

MORAY INTEGRATION JOINT BOARD



Equality Mainstreaming & Outcomes

Report for 2025–2029

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This report provides an overview of progress made in achieving Moray Integration Joint Board's equality outcomes over the last five years. It identifies areas for improvement and priorities for the next four years in relation to equalities mainstreaming. The report is compliant with the Equality Act 2010, supplementary regulations and guidance issued by the Equality and Human Rights Commission.

Executive Summary

This report presents the equality outcomes Health and Social Care Moray (HSCM) aims to achieve between 2025 and 2029. Our objectives align with the Strategic Delivery Plan, meet statutory duties under the Equality Act 2010, and support Scotland's National Health and Wellbeing Outcomes.

We have identified seven key equality outcomes (Appendix 1) aimed at reducing and enhancing services for Moray's residents, particularly those with protected characteristics and socio-economic disadvantages.

The seven key equality outcomes include:

- Enhancing equity in service access and delivery
- Supporting carers with flexible and inclusive services
- Providing sustainable housing solutions for individuals with learning disabilities.
- Supporting children and young people affected by substance use.
- Promoting inclusive workforce development.
- Strengthening community engagement and participation.
- Redesigning adult day services to be person-centred and community-based

Through these outcomes, we aim to create a fairer, more inclusive health and social care system in Moray.

Legal Context

HSCM operates within a complex legislative framework, including:

- **Equality Act 2010:** Places general and specific duties on public bodies to eliminate discrimination, advance equality, and foster good relations
- **Public Bodies (Joint Working) (Scotland) Act 2014:** Establishes integration authorities and sets requirements for service planning and delivery
- **Fairer Scotland Duty:** Requires consideration of how to reduce inequalities of outcome resulting from socio-economic disadvantage
- **Human Rights Act 1998:** Ensures public services respect and protect fundamental human rights

Strategic Context

This Report supports:

- HSCM Strategic Delivery Plan 2025-2028
- Moray Integration Joint Board Strategic Plan 'Partners in Care 2022-2032'
- Scotland's nine National Health and Wellbeing Outcomes
- Grampian-wide equality initiatives

Our Approach to Equality

Vision for Equality: "People in Moray experience fair access, respectful services, and equitable outcomes regardless of their personal characteristics or circumstances."
Principles

- **Involvement:** Ensuring those affected by our work can meaningfully shape it.
- **Evidence-based:** Using data and lived experience to identify and address inequalities.
- **Mainstreaming:** Embedding equality in everything we do, not treating it as an add-on.
- **Partnership:** Working across agencies to address complex inequality issues.
- **Intersectionality:** Recognising people may experience multiple forms of disadvantage.

Protected Characteristics

We recognise our specific duties toward people with the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Socio-Economic Duty

We acknowledge that poverty often overlaps with other disadvantages, worsening health inequalities. Our equality outcomes therefore also consider socio-economic disadvantages in health and social care.

Key Findings from Equality Data

Our equality outcomes are informed by:

- Joint Strategic Health Needs Assessment (2024)
- Service usage patterns across different groups
- Health inequality data for Moray
- Feedback from people and community members
- National evidence on healthcare disparities

Where we do not have detailed HSC Moray data, we have liaised with our partners (Moray Council and NHS Grampian) to identify issues of relevance to our local area. Examples from across Grampian include a piece of work to understand ways of increasing uptake of screening amongst vulnerable groups, a Health Needs Assessment for Asylum Seekers across Grampian, and the specific needs of people with drug and alcohol issues when they are accessing hospital services within Grampian.

Key findings include:

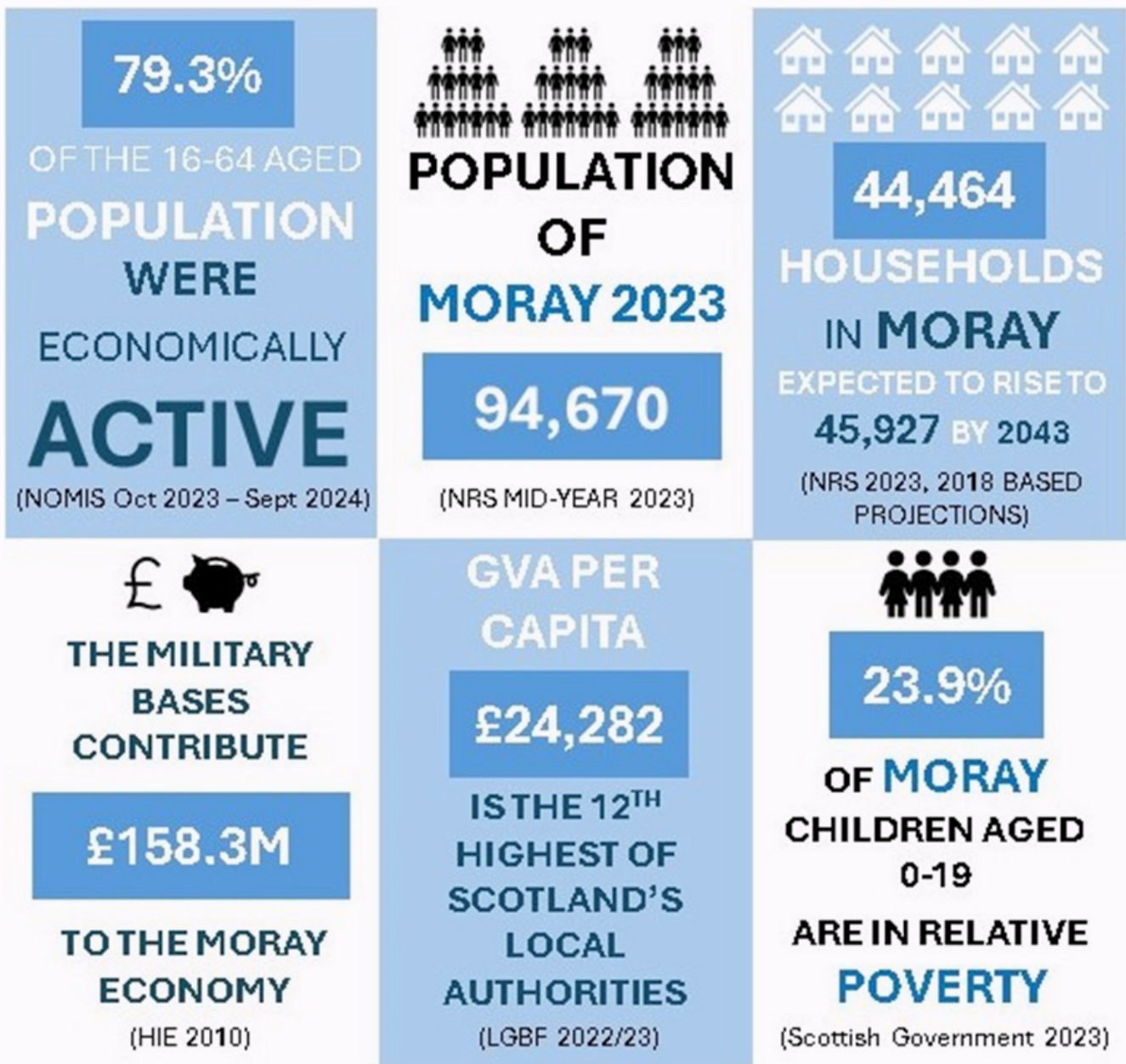
- **Age:** Aging population in Moray creating increased demand for services.
- **Disability:** Higher barriers to accessing mental health services.
- **Rurality:** Geographic isolation compounds issues for those with protected characteristics.
- **Digital Access:** Digital exclusion affecting older people and those on low incomes.

Population Health: The assessment highlighted an aging population in Moray, with a significant increase in the number of residents aged 65 and over. This demographic shift is expected to increase demand for health and social care services (see Outcomes 1 and 5).

Chronic Conditions: There is a rising prevalence of chronic conditions such as diabetes, cardiovascular diseases, and respiratory illnesses. The JSNA emphasized the need for enhanced preventive measures and enhanced management strategies to address these conditions (see Outcomes 1 and 3).

Mental Health: Mental health issues, particularly among younger populations, were identified as a growing concern. The report called for improved mental health services and support systems to cater to this demographic (see Outcomes 4 and 6).

Unpaid Carers: The assessment acknowledged the critical role of unpaid carers in the community, noting that there are between 700,000 and 800,000 unpaid carers across Scotland. It stressed the importance of providing adequate support and resources to these individuals (see Outcomes 2 and 7).



