



Mainstreaming Equalities and Equality Outcomes for 2025-2029

Our commitment to delivering care and support in a way that is
fair and equitable to all.

*We want every person in Perth and Kinross to live in the place they call home with
The people and things they love, in good health and with the care and support they
need, in communities that look out for one another and doing the things that matter
most to them.*

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1. Who are we and what do we do?

Perth and Kinross Health and Social Care Partnership (PKHSCP) is the delivery structure for services that are delegated to the Perth and Kinross Integration Joint Board (IJB). Perth and Kinross Council and NHS Tayside delegate some services to the IJB in order to integrate strategic planning with the aim of improving the experiences and outcomes for people who use services, their carers and families. Integration is about becoming more joined up in meeting needs for health and care; focusing more on prevention, early intervention, and anticipatory care; support; and tackling health inequalities.

The total financial resource available to the IJB in 2024/5 was £170 million serving the needs of a population of approximately 153,810. Health and social care expenditure per head of population in Perth and Kinross is lower than the Scottish average. There are approximately 2000 people who work in the Health and Social Care Partnership, and we commission over £70million of care services across the area.

Over 2024/25, the PKHSCP Chief Officer and Chief Finance Officer have presented a detailed evidence base of population need and the criticality of maintaining current levels of budget for the population. As a result, the funding bodies have increased funding from 2025/26 for the first time since the IJB was established in 2016. Both NHS Tayside and Perth and Kinross Council have increased funding allocations to keep pace with increased demand. This is experienced across all care groups and most acutely in older people and learning disability services. This will assist the IJB to maintain services and avoid the negative impact of reducing vital services and the potential adverse consequences for people most at risk of experiencing health inequalities.

Perth and Kinross IJB is a separate legal entity and the Scottish Government outlines who the members of the Integration Joint Boards in Scotland should be. Membership of the Perth and Kinross IJB includes four public partners, two representing residents with experience of using health and care services and two representing unpaid carers alongside local councillors, NHS Board members, professional advisers, staff from the Health and Social Care Partnership and a representative for voluntary organisations.

The IJB meets regularly and alternates between formal meetings where decisions are made (these are live-streamed and open to everyone) and informal development sessions where all members of the board have more in-depth discussions on specific issues and topics. Formal meetings are publicised and held in a location which is

accessible to the public and deputations can be made to the formal meetings by an office bearer or spokesperson of any organisation or group with the agreement of the Chair. All IJB papers are published on the Council website. The IJB has one sub-committee which is the Audit and Performance Committee which also adheres to the above.

A list of services delegated to the IJB and provided by the PKHSCP is set out at Appendix 1. Progress is measured via National Health and Wellbeing Outcomes, and these are listed in Appendix 2.

2. Our strategic plan

The IJB must produce a strategic plan which sets out how services should be provided over the medium term, using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication, and review of the strategic plan. The IJB approved its third Strategic Plan on 05 June 2024 to cover the period 2024-27 [IJB Strategic Plan Drafts](#). The plan sets out the aims and ambitions for people living in Perth and Kinross and to provide outstanding services and help people to live their best possible lives. A comprehensive Joint Strategic Needs Assessment was carried out to inform the plan [Microsoft Word - HSCPJSNAFINAL201123](#) which brings together information and data on health and care needs of the adult population of Perth and Kinross in one place, to create a picture of service needs now (and in the future) to identify what we need to do to meet the needs of our population, address health and care inequalities. This also helps to identify equality outcomes.

Our shared vision for ***every person in Perth and Kinross to live in the place they call home with the people and things they love, in good health and with the care and support they need, in communities that look out for one another and doing the things that matter most to them.***

Our ambitions are to enable everyone to:

- stay as well as possible for as long as possible
- live as independently as they can for as long as is safely possible
- to thrive and to be valued members of their community

The plan sets out ***a commitment to delivering care and support in a way that is fair and equitable to all, recognising that this may mean that services are provided in ways which meet the different needs of people.*** The plan recognises that there is a need to reduce and minimise inequalities which can be as a result of social, economic or educational status combined with discrimination based on age, disability, race, or any other protected characteristic to promote and realise a person's optimal health and wellbeing.

