advice and support and protocols for professionals.

The website provides information about the complex nature of all the different forms of male violence as well as giving information about learning opportunities and training.

The website is expected to become a valuable tool for police, social workers, health staff, housing providers, teachers, college and university staff and those in the voluntary sector. It is also relevant for anyone who is concerned about a friend, family member, colleague or neighbour who want to find ways of supporting women and families.

The website will evolve over time and gives a message that violence against women and girls is unacceptable in any form and will not be tolerated in Dundee. The Violence Against Women Partnership will work with others across the city to make sure keeping women and children safe is a key priority for everyone.

The website can be viewed at - dvawp.co.uk/



Our Equality Outcomes and Mainstreaming Framework 2019-22

The IJB directs the work of the Dundee Health and Social Care Partnership and wants everyone in Dundee to have the highest achievable level of health and wellbeing. The Mainstreaming Framework states that the IJB aims to treat everyone fairly. This does not mean that everyone will be treated the same. We know that some people may need extra help to have the same outcomes as everyone else.

The [Equality Act](#) (2010) aims to make sure all people are treated fairly by a service or an organisation. Protected Characteristics are personal characteristics that are aspects of a person's identity through which those individuals may be disadvantaged. The Equality Act protects people from unfair treatment that arises because of who they are, this protection is given to all people who experiences disadvantage because of the characteristic whether they are in the majority or minority of that characteristic population.

More information about the Equality Act can be found [here](#).

What does the Equality Act say we must do?

The Equality Act 2010 says that public authorities in Scotland, including the Dundee Integration Joint Board, must:

- ❖ **Take actions to help people with Protected Characteristics to be able to access the same rights, services and supports as other people (advance equality of opportunity);**
- ❖ **Treat people with Protected Characteristics fairly and positively; and,**
- ❖ **Foster or encourage good relations across all protected characteristics – between people who share a protected characteristic and people who do not share it.**

What are Protected Characteristics?

In the UK 'Protected Characteristics' are people's Age; Disability; Sex; Gender reassignment; Pregnancy and maternity; Sexual orientation; Marriage and civil partnership; Religion, belief or lack of religion/belief; and Race.

Sometimes people are treated unfairly by others or discriminated against because of their particular characteristics. In order for people with Protected Characteristics to have chances to achieve the same outcomes as others they sometimes need support given in a different way. They may also be more likely to have particular health and social care needs.

Many people in Dundee are affected by poverty and poor social circumstances. Poverty and poor social circumstances can affect any of us but sometimes can affect people with Protected Characteristics even more making it even harder for them to have the same life chances as other people.

Family and friends who are carers of people with health and social care needs also have some protection under the Equality Act because of their 'association' with a person affected by the Protected Characteristics of disability and/or age.

You can find more information about people in Dundee and in our workforce with protected characteristics in Appendix 1.



Good Practice Example- Hate Incident Multi-Agency Partnership

Dundee Hate Incident Group

The HSCP contribute to this multi-agency group whose vision is 'To Make Hate Incidents History in Dundee'. This is a sub-group with relevant partners within the Community Safety Partnership. They work together to ensure there are systems and processes in place to report and monitor hate incidents in all its forms. The main aims are to ensure the response is focused on the needs of victims and their communities, and to examine emerging trends and issues and to find ways to drive down such incidents and make hate incidents history. The planned actions of the group include to:

- Identify levels of hate crime and incidents, and through analysis, examine the contributing factors and issues.
- Identify best practice across Dundee and other cities to establish what works.
- Develop a Hate Reduction Plan for the partnership to meet the above objectives and coordinate the response to hate incidents across Dundee.
- Develop a shared set of indicators and an evaluation and monitoring framework to measure progress.
- Develop a communication strategy to ensure all communities are involved and aware of the hate Reduction plan and can contribute to its development and implementation.
- Coordinate joint responses to appropriate consultation exercises
- Ensure partners apply the Lord Advocate's guide lines for recording and investigating hate within their services
- Foster and promote a culture of learning to prevent prejudice and discrimination, and challenge hate.
- Seek opportunities to grow and develop service responses to hate incidents in Dundee
- Ensure local approaches to hate incidents are aligned to national policy and legislative requirements.

What is the Fairer Scotland Duty?

The Fairer Scotland Duty came into force on 1 April 2018, enacting part 1 of the Equality Act 2010, in Scotland. The Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage. IJB's must 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Integrated Impact Assessments undertaken when developing reports for IJB meetings support the report authors to make sure the IJB are informed of both positive and negative and potential equality and fairness impacts.

Good Practice Example- Dundee Fairness Commission

Dundee Fairness Commission

The Health and Social Care Partnership are part of the Fairness Commission. The Commission includes 12 people with personal experience of poverty, alongside 12 people with professional experience, including partners in the public, voluntary, community, private and academic sectors.

Dundee's second Fairness Commission brings together Community and Civic Commissioners to work together as equals in shaping action to make a difference. In recognition of the differential impact of the Coronavirus pandemic, and lockdown in particular, understanding the causes and effects of poverty at a national and local level in the wake of COVID-19 has been a key priority for the Commission.

Trudy McLeay, Vice Chair of the Dundee Health and Social Care Partnership Integration Joint Board is a Civic Commissioner. She said: "*This pandemic has altered many things in life. we have been given an opportunity to refocus on areas which have impacted on our most vulnerable groups and we have renewed insight into what matters to people.*"

The Commissioners developed a survey to explore the experiences of Dundee's citizens with a focus on their priority topics of disability, mental health and fuel poverty. In November 2020 the Commission shared the survey findings. There were a number of key factors identified from the survey that were affecting respondents including: -

- reduced access to services and support;
- the day to day challenges of being locked down;
- uncertainty and concerns about the ongoing nature of the pandemic
- Mental health more broadly;
- Social isolation, loneliness and separation from family and friends; and,
- Financial and job insecurity and the likely effects on life circumstances

It is anticipated that the evidence from this survey will help the IJB and others work in partnership to develop strategies and action that can help protect and support Dundee's citizens and give appropriate financial, mental health, social support and information to alleviate the adverse impacts of this unprecedented crisis.

What do we know about people in Dundee?

We do not yet know enough about the ways the local population or our workforce have changed in the last year or the full impact of the pandemic on our population. From early research we are aware that, across the country, the numbers of people in poverty and poor circumstances has risen, employment has fallen along with a reduction in employment opportunities, under employment and in-work poverty. Cities like Dundee with existing high levels of poverty, unemployment and poor social circumstances are likely to have had disproportionate negative effects in comparison to wealthier areas and the impact of the negative effects. National research suggests that people who were already disadvantaged these are most likely to have adversely affected. Better understanding the impact of the pandemic on people in Dundee who have protected characteristics or are affected by socio-economic disadvantage will be a priority during 2021/22.

