

Equalities Outcomes 2020-24

Summary of Key Evidence That Has Informed Our Outcomes

Evidence A

Is Scotland Fairer? The State of Equality and Human Rights in 2018. Equalities and Human Rights Commission.

Older people and people with mental health conditions or physical disabilities were less likely to report having good or very good health.

Women had a higher life expectancy and healthy life expectancy compared with men.

People living in the most deprived areas had lower life expectancy compared with those living in the least deprived areas.

Disabled people, people with mental health conditions and people from ethnic minority groups were more likely to live in poverty.

Men are more likely to die by suicide than women. The number of adults who reported poor mental health has not changed since 2010.

Women, disabled people, single people and people who had previously been in a long-term relationship were more likely to report poorer mental health and wellbeing.

The number of referrals to Child and Adolescent Mental Health Services (CAMHS) increased, yet one in five referrals were rejected.

People with a learning disability or autism experienced delays in accessing appropriate mental health community services and were likely to have longer stays in hospital than other mental health patients.

Some lesbian, gay, bisexual and transgender (LGBT) people experienced homophobic, biphobic and transphobic language and behaviour in health and social care settings.

Some transgender people, people who experienced homelessness reported they experienced discrimination in accessing healthcare services.

The prison admissions process was found to be robust in helping to identify healthcare needs; however, there was variation in mental healthcare available to prisoners and inconsistencies in older prisoners' experiences of personal and medical care.

The majority of LGBT young people (76%) felt supported and respected by their GP; the same pattern holds across sexual orientation and gender identities. Yet less than 1/3 felt supported across all NHS services they had used.

Gypsy / Travellers had low rates of outpatient appointments, hospital admissions, A&E attendances, cancer registrations and maternity hospital admissions.

Younger people were more likely to exercise than older people, although there were increases for all age groups. Women participate less in sport than men, particularly in some ethnic minority groups. Disabled people were less likely than non-disabled people to participate in physical activity regularly.

Many disabled people lived in homes that did not meet their requirements to live independently.

People who did not use the internet were likely to have less active lifestyles, have poorer mental health, and feel less socially connected to their local area than those who did have internet access. There was an increase in older age groups using the internet. Disabled people were less likely to use the internet compared with non-disabled people but the gap is decreasing.

Evidence B

Sexual Orientation in Scotland, A Summary of the Evidence Base 2017. Scottish Government

Just under 2% (1.6%) of the Scottish adult population identifies as Lesbian, Gay, Bi-sexual or Other (LGBO). A further 2.8% didn't not know or did not disclose their identity. The LGBO population in Scotland was much younger than the heterosexual population. Around three in ten LGBO adults were young adults (aged 16-24) – compared to around a sixth of heterosexual adults. Only four percent of LGBO adults were aged 75+ compared to a tenth of heterosexual adults.

LGBO adults were less likely than heterosexual adults to report good general health (71%). compared heterosexual adults (75%. 10% LGBO adults recorded bad or very bad health compared to 7% of heterosexual adults.

LGBO adults were more likely to report a long term limiting condition (26%) than heterosexual adults (23%) despite having a younger age profile. LGBO adults (30%) were more likely to smoke than heterosexual adults (20%). LGBO adults had lower mental wellbeing than the heterosexual group (but not significantly different when age standardised adjusted).

LGB people in Scotland can experience discrimination when using services, in particular healthcare. This includes experience of discrimination when accessing services and being uncomfortable about disclosing their sexual orientation (or gender identity). Many LGBT people reported wrong assumptions being made about their sexual orientation (or gender identity) due to lack of knowledge or inappropriate responses from health care professionals. LGBT people reported that mental health services do not always meet their needs.

Evidence C

National Advisory Council on Women and Girls: monthly spotlight women and girls' health, 2019.

While women in Scotland have a longer life expectancy than men, they are less likely to be free of long-term health conditions and are significantly more likely to have limiting long-term conditions. Overall, there is no significant difference between the mental wellbeing of men and women, but at ages 13-15, girls are more likely than boys to have poor mental wellbeing.

Women are slightly less likely than men to report positive experiences of General Practice and Out of Hours services.