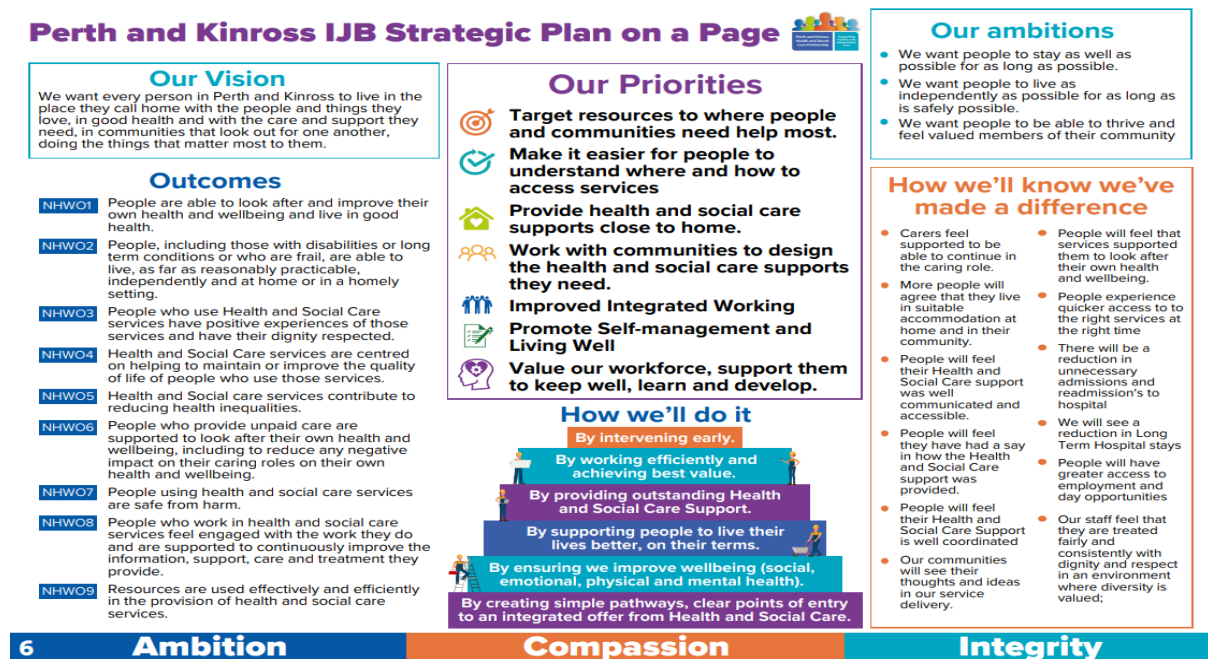
3. Our Strategic Priorities

The IJB Strategic Plan 2024-2027 sets out seven priorities which are aligned to the National Health and Wellbeing Outcomes. Each priority resonates with what people in communities and staff told us during an extensive consultation process which targeted those most likely to require and rely upon health and social care services in their daily lives.

The IJB **seven strategic priorities** for health and social care in Perth and Kinross:

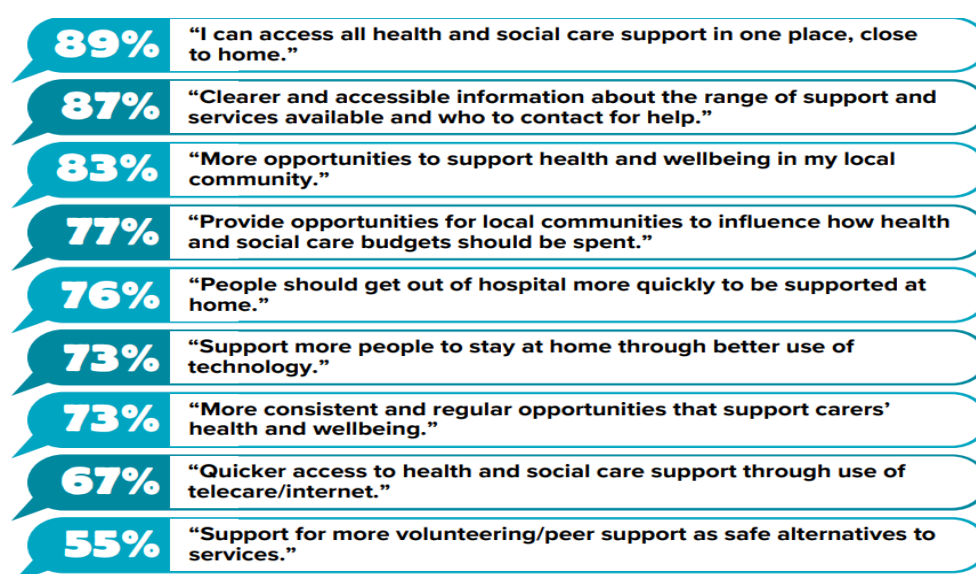


The IJB Strategic Plan for Health and Social Care on a page



Each of the strategic priorities are derived from the strategic needs assessment and extensive evidence base derived from engagement across our communities using the Scottish Approach to Service Design. This ensured a strong focus on people with living and lived experience being at the heart of designing services that meet their needs and rights. To maximise public involvement and participation a mixed approach to engagement was adopted. By using both quantitative and qualitative methods it provided us with a more comprehensive and holistic understanding of the

issues, needs and experiences of individuals and communities. A participation programme was agreed which offered participants a range of opportunities to participate including locality drop-in events, targeted focus groups and a survey. The aim was to promote participation from diverse and hardly heard groups of people in shaping the future of health and social care services and develop a better understanding of what matters to them. The outcomes from the engagement provided a firm understanding about what people want from our services and how they can be adjusted for their particular needs and protected characteristics. This forms the basis for our strategic planning and how we will transform and change the way in which we deliver services. What people said they wished in order of priority:



4. Participation and Engagement

In December 2024, the IJB approved a revised Participation and Engagement Strategy, Connecting with Communities for Change 2025-2028 which sets out the strategy for working alongside our communities,

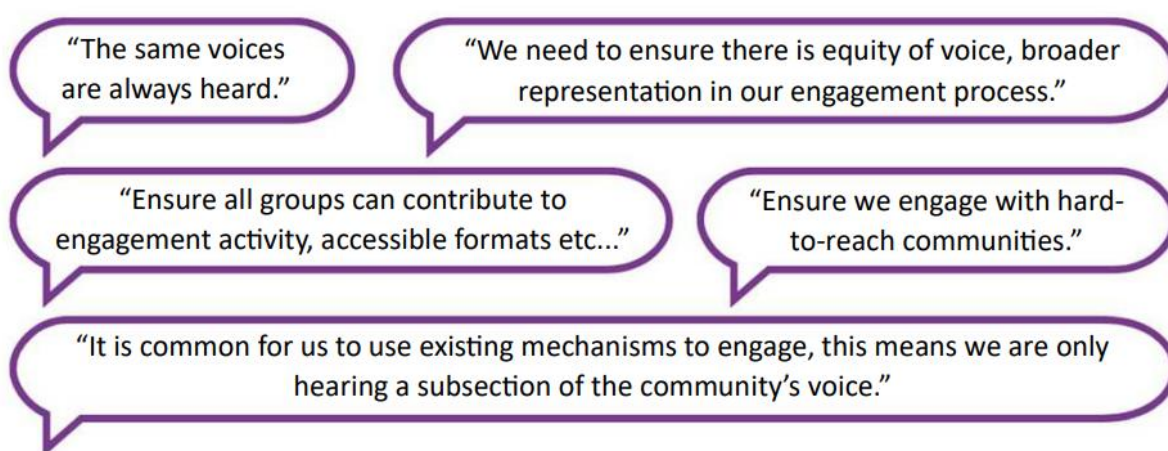
Our leaders recognise and support the need to think and act differently. We are seeking to move away from the limitations of a top-down or bottom-up approach to participation, towards our vision of embedding a collaborative approach where we work side-by-side with communities, continuously engaging and listening to each other and offering opportunities to work together. The strategy sets out a series of commitments to put people at the heart of what we do:

- Harness the strengths and assets that every community and everyone has to offer.
- Learn and share what works well.
- Elevate the views of people with lived experience, their families and carers.
- Listen and involve the widest possible range of people, so that everything we do is influenced by a diverse range of views and perspectives.

- Work to establish systems and processes which strive to support individual and community empowerment.

In setting out our participation and engagement strategy we recognise that health and health inequalities is one of our greatest challenges as good health significantly impacts overall wellbeing, family and community life. The foundations for this work are equality; diversity; accessibility and reciprocity. We recognise that engaging with people who face inequality is crucial for solving challenges which affect them. We will assume people want to be heard and use accessible methods to elevate everyone's voices within our communities and encourage more diverse representation.

Our engagement team carried out 393 conversations, visited 60 community groups and held 3 workshops with the IJB's Strategic Planning Group upon which to build the strategy. Some key insights into improving engagement are set out below.



The strategy provides examples of good practice which evidence approaches which are already embedded in Perth and Kinross which are inclusive and designed to elicit high levels of engagement by equality protected groups. There will be annual reporting of progress of the engagement strategy, and it is intended that equality monitoring will be an integral part of this reporting. Good practice case studies are produced in Appendix 3.

5. Why Equality Outcomes are important for the IJB and the PKHSCP

Equality is at the heart of what we do. Our revised equality aims and outcomes for 2025-2029 reflect this by making our intentions clear and setting measurable actions for meeting our commitments. We want our aims and outcomes to be reflected in our everyday deeds and actions in how we work with people who use health and care services and our communities.

We have undertaken extensive engagement and consultation over the past year to finalise a new Strategic Plan for Health and Social Care and asked what matters to people who use health and care services, their carers, and our staff. Our equality aims and outcomes, set for the next four years, reflect these lived experiences and suggestions for how things can be done differently.