Information about the recent experience of people in Dundee was reported to the IJB in December 2020^{xi}. The report analysed and shared the findings from some recent surveys to assess citizens' experience of using services and the impact of the COVID-19 pandemic/ lockdown more broadly, and to explore implications for Dundee Health and Social Care Partnership. Dundee has high levels of poverty and disadvantage with associated effects on health and wellbeing. The likelihood is that the pandemic will make a bad situation worse for many and will impact others who were managing before and now find themselves in adverse situations with little resilience or experience to cope.

What people said about what they were experiencing can be grouped into key themes including:

- financial and job insecurity;
- reduced access to services and support;
- day to day challenges of being locked down including home schooling and home working;
- uncertainty and concerns about the ongoing nature of the pandemic including infection and future restrictions;
- social isolation, loneliness and separation from family and friends; and,
- mental health more broadly was causing concern.

In particular over two-thirds of those who stated they had a disability felt that lockdown had affected their ability to access vital services and of these 72% had concerns about daily living over the next six months due to the nature of their disability

In relation to mental health 63.9% reported experiencing fear/anxiety/stress, 56.4% low mood/depression, and 36.3% social isolation/ loneliness. Of the 553 respondents who stated they were experiencing fear/anxiety/stress, 411 were also experiencing low mood/depression and 269 social isolation/ loneliness.

The report says that '*The findings suggest that accelerated efforts should be considered by a wide range of partners including Dundee HSCP to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves.*' Along with partners across the city Dundee HSCP has committed to prioritising activity to develop actions in response to the survey findings in 2021/22.

During 2020 the Scottish Government initiated an Independent Review of Adult Social Care in Scotland. The review report^{xii} recommends a significant shift in the way that social care across Scotland is overseen. There are a large number of recommendations to enhance the quality of Social Care provision based on a Human Rights approach. National implementation is anticipated to enhance fairness and reduce inequality of outcomes for people who need care and support, their families and carers and the social care workforce.

What are the IJB Equality Outcomes?

In 2019 when setting our equality outcomes, we had discussions with people across Dundee. In particular we listened to the views of people who have Protected Characteristics and those affected by poverty and poor social circumstances. We agreed five Equality Outcomes and made plans to act on these over the next three years.

Each outcome is set out below with examples of ways we have progressed towards these aims over the last two years.

The Equality Act requires us to set new outcomes at least every four years. The IJB must set new Equality Outcomes by April 2023. Our refreshed Equality Outcomes will take into consideration the Outcomes set by our two main partner agencies, NHS Tayside and Dundee City Council.^{xiii xiv}

The Equality Act and the Workforce

Within the Health and Social Care Partnership there are currently around 2,500 people who are directly employed by Dundee City Council and NHS Tayside to deliver our services and supports. A considerable number of our workforce are employed through contracted Third Sector and Independent Sector. We do not produce or publish equality information about the people who work within the Partnership; this information must be publicly reported by NHS Tayside and Dundee City Council as employers. We work together with NHS Tayside and the Council to support them to gather and publish this information for employees who work in Health and Social Care. Although our contracted agencies in the Third and Independent Sector are expected to demonstrate good practice we do not collect information about the characteristics of this part of the workforce.

The Gender Representation on Public Boards (Scotland) Act 2018 sets a gender representation objective of 50% women for certain public boards. The IJB is not listed as a public body who must comply with the provisions of the legislation however it is best practice to pay cognisance to the gender representation objective and the Scottish Government encourages organisations in the public, private and third sector to voluntarily commit to the 50/50 target. Historically, women have been under-represented in public and corporate leadership. However, there is clear consensus that increasing diversity in the boardroom and in senior leadership encourages new and innovative thinking, maximises use of talent and leads to better decisions and governance. As at the 31st March 2021 67 % of the voting IJB members were women and 53 % of all (voting and non-voting IJB members) were women.

Although there is no requirement for Public Boards to report information or consider the wider diversity of the board members it may be something that the IJB may wish to consider doing in future years.



Good Practice Example- Living Wage for Social Care Workforce

Implementation of the living wage for social care workforce

Adult social care workers in Scotland are to receive the Real Living Wage of at least £9.50 an hour from May, backdated to April 2021.

A policy initiative introduced in 2016, agreed that all social care staff in Scotland should be paid the 'real living wage'-including staff in public, private and third sector social care bodies. In addition to this, following the recent Independent Review of Adult Social Care in Scotland, there are number of actions proposed to develop minimum standards for employment terms and conditions in order to support Scotland's social care services to be high quality and consistent for those who use them and also for those who deliver them.

These plans will influence care and support for people with disabilities and older people supporting their social care support to be underpinned by a human rights-based approach, providing consistent and fair support for independent living enabling their rights and capabilities

The plans, as well as being an investment in critical service provision, address a key issue of equality and gender fairness for the largely female, workforce. It recognises the economic and social value of the work that staff in social care carry out.

The Dundee Health and Social Care Partnership Social Care Contracts Team introduced additional requirements to enable agencies tendering for contracts to commit to Fair Work practices. One example of this relates to service providers, who wish to tender for the award of a contract to deliver care at home services on behalf of the Partnership. These providers are required to provide a method statement as part of their tender submission detailing how they will commit to Fair Work practices for social care staff engaged in the delivery of the contract. In addition to the payment of at least the Real Living Wage to staff, providers are also asked to consider the wider Fair Work practices that are particularly relevant to the social care sector in their response to the method statement.

This includes:

- Tackling Inequality and Supporting Increased Staff Retention - including, through offering paid travel time, paid inductions, Protecting Vulnerable Group Scheme checks and uniforms, taking a positive approach to rewarding staff at a level that helps tackle inequality;
- Diversity - improving the wider diversity of their staff, such as improving the gender balance in supervisory and management roles;
- Providing Skills and Training - including effective staff induction, PVG checks, commitment to Modern Apprenticeships and opportunities to use skills which help staff fulfil their potential and encourage their career progression;
- Stability of Employment - for example, by committing to no inappropriate use of zero-hour contracts or other exploitative employment practices, such as umbrella companies;

- Staff Engagement - taking the engagement and empowerment of staff engaged on this contract seriously, including having arrangements in place to ensure Trade Union representation or alternative arrangements to give staff an effective voice; and
- Work Life Balance and Benefits - having measures in place to support staff in both their working and personal lives, for example, support during sickness, pensions or opportunities to consider flexible working patterns and commitments to staff well-being.