Service Integration: The JSNA underscored the need for better integration of health and social care services to ensure seamless and efficient delivery of care. This includes enhancing communication and coordination between different service providers (see Outcomes 1 and 5).

Resource Allocation: The report highlighted the necessity of optimizing resource allocation to meet the growing and changing needs of the population. This involves strategic planning and investment in key areas such as workforce development and infrastructure (see Outcomes 1 and 7).

However, we recognise that there are gaps, for example, around the specific needs of people with learning disabilities, people who experience gender based violence, people who use services intensively and ethnicity data that is poorly recorded. We will be undertaking further work over the next couple of years to understand the needs and views of particularly vulnerable populations in Moray in more depth. There are also limitations in the data; for example, service activity only tells us about those who use services and not about those who need services but are not able to access them. These findings aim to guide the strategic planning and decision-making processes of the Moray IJB to improve health and social care outcomes for the local population.

Spotlight

Asylum Seekers Health Needs Assessment

HSCM also participated in an exercise to understand the health needs of asylum seekers across Grampian.

These recommendations arising from the needs assessment seek to ensure that asylum seekers receive the right care, at the right time, in the right place.

1. Information sharing

A process of data sharing to understand the composition of the asylum seeker population has been established. This process must be adapted to fit the changing landscape of support for asylum seekers, including the withdrawal of the Aberdeen City health care navigator team. We need to acknowledge that the recommendations following this one will not succeed unless this data sharing is continued.

2. Enabling access

Both in terms of language and systems, asylum seekers need assistance and support to navigate the health care system. This assistance would ideally take the form of consistent team, allowing asylum seekers to build trusting relationships with a single point of contact. The value of less tangible support (such as assistance with transport and route planning) provided by those who assist with navigation cannot be overestimated. Language support will require different parts of the health care system to provide information to asylum seekers in an accessible format. There needs to be recognition that an accessible format might require information to be provided in a language other than English, and may need to be verbal or recorded to avoid assumptions of literacy.

3. Health improvement

We need to recognise that asylum seekers are entitled to the same health care provided to UK citizens living in Scotland. As such, there is an impetus to identify and remove barriers to engagement in relevant screening programmes, and other services that manage long-term conditions and risk factors, including dental and mental health care.

4. Protecting health

In order to protect individual and population health, asylum seekers will need support to engage with care that protects health, including screening for relevant communicable diseases (TB, blood borne viruses) and vaccination to prevent disease. We need to ensure we can demonstrate people in the asylum seeker population have been given the opportunity to consent to care that protects health, or that they have had the chance to make a truly informed choice and have refused to consent to such care. This might rely on the utilisation of existing, or development of new datasets and data

collection procedures. Such datasets could be informed by a retrospective analysis of the asylum seeker population to establish which asylum seekers have already had TB screening, for example. Making this recommendation operational will require objectives to be specific, measurable, achievable, relevant and time-bound.

5. Learning lessons

The lessons learnt from working with the asylum seeker population may be applicable to other vulnerable groups with complex needs across the health care system. Learning could be disseminated across the system to improve the care offered to these groups and prevent duplication of efforts to reach vulnerable people with complex needs.

Engagement

Engagement is crucial for ensuring that our services meet the needs of the community. Although we were unable to conduct formal engagement for this report, we utilised data from the 2024 Joint Strategic Needs Assessment and the recent Strategic Delivery Plan to inform our report. This approach ensures alignment with our service delivery plan, prevents duplication of efforts, and addresses the needs identified in the strategic needs assessment. We prioritised collaboration with services that had already engaged in their planning processes to ensure comprehensive and inclusive outcomes. We also considered the Joint Delivery Plan of NHS Grampian, our key partner, to ensure cohesive and integrated service delivery

Mainstreaming Equality in MIJB

Mainstreaming equality for the Moray Integration Joint Board (MIJB) means integrating equality considerations into every aspect of their work. This approach ensures that equality is embedded in all aspects of the IJB and Health and Social Care Moray (HSCM) operations, from strategic planning to service delivery. The goal is to make equality and fairness an integral part of the IJB's culture, rather than treating them as additional considerations. For instance, during budget planning, the IJB evaluates how funding decisions might impact groups identified under protected characteristics and those facing economic challenges. HSCM is dedicated to embedding equality in every part of our operations. We will set clear equality outcomes, monitor progress regularly, and ensure accountability. We prioritise inclusive policy-making by actively involving stakeholders in decision-making processes. NHS Grampian and Moray Council provide training for staff on equality and diversity to foster a more inclusive workplace culture. By embedding these practices, HSCM strives to create a more equitable and responsive health and social care system.