Young carers are more likely to experience poor mental wellbeing and emotional and behavioural problems than those who do not have caring responsibilities, for example. Women living in the most deprived areas of Scotland are less likely to attend routine screenings for breast and cervical cancer, and are more likely to die from these diseases. LGBT women across report experiencing discrimination when accessing healthcare.

Evidence D

Scottish Government Equality Outcomes: Disability Evidence Review, 2013

Far fewer people with a disability or long-term limiting illness (32%) assessed their health as good or very good, compared to those with no disability (88%).

People with a limiting long-term condition were more likely to have poorer mental health and wellbeing, poorer dental health, higher levels of obesity, higher prevalence of cardio-vascular disease. Whilst people with a limiting long-term condition were less likely to drink above recommended levels of alcohol, they were more likely to smoke.

People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care. This is attributed to the training, awareness or attitudes of healthcare professionals

The majority of respondents (86%) in a GB study on experiences / expectations of disabled people said that they did not have any unmet needs for help and support for day to day activities or less regular tasks. However, the remaining 14% of respondents said they needed some kind of help that they were not currently receiving. This figure was higher among women (16%) than men (12%). Single person households and low-income households (under £10,400) were more likely to report unmet support needs.

Evidence E

Scottish Government Equality Outcomes: Ethnicity Evidence Review, 2013

Mental wellbeing scores for White British respondents were poorer than for other ethnic groups. But poorer mental ill health was reported by a large proportion of ethnic groups, but none were significantly different from the national average.

No clear differences between ethnic groups in self-reported experiences of Scottish inpatients were identified. Patients requiring an interpreter or any help to communicate were less positive about their experiences.

Of people receiving home care whose ethnicity was known, 99% were of white ethnicity. A GB wide study evidenced that not all formal support services respect, understand and accept different cultural expectations (family life, use of space in the home, religious obligations, self-care and domestic tasks).

There is little research evidence directly relating to social care services for older and disabled Gypsies/Travellers.

Evidence F

Gypsy/Travellers in Scotland, a Comprehensive Analysis of the 2011. Scottish Government

Gypsy/Travellers (28%) were more likely than the general population (20%) to have a limiting long-term health problem or disability despite a much younger age profile. Only 69 per cent of Gypsy/Travellers reported 'good' or 'very good' health compared to 82 per cent of the general population.

Gypsy/Travellers were three times more likely to report 'bad' or 'very bad' health compared to the general population (15 per cent and 6 per cent respectively).

Evidence G

Equalities Staff Survey 2019

Health and social care staff were invited to give their views on how people with different protected characteristics are able to achieve good health and wellbeing, access health and social care services and where improvements should be made. 220 staff participated providing their views on what is working well in AHSCP but also areas for improvement. The main themes / issues identified were:

People with disabilities and in particular people with mental health problems were identified most frequently by staff as needing further support to achieve positive health and wellbeing.

Staff reported that people don't know where or how to access services. Access and availability of local support and services can be limited particularly in rural areas. People need support, advice & signposting to live well

There are transport & geographical barriers in Aberdeenshire.

Staff expressed concern that some people experience fear, have concerns for their safety, experience stigma

When asked about interpreting and translation services only a quarter of responders knew how to access these services. Not enough time and cost pressures were given as barriers to using these services

Staff believed that AHSCP is good at providing person centred care to meet individuals' needs and that services are more integrated. More is still needed to improve communication (between services and with people).

Staff reported that AHSCP is getting better at engaging and listening to local people to inform service delivery/ improvement, but we need to involve service users more.

Staff felt that more targeted services and resources are needed for key groups, and more help for people to know what support is / services are available is needed.

They also believed that further staff awareness on equalities is needed.

Evidence H

Summary Findings from Strategic Plan Public Engagement with Targeted Local Groups 2019

Several approaches were used to involve people with protected characteristics in the development of the strategic plan for 2020-25. An online survey and face to face discussions were used. Equalities monitoring was incorporated into the survey to better understand who had responded. Unfortunately only 15% of all online responders chose to complete the equalities monitoring information, so it was not possible to use this information to assess if health and social care priorities varied across protected groups.