The provider's method statement is evaluated with the score awarded contributing to the overall score, their ranking and the subsequent award of a contract to deliver care at home services.

Providers are advised that the Fair Work practices described in the method statement need to be tangible and measurable as they will be monitored and reported during contract management procedures.

Actions taken to achieve Equality Mainstreaming and our Equality Outcomes

The following table lists the Equality Outcomes and their aims along with some of the progress we have made towards these aims. We have highlighted some of the actions which make significant contributions towards fulfilling our Mainstreaming responsibilities (see actions highlighted in yellow.)

We have also included some proposed future activity to further progress towards full achievement of these outcomes in 2021-2023

<p>Equality Outcome 1 – We will make sure people get the care they need and not treat people unfairly because of their characteristics or circumstances.</p>
<p>Aim</p> <p>Make sure access to services is based on need and not characteristics or circumstances. For example, we might provide services that are targeted at people living in less affluent areas of the city.</p> <p>Members of our workforce at all levels, and in all parts of the Partnership listen and take appropriate action when they and/or local people identify issues regarding Health Inequality impacting on people who have Protected Characteristics and people affected by poverty or poor circumstances.</p>
<p>In DHSCP there is no one person responsible for fairness, equality and diversity. Our colleagues are responsible for treating people fairly and providing services consistent with our equality duty. The Strategy and Performance Service take a lead in some matters and are supported to do this through Dundee City Council and NHS Tayside shared expertise as well as obtaining advice from Dundee City Council Legal Section where relevant.</p> <p>Examples of ways we supported this aim</p> <ul style="list-style-type: none"> ➤ The Health and Social Care Workforce have access to the learning opportunities available through both NHS Tayside and Dundee City Council. The Council Learning and Organisational Development developed new learning packages in response to the increasing need for employees to have the core skills and values needed to embed equalities and human rights into our daily practice. <p style="margin-left: 40px;"><u>Employees of NHS Tayside and Dundee City Council have Mandatory E Learning through the Brightwave eLearning Council Equality and Diversity Module or NHS Tayside Training that which is predominantly done through the completion of on-line, e-learning (LearnPro) modules Equality and Diversity.</u></p> <p style="margin-left: 40px;">NHS Tayside has trained Equality and Diversity Champions for a number of years with a significant number of the HSCP workforce currently taking this role. <u>The champions are continuously developed and supported through 10 network meetings per year as well as regular emails throughout the year to maintain and enhance their learning.</u></p> ➤ We have encouraged and supported our workforce to attend Contact SCOTLAND-BSL awareness raising sessions on line and face-to-face. ➤ We have worked in partnership with NHS Tayside to develop the Tayside Wide Mental Health and Wellbeing Strategy and Change Programme. People with lived experience of mental health issues have continued to be involved in shaping this strategy throughout its development. This encompasses a system wide approach to Living Life Well and takes cognisance of unequal risks of mental health problems that are not distributed randomly in the population but are more common in socially

disadvantaged populations, in areas of deprivation, and are associated with unemployment, less education, low income or material standard of living. In addition to this it is noted that there is a clear inequality gradient associated with suicides, with Suicide being three times more common in the most deprived areas in Tayside compared to the least deprived.

➤ Within the Partnership we have developed services which provide targeted support to reduce inequalities associated with protected characteristics and/or socio- economic disadvantage. These include:

- The Community Health Inequalities Team is a partnership between Dundee Health and Social Care Partnership and Dundee City Council. The team aim to reduce health inequalities by providing support for local people and services within designated deprived communities and with identified at risk groups and individuals to build community capacity. More information can be found at www.dundeehealth.com
- The Corner offers a wide range of health and peer-led services to young people aged 11 - 25 through the drop-in centre and outreach work including providing a local base for LGBT Development Worker and a “We Are With You” Substance Misuse Worker.
- Penumbra Carers Wellbeing Point is an innovative pilot, aiming to engage people caring for those facing mental health challenges. Through the use of a digital Wellbeing Point resource, prior to the pandemic walk-in access was be available to Carer’s to facilitate independent research into connecting with community resources. Interactive group workshops on a range of topics commonly affecting Carer’s were delivered, including the sharing of practical tools and tips with the addition of Peer support. During the Pandemic the wellbeing point moved to on-line working.
- In 2019-2020 there was further development of Dundee Carers Centre Localities approach to supporting carers following their highly successful ‘Caring Places’ project in Strathmartine and Coldside. During development of this approach Carer support staff and volunteers engaged with people in local communities in order to get to know carers, their families and other communities’ members. The work involved finding out the best ways to work with people to ensure that all the carers in Dundee are identified and receive the support they need. Each local community will be enabled further develop carer support suited to the local circumstances.
- Supported by Scottish Government DHSCP has introduced Free Personal Care for people under 65. This brings parity with those over 65 who have received this care free of charge for many years.
- The Crescent is a recent development in the North East of Dundee which continues to be a Centre where DHSCP have a strong presence. The locality where it is based is one of multiple deprivation which suffered from a lack of accessible, appropriate buildings to deliver services to local people. Along with other agencies in Dundee Partnership the DHSCP have developed the resource to include a Medical Practice, Outpatients Clinics, and Community Activities. The Crescent is a model which demonstrates the benefits of integrating services to tackle social and health inequalities in a way which also supports the physical regeneration of the local area and engages with local people.
- We have supported the redevelopment of Lochee Health Centre to create a space where the Medical Practice is integrated with a wide range of community support services and teams. This centre facilitates the provision of clinics and group working facilities in an area where social deprivation and health inequalities are particularly prevalent.

What do we need to do now?

- 1) Continue with a mainstreaming equality approach. Informing our workforce with a variety of learning opportunities including (when responsibilities regarding the pandemic allow) developing a “Learning Portal” on DHSCP website.
- 2) Consider introducing a HSCP Equality and Diversity Network including NHS Champions and others in HSCP workforce.
- 3) Support the continuation and further development of the Tayside Wide Mental Health and Wellbeing Strategy and Change Programme.
- 4) Consider how best to accelerate efforts to mitigate effects of the pandemic for those in most need in Dundee by a wide range of partners.

Aim

Find ways to collect information about whether people with Protected Characteristics or who experience poverty or poor circumstances take part in our activities and access the same level of services and support that others do.