Planning strategically for health and social care services based on a comprehensive needs assessment provides a sound basis for tackling inequalities and identifying equality outcomes to mainstream equalities more effectively. As well as it being the right thing to do as an IJB and Health and Social Care Partnership, there are legal duties in relation to equality.

The Equality Act 2010 says that the IJB must write a report which explains what it will do as part of its day to day working to make sure people are treated fairly and publish equality outcomes. The Equality Act and Fairer Scotland Duty aims to make sure all people are treated fairly. It says that authorities, including the IJB, must help remove unlawful discrimination. This means that it must take actions to prevent people with protected characteristics (equality protected people) from being treated unfairly.

The Equality Act 2010 (the Act) consolidated equalities legislation and strengthened the requirements to progress equality. The Act sets out the full range of the nine 'protected characteristics', which are protected from discrimination on the basis of:

- age
- disability
- gender reassignment
- marriage and civil partnership (apply to duty as an employer only)
- pregnancy and maternity (apply to duty as an employer only)
- race
- religion and belief
- sex
- sexual orientation

The Act also introduced a General Equality Duty, which applies only in the public sector. This Duty requires public bodies, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between persons who share a relevant protected characteristic, and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic, and those who do not share it.

The General Equality Duty must be taken into account by public bodies in respect of how the work they do impacts on:

- The groups they provide services to
- The people they employ
- The partners they work jointly with
- Those from whom they contract and procure services

It should be noted that only the first requirement of 'eliminating unlawful discrimination, harassment and victimisation' applies in the case of marriage/civil

partnership. 'Due regard' means giving appropriate weight to promote equality in proportion to its relevance. None of the employment related requirements under the Equality Act 2010 apply to the Perth and Kinross IJB. With very limited exception, staff in the Perth and Kinross Health and Social Care Partnership will continue to be employed by NHS Tayside and Perth and Kinross Council and will continue to be included within the respective Equality Outcomes and Mainstreaming Reports published by those employing organisations.

The IJB does not directly employ staff as its purpose is strategic planning for integrated health and social care services. Staff are employed by either Perth and Kinross Council or NHS Tayside. As the IJB does not employ staff, it is not required to produce or publish staff equality information.

The IJB recently updated its public partner membership which was achieved through an agreed election process. This process sought to widen opportunities for people with lived experience of health and social care to become a member of the IJB and at the same time expanded the voting process to more service users. An independent evaluation of the process will be carried out in 2025, and the scope of this evaluation will assess the extent to which this has advanced the IJB's equalities duties.

The requirement to consider award criteria and conditions in relation to public procurement also rest with the contracting body which, for the most part, is Perth and Kinross Council which commissions social care services in line with the IJB strategic plan.

The PKHSCP is working closely with the Community Planning Partnership and in the development and delivery of the Local Outcome and Improvement Plan which is being refreshed and will have a particular focus on a Health and Wellbeing Strategy to address the social determinants of health and wellbeing inequalities.

The key legal requirements for PKHSCP and the IJB are to:

- Report progress on mainstreaming equality.
- Publish equality outcomes and report on progress.
- Assess and review policies and practices against impact on "protected characteristics".
- Publish equality information in a manner which is accessible.

In April 2018, the Scottish Government enacted the Fairer Scotland Duty placing a legal responsibility on Health and Social Care Partnerships to actively consider (pay due regard) how to reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. The duty sits within part 1 of the Equality Act 2010, and links to the Public Sector Equality Duty.

6. Equality Protected Characteristics in Perth and Kinross

The data in relation to the nine protected characteristics in Perth and Kinross that is used to underpin equality impact assessments and decisions by Perth and Kinross Council can be summarised as follows:

1. Disability:

28% of the Perth and Kinross population consider themselves to have a long term physical or mental health condition, compared to 22% for Scotland overall. (*Scottish Household Survey 2016*)

2. Sex:

49% of the Perth and Kinross population identify as male, the same as Scotland overall. (*Scottish Household Survey 2016*)

3. Race:

98% of the Perth and Kinross adult population classify themselves as 'White', compared to 96% for Scotland as a whole (*Scottish Household Survey 2016*)

4. Sexual orientation:

99% of the Perth and Kinross adult population identify as Heterosexual, compared to 98% for Scotland overall. (*Scottish Household Survey 2016*)

5. Gender reassignment:

The Registrar General for Scotland maintains a Gender Recognition Register in which the birth of a transgender person whose acquired gender has been legally recognised is registered showing any new name(s) and the acquired gender. The Gender Recognition Register is not open to public scrutiny. Local information is not available. (*NRS Registration Division 2016*)

6. Age:

16% of the population in Perth and Kinross comprise young people under the age of 16 years, compared to the national average of 17%.