To ensure equality is embedded rather than seen as an add-on, we will:

- **Conduct Integrated Impact Assessments (IIAs):** Prioritise IIAs for all service changes and policies to identify and address potential inequalities.
- **Engage Stakeholders:** Actively involve stakeholders in the development and review of policies and services to ensure diverse perspectives are considered.
- **Provide Training:** Offer ongoing training for staff on equality and diversity to enhance their understanding and ability to implement inclusive practices

Equality Impact Assessments

Equality Impact Assessments (EIAs) are essential for ensuring that all policies, practices, and decisions are inclusive and equitable. HSCM uses Integrated Impact Assessments (IIAs), which combine elements from NHS Grampian and Moray Council. IIAs help to identify and address potential inequalities affecting staff, service users, and the wider community. Systematic evaluation of actions on different protected characteristics allows HSCM to prevent discrimination, promote fairness, and enhance service effectiveness. This commitment to equality fosters a culture of respect and inclusivity, leading to better health and wellbeing outcomes.

The process involves:

- **Identifying Potential Inequalities:** Assessing how proposed changes may impact different protected characteristics.
- **Mitigating Adverse Effects:** Developing strategies to address and mitigate any identified inequalities.
- **Promoting Inclusivity:** Ensuring that all policies and practices promote inclusivity and respect.
- **Enhancing Service Effectiveness:** Continuously improving services based on feedback and systematic evaluation.

Leadership and Structure

MIJB Structure and Staff

The MIJB includes residents with experience using health and care services, local councillors, NHS Board members, staff from the Health and Social Care Partnership, and a representative from voluntary organizations.

The board convenes [monthly](#), alternating between formal meetings, where decisions are made (these meetings are [web-cast](#) and accessible to the public, with recordings available online for six months), and informal development sessions for in-depth discussions on specific issues such as finance, strategy, and current topics.

Organisations or groups can make deputations to the formal meetings through a spokesperson. All MIJB papers are accessible on the Council website. The MIJB has two sub-committees: [Audit, Performance and Risk](#), and [Clinical and Care Governance](#).

The MIJB employs only two staff members, the Chief Officer and the Chief Finance Officer, and is therefore not required to publish gender pay gap information or statements on equal pay.

The MIJB continues to collaborate with its partners to ensure that the Moray Health and Social Care Partnership benefits from a diverse workforce that reflects the residents of Moray and promotes fairness. Additional workforce information is available in reports from [Moray Council](#) and [NHS Grampian](#), which can be found online.

Getting It Right for Everyone (GIRFE)

Moray Health and Social Care Partnership has committed to being a pathfinder for GIRFE. This involves co-designing the approach with Scottish Government. GIRFE represents a multi-agency approach to health and social care support and services spanning from young adulthood to end of life care. It will establish the future practice model for health and social care professionals in HSCM, and influence the design and delivery of services, ensuring people's needs are met appropriately.

GIRFE aims to provide a more personalised pathway to access help and support when needed. It places individuals at the centre of all decision-making affecting them, with a meaningful and consistent approach regardless of the support required at any life stage.

Moray Health and Social Care Partnership are currently embedding the GIRFE toolkit and principles into the planning and delivery of services.

Governance and Accountability

Responsibility for delivering these equality outcomes is structured as follows:
MIJB: Ultimate accountability for equality outcomes

- **Chief Officer:** Executive leadership
- **Strategic Planning Group:** Ensuring alignment with strategic priorities
- **Service Managers:** Implementation within service areas
- **All Staff:** Contributing to equality in daily practice

Our parent organisations, as the employing bodies, NHS Grampian and Moray Council have detailed specific outcomes detailed within their plans for staff with protected characteristics. The ethos of these plans is strongly reinforced within HSCM.

Monitoring and Reporting

To ensure accountability and continuous improvement, progress will be monitored through the following mechanisms:

- **Bi-annual progress reports to the MIJB:** Detailed updates on the implementation of equality outcomes.
- **Service user feedback mechanisms:** Regularly collecting and analysing feedback from service users.
- **Staff equality surveys:** Gathering insights from staff about workplace equality and inclusivity.
- **Integrated Impact Assessments (IIAs):** Evaluating the impact of policies and practices on different protected characteristics.