Examples of ways we supported this aim

- We provide information to the IJB, managers in the HSCP and Scottish Government as part of the Source Social Care (SourceSC) dataset. This provides an extract of data on social care clients and the services they receive. The data includes age, gender, ethnic group and postcode information which can be used to identify areas of deprivation.
- We share information about the demographics of our service users based on Local Community Planning Partnership areas. This information and the accompanying analysis supports consideration socio-economic differences and to some extent protected characteristics like age and gender. This information informs plans to address Health Inequalities.
- We have produced in-depth analysis of specific areas of performance, including falls and readmissions, including detailed breakdowns of performance relating to socio-economic differences, gender, disability and age. This information has informed improvement plans for health and social care services.
- We provided a response to the Chief Statistician’s consultation on gathering data on sex and gender to reflect how changes in national guidance and information return requirements could support improved information gathering, analyse and reporting at a local level.
- We are currently revising our Partnership wide Strategic Needs Assessment and have specified that this will include an enhanced focus on data that is currently available relating to protected characteristics, fairness and inequality.

What do we need to do now?

- 1) We need better data on use of services and support and to integrate this more fully into our internal and public facing performance reporting. We are awaiting further advice on gathering data on gender, sex and transgender status from the Chief Statistician, Scottish Government and Working group about a person’s sex and gender Data collection and publication; as well as information about Scottish Parliament plans to reform the Gender Recognition Act 2004

Aim

Continue working in partnership with Dundee City Council and NHS Tayside to respond to what people with Protected Characteristics said when they spoke with us about the Equality Outcomes and proposed actions

Examples of ways we supported this aim

- DHSCP colleagues participate in and lead some Local Community Planning Partnership Meetings.
- Strategy and Performance colleagues attend DCC Equality Steering Group and NHS Tayside Equality and Diversity Governance Group.
- We have been working alongside partners in Dundee City Council and NHS Tayside to carry out their British Sign Language plans.

What do we need to do now?

- 1) Continue current interfaces and develop relevant new actions with NHS and Council partners following publication of their Equality Outcomes in their 2021 Mainstreaming Reports.

Aim

Demonstrate greater understanding about the need for sex/gender -based approaches to meeting needs and delivering supports and services.

Examples of ways we supported this aim

- The Dundee Violence Against Women's Partnership is led by the Protecting People Team hosted within DHSCP. This Partnership brings agencies together to tackle violence against women.
- The VAW Partnership has developed an interim strategic plan covering the period of 2021-2022.^{xv} The aim of the VAW prevention and elimination of all forms of violence against women and girls. Work has included reforming a Commercial Sexual Exploitation Working Group; supporting a variety of awareness raising events including the reclaim the Night March; and promoting and delivering training at a range of levels.
- A sub group of VAW Partnership will be initiated in 2021 to consider and plan to support women with disability who are affected or potentially affected by VAW issues.
- Community Recovery service colleagues meet women in Safe Spaces within local hostels and the Cairn Centre in order to offer women support in a space they are comfortable in. Individual and group work sessions are designed to help progress individuals towards appropriate other services and community support.
- In 2020 funding was secured from the Corra Foundation for a Gendered Services Project Manager to make a difference for vulnerable women getting access to services. This post is currently hosted in Dundee Volunteer and Voluntary Action.

What do we need to do now?

- 1) Continue current progress and develop new initiatives as required.

Good Practice Example- Social Prescribing

Sources of Support (SOS)

The Sources of Support Social Prescribing team is part of the Health Inequalities Service. Based in local GP/Medical Practices the Social Prescribing Link Workers help individuals by supporting them to access services and activities that will improve their quality of life and health and wellbeing.

The service is available to adult patients with poor mental health and wellbeing affected by their social circumstances with the purpose of reducing the impacts of health inequalities. Due to the

accessible, inclusive nature of the service people with Protected Characteristics are often among those who access Sources of Support. Following the onset of the COVID pandemic the Link Workers continued to provide support remotely through telephone calls or video links.

As each individual is unique the advice and support given is personalised to them. It ranges from advice about wellbeing, to supporting people to connect with services and other people, to making sure that they have access to the basics of life including food and shelter. During the pandemic evidence is emerging that many people's mental and emotional wellbeing has declined. Supporting people who are isolated has been challenging during the pandemic but the Link Workers continued to seek and find creative and personalised ways to help people manage their situation and address their feelings of isolation.

One recent example included working with an adult male who applied for Asylum status and has permission to stay in the UK; he lives alone and has no family in the UK. He recently had COVID and has been quite unwell and his mental health has been poor. Of immediate concern was that he could not afford food and a diet which met his religious needs. The Link Worker arranged a food parcel and the client was advised how to access food support if needed in future. The Link Worker encouraged the client to share what was troubling him, and as a result, they explored various services including online resources for information on bereavement and mental health support, free help lines, online communities, and free online and telephone counselling.

The client shared that he was keen to do voluntary work and was particularly interested in tasks related to his skills and qualifications. Project Scotland work with people to support them to volunteer and their specialist refugee worker responded quickly to offer a volunteer placement within two days. The client is now using his existing skills and gaining valuable experience. The Link Worker also made contacts with specialist professionals who have been able to support him to learn and understand entitlements and restrictions of his status as an asylum seeker.

The advice and support from SOS has provided vital assistance for this client to achieve the outcomes he is seeking in life and to improve his health and wellbeing.

Equality Outcome 2 – We will make our plans with the people that the plans will affect. We will make sure that we listen to everyone who wants to give their view. We will encourage and support people to tell us their views.

Aim

Carry out Equality and Fairness Impact Assessments on all new or revised plans, policies, services and strategies presented to the Integration Joint Board.

Examples of ways we supported this aim

- Impact assessments completed as required in format designed by Dundee City Council, taking into account relevant local views and research information.

What do we need to do now?

- 1) Currently DHSCP Impact Assessments are not commonly published with the plans they relate to. Consider the best ways to achieve this including possibly incorporating these in minutes of IJB when published on internet.

Aim

Find ways to improve the quality of IJB Impact Assessments.

Examples of ways we supported this aim

- We currently utilise the Dundee City Council Integrated Assessment template. We have contributed to recent reviews and updates to this document. Guidance has been written for report writers and managers in HSCP and is shared when IJB report writers request report templates.

What do we need to do now?

- 1) Consider undertaking an audit of IJB reports Integrated Impact Assessment Equality and Fairness Section to identify areas for improvement.
- 2) Offer a Development session on equality and diversity offered to all IJB members and members of ISPG.

Aim

Along with partners (in particular Community Planning) we will further develop the ways in which we involve people who have an interest in fairness and who know about how Protected Characteristics, poverty and poor circumstances affect outcomes in making plans and designing supports and services.