People aged 65 and over account for 24% of the total population, higher than the national average of 20%. By 2039 this proportion is set to increase to 30%. (*ONS Population data*)

7. Marriage and civil partnership:

58% of the Perth and Kinross adult population are married or in a civil partnership, compared to 47% for Scotland as a whole. (*Scottish Household Survey 2016*)

8. Pregnancy and maternity:

In 2016, the birth rate was 53.5 per 1000 women aged 15-44. In other words, broadly 5.4% of women of childbearing age were pregnant in 2016 in Perth and Kinross, compared to 5.2% for Scotland as a whole. (*NRS Vital events 2016*)

9. Religion and belief:

52% of the Perth and Kinross adult population consider themselves to have a religious belief, compared to 49% for Scotland as a whole. (*Scottish Household Survey 2016*)

National data sources have been used to provide this information but it should be noted that the Scottish Household Survey is only based on a sample of respondents so variations may not be statistically significant. We recognise that we have further progress to make in reassuring and encouraging service users and patients to routinely disclose equalities information, and to routinely collect and utilise it.

This data combined with the findings from the Joint Strategic Needs Assessment (JSNA) align with areas of significant need and demand and identify significant which should be taken into account in any equality and fairness impact assessment. A high-level summary of data and analysis within the JSNA include:

Rurality. The Perth and Kinross geographic area covers 5,286km² (2,041 square miles). It is one of the most sparsely populated regions of Scotland at 29 people per km² compared to the Scotland average of 70. The majority of the population live mainly in a rural area with 67.8% living in remote and rural locations and 32.4% living in urban areas. This data gives a clear picture of the proportion of people who are likely to experience deprivation of access to health and social care services.

Access Deprivation. Over of 40% of the population are in the most deprived Quintile for access to services. In the North and South localities, accessibility is the biggest issue with over half of the population in the top two most deprived quintiles.

Dependency ratio. Dependency ratios (the number of people over the age of 65 per 100 people below the age of 65) are high and highest in the North locality. Dependency ratios give a good indication of the likely need for health and social care services to support people across the local authority area. There are over 13,000 people (8.6% of the population) who identify themselves as unpaid carers.

Ageing Population. Perth and Kinross has a significantly higher proportion of people over 65 than the Scottish Average (24% compared to 20%), the North and South localities face greater challenges in relation to an ageing population with the North and most rural locality's population 65+ at 26%. By 2028 our 75+ population will make up 30.8% of the total population. The ageing population will change demand for housing. They are also more likely to live alone and to be under-occupying homes, increasing the risk of isolation and loneliness. Projections indicate a requirement for an increase in Care Home placements year on year.

Life Expectancy. Over the last decade Scotland's life expectancy rates have begun to stagnate or reduce. Perth and Kinross average life expectancy rates are above the national average at 79 years for males and 82.9 years for females. Perth and Kinross have the 7th highest rate of life expectancy across the 32 Local Authorities however, most recent data shows a potential decline and plateau of male life expectancy and a recent decline for females.

Leading causes of death. The leading cause of death for females in 2021 was Dementia and Alzheimer's disease (11.1% of all female deaths) and this was the

second leading cause for males (7.7%). Projections estimate an extra hundred cases year on year.

Working Population. Perth and Kinross has a smaller proportion of people of working age compared to Scotland as a whole, and this is likely to continue presenting workforce challenges across health and social care professional roles.

Unpaid Carers. Registered carers are evenly spread across Perth and Kinross and the vast majority are in the 66+ age group. Approximately 9% of the population identify themselves as performing a caring role and there are over 1300 registered carers receiving support.

Learning Disability. The life expectancy of people with learning disabilities is increasing, however it remains shorter by some 20 years when compared to the general population. The more complex the condition the lower the median age of death (this is National data; local data is not available). People with learning disabilities have a different pattern of health conditions from the general population and different causes of death. They are more likely to develop dementia and at a younger age e.g. three quarters of people aged 50 years or older with Down's Syndrome develop dementia.

Autism. People with autism are identified as experiencing poorer mental and physical health and may be more likely to die younger than their peers without autism. The National Autistic Society estimated that in 2023 that more than 1 in every 100 people in Scotland has an Autism Diagnosis with more women, girls and non-binary people being diagnosed as autistic.

Deprivation. Perth City experiences the higher levels of deprivation within Perth and Kinross with five areas being within most deprived Quintile (SIMD1) equating to 16.1% an increase of 2.6% since 2016. Perth City also hosts the most affluent proportion of the population with 27% of people living in the least deprived Quintile (SIMD5).

Alcohol and drug related harms. Perth City Locality has more people suffering alcohol and drug related harms and ill health than the other PKHSCP localities. 68% of people seeking treatment are male with largest age group being 25–45-year-olds.