Equality Outcomes 2025–2029

Based on our evidence review and aligned with both our Strategic Delivery Plan and National Health and Wellbeing Outcomes, we have established seven equality outcomes for 2025–2029, see **Appendix A**.

National Health and Wellbeing Outcomes

The Equality Outcomes have been developed to align with the nine National Health and Wellbeing Outcomes that have been set by the Scottish Government. Each Integration Joint Board (IJB) uses these outcomes to set their local priorities.

People are able to look after, improve their own health and wellbeing, and live in good health for longer.

People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

People who use health and social care services have positive experiences of those services, and have their dignity respected.

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Health and social care services contribute to reducing health inequalities.

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.

People who use health and social care services are safe from harm.

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.

Resources are used effectively and efficiently in the provision of health and social care services.

Conclusion

These equality outcomes demonstrate HSCM's dedication to fostering a fairer, more inclusive health and social care system in Moray. Our alignment with the Strategic Delivery Plan and the National Health and Wellbeing Outcomes ensures that equality is embedded in all our activities. This approach enables us to deliver services that meet the diverse needs of Moray's population, ensuring that everyone, regardless of their background or circumstances, can access high-quality care. We invite all stakeholders to join us in this commitment to equality and inclusivity, working together to build a healthier, more equitable community.

Equalities Outcomes for 2025–2029

Outcome Statement: Provide accessible services that support people to remain safe in their own homes through person-centred care and digital transformation.

Protected Characteristic: Age/Disability

Ensuring that all individuals, regardless of their background or personal circumstances, have equal access to high quality, person-centred home care services. This approach promotes inclusivity, reduces inequalities, and enhances the overall well-being of people, enabling them to remain safe and independent in their own homes.

Strategic Theme: Home First/Partners in Care

National Health and Wellbeing Outcomes:

Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 7: People who use health and social care services are safe from harm.

Key Actions:

1. Person-Centred Care:

- Conduct comprehensive assessments to understand the individual needs and preferences.
- Develop personalised care plans prioritising safety and well-being.
- Offer flexible care options that adapt to changing needs.

2. Digital Transformation:

- Implement digital tools and technologies, such as telehealth consultations and remote monitoring systems.
- Provide training and support to individuals and caregivers to ensure they can effectively use digital tools.

3. Safety Measures:

- Equip homes with safety devices and technologies, such as fall detectors and emergency alarms.
- Offer regular check-ins and monitoring for ongoing safety of individuals living independently.

4. Community-Based Support:

- Engage with community organisations to create a network of support services.
- Promote awareness of available services within the community.

5. Monitoring and Evaluation:

- Regularly monitor the effectiveness of services.
- Collect feedback to continuously improve quality and accessibility.

Performance Indicators:

- Increased satisfaction levels among individuals.
- Higher engagement in digital care services and remote monitoring.
- Improved well-being and safety outcomes.

2. Outcome Statement: Paid and unpaid carers will be given choice, opportunities, and support to care for their loved ones, ensuring their well-being enabling them to balance their caring responsibilities with their personal lives.

Protected Characteristic: Age/Disability/Gender/Race

Carers can be of any age, gender, and racial background and many provide care for those with disabilities. Addressing these characteristics ensures that all carers receive equal support and opportunities.

National Health and Wellbeing Outcomes:

Outcome 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

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Health & Social Care Strategic Priority : Building Resilience/Home First/ Partners in Care

Key Actions:

1. Choice and Flexibility:

- Develop flexible care plans for carers and those they care for.
- Provide options for short breaks and respite care to ensure they are person centred.

2. Opportunities for Development:

- Offer training and development programs for staff to promote awareness raising and early identification of carers.
- Develop and roll out Care Aware Campaign to support awareness raising
- Create pathways for employment opportunities within the health and social care sector, recognising their valuable experience.

3. Support Systems:

- Establish support groups and networks for carers.
- Develop access to mental health services and counselling.

4. Financial and Practical Assistance:

- Provide financial support and benefits to unpaid carers.
- Work with local businesses to offer discounts to unpaid carers as part of the Carer Aware campaign.
- Offer practical assistance, such as transportation services and home modifications.