Examples of ways we supported this aim-

- Key people within DHSCP, including the vice-chair of the IJB directly contributed to the Dundee Fairness Commission, other supported the delivery of parts of the work of the Commission. The role of the Fairness Commission is to develop policy recommendations which are designed to tackle the impact of poverty and inequality. An update was provided to the IJB in December 2020 with findings from surveys undertaken by the Fairness Commission, Engage Dundee and the Food Insecurity Network to explore the experience of Dundee citizens during the pandemic. The IJB report concluded that *“accelerated efforts should be considered by a wide range of partners including Dundee HSCP to mitigate effects for those most in need whilst building resilience for individuals and communities to provide responses themselves.”*
- In order to plan appropriate responses to support carers impacted by the pandemic Dundee Carers Partnership undertook a COVID engagement exercise. Preliminary findings were shared with the Carers Partnership in December 2020 and further analysis took place in early 2021. We know that there are more Carers with increasingly complex caring roles since the pandemic and the Engagement will support future planning.
- DHSCP has continued to be represented on the Hate Incident Multi-Agency Group whose aim is to ‘Make Hate Incidents History in Dundee’. This is a sub-group with relevant partners within the Community Safety Partnership. The group work together to ensure there are systems and processes in place to report and monitor hate incidents and ensure the response is focused on the needs of victims and their communities.
- DHSCP is used to supporting a high level of involvement by the public, service users, carers and stakeholders in the strategic planning processes. Particular arrangements have been made to support involvement in the city and strategic planning including involvement of older people, people with learning disability, people with mental illness and older people.
- We support a variety of mechanisms to increase involvement of service users in design of services and supports. These mechanisms contribute to planning and co-production in our services as well as in national and other local developments. They include the Carers Voice Group, Mental Health SUN (Service User Network), Advocating Together and The Charter for Involvement local and National Networks.

- After listening to service users, carers and stakeholders about the stigmatising impact of some language the Dundee Integrated Substance Misuse Service changed the name of their service to the Dundee Drug and Alcohol Recovery Service.

What do we need to do now?

- 1) Continue with or reinstate successful developments whenever possible.
- 2) Test and find additional ways to gain views in social distance climate, including to inform the next review of the Strategic and Commissioning Plan and Equality Outcomes.
- 3) Further develop opportunities especially related to re invigorating public confidence after impact of national restrictions imposed during the pandemic.

Good Practice Example- Making Recovery Real

Making Recovery Real

Dundee Health and Social Care Partnership in conjunction with the Scottish Recovery Network launched “Making Recovery Real” (MRR) in 2015. This is partnership between a range of organisations from health and social care, and the Third Sector who work with people recovering from mental health issues. This partnership came together to promote and advance mental health recovery in Dundee.

By listening to, and involving people who have a lived experience of mental health issues, this project has developed recovery approaches to mental health which are entirely person-centred.

MRR gives people with lived experience of mental health difficulties the opportunity to be at the centre of decision-making, service design and practice development in their local community. MRR focuses on the creation of conditions in which people, including services and people with lived experience, can work and learn together to identify and prioritise what should happen in their community to support mental health and recovery. Videos showing personal stories and information about the Dundee group are available at

https://www.youtube.com/playlist?list=PLIOPOO_PpGpUfQgWhopu4PkvskCJ6u8dm

Equality Outcome 3a – To help us plan for the future we will collect information to check that people have fair access to our services and support. This will include information about how people with Protected Characteristics and people who live in poverty and may be affected by poor social circumstances use our service. We will share this information with the people who gave us it and others anonymously and in a way that they can understand

Aim

We will improve the collection and reporting of equality data to help to inform how we deliver supports and services in the future.

Examples of ways we supported this aim

- Please also refer to information in Equality Outcome 1 related to ensuring those who need care and support accessing supports and services.

- We have published Locality Profile information about the people who live in each of the eight Community Planning Partnership areas.^{xvi} This information helps planning for supports for these areas and, when refreshed, will support us to analyse if progress has been made towards the HSCP outcomes for people living in these areas.
- We have listened to and shared the findings of Dundee Drugs Commission and the Tayside Mental Health Inquiry. Following the sharing of these reports, plans have been initiated to make changes to increase positive outcomes for people in Dundee and those who care for and support them.
- The IJB Performance and Audit Committee receive regular reports, 'Quarterly Returns', with statistics comparing Dundee with other areas and including differences in Local Community Planning Partnership areas. This information is analysed and comparisons made between areas of deprivation regarding important statistics like: Emergency Hospital Admissions rates; number of bed days; and amount of Delayed Discharge. This information informs plans to address Health Inequalities.

What do we need to do now?

- 1) Continue to collect and analyse information.
- 2) Explore opportunities to use data from Mosaic Record System to enhance our knowledge and guide our plans.
- 3) Consider how themes from our complaints and compliments process can inform our actions on fairness and equality.

Equality Outcome 3b - We will give people information about our supports, services and plans in a way that they can understand.

Aim

We will consider how to make our plans and information about supports and services accessible to all who have an interest in them.

Examples of ways we supported this aim-

- Throughout the COVID Pandemic DHSCP has shared relevant information, particularly with advice relating to COVID with a wide range of agencies and through HSCP website and Dundee City Council Website. This has included BSL and other language information as well as easy read information created locally
- We have actively disseminated, shared and signposted people to accessible information through the DHSCP and Council and NHS Tayside channels. This has included foreign languages as well as BSL and easy read information. Some examples are below. In particular we have cascaded BSL and other information through our Sensory Strategic Planning Group mailing list and with our contracted Sensory Social Work Service North East Sensory Services.

Some examples of information that has been provided follow:

1. Summary Information about Health and Social Care Partnership Plan
https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019_summary.pdf
2. Plain English description and suggested ways to getting help via libraries to access information re Mental Wellbeing
https://www.dundeehscp.com/sites/default/files/publications/mental_health_and_wellbeing_briefing_for_communities_final.pdf

3. Care at Home Information (during Pandemic)

https://www.dundeehscp.com/sites/default/files/publications/dhscp_covid19_home_care_leaflet_v5.pdf

4. Summary Version 2019-2020 Annual Performance Report

https://www.dundeehscp.com/sites/default/files/publications/dhscp_summary_201920_final.pdf

5. We shared accessible key information about the Pandemic on our Webpages

<https://www.dundeehscp.com/our-publications/news-matters/coronavirus-bsl-videos-and-accessible-information>

6. Blue Badge Information in was created in BSL <https://www.dundee.gov.uk/service-area/chief-executive/chief-executives-services/bsl-information-council-services>

<https://www.dundee.gov.uk/service-area/chief-executive/chief-executives-services/bsl-information-council-services>

What do we need to do now?

- 1) Ensure we continue to target and provide accessible information provision in a way that is required.
- 2) Consider how we communicate key priorities and information from our COVID recovery plans to the public in an accessible way.