Long Term Health Conditions. 21% of the population who had contact with NHS Services had at least one physical long-term condition. Of these, 17% of those under the age of 65 were living with more than one LTC compared to 50% of those aged over 65. Long-term health conditions include cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy.

Unscheduled Hospital Admission. Perth and Kinross is significantly below the national average for Accident and Emergency attendances. A significant drop in rates occurred in 2020 – 21 due to pandemic and remain below previous levels. Falls are the most common reason for admission to hospital and older people are more likely to stay in hospital for longer and are at a greater risk of readmission.

Mental Health. Psychiatric hospital admissions have seen a steady decline, however, there is a significant disparity between Perth City which remains higher than the North and South localities. Perth and Kinross deaths by suicide have

fluctuated between 20 and 27 each year. Perth City rates are higher. The rate of suicides in males is higher than the rate for females.

People seeking asylum and refuge. Perth and Kinross has welcomed people who have fled ongoing conflict on both a temporary or a resettling basis primarily through the Vulnerable Persons' Relocation Scheme. This support is mainly based in Perth City Locality and everyone resident in Scotland is entitled to access health care on the same basis. Refugees and asylum seekers face barriers to accessing services.

Ethnicity. Perth and Kinross has a varied and well-established ethnic minority communities including Indian, Chinese and Pakistani. It is also home to the highest individual local Gypsy/Traveller population in Scotland.

7. Equality impact assessments

Perth and Kinross Integration Joint Board is committed to assessing the impact of policies, practices, and functions on individuals with protected characteristics, in line with legal requirements. We fulfil our duties under the Equality Act 2010, the United Nations Convention on Rights of a Child (UNCRC) (Incorporation) (Scotland) Act 2024, the Fairer Scotland Duty, and the Consumer Scotland Act 2020, ensuring that equality considerations are integrated into all decision-making processes. The IJB will receive annual reports on EFIA carried to identify the cumulative or combined impact of new policies, decisions in a given year.

We conduct equality and fairness impact assessments (EFIA) in line with the guidance, tools and support provided by Perth and Kinross Council and the Equalities Lead and NHS Tayside's Corporate Equalities Team. This is to ensure that decisions comply with legislation, identify potential barriers or discrimination, and support the reduction of health inequalities and socio-economic disadvantage. This approach assists us in providing equitable services and meeting our legal obligations.

We use templates and processes approved by Perth and Kinross Council (for social care and integrated HSCP services) and NHS Tayside (for health only or Tayside-wide strategic service plans) both of which have been updated in the last 18 months to take account of changes in legislation. Training is available through the Council which supports managers to carry these assessments out. Our approach is to establish a small group of appropriately experienced officers to conduct each equality and fairness impact assessment. There has been a turnover of staff as a result of internal changes and the HSCP will arrange bespoke training by the second quarter of 2025/26. We have also identified the need to improve the publication of these impact assessments in an accessible format both as an appendix to our reports to the IJB and on the IJB/HSCP web pages. We acknowledge that it needs to be clearer to the public what equality and fairness impact assessments have been carried out on matters relating to services and functions delegated to the IJB and the roles and responsibilities of the HSCP. We intend to publish a log of our equality impact assessments and an annual evaluation of the main themes that have been identified. We are also establishing an internal HSCP Equalities Monitoring Group that will continue to develop our processes in relation to impact assessments, ensuring managers and teams involved in completing assessments have the

required skills, knowledge and confidence, and we are delivering good practice in our assessment work.

8. Our Equality Outcomes 2025-29

Equality Outcomes are specific, measurable goals to actively promote and embed equality within health and social care in Perth and Kinross. They provide the framework for our commitment to creating a fairer society, where everyone's rights and opportunities are respected and promoted.

Equality Outcomes focus on areas where there are known inequalities or barriers that affect individuals with protected characteristics. The aim is to identify these challenges, set clear actions to address them, and monitor progress over time. These outcomes should lead to tangible improvements, both in terms of access to services and fair treatment.

Through our Equality Outcomes we seek to create a more inclusive, equitable, fair, and accessible environment for all individuals and communities. These outcomes direct our actions ensuring that we are actively working to eliminate discrimination, promote equality of opportunity, and foster positive relationships between diverse groups. They also help hold us accountable for our progress and ensure we remain focused on achieving lasting, meaningful change for the communities we serve.

In line with the duty to publish equality outcomes every four years, the IJB has committed to a revised set equality outcomes approved at its public meeting on 19 March 2025 to positively promote its duties in relation to its specific function as a public body. These outcomes are not intended to cover all the work we do to reduce inequality and positively promote equality. They reflect what are considered to be our priorities and form a framework upon which the IJB and PKHSCP can build a strong equality agenda. Outcomes 1-4 relate specifically to the work of the IJB as a Board and the positive changes it intends to implement over the next two years. Outcomes 5-7 relate to the equality outcomes that will be achieved through the work of the PKHSCP.