5. Inclusive Policies:

- Develop policies that recognise the diverse needs of carers.
- Promote awareness of the role of carers within the community.

Performance Indicators:

- Increased satisfaction levels among carers.
- Higher participation rates in training programs.
- Improved mental health and well-being outcomes.
- Enhanced financial stability for unpaid carers.
- Greater inclusivity in policy-making and service delivery.

3. Outcome Statement: Support people with learning disabilities and their families in maintaining their health and wellbeing, and establishing tenancies in new supported accommodation.

Protected Characteristic: Disability/Age

Ensuring that all individuals with learning disabilities, regardless of their background or personal circumstances, have equal access to sustainable accommodation and support services. This approach promotes inclusivity, reduces inequalities, and enhances the overall well-being.

National Health and Wellbeing Outcomes:

Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Health & Social Care Strategic Priority : Home First

Key Actions:

1. Collaboration with Partners:

- Contribute to a Grampian wide Health Needs Assessment of adults with learning disabilities.
- Work with housing associations, local authorities, and support organisations.
- Establish regular communication with partners.

2. Establishing Tenancies:

- Assist in navigating the tenancy process.
- Provide support during the transition to new accommodation.

3. Sustainable Accommodation Projects:

- Continue and develop new LD Housing Projects.
- Expand the availability of supported accommodation within Moray.

4. Support Services:

- Offer ongoing support services, including access to healthcare, and community activities.
- Provide training and resources to families and caregivers.

5. Monitoring and Evaluation:

- Regularly monitor housing projects and tenants well-being.
- Collect feedback to improve housing provision.

Performance Indicators:

- Increased number of successful tenancies.
- Higher satisfaction levels among tenants and families.
- Successful continuation and expansion housing projects.
- Improved well-being and quality of life for individuals.

4. Outcome Statement: Support children and young people affected by their own or someone else's drug or alcohol use. Ensure they can easily access support from their school and other services, and that families are supported to find their own recovery.

**Protected Characteristic: Age/Disability/Race/Gender/Religion or Belief/
Sexual Orientation**

Ensuring that all children and young people, regardless of their background or personal circumstances, have access to support services. This approach promotes inclusivity, reduces inequalities, and enhances their overall well-being.

National Health and Wellbeing Outcomes:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

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

Strategic Theme : Aligned to the Alcohol & Drug Partnership LOIP

Key Actions:

1. Targeted Support Programs:

- Implement the Aberlour YP Corra funded project.
- Continue the Arrows Corra funded Promising Futures family support program.

2. Rights-Based Services:

- Collaborate with Children's 1st and Quarriers.
- Partner with Action for Children and children's residential services.

3. School-Based Support:

Ensure access to support within schools.

- Train school staff to recognise and respond to substance use.

4. Family Recovery Support:

- Provide resources and support to help families find recovery.
- Ensure access to support for children and parenting assistance.

5. Community Outreach:

- Conduct outreach programs to raise awareness.
- Engage with community organisations to identify and address barriers.

6. Monitoring and Evaluation:

- Regularly monitor the effectiveness of support programs.
- Collect feedback to improve support services.

Performance Indicators:

- Increased access to support services.
- Higher satisfaction levels among families.
- Successful implementation of targeted support programs.
- Positive feedback from schools and community partners.
- Improved well-being and recovery outcomes.

5. Outcome Statement: Support hub and outreach efforts in disadvantaged communities through tackling poverty, income levels, poor housing and disadvantage to help individuals avoid substance use. Expand efforts to other areas, including school talks, online conversation café, education and drug awareness, and Naloxone training.

Protected Characteristic: All

Ensuring that all individuals, regardless of their background or personal circumstances, have equal access to prevention and education efforts. This approach promotes inclusivity, reduces inequalities, and enhances the overall well-being of individuals in disadvantaged communities.

National Health and Wellbeing Outcomes:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

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

Strategic Theme : Building Resilience/Partners in Care

Key Actions:

1. Community Hubs and Outreach:

- Establish and maintain community hubs in Buckie and Forres.
- Implement outreach programs such as 'Operation Protector' to engage with disadvantaged communities.

2. School-Based Prevention:

- Conduct regular school talks in Moray to provide education about the risks of substance use and promote healthier lifestyles.
- Collaborate with schools to integrate substance use prevention into the curriculum.

3. Online Support and Education:

- Develop an online conversation café to provide a platform to discuss substance use prevention and access support.
- Offer education and drug awareness training to services.