Face-to-face engagement sessions were organised with established groups whose membership represented particular protected groups. Aberdeenshire Youth Forum, Older People's forums, Walking Groups, Community Cafes, New Scots community, English as a Second or Other Language (ESOL) group, Fraserburgh In Touch, Learning Disabilities and Physical Disabilities service user groups, Prisoners, Carers, Men's Sheds, and Carers all participated. The main themes that arose are as follows:

Social contact and access to local groups is the most important for wellbeing to address loneliness, healthy weight, physical activity and active transport.

Issues that are important to Young people are drugs, alcohol and bullying

Important service areas of concern included GP waiting times, availability of mental health services, high quality care / support for carers, particularly in rural areas.

There was a strong desire for staff to be well trained and to understand the needs of service users/patients. This would ensure people are treated with dignity, respect and without stigma

Responders highlighted a need for better support and information to support their involvement in decisions. Specific area included highlighted accessible language support and understandable / accessible information

There was a general interest in using technology to access information and services.

Evidence I

Citizens Panel 2019

Aberdeenshire Community Planning Partnership uses a Citizens' panel to seek local people's opinion on services in their local area, to inform decision makers. The panel has approximately 1250 residents on the panel. In 2019 the Panel were asked their views on the extent to which people with protected characteristics face more health challenges than the rest of the population, and on how well Aberdeenshire Health and Social Care Partnership services meets the needs of people with protected characteristics.

More than half of respondents (58%) felt that people with protected characteristics face more health challenges than the rest of the population; Around a quarter (26%) feel there is no real difference.

Age and disability were seen as the main priority groups in terms of health and wellbeing; 96% of respondents included each of these groups in their top three priorities. Pregnancy and maternity are also seen as a priority group; 74% included pregnancy in their top three priorities. Relatively few respondents see other protected characteristics as a priority in terms of health and wellbeing needs. Younger respondents are more likely than others to highlight gender reassignment as a priority group for health and wellbeing, while older respondents are more likely than others to highlight age.

When asked 'what extent does AHSCP meet the needs of people with protected characteristics?' 50% of respondents felt the HSCP was meeting their needs.

Most respondents would feel confident talking to health and social care services about their or their family's protected characteristics; 64% indicated this while 12% would not be confident talking to services. Respondents are less confident that services could meet the specific needs associated with their or their family's protected characteristics. Less than half (46%) are confident that services could meet their needs, and more than 1 in 5 (22%) are not confident about this – although it should be noted that a substantial proportion are unsure of how well services would meet their needs. Older respondents and those with a disability are more confident than others that services could meet their specific needs.

Evidence J

Engagement with People who have a Physical Disability and/ or Sensory Impairment, 2018

Over 100 (104) people participated in an online survey. Just over half (57%) of responders agreed / slightly agreed that they had access to good quality health care, whilst nearly a third (30%) did not. Fewer agreed/ slightly agreed that they had access to good quality social care (36%) with a similar proportion (33%) reporting they did not.

The main areas reported as requiring focus included: Length of waiting times for GP and hospital appointments, poorly co-ordinated services, lack of resources, services not being available, locally practitioners need to be better trained in pain management, , transport and travelling distance were key themes.

When asked what local services would be beneficial responders identified the following: local clinics and diagnostics e.g. x-ray, access to exercise classes, greater use of technology, named GPs for those with long term conditions and specialist support for conditions such as mental health, sensory loss and pain.

From a social care perspective counselling, advice and befriending services, respite care, preventative support to maintain independence, and more creative use of existing facilities were identified.

People highlighted that they experienced difficulty finding out what was available locally and where to find information. The use of digital systems to communicate with practitioners (using phone/skype consultations) was viewed positively by those who had used them. This was also seen a way of overcoming barriers caused by the cost and time of travelling.

Evidence K

Engagement with People with Learning Disabilities, 2018.

Over 120 people were involved who use established groups, including day services, supported work placements, social clubs and service user forums.

People with learning disabilities told us that they are scared of going to the doctor, scared of going to the dentist and scared of going to the hospital. They find these health appointments daunting because they often do not understand why either little preparation was done prior to appointment, little support was provided during the appointment, or no follow up information offered after.

People with learning disabilities also spoke about feeling undervalued – by either not being spoken to directly or not having medical procedures explained to them. In terms of support people want to be supported by people who are nice, knowledgeable and dedicated. Good support should be flexible and not always regimented – some people just want to sit down with their carer to talk and have a cuppa.