PKHSCP is responsible for mainstreaming and integrating equality into day-to-day activities. As well as being embedded into our delivery of person-centred outcomes, equality will be integrated into our business tools such as Equality Impact Assessments which is now combined with Fairer Scotland Duty Assessments using Perth and Kinross Council's integrated template.

Our PKHSCP Equality Outcomes are mapped to the National Health and Wellbeing Outcomes; the IJB Strategic Plan Priorities and are informed by our equalities data and Joint Strategic Needs Assessment. Our Equality Outcomes have been identified as a result of our continuous conversation approach to engagement and involvement as well as the most recent Joint Strategic Needs Assessment and equalities evidence base which underpin the Strategic Plan for 2024-2027. The strategy provides examples of good practice which evidence approaches which are already embedded in Perth and Kinross which are inclusive and designed to elicit high levels of engagement by equality protected groups. There will be annual reporting of

progress of the engagement strategy, and it is intended that equality monitoring will be an integral part of this reporting.

PKHSCP has established positive working arrangements with equalities networks within Perth and Kinross and NHS Tayside and are supported by the Equalities Lead Officers for both organisations. The PKHSCP has identified an Equalities lead and the Team Leader in Policy and Commissioning will lead on the monitoring of progress, evaluation of impact and reporting publicly on the Equalities duties over the next two years.

Equality Outcomes are results which we aim to achieve to eliminate discrimination, advance equality of opportunity and/or foster good relations. By focusing on outcomes, we aim to bring tangible improvements in the lives of those experiencing unlawful discrimination and disadvantage.

- **Equality Outcome 1** The IJB will achieve a membership that reflects the communities it serves and remove barriers for equality protected people.
- **Equality Outcome 2** The IJB will improve accessibility for its formal meetings and adopt an approach to formal reports which are easier to read and understand.
- **Equality Outcome 3** The IJB will promote inclusion of equality protected people in decision-making through the effective application of its participation and engagement plan and increase the range and effectiveness of ways to listen, hear and learn what matters to equality protected people.
- **Equality Outcome 4** The IJB will ensure that all of its decisions are informed by a comprehensive equalities impact assessment ensuring that negative consequences are minimised for equality protected people.
- **Equality Outcome 5** PKHSCP will improve the accessibility of health and care services and wherever possible make this available from one place and close to home.
- **Equality Outcome 6** PKHSCP will improve collection and use of equality data, including protected characteristics, to support planning and delivery of inclusive health and care services and promote mainstreaming of equality rights.
- **Equality Outcome 7** PKHSCP will promote an equality driven culture where everyone is treated fairly and respectfully, feels valued, has equality of opportunity, and empowered to contribute their best.

A table of these Equality Outcomes, how they relate to protected characteristics, how we will measure progress and the actions we will take over the next two years (2025-2027) is set out in Appendix 4.

What happens next?

The PKHSCP will create a SMART action plan and meet our legal obligations under the Equality Act 2010 by providing regular reports and updates to the NHS Equality

and Diversity Governance Group, Perth and Kinross Council Equalities Strategic Forum as well as reporting publicly on progress through the Integration Joint Board.

The IJB will review and publish a report on the progress made against the seven equality outcomes every two years. This will mean that **a progress report will be considered by the IJB by April 2027** and published in an accessible format. The HSCP will take forward the actions against each of the seven equality outcomes as outlined in the tables in Appendix 4. Day to day progress will be monitored by our Equalities leads and PKHSCP Equalities Monitoring Group.

9. Delegated Partnership Services

Community Care	Health	Hospital	Pan Tayside
<ul style="list-style-type: none"> • Social work services (adults and older people) • Social work services (adults with physical disabilities, learning disabilities and autism) • Social work services (mental health) • Drug and alcohol services and lead for Alcohol and Drug Partnership • Adult support and protection and lead for suicide prevention • Carers' support services • Care home internal and commissioned services • Supported living • Employment support • Aspects of housing support • Day services/ opportunities/respite care • Community engagement integrated health and care • Occupational therapy and aids and adaptations/Joint Equipment and Loan Store (JELS) • Reablement • Care at home • TEC/telecare service – community alarm and rapid response 	<ul style="list-style-type: none"> • District Nursing • Addiction services • Allied health professional services • Primary medical services (where no GP contact is in place) • Primary medical services to patients out of hours (Angus lead partner) • Ophthalmic services • Pharmaceutical services • Community geriatric medical services • Community learning disability health services • Community mental health services • Community continence services • Community kidney dialysis services • Local community services to promote public health 	<ul style="list-style-type: none"> • Tay Ward (PRI) • Stroke Ward (PRI) • Community Hospitals <ul style="list-style-type: none"> ○ Blairgowrie ○ Pitlochry ○ Crieff ○ St Margarets • Psychiatry of Old Age <ul style="list-style-type: none"> ○ Gary Ward (MRH) ○ Leven Ward (MRH) ○ Tummel Ward (MRH) <p>Strategic Planning – Large Hospital Services</p> <ul style="list-style-type: none"> • Accident and Emergency • Wards associated with unplanned admissions 	<p>Strategic and Operational</p> <ul style="list-style-type: none"> • Public dental services/ community dental services • Prison healthcare • Podiatry <p>Strategic Planning Coordination Only (Chief Officer)</p> <ul style="list-style-type: none"> • Inpatient mental health services • Inpatient learning disability services • Inpatient drug and alcohol services

The National Health and Wellbeing Outcomes

Nine national health and wellbeing outcomes are set out by the Scottish Government and are used to measure the impact of integration on the population. These outcomes are:

1. People are able to look after and improve their own health and wellbeing and live-in good health for longer.
2. People, including those with disabilities or long-term conditions or who are frail or able to live, as far as reasonably practical, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care service.

Good Practice Case Studies

Case Study 1 - Hear our Roar: Perth and Kinross Local Involvement Network

'Hear our Roar' is a new group specifically for people with learning disabilities. The aim of the group is to ensure people with learning disabilities are heard.

They possess a powerful voice, a mighty roar, however, they often encounter barriers to living well, and systems which do not always enable their voice to have impact.

Our mission is to change this. 'Hear our Roar' will be an active group led by people with learning disabilities within Perth and Kinross where influencers, leaders and advocates can come together, speak up, and actively shape decisions which impact them directly.

We will work hard to create a safe space for sharing ideas and provide a platform which will amplify their voices on topics that concern them.

This project was awarded funding by Perth and Kinross Council's Angel's Share scheme to support the development of this group. Teams from within the HSCP, NHS Tayside and the Centre for Inclusive Living Perth and Kinross have worked collaboratively to make this group a reality for people with learning disabilities.



Case Study 2 - Representation on Perth and Kinross Integrated Joint Board

Report compiled by the Coalition of Carers in Scotland and the Health and Social Care Alliance Scotland:

"In Perth & Kinross representation of carers' and (service user) views has greatly improved since publication of the first COCIS 'Equal, Expert and Valued' report in 2017. The IJB Carer Rep noted that when they started their role seven years ago, they were the only representative member on the IJB which felt very difficult and isolating. The key things which have been improved and made a difference are: there are now four representatives on the IJB (two carer and two service user); there is an established Carers Voice group which carer reps can link with to obtain views; the IJB understands that Carer and Service User Reps have a representative role which is based on the views of a network of carers/ people with lived experience. These positive changes mean the role feels less tokenistic and more representative of the wide range of views."

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Case Study 3 – Joint Carers Strategy – “Supporting Unpaid Carers”

To meet the outcomes of our Joint Carers Strategy, we have included actions to ensure that unpaid carers across all our communities have the information they need to know what carer support is available and how to access it.

Through the lifetime of the previous Strategy (2019-22) we were aware that unpaid carers from our ethnic communities were not engaging with services as we had hoped. Drawing on the expertise of HSCP Social Prescribers, PKAVS, and representatives of our ethnic communities, we identified how we could better support them with information. This contributes to our achievement of Strategic Outcome 1: Carers can expect: Clear, reliable, accessible information about local and national support.

In September 2023, supported by PKAVS and MECOPP (Minority Ethnic Carers of People Project), we attended a launch of the information resources MECOPP had delivered in consultation with the Coalition of Carers (an association of carers representatives and supporters) at Perthshire Welfare Society. These resources covered six topics relating to unpaid carers translated into ten languages – available in video and print formats.

Whilst our local information booklet “Supporting Unpaid Carers” had been in place for two years, this was available only in English (large print) or Easy Read formats – supported by videos. Our review of this guidance in winter of 2023/24, together with consultation work we had undertaken when preparing the current Joint Carers Strategy (2023-26), highlighted the need for this information to be made available to reach a wider audience.

Following further discussion with representatives of Perthshire Welfare Society and PKAVS, we identified the four languages other than English which are used most frequently in our communities that could reach this audience. Consequently, we used our resources to commission translations of our information booklet into Urdu, Russian, Traditional Chinese and Arabic. We recognised that there is a wide community from Eastern European countries living and working in Perth & Kinross whose needs, we learned, would be most easily met by use of Russian rather than individual languages. We have also considered the impact of releasing this information across different languages and have discussed with PKAVS the arrangements to enable carers to be listened to when English is not the first language.