Aim

We will provide interpretation and translation and other communication supports when people need these to access our services and supports

Examples of ways we supported this aim-

- As part of supporting NHS Tayside and Dundee City Council in the delivery of the BSL (Scotland) Act 2015 we have shared sources and links to BSL information widely and funded additional BSL information provision via the Sensory Services Strategic Planning Group.
- We have a contracted Social Work and Specialist Equipment Service for people with Sensory needs. The current provider North East Sensory Services who have the skills, knowledge and experience to work directly with Blind, Partially Sighted, Deaf, Deaf Blind people and those who are Hard of Hearing. Their workforce can communicate directly with people in British Sign Language.
- The workforce in the Health and Social Care Partnership has full access to interpreting services from NHS Tayside to provide services and supports to those whose main language is not English.

What do we need to do now?

- 1) Continue to contribute to actions and review of NHS Tayside and DCC BSL Plans.
- 2) Monitor contract with North East Sensory services.
- 3) Continue to seek feedback from NHS Tayside Interpretation Service and ensure our workforce access this as required.

Equality Outcome 4 –The Health and Social Care Partnership will be part of activities in local communities.

Everyone will have chances to be part of these activities and the activities will be accessible to everyone who wants to take part.

Aim

We will find ways to make sure that when we work with people to design services and supports that take into account the diverse characteristics of the local population.

Examples of ways we supported this aim-

- HSCP colleagues are working alongside the workforce from other agencies to provide basic pandemic supports, foods and essentials in local areas.
- After the start of the pandemic the Safe Zone bus diverted from its late-night city centre remit to go out to new locations in local communities providing advice and assistance to all people in need. The bus now provides help with a range of issues, including health, mental health, drug and alcohol brief interventions, debts, benefits, housing and homelessness. The bus acts as a base for nurses, social workers and welfare staff perform crisis interventions within a community-based setting.
- In order to improve quality, patient outcomes, person centred care and access to services for people with disabilities or rehabilitation needs there was a significant redesign and development of Physiotherapy and Occupational Therapy Teams. As part of this the service has become a front runner in the use of technology to improve access to services.
- The HSCP workforce have encouraged and supported ways for individuals to contribute to the development and activity of the Green Health Partnership whose aim is to support people in engaging with nature and spending time outdoors as a method to help cope with a wide variety of health issues.

What do we need to do now?

- 1) We will seek opportunities to meet this aim even in restricted circumstances
- 2) When restrictions are lifted we will need to ensure that original arrangements are reintroduced if relevant and new opportunities are developed.

Aim.

We will make sure that there are affordable opportunities for people with Protected Characteristics to be safely involved in health and social care activities in their local communities

Examples of ways we supported this aim

- The Health Inequalities Service have supported a wide range of people in local communities to access health and social care activities in their local communities in an inclusive affordable way
- A number Health and Social Care Partnership services deliver support to people with disabilities and older people to gain and regain fitness and skills to take part in activities in local communities.
- The expansion of digital remote services during the pandemic has supported some people to more easily access health and social care supports and services and reduce associated costs such as travel and childcare.
- During the pandemic we have tested the provision of digital devices and connectivity to services, communities and vulnerable individuals to reduce the digital divide and help them to access remotely delivered health and social care services.

What do we need to do now?

- 1) With partners explore and consider how best to reduce inequality in access associated with inequality in accessing on-line technology

Good Practice Example Dundee Community Health Team-Short Health Walks**Dundee Community Health Team**

The Community Health Team is part of the Health Inequalities Service and supports and delivers a range of community-based activities in areas where there are a high proportion of people affected by social and economic disadvantage. The aim is to support people to protect and improve their health and wellbeing which will in turn help to address health inequalities. The programme includes short health walks suitable for a range of walking abilities as well as short courses on topics such as budgeting and cooking skills, healthy lifestyles and mental wellbeing.

All courses are free of charge, adapted to meet the needs of participants. These are open to anyone who wants to join them including people who have physical disabilities and people with mental health problems.

Short Health Walks: Dudhope Park, Baxter Park and Hilltown Park

The Community Health Team programme of Short Health Walks has been running for over 12 years starting with around 6-8 adults. Prior to the pandemic, it reached over 60 people at any point in time.

The walking groups are designed to take an inclusive approach and attract people from different ethnic backgrounds and age groups as well as those with physical disabilities, learning disabilities and mental health challenges. Participants who benefit from participating in the walks have a range of conditions such as Asperger's Syndrome, Autism, Down's Syndrome, Dementia, Fibromyalgia, Depression, Anxiety, Sensory Impairment, and/or may be recovering from surgery recovery or trying to lose weight. The programme has been instrumental in bringing people together in a safe, supportive environment and helping them improve their physical, mental and social wellbeing.

These supported walks take place in green spaces in Dundee with accessible paths and a range of routes to suit a range of abilities. The walking routes often include visits to community cafes and lunch clubs which provide nutritious low-cost food for the walkers and others within the community. Having access to the lunch clubs has proved to be very important for the walkers as some are unable to make their own meals and others struggle financially. Some cafes require customers to pay by donation only, supporting those on low incomes and those who find it difficult to budget. The walks have also been a way for participants to build friendships and to find out about and access other activities in their communities. This has proven to be an important factor in improving some participants mental and social well-being.

Below are Quotes from some participants

"I have had two knee operations and I was advised to get back to gentle exercise, the walk at Baxter Park is suitable for me"

"I have had breast cancer and breathing problems, I can no longer do long walks, the shorter walks are fine for me"

"I like to go to the walking groups, it doesn't cost me any money and that is important to me as I struggle to live on benefits"

"I get to meet a lot of people, I am lonely a lot of the time. I look forward to the walks it gets me out of the house"

Equality Outcome 5 – Staff in Dundee Health and Social Care Partnership will be treated fairly at work.

Aim

We will work with NHS Tayside and Dundee City Council to implement their action plans which affect staff working in the Health and Social Care Partnership.

