Equalities Outcomes Consultation

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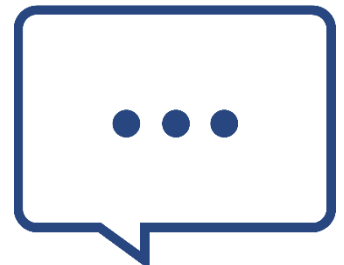
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Midlothian Health and Social Care Partnership is responsible for services that help people live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some hospital-based services.

What is Equality?

Equality is when everyone can make the most of their lives and no one has poorer opportunities because of things such as the way they were born, what they believe, or whether they have a disability.

Equality is important as more equal societies work better for everyone. Equality is supported in law by the Equality Act 2010.

Discrimination is when a person or group of people is treated differently, unfairly, or excluded. It is against the law to be discriminated against because of

- Age
- Sex and sexual orientation
- Gender reassignment   (These are called protected
- Pregnancy and maternity   characteristics)
- Race, religion or belief
- Disability
- Marriage and civil partnership

What are Equality Outcomes?
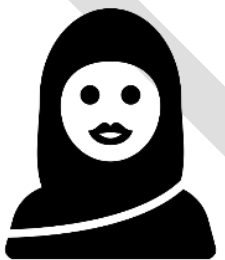
There are 3 key things that public sector bodies such as the Health and Social Care Partnership need to do. They are called the General Equality Duty:

1. Stop discrimination, harassment, victimisation and other behaviour banned by the Act.
2. Make things more equal between people who share a protected characteristic and people who do not, including taking steps to meet the needs of people from protected groups where these are different from the needs of other people
3. Encourage good relations between people who share a protected characteristic and people who do not, including by tackling prejudice and promoting understanding between people from different groups

Equalities outcomes explain the things the Health and Social Care Partnership is aiming to do, to meet the General Equality Duty, and make the lives of people in Midlothian, who share protected characteristics, better.

What is a consultation used for?

A consultation is when people are asked to give their opinions and feedback on an idea or area of work. A consultation can be online, by paper, by phone, or in person. It can take the form of a survey, questionnaire, focus group, or event and is for a set amount of time (often 6 to 12 weeks).

Scottish government guidelines advise that a consultation should be used to get a valuable range of opinions and feedback. They also advise that consultation should not be used to show levels of public support for an idea or to represent the views of the wider public. This is because often those with strong views will choose to respond to a consultation, but these views are not necessarily typical of the wider public.

What did we do?

Midlothian Health and Social Care Partnership consulted in a range of ways.

This included work in partnership with Edinburgh, West Lothian and Midlothian Councils, NHS Lothian, Midlothian Health and Social Care Partnership and East Lothian Integrated Joint Board. Together these organisations created draft equality outcomes. These were based on research and evidence from different sources and on conversations with services and organisations that support and work with people. These draft outcomes were then used for the Consultation, with people, groups and organisations across the Lothians asked to give their opinions and feedback on them.

The Equalities Outcomes Consultation was open for 7 weeks from 3 November to 22 December 2020. In total, there were 255 responses to the online survey and of these 45 responses were for Midlothian. Some people and organisations responded about more than one area.

Responding as...		Response by area	
An individual	92%	City of Edinburgh	70%
Public body, organisation or charity	4%	East Lothian	18%
Private business	0%	Midlothian	18%
Community group	1%	West Lothian	14%
Other (please specify):	2%		

45 responses for Midlothian (18%)	**Accessibility**	• Online consultation • Paper consultation • Interpretation and translation services • BSL video • Support to fill in consultation • Young person survey • Focus groups
3 Public Online Information Sessions	**Promotion**	• 3 Twitter posts reaching 5,364 • 5 Facebook posts with a total reach of 16,108 Video • Shared by Midlothian Voluntary Action (in bulletin updates) • Shared with a range of third sector partners and housing tenants • Shared with local radio

Covid-19

The COVID-19 restrictions in place meant we had to do the consultation differently and try new ways of working. Although we took different steps to help to make the online survey accessible, we recognise that there were barriers to people and groups taking part in the online consultation, or local focus groups, and that the huge impact of COVID-19 on people's lives also affected their ability to take part in the consultation during this time.

We would like to thank the everyone who took part and the many community organisations, staff members and service providers who helped us reach people.

Summary and key outcomes

Created by Hadi
from Noun Project

This consultation summary pulls out the key responses in relation to Midlothian and Midlothian Health and Social Care Partnership. In general, many people felt that the draft outcomes and actions needed to be more specific and measurable, and the wording of some outcomes was too complicated.

As this was a partnership consultation it covered outcomes which are not part of the work of Midlothian Health and Social Care Partnership, or where Midlothian Health and Social Care Partnership would have a smaller role in supporting other partners to carry out these outcomes. These include

Equality Outcome 2: Education   Equality Outcome 3: Housing

Equality Outcome 4: Racism   Equality Outcome 6: Workplaces

Draft Equality Outcome 1: Accessibility

Draft Outcome: Services are fully accessible and inclusive to the needs of all people, with no barriers which can limit access for those with protected characteristics. People find it easier to access services through measures to improve digital inclusion using language that is understood in our communications and improving physical access.

Many people felt that clear language and information that everyone could understand was important.

> **"No jargon. Straightforward language"**

> **"Easy Read readily available.   Services understanding what Easy Read is."**

It was also suggested that communications could be tested by a panel of service users or by people from protected characteristic groups.

A number of different barriers were highlighted along with some solutions:

> **"Doctor's appointments are sometimes difficult as the phone choices can be hard to manage… "**

> **"Online is often hard for people or they may not have access... A phone call or face to face is better"**

> **"people traditionally excluded need very significant and ongoing support and encouragement to enable meaningful access to online services…digital exclusion delivers particularly harmful impacts upon those people who are already marginalised and excluded"**

> **"As someone who is disabled, I am excluded by…facilities that able-bodied people take for granted. For example, there is no disabled drop off point from Chalmers hospital… The Western General has the majority of the disabled bays in unprotected parking…"**

It was also highlighted that it was important to think about how improvements could be measured

> **"Without evidence based on gathering data on who uses services, public bodies will be unable to evidence equality of access to services, equality of experience in those services and equality of outcome from using those services."**

Draft Equality outcome 5: Safer Communities & Gender Based Violence

Draft Outcome: Woman, girls and LGBTQ+ communities feel safer as a result of the implementation of programmes and policies to prevent and protect our citizens against domestic abuse and gender-based violence, strengthened by the direct response during and following the COVID-19 pandemic.

Some people felt that the outcome should recognise that men can be victims of violence too. Whereas other people felt that the focus should be only on women:

"More needs to be mentioned re male victims experiencing abuse (GBV)"

It was highlighted that issue of gender inequality affects lots of different areas

"Gender inequality crosses across all the themes not simply theme 5"

"The focus as above should be on those who are disproportionately affected, namely women and girls."

There was a view about where the actions should be focussed

"activities should not just be focused on victim/survivors but must include activities to address perpetrator behaviour."

Some people suggested there was a need for more education and awareness, and for the actions to be made much clearer about what will be done and what difference it will make.

Draft Equality Outcome 7 Mental Health Awareness, Support & Management

Draft Outcome: People are better equipped to manage their own mental health with appropriate and accessible information and support available.

Many people felt that there wasn't enough help and support available

"You are not doing enough to support mental health within acute hospital settings. There's a significant lack of professional support/treatment and an even more significant lack of available beds to be transferred to if they need inpatient care... The strain this puts on the acute hospitals is huge and needs to be urgently addressed."

"I think there is not enough help available for people with mental health problems and this needs to be resolved."

Suggestions were made about what else could be done

"We need universal support services available when people need them (e.g. late at night/ early morning) and not just during office hours... Current waiting lists for services (e.g. counselling; gender clinic; CAMHS) are far too long and are not meeting the needs of the public."

Some people felt that educating people to recognise the signs around their own mental health was important, while others felt that this might not be possible

"Mental health is an important area for focus, educating people to manage their mental health is vital to improving it in society. This includes recognising signs of your own health and knowing where to seek help."

"Do you recognise when your own mental health is at risk?"

Some people felt that the outcome and the actions weren't clear.

"Do we know what the barriers to access for communities are, and which communities? What will be done that's different and more effective?"

Midlothian Health and Social Care Partnership - Additional Outcomes

Following local consultation, it was agreed that 2 further draft outcomes should be developed for Midlothian Health and Social Care Partnership to better reflect the work and remit of the partnership. One

of the Outcomes is focussed on older people in receipt of care, and the other Outcome is focussed on the IJB and representation.

Next Steps

Finalising the outcomes

We will use the guidelines from the Equality and Human Rights Commission (below) along with the consultation responses, and local and national data, to help us identify the most significant inequalities that we can take action to help address, through the Equalities Outcomes for Midlothian HSCP.

Scale	how many people in Midlothian are affected by the issue and how does the issue impact on their life chances? What does the evidence tell us?
Severity	does the issue present a risk to equality of opportunity for particular protected groups? Is it a significant barrier to opportunity or freedom?
Concern	do equality groups and communities see it as a significant issue?
Impact	is the problem persistent or getting worse? What is the potential for improving life chances? Is the problem sensitive to public intervention?
Remit	are the Health and Social Care partnership able to address this issue given our remit?

Monitoring and Action Plan

We will continue to work with partners and services to decide the actions which will best help us to meet the outcomes and how we can measure them, and to put the outcomes into action over the next 4 years.

Work in partnership with Midlothian Council

We will work in partnership with Midlothian Council to finalise the outcomes and to identify which outcomes we will deliver jointly and which individual outcomes we will deliver.

Lothian-wide Outcomes

Continue to be considered.