Evidence L

Engagement on Mental Health and Wellbeing Services, 2018

A series of 13 public events were held across Aberdeenshire involving over 200 people. Workshops were held in a range of settings including HMP Grampian, to shape AHSCP's mental health strategy

Better support to enable people to self-manage mental health and wellbeing was identified. Participants wanted a move away from medicalising distress. This included access to brief advice / interventions, information and support to access community opportunities, exercise classes.

There was a strong emphasis on 'community'. With a need to ensure that accessible information on 'what is out there' is available, groups and supports to address social isolation are accessible, use technology to improve access, and enhance locally provided services e.g. psychological support. Also involve people with lived experience to help develop services.

In terms of services, emphasis was placed on recovery-based approaches. People wanted to have better choice, control and flexibility (through Self Directed Support), better housing options and support (including supported accommodation). Effective transition pathways for all ages and more talking therapies. Partnership with the 3rd sector and people with lived experience to develop commissioned services was also an area for focus.

There was recognition that practitioners should be appropriately supported and able to access training. There should also be better mental health and wellbeing support for employees.

Evidence M

Engagement with People Affected by Dementia, 2019

131 people living with dementia and/ or their carers took part in three public events & five additional sessions with interested groups. A face to face session was held for staff including independent providers and third sector partners with 31 people taking part. In addition 248 people completed a survey.

Fear of getting a diagnosis and associated stigma was a major concern identified by participants. The length of time in getting a diagnosis often took too long – particularly for those with young onset dementia or in situations where families have concerns but the person with suspected dementia does not wish to seek a diagnosis.

People's experiences of post diagnostic support varies across Aberdeenshire. Timely information was a consistent theme, with participants stating more information is needed in GP surgeries and public spaces as well as online. In many

cases there was a lack of awareness of what is currently available which was shared by those responding in both a personal and professional capacity.

Evidence N

Engagement with People for whom English is their Second Language, 2017-2019

- 60 people participated in two focus groups. English was the second language of almost all of the participants. Participants shared their experience of using primary care services.
 - The majority of participants (85%) reported it was easy to obtain information about GP Services. Fewer (46%) felt it was easy (or very easy) to access GP services with nearly a third (27%) reporting it was difficult or very difficult. When asked what would make services, suggestions included: better availability and shorter waiting times for appointments with doctors, increasing the number of doctors, and more understanding staff (both doctors and receptionists). Of those that responded, two thirds advised they were not offered Language Line or face-to-face interpreting services. Only one person stated that it was not required.
 - Slightly fewer people who responded felt it was easy or very easy to access dental services (69%), or (75%) ophthalmic and pharmacy services. Two thirds of those that responded reported they were not offered interpreting and translation support to access dental services. Whilst over 90% of responders were not offered this support in ophthalmic or pharmacy services.
 - Areas that participants suggested would improve services, included: promoting services, increasing the numbers of staff, shorter waiting times for appointments, and availability of interpreters.
- b) In 2018/9 Aberdeenshire Health and Social Care Partnership undertook an engagement process to explore and understand the increase in use of Urgent Care Services in North Aberdeenshire. 153 people (86 staff and 67 patients, family members or carers) participated. People for whom English is their second language were supported to participate, to share their experiences of accessing both Minor Injury units and G-Meds out of hours services. The first language of participants included Portuguese, Polish, Brazilian, Latvian, Lithuanian, Russian, Peruvian and Spanish.
 - Patients for whom English is their second language highlighted challenges in accessing services and being understood by health

practitioners. Patients told us that language support is not always offered and that they feel limited in their ability to communicate or understand care advice fully. Some explained that they have a level of English to converse but are not always able to understand complex or technical information such as medical advice. Staff highlighted challenges in using Language Line including cost and practicality of usage. During urgent cases other quicker approaches are more practical e.g. Google Translate or family member translating.

Other issues raised in this engagement was the ability to access GP services due to the nature of the economy locally and the reality of working on zero hours contracts. People advised they are not always able to take time off work to attend the GP during normal working hours. This was especially highlighted by people working in the fishing industry.