Examples of ways we supported this aim-

- HSCP colleagues have worked in Partnership with NHS Tayside and Dundee City council and attended NHS Tayside Equality and diversity Governance Group and the Council Equality Steering Group on a regular basis.
- In 2020 NHS Tayside developed a Black, Asian and Minority Ethnic Workforce Network. The network is open to all Health and Social Care Partnership employees from NHS Tayside and Dundee City Council and was widely advertised.
- When it became known that people from minority communities were at higher risk related to COVID
 - Dundee City Council instructed managers to ensure that individual conversations are undertaken for any Black, Asian and Minority Ethnic Employees (BAME) and Expectant Mothers within their teams, which result in a more formal assessment of risk and a referral to medical services for further assessment as needed.
 - NHS Tayside has undertaken appropriate risk assessment and relevant mitigating actions for BAME employees.
- Harassment Support is provided in Dundee City Council with an aim of the elimination of personal harassment by seeking to resolve perceived issues at an early stage. There are 16 Harassment Support Officers who offer their skills and time to support other employees on an informal basis with any perceived harassment problems. They work across the council and can provide advice for any employee. HSO who are based in DHSCP offer support to employees in other council and HSO colleagues from other parts of the council are available for HSCP colleagues.
- Dundee City Council Health and Safety Officers analyse Violence and Aggressions forms submitted by the workforce to identify any possible "hate" incidents and recommend appropriate action
- DHSCP Contracts Team ensure equality good practice in contracted services through detailing expectations in the formal contract as well as monitoring the service provided. Included in the contract are clauses such as: -

The Provider

- *shall ...comply with the requirements of the Human Rights Act 1998*
- *confirms that..... they have complied with the Equality Act 2010 to eliminate discrimination, advance equality and foster good relations across the range of protected characteristics and... agrees to continue to comply with this Act.*
- *provide the Service in a non-discriminatory manner and shall promote equality.*
- *shall not discriminate, directly or indirectly*

What do we need to do now?

- 1) Continue to work in partnership to maintain current progress and develop new initiatives as required.

Aim

We will work with providers in our commissioned services to support them to be a fair employer. This includes the implementation of key policies such as ensuring the payment of the Scottish Living Wage for all adult social care workers.

Examples of ways we supported this aim-

- Contracts Officers regularly monitor fulfilment of contract including agencies and advise about expectations including that of being a Fair employer.
- Arrangements are in place to support implementation of Living Wage for the Social Care workforce who are employed by Providers contracted to provide services by the HSCP.

What do we need to do now?

- 1) Consider the seven Fair Work Recommendations from the Independent Review of Social Care in Scotland Report^{xvii} and contribute to their development and introduction. Find more ways to ensure we offer work through direct employment and contracted provider as well as Self-Directed Support options that is fairly paid, where individuals are supported in training and personal development.



Now and in Future

Dundee Health and Social Care Partnership has had to act quickly to change the way supports and services were delivered during the COVID-19 pandemic, whilst ensuring the wellbeing of the workforce and providing support to unpaid carers. New and innovative ways of working have been adopted by the Partnership in order to support the most vulnerable people in the city throughout the Coronavirus (COVID-19) pandemic. Information about some of the developments was published in an IJB report with a Recovery Plan in August 2020.^{xviii} The recovery plan is a working document and will continue to evolve and develop over time. It is envisioned by the partnership that the medium to long-term impacts of the pandemic will persist for many years.

We maintained essential services, including face to face contact with service users and patients, and intensive work was undertaken to upskill and train to support redeployment of colleagues from other sectors. A range of services and supports have been rapidly redesigned to enable continued operation in the context of social distancing regulations and public health advice.

The Partnership made a significant contribution to wider Dundee Community Planning Partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses.

We have evaluated and continue to evaluate, understand and learn from the ways these changes have impacted people including how people with Protected Characteristics have been affected. There has been a continued emphasis on supporting people most affected by Health Inequalities, poverty and poor circumstances.^{xix}

The determinants of health need to be addressed as part of wider partnership activities that focus on prevention and inequality in a place-based way through whole systems approaches co-ordinated through the Dundee Community Planning Partnership.

The Dundee Health and Social Care Partnership is committed to monitoring the implementation of recovery plans for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic deprivation and their carers and taking mitigating actions as appropriate. We will also continue wider work to tackle health inequalities as one of our four strategic priorities within our current strategic and commissioning plan.

The Partnership's Health Inequalities Team has a specific focus on delivering services that identify and directly contribute to reducing health inequalities through approaches such as health and homeless outreach, Keep Well and the Sources of Support social prescribing initiative. Along with other agencies this service has provided significant support to wider Community Planning responses, such as the establishment and operation of Community Support Centres that have provided food and other basic needs for Dundee's most vulnerable communities.

The Partnership will continue to maintain a commitment to maintain services and to protecting the health and wellbeing of the people in Dundee and of the workforce providing services and support. We know there is much to learn and build on from our responses to date and it is anticipated that further learning will emerge.

It is anticipated that the Partnership will continue concentrate on essential service areas, keeping safe those who are most at risk and vulnerable while developing and resuming supports and services wherever possible and appropriate maintaining a focus on Equality, Inequality and Fairness.



References

- ⁱ <https://www.legislation.gov.uk/asp/2014/9/contents/enacted>
- ⁱⁱ https://www.dundeehscp.com/sites/default/files/publications/mainsteam_report_and_equality_outcomes-2019-2022.pdf
- ⁱⁱⁱ <https://www.dundeehscp.com/our-publications/news-matters/dundee-health-and-social-care-partnership-strategic-and-commissioning>
- ^{iv} <https://www.dundeehscp.com/publications/ijb/6600>
- ^v https://www.dundeehscp.com/sites/default/files/publications/mainsteam_report_and_equality_outcomes-2019-2022.pdf
- ^{vi} <https://nationalperformance.gov.scot/scotlands-wellbeing-impact-covid-19>
- ^{vii} https://www.equalityhumanrights.com/sites/default/files/equality_and_human_rights_commission_how_coronavirus_has_affected_equality_and_human_rights_2020.pdf
- ^{viii} <https://nationalperformance.gov.scot/scotlands-wellbeing-impact-covid-19>
- ^{ix} <https://www.gov.scot/publications/covid-19-disabled-people-scotland-health-social-economic-harms/>
- ^x <https://www.dundeehscp.com/our-publications/news-matters/dundee-health-and-social-care-partnership-road-recovery>
- ^{xi} IJB Minutes can be found here: <https://www.dundeehscp.com/publications/ijb>
- ^{xii} <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>
- ^{xiii} <https://www.dundee.gov.uk/service-area/chief-executive/chief-executives-services/equality-and-diversity/equality-outcomes-and-mainstreaming-reports>
- ^{xiv} <https://protect-eu.mimecast.com/s/4P3vC9DzrikqJEKSEK6pJ?domain=eds.tayside.scot.nhs.uk>
- ^{xv} <https://www.dvawp.co.uk/professional/vaw-partnership>
- ^{xvi} <https://www.dundeehscp.com/publications/all?page=4>
- ^{xvii} <https://www.gov.scot/groups/independent-review-of-adult-social-care/>
- ^{xviii} <https://www.dundeehscp.com/our-publications/news-matters/dundee-health-and-social-care-partnership-road-recovery>

Appendix 1 Information (Pre-Pandemic) about Protected Characteristics of People in Dundee and in our workforce