4. Naloxone Training:

- Provide Naloxone training to individuals and services.
- Expand Naloxone training efforts to other areas.

5. Expansion of Efforts:

- Identify additional areas for support and outreach.
- Collaborate with local authorities and community organisations.

6. Monitoring and Evaluation:

- Regularly monitor the effectiveness of hub and outreach efforts.
- Collect feedback to improve prevention and education initiatives.

Performance Indicators:

- Increased access to support and resources in disadvantaged communities.
- Higher engagement rates in school talks and online café.
- Successful implementation of Naloxone training programs.
- Positive feedback from community hubs and outreach programs.
- Improved awareness and prevention outcomes in targeted areas.

6.Outcome Statement: A full redesign of adult day services will enable individuals to access day support that is person-centred and meets their agreed outcomes and aspirations. Where appropriate, day services will be provided within people’s own communities.

Protected Characteristic: All

Ensuring that all individuals, regardless of their background or personal circumstances, have equal access to high quality, person-centred day services. This approach promotes inclusivity, reduces inequalities, and enhances the overall well-being of individuals.

National Health and Wellbeing Outcomes:

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Strategic Theme : Partners in Care

Key Actions:

1. Person-Centred Approach:

- Conduct comprehensive assessments to understand the individual needs and aspirations.
- Develop personalised care plans that reflect these assessments tailored to meet each individual’s goals.

2. Modernisation of Services:

- Integrate technology and innovative practices to improve service quality and efficiency.

3. Community-Based Support:

- Expand the choice of day opportunity activities within local communities to ensure that individuals can access support close to home.
- Collaborate with community organisations and local authorities to create a network of support services that are easily accessible, reducing the need to travel and pay for transport.

4. Staff Training and Development:

- Provide ongoing training and professional development for staff.
- Foster a culture of continuous improvement and innovation.

5. Monitoring and Evaluation:

- Regularly monitor the effectiveness of services to ensure they meet the needs and aspirations of people.
- Collect feedback to improve the quality and accessibility of services.

Performance Indicators:

- Increased satisfaction among people regarding the services.
- Higher engagement in day service/day opportunities within communities.
- Positive feedback from staff on training and development programs.
- Improved well-being and outcomes for individuals.

7. Outcome Statement: Prioritise the health and well-being of all staff by providing opportunities for personal well-being, development, and learning in a supportive and inclusive work environment.

Protected Characteristic: All

Ensuring that all employees, regardless of their background or personal circumstances, have access to opportunities that enhance their well-being. This approach promotes inclusivity, reduces inequalities, and supports the overall health and happiness of staff.

National Health and Wellbeing Outcomes:

Outcome 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.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

Strategic Theme : Workforce Well-being and Development

Key Actions:

1. Well-being Initiatives:

- Well-being activities such as mindfulness sessions, and stress management workshops.
- Provide access to mental health resources, including counselling services and support groups.
- Encourage staff to take regular breaks and leave work on time to maintain a healthy work-life balance.
- Encourage staff to ensure they have breaks between teams' calls.

2. Healthy Work Environment:

- Foster a culture of open communication where staff feel comfortable discussing their well-being needs and concerns.

3. Professional Development:

- Offer training and courses that support personal growth and professional development.
- Provide opportunities for mentorship and coaching to help staff achieve their career goals.
- Continue to provide training sessions focused on Gender Based Violence, unconscious bias, bystander awareness, and inclusivity via parent organisations
- Promote cultural awareness training to enhance understanding and respect for diverse backgrounds and perspectives.

4. Inclusive Policies:

- Enforce policies that promote equality and prevent discrimination, ensuring all staff feel valued and respected.
- Regularly contribute to the review and update of policies to reflect the evolving needs of the workforce.

5. Monitoring and Evaluation:

- Conduct iMatter and feedback sessions to assess staff well-being and identify areas for improvement.

Performance Indicators:

- Increased staff satisfaction and engagement levels.
- Improved retention rates and reduced absenteeism.
- Positive feedback from staff on the support and resources provided.



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Find out more about the Moray Integration Joint Board and Health & Social Care Moray on our website:

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For further information contact:

Health & Social Care Moray
Moray Council Offices
High Street
Elgin
Moray IV30 1BX

Gram.hscmcorporate@nhs.scot