The following table below gives some significant information about our local population prior to the pandemic:

Characteristic	Dundee's Population
General	The population of Dundee was 149,320 in 2019 ^{xviii} the number of households was 70,685.
Gender	There were more females (51.7%) than males (48.3%) in Dundee.
Age	Census Data from 2011 ^{xviii} said we had the same rate over 65's as the rest of Scotland at just under 17%. Our younger population aged between 16 and 9 at 5.7% is a higher number compared to Scotland as a whole, 4.9%.
Age	Between 1998 and 2019, the 0 to 15 age group saw the largest percentage decrease (-13.6%). The 75 and over age group saw the largest percentage increase (+9.1%).
Age	Over the next 10 years, the population is projected to decrease by 1.5% due to natural change (more deaths than births). The average age of the population is projected to increase as more people are expected to live longer
Age	Life expectancy is lower than most of Scotland level and life expectancy was higher for females (79.2 years) than for males (74.0 years) in 2016-18.
Ethnicity & Disability	In 201 1.7 % of Dundee's population did not speak English well or at all with only 96% speaking English well or very well.
Disability	The 2011 there were 408 people in Dundee who could use British Sign Language as a main language in their household.
Disability	Dundee had a higher proportion of people living with one or more health conditions in comparison to Scotland overall.
Sexual Orientation	Across Scotland in 2016 the percentage of people identifying as lesbian, gay or bisexual (LGB), was 2.2%. This comprised of 1.2% identifying as gay or lesbian, and 1.0% as bisexual. ^{xviii}
Poverty	Deprivation in Dundee is high, 36% of Dundee's population live in the most deprived areas. Income deprivation continues to decrease. and has fallen since 2009 in all of the locality areas with the East End ward being the most affected from income deprivation. ^{xviii}

General (workforce)	The Council's workforce is under-represented across many of the equality characteristics. In 2019 overall, non-disclosure rates totalled 12.17% and fully accurate comparison can only be made once non-disclosure rates are minimised.
Race Religion and Belief (workforce)	24.67% of Council employees failed to provide their religion or belief and race information. The biggest single group within religion or belief (census) was no religion or belief which accounts for 40.85% of Dundee's population. This group accounts for 31.79% of Council employees who shared this information.
Gender (Workforce)	In terms of gender, the Council's workforce is made up of 67.88% female and 32.12% male, this is different from the census information which states that 51.99% are female and 48.01% are male.
Gender (workforce)	In 2019 the Dundee City Council average hourly rate for a male employee was £15.35 and the average hourly rate for female employee is £15.24, a gender pay gap for the whole Council of 0.72% in favour of male employees.
Disability (workforce)	In 2019 in the Council there was disability pay gap of 13.44% in favour of the non-disabled employees.
Race (Workforce)	In 2019 in the Council there was a minority racial group pay gap of 5.50% in favour of the employees who are members of a minority racial group.
Gender (workforce)	In 2019 in NHS Tayside the gap of Male to Female 18.85% in favour of male employees
Ethnicity (workforce)	In 2019 98.75 % of the workforce in NHS Tayside recorded that they were white in comparison with 96.76 of the local population. 2.10 % of the local population identified as Asian, Asian Scottish or Asian British whereas only 0.54% of employees identified as being in this group.

Committee Report No: DIJB15-2021

Document Title: Dundee Integration Joint Board Mainstreaming Equality Progress Report 2019-2021

Document Type: Other

New/Existing: New

Period Covered: 01/04/2019 - 31/03/2021

Document Description:

The Equality Act places a duty on Public Bodies to publish a set of equality outcomes every four years and a report describing how well they are achieving these outcomes at least every two years. Public Bodies must also report on the progress they have made to make the equality duty integral to the exercise of their functions. This report is the two-year Equality Progress Report which gives information about how Dundee Integration Joint Board (IJB) are mainstreaming the equality duty and achieving the equality outcomes that were set in 2019. The report provides an overview of some of the positive progress that has been made over the last two years, as well as identifying priorities for further progress and improvement in 2021/22.

Intended Outcome:

To support scrutiny of progress in implementation of statutory equality and fairness duties by the IJB, including scrutiny by members of the public who have Protected Characteristics.

How will the proposal be monitored?:

Statutory requirement to provide update reports every 2 years.

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A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive
Gender Reassignment:	Positive
Marriage and Civil Partnership:	Positive
Pregnancy and Maternity:	Positive
Race/Ethnicity:	Positive
Religion or Belief:	Positive
Sex:	Positive
Sexual Orientation:	Positive

Equality and diversity Implications:

The report outlines the range of activity progressed the the Partnership, in collaboration with wider Community Planning partners, over the last two years to mainstream equality and fairness and to achieve the IJB's equality outcomes. The report details activities that have had a positive impact on people with Protected Characteristics, including members of the delegated workforce. The report also identifies for further improvement activity over the next 12-24 month period.

Proposed Mitigating Actions:

None required. The report details priorities for further activity.

Is the proposal subject to a full EQIA? : No

The report outlines the range of activity progressed the the Partnership, in collaboration with wider Community Planning partners, over the last two years to mainstream equality and fairness and to achieve the IJB's equality outcomes. The report details activities that have had a positive impact on people with Protected Characteristics, including members of the delegated workforce. The report also identifies for further improvement activity over the next 12-24 month period.

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive

The Ferry: Positive

West End: Positive

Household Group

Lone Parent Families:	No Impact
Greater Number of children and/or Young Children:	No Impact
Pensioners - Single/Couple:	Positive

Single female households with children:	No Impact
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive

Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	No Impact
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:

The report details activity undertaken over the last two years to implement the Fairer Scotland Duty within the IJB and Health and Social Care Partnership. The range of actions described has had a positive impact on people across the local community planning areas, with the most significant focus being on areas who experience socioeconomic deprivation. Information is also provided regarding developments and improvements made that positively impact on different care groups, including people who have mental health challenges, who use substances or have other vulnerabilities / complex needs.

Proposed Mitigating Actions:

None required - the report outlines identified improvement actions for the next 12-24 months.

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	No Impact
Adapting to the effects of climate change:	No Impact

Resource Use

Energy efficiency and consumption:	No Impact
Prevention, reduction, re-use, recovery or recycling waste:	No Impact
Sustainable Procurement:	No Impact

Transport

Accessible transport provision:	No Impact
Sustainable modes of transport:	No Impact

Natural Environment

Air, land and water quality:	No Impact
Biodiversity:	No Impact
Open and green spaces:	No Impact

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None.

Environmental Implications:

None known.

D. Corporate Risk Impacts

Corporate Risk Implications:

The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions: