



Aberdeen City  
Health & Social Care  
Partnership

*A caring partnership*

## **Equality Outcomes April 2016 – March 2018**

What Aberdeen Health and Social Care Partnership (HSCP) wishes to achieve in the period April 2016 – March 2018 to progress equality both in the services it provides, and within the HSCP

### **April 2016**

This document is also available in large print and other formats and languages upon request. Please call Aberdeen City Council on 01224 522856 or 01224 522047 or NHS Grampian Corporate Communications on 01224 551116 or 01224 552245.

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## 1. Foreword by the Chair

The new Aberdeen Health and Social Care Partnership (HSCP) came into being on 1<sup>st</sup> April 2016. It was created following the framework laid down in the Public Bodies (Joint Working) (Scotland) Act 2014 for the effective integration of adult health and social care services in Aberdeen. The stated aims of the Act are to:

“...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.”

The role of the Aberdeen HSCP is to manage a wide range of health and social care services delegated by NHS Grampian and Aberdeen City Council to achieve these aims.

I and the HSCP Board, managers, staff and partner agencies will work hard to deliver the highest quality of health and social care services for the people of Aberdeen.

This is our first Equality Outcomes Report covering the period April 2016 to March 2018. It is produced in compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, and the requirements of the Equality and Human Rights Commission for Scotland, the main regulatory body. The report sets out what we wish to achieve over the next two years in the areas of:

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

I do hope you will take the time to read this document. We are here to serve the people of Aberdeen and we wish to have meaningful engagement with the people of Aberdeen for all aspects of our work.

Yours sincerely,  
Cllr Len Ironside  
Chair,  
Integration Joint Board

## 2. Why produce this report?

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27<sup>th</sup> May 2012. The Regulations were amended in 2015 to bring new public bodies such as the Aberdeen HSCP within its scope. One of the requirements of the Regulations is that public bodies such as the new Aberdeen HSCP must produce and publish an Equality Outcomes Report setting out the objectives we wish to achieve in the field of equality and diversity. This is our Equality Outcomes Report for the period April 2016 to March 2018.

This Outcomes Report details the work we propose to carry out to progress equality for each of the 9 “protected characteristics” of equality as defined by the Equality Act 2010. These 9 protected characteristics are:

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

The law requires that equality outcomes are designed to help us progress the requirements of Section 149 (1) of the Equality Act 2010 to:

“(a) eliminate discrimination, harassment, victimization and any other conduct that is prohibited under this Act

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

Consultation on these outcomes with our local equality and diversity communities and the wider community in Aberdeen City is a legal requirement as well as being common sense. Accordingly, this document was issued for consultation for a six week period from 21<sup>st</sup> March to 29<sup>th</sup> April 2016. The comments received from this consultation were most positive and a number of suggested amendments/ improvements taken on board.

### **3. Information about Aberdeen HSCP**

The new Aberdeen HSCP came into being on the 1<sup>st</sup> April 2016.

#### **a) Services provided**

The services provided by the HSCP are listed at Appendix I. In summary the HSCP will take on responsibility for the services previously managed by the Aberdeen Community Health Partnership, but will also manage some additional adult health and social care services previously managed by NHS Grampian and Aberdeen City Council.

#### **b) Resources used**

In 2015/16, the cost of the NHS and social care services in the scope of the HSCP totalled approximately £243 million.

#### **c) Population Served**

At the 2011 Census, the population of Aberdeen was 222,793.

### **4. Staff Training Outcome: Staff who work within the HSCP will understand and meet the health and social care needs of our local equality and diversity communities**

This outcome will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

#### **Supporting Actions**

Over the next two years the HSCP will provide equality and diversity training for over 300 staff working within the HSCP, appropriate to their roles. The training will cover all 9 of the protected characteristics.

### **5. Impact Assessment Outcome: We will ensure that no Aberdeen HSCP policy, strategy or re-organisational proposal discriminates against any equality or diversity group**

This outcome will:

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- eliminate discrimination, harassment, victimization and any other conduct that is prohibited under this Act

## Supporting Actions

There are two main areas of work:

### **a) Equality and Diversity Impact Assessment**

The aim of Impact Assessment is simply to avoid policies, strategies or re-organisational proposals being introduced, with the best of intentions, which discriminate against anyone who possesses one or more of the protected characteristics.

All Aberdeen HSCP policies, strategies and re-organisational proposals will be Equality and Diversity Impact Assessed at final draft stage before being issued, to ensure they do not discriminate against any equality or diversity group.

### **b) Impact Assessor Training**

Aberdeen HSCP will train a further 5 staff to be Equality and Diversity Level One Impact Assessors by 31<sup>st</sup> March 2017.

## **6. Racial Equality Outcomes: The communication and health and social care needs of our local ethnic communities will be met**

This outcome will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

### Supporting actions

#### **a) Communication needs**

The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in health and social care. For most, the biggest barrier is language. Research has shown that over 90% are non-English speaking when they first arrive in Grampian.

## **(i) Interpretation services**

**Definition: interpretation** is changing the spoken word from one language to another.

There are two main types of interpretation services provided, these are:

- “face to face”
- telephone

### **“Face to face” interpretation**

Aberdeen HSCP will continue to provide “face to face” interpreters for non- English speaking people when they access health or social care. The HSCP will work with partner agencies to ensure that a sufficient number of “face to face” interpreters are trained and available to meet our needs

### **Telephone interpretation**

The “Language Line” telephone interpretation service gives staff access to expert interpreters, on the telephone, in 60-90 seconds, for 170 different languages.

“Language Line” services will be widely available across the HSCP to provide short notice ready access to telephone interpretation. 24/7. A further 20 Access Points will be provided over the next 2 years, if required.

## **(ii) Translation services**

**Definition: translation** is changing the written word from one language to another.

A great deal of essential health and social care information is already available in translation. We will regularly review this material to ensure:

- All material available in translation is up to date.
- Any identified gaps in health or social care information will be filled on an ongoing basis.
- The HSCP will produce any of its published material, upon request, in any other language, in compliance with the Equality Act 2010. This offer will appear at the front of all major HSCP documents.

## **b) Health and social care needs**

### Supporting Actions

Over the next two years there will be continued close involvement with members of our local ethnic communities and their representative groups and organisations.

Work will continue to:

- Encourage and support recent migrant workers and their families to register with their local GPs by explaining their entitlement to free NHS healthcare.
- Encourage and support recent migrant workers and their families to access social care services by explaining their entitlement to free social care services.
- Involve and consult our local ethnic communities in the planning of health and social care services by means of multi-lingual involvement and consultation events, run either by the HSCP or partner agencies.
- Support carers in the recent migrant worker communities, many of whom are unaware of the wide range of support available to them.
- Provide multi-lingual Advocacy Services.
- Carry out two targeted health and social well being campaigns over the next 2 years.
- The HSCP will continue to help and support our local gypsy/traveller communities to access health and social care services by promoting the use of the Hand Held Patient Record. In addition, our campaign to encourage gypsy/travellers to register with local GPs when in the Grampian area will continue. We will also continue to work closely with partner agencies to identify social care needs and carer needs.

## **c) Supporting demographic information**

The 2011 Census figures show that since the 2001 Census, the population of Grampian has increased by 43,124 to 569,061. The total number of people in the categories “White Scottish” and “White Other British” was 492,180 or 86.5% of the total population of 569,061. People in other ethnic categories numbered 76,823 or 13.5%.

Aberdeen is the most popular area in Grampian for migrant workers and their families to live. This is also borne out by other statistics such as those shown below.



### **The number of people in Grampian born outside the UK by Council area**

<b>Council Area</b>	<b>2001 Census</b>	<b>2011 Census</b>
Aberdeen City	6.3%	15.9%
Aberdeenshire	3.1%	5.9%
Moray	3.7%	5.2%

#### **Gypsy/Travellers**

The Craigforth Report of 2008/9, identified a regular Gypsy/Traveller population in Grampian of approximately 450 people. The number of Gypsy/Travellers in Aberdeen was approximately 197. Recent involvement events suggest that these numbers are still current. Currently, there is only one permanent Halting Site in Grampian, with 16 places. This is located in Aberdeen.

## **7. Disability and Age Outcomes: We will meet the health and social care needs of disabled and elderly people living in Aberdeen.**

This outcome will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

### **Supporting Actions**

There are four main areas of work:

#### **a) Communication Needs**

It is vitally important to give disabled and elderly people equality of access to health and social care information so they will have equality of access to health and social care services and be able to make informed choices. The work the HSCP will carry out in this sphere is shown below.

- All HSCP leaflets, booklets and other published material will contain the offer to make the material available in any language or format, together with contact details of how to obtain this material. This offer will be placed at the front of the leaflets/material in minimum font size 14 or larger. All requests for HSCP information in other formats such as large print, audio and Braille, etc, will be met promptly.
- All new HSCP information leaflets, booklets and published material will comply with the requirements of the Royal National Institute for the Blind (RNIB) "Good Practice Guidelines", as contained in the RNIB publication: "See it right, making

information accessible for people with sight problems.

- The HSCP will produce accessible/pictorial Information to help people with a learning disabilities or aphasia.
- Portable Induction Loops (PILs) or fixed induction loops will be made available To help people who use a Hearing Aid. All front line services will have access to this equipment.
- The HSCP will provide BSL signers when deaf people wish to access health or social care services.
- Sensory Impairment Awareness Training will also be provided for staff.
- There are no Deaf blind Communicators living in Grampian. If a deaf blind communicator is required, they will be sourced via Deafblind Scotland.

## **b) Improve and promote good health for disabled and elderly people**

- Working with our partner organisations, we will provide targeted health promotion material to encourage people to keep active in old age, promote sports and other activities, provide self-care advice and opportunities for social interaction.
- The HSCP will provide a wide range of health and social care services to support people in their own homes or in domestic type settings.
- The HSCP will support national and local mental health initiatives such as the “See me” campaign to help overcome the stigma often associated with mental ill health.

## **c) Improve physical access to buildings and services**

Over the next two years, the HSCP will carry out Access Audits of the buildings used by staff working within the HSCP, to ensure physical ease of access. For most disabled and elderly people, the biggest barriers are steps, narrow entrances, a lack of lifts in multi-storey buildings, a lack of handrails, a lack of signage, a lack of toilets suitable for use by disabled people, a lack of Changing Places for adults, poor lighting and poor colour contrast on floors, walls and ceilings.

#### **d) Help for carers of disabled people**

Caring for a person with a disability or multiple disabilities can be a 24/7 commitment. It is important that the welfare of carers is given a high priority when social care is provided. It is widely accepted by the Scottish Government and society in general, that many carers feel undervalued and are socially isolated. We will work to further develop carer support arrangements, respite care facilities and seek to identify carers at risk.

#### **e) Supporting statistical information**

The 2011 Census figures show that approximately 16% of the population of Aberdeen had a long-term activity limiting health problem or disability. This equates to 35,645 people. It must also be remembered that the 2011 Census figures are now 5 years old and this number will have inevitably increased.

### **8. Sex Equality Outcomes: The HSCP will meet the health and social care needs of people who are victims of gender based violence such as rape, sexual abuse, or who have been trafficked**

This outcome will help to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Equality Act 2010.

Supporting actions

#### **a) Gender based violence**

The HSCP, in close co-operation with NHS Grampian, Aberdeen City Council, Police Scotland, other public bodies, the Scottish Government and partner agencies recognises that gender based violence is a serious issue. It affects both the physical and mental health of those involved. Most gender based violence takes place in the domestic setting.

The HSCP will:

- Provide training for front line staff to help them recognise the signs of gender based violence or people who have been trafficked. This training will also give staff the knowledge and skills to respond appropriately.
- Through consultation, involve the victims of gender based violence or trafficking, in the planning and development of service designed to provide help and support.

- Produce information on the sources of help and support and make these readily available.
- Put in place arrangements to help any HSCP staff member who may be experiencing gender base violence themselves.
- Meet the ongoing healthcare and social support needs of people who have been raped, sexually abused or trafficked, in liaison with other bodies, and charitable organisations.

## b) Supporting information

The most recent statistical information available comes from the Police Scotland Statistical Bulletin of Domestic Abuse for 2012/13. This shows that there were 60,080 incidents of gender based violence recorded by the police in Scotland. These incidents comprised:

### 2012/13 Incidents of Gender Based Violence in Scotland

<b>Perpetrator</b>	<b>No of incidents</b>	<b>% of total</b>
Male perpetrator against female victim	48,064	80%
Female perpetrator against male victim	10,214	17%
Same sex perpetrator	1,201	2%
Unknown	601	1%
<b>Totals</b>	<b>60,080</b>	<b>100%</b>

The 2012/13 figures for Grampian are:

<b>Perpetrator</b>	<b>No of incidents</b>	<b>% of total</b>
Male perpetrator against female victim	3,389	83.6%
Female perpetrator against male victim	666	16.4%
Same sex perpetrator	-	-
<b>Totals</b>	<b>4,055</b>	<b>100%</b>

It is generally accepted by all of the agencies concerned, that these figures are understated. Many incidents of gender based violence go unreported. This violence can take many forms, such as physical assault, rape, sexual assault, mental cruelty, forced marriages and so-called “honour crimes”.

In 2014, there were two convictions in Aberdeen of people involved in Human Trafficking. It is unlikely that these two people are the only ones involved in this trade in human misery in Grampian. This is also the view of Police Scotland.

## **9. Sexual Orientation Outcome: The HSCP will meet the specific health and social care needs of our local LGB and T communities**

### **This will:**

- 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 persons who do not share it.”

### Supporting actions

#### **a) Promotion of a positive image of our local LGB & T communities**

The HSCP through its staff training programme will encourage staff to promote a positive image of our local LGB & T communities, to the wider community in Aberdeen.

#### **b) Increase the availability of information**

Over the next two years, The HSCP will continue to provide health care information of particular interest to the LGB & T communities. Work will also continue to identify and meet any new information needs.

#### **c) Training to help HSCP staff to be sensitive to the sexual orientation of people**

LGB and T awareness training will be an integral part of the HSCP Equality and Diversity Staff Training Programme.

#### **d) Sexual health**

We will promote the safe sex message to men who have sex with men to reduce the risk of contracting sexually transmitted diseases or blood borne viruses. The safe sex message will also be promoted to the wider community in Aberdeen City.

#### **e) Supporting statistical information**

Information on sexual orientation is something which many people feel uncomfortable divulging. The General Register Office for Scotland considered including an LGB and T question in the 2011 Scottish census. A pilot was carried out in 2005 involving 4,400 households. They found:

“Overall only 2.2% of respondents declared non-heterosexual orientation.”

Most respondents felt that sexual orientation was too sensitive and too intrusive a question to include in a Census. Accordingly, no sexual orientation question was included.

The official UK Government estimate is that 6% of the population are gay, lesbian or bisexual. Using this estimate and the 2011 Aberdeen Census population of 222,793, this would give an LGB&T figure for Aberdeen of 13,368.

### **10. Gender Reassignment Outcome: Meet the specific health and social care needs of members of our transsexual and transgender communities. Promote a positive image of the transsexual and transgender communities to the wider community in Aberdeen**

This will:

- 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 persons who do not share it.”

Supporting actions

#### **a) Health care**

HSCP staff will work hard over the next two years to further develop health care services for members of the transsexual and transgender communities.

## **b) Social services**

Work will be progressed to provide enhanced social services support and counselling services.

## **c) Promoting a positive image**

HSCP staff will work hard promote a positive image of the transsexual and transgender communities to the wider community in Aberdeen.

## **d) Supporting statistical information**

### **Transsexual Community**

There is no reliable information on the numbers of people in Grampian who have transitioned from one sex to another. However, the best local estimate made by NHS Grampian is 44 with a further 45 engaged in the transition process.

Various studies have shown that 70% of people who transition, transition from male to female. The average age at which people realise they have gender dysphoria is 14, the average age to transition is 42. This often means that when people come to transition, they are married with children. This adds emotional trauma to the trauma of facing major surgery and a major life change. Member of the transsexual community are some of the most vulnerable in our society. Research by NHS Grampian indicates that approximately 58% have either attempted suicide or had serious suicidal thoughts.

### **Transgender Community**

There is no reliable information on the numbers of people in Grampian who are transgender.

## **11. Pregnancy and Maternity: Meeting the specific health and social care needs of pregnant and nursing Mothers**

This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

### **a) Maternity care**

The HSCP will continue to provide the highest standard of community based antenatal and post natal care through our GP's, Community Midwifery network and Health Visitors.

## **b) Facilities for Nursing Mothers**

All buildings used by the HSCP will provide facilities for Nursing Mothers by 31st March 2017. All new buildings will include facilities for Nursing Mothers in their design brief.

Additional GP and Community Nursing support will be provided to nursing Mothers who require this.

## **c) Social care and support**

We will continue to provide social care and support services to young Mothers and Mothers who are experiencing social issues during and after pregnancy.

## **e) Supporting statistical information**

### **Birth rate**

The birth rate in Grampian has increased gradually over the period 2002 to 2010. In 2002 there were 5,027 live births, this figure increased to 6,327 live births by 2010. This gradual increase is the same pattern which can be seen across Scotland.

### **Ethnic origin of Mothers**

In Scotland in the period 2000 - 2003 live births to Mother of UK origin averaged 92%. In the period 2006-2008 live births to Mothers of UK origin reduced to an average of 85%. In Grampian, the 2011 live birth figures are:

<b>Location</b>	<b>Total Number of live births</b>	<b>Percentage born to Mothers of UK Origin</b>
Aberdeen	2608	67.87%
Aberdeenshire	2695	85%
Moray	973	89%

These figures emphasise the important of making interpretation services widely available.

## **12. Marriage and Civil Partnership Outcomes: Staff will respect the rights of marriage partners, civil partners and common law partners in the health and social care setting**

This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.



## Supporting actions

### a) **Respecting the rights of marriage partners, civil partners and civil partners**

Staff are already aware of the need to respect the legal rights of marriage partners, especially when important health care or social care decisions are being made which may involve seriously ill patients or end of life issues.

However, due to the relatively small number of people in civil partnerships or in a same sex marriage living in Grampian, it may not immediately occur to staff that a same sex marriage or civil partnership may exist when people receive health or social care.

Our staff training will enhance staff awareness to ensure that staff are aware of the possible existence of civil partnerships or same sex marriages when providing health or social care. This will help them to safeguard the rights of civil partners and same sex marriage partners. The training will also make staff aware of the rights of Common Law partners.

### b) **Supporting statistical information**

Grampian is in line with the Scottish trend in terms of the numbers of couples getting married or entering into civil partnerships. The figures for Grampian from the General Register Office for Scotland are:

#### **Marriages in Grampian 2006 – 2011**

<b>Year</b>	<b>Aberdeen</b>	<b>Aberdeenshire</b>	<b>Moray</b>
<b>2006</b>	<b>960</b>	<b>1160</b>	<b>400</b>
<b>2007</b>	<b>900</b>	<b>1320</b>	<b>450</b>
<b>2008</b>	<b>800</b>	<b>1200</b>	<b>390</b>
<b>2009</b>	<b>810</b>	<b>1200</b>	<b>400</b>
<b>2010</b>	<b>815</b>	<b>1240</b>	<b>375</b>
<b>2011</b>	<b>900</b>	<b>1160</b>	<b>370</b>

#### **Civil partnerships in Grampian 2008 – 2011**

<b>Location</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Aberdeen</b>	<b>11</b>	<b>14</b>	<b>18</b>	<b>13</b>
<b>Aberdeenshire</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>9</b>
<b>Moray</b>	<b>5</b>	<b>3</b>	<b>6</b>	<b>7</b>

The much smaller numbers of people entering into civil partnerships in Grampian means that staff meet people who have entered into a civil partnership, less frequently.

There are currently no statistics available on the number of people in a same sex marriage or Common Law partnership in Grampian.

### **13. Religion or Belief Outcomes: Staff will be aware of the specific religious and spiritual needs of people in a health or social care setting.**

This will:

- 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 persons who do not share it.”

Supporting actions

#### **a) Provide educational resources**

We will provide educational resources for staff working within the HSCP to enhance their awareness of the specific religious and spiritual needs of different faith communities.

#### **b) Staff training**

The staff training will make staff aware of the need to respect the religion or belief of patients and those receiving social care.

### **14. Equality and Diversity Monitoring within the HSCP: The HSCP will comply with all current equality and diversity legislation and have in place effective monitoring arrangements**

This will:

- eliminate discrimination, harassment, victimization and any other conduct that is prohibited under this Act

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

## Supporting actions

### **a) HSCP Board Monitoring**

The HSCP Board will:

- monitor compliance by the HSCP organisation with equality and diversity legislation
- monitor compliance by staff working within the HSCP
- Address any issues or problems promptly
- Receive an annual report from the HSCP Chief Officer

### **b) Production of Statutory reports**

The HSCP Chief Officer will ensure that all statutory reports are produced by the due date and presented to the HSCP Board for scrutiny and approval. Thereafter, the finalised reports will be made widely available.

## **15. Consultation Arrangements**

Much of the content of this Outcomes Report was drawn from the 2015-2017 Equality Outcomes produced by both NHS Grampian and Aberdeen City Council. Both organisations consulted widely on their equality outcomes, especially amongst groups with a protected characteristics, as required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The HSCP has ensured that as many equality and diversity groups as possible, as well as the wider community in Aberdeen, had the opportunity to comment on the content of this document by issuing it as a Consultation Draft. The Consultation Draft was issued for a 6 week consultation period from 21st March 2016. The Consultation Draft was made widely available through:

- The HSCP web site
- NHS Grampian web site
- Aberdeen City Council web site
- Hi-Net

- The North East Scotland Equalities Network (NESEN)
- To local equality and diversity groups and bodies
- To other partner organisations
- To interested individuals
- Community Websites and Forums
- To the wider community in Grampian

The comments received from the consultation were most positive and a number of suggested amendments/ improvements were taken on board. All of the comments received were given the fullest consideration.

Any further comments on this finalised document will be most warmly welcomed and be made by phone to: 01224 522856 or 01224 522047 or 01224 551116 or 01224 552245.

## Appendix I

### Services currently provided by NHS Grampian which are to be integrated

1. Accident and Emergency services provided in a hospital.
2. Inpatient hospital services relating to the following branches of medicine-
  - a) general medicine
  - b) geriatric medicine
  - c) rehabilitation medicine
  - d) respiratory medicine; and
  - e) psychiatry of learning disability.
3. Palliative care services provided in a hospital.
4. Inpatient hospital services provided by General Medical Practitioners.
5. Services provided in a hospital in relation to an addiction or dependence on any substance.
6. Mental health services provided in a hospital, except secure forensic mental Health services.
7. District nursing services.
8. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
9. Service provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
10. The public dental service.
11. Primary medical services provided under a general medical services contract.
12. General dental services provided by the NHS.
13. Ophthalmic services provided by the NHS.
11. Pharmaceutical services provided by the NHS.

12. Out of hours primary medical services.
13. Service provided outwith a hospital in relation to geriatric medicine.
14. Palliative care services provided outwith a hospital.
15. Community learning disability services
16. Mental health services provided outwith a hospital.
17. Continence services provided outwith a hospital.
18. Kidney dialysis services provided outwith a hospital.
19. Services provided by health professionals that aim to promote public health.

**Services currently provided by Aberdeen City Council which are to be integrated**

1. Social work services for adults and older people...
2. Services and support for adults with physical disabilities and learning disabilities.
3. Mental health services.
4. Drug and alcohol services.
5. Adult protection and domestic abuse.
6. Carers support services.
7. Community care assessment teams.
8. Support services.
9. Care home services.
10. Adult placement services.
11. Health improvement services.

12. Aspects of housing support, including aids and adaptations.
13. Day services.
14. Local area co-ordination.
15. Respite provision.
16. occupational therapy services.
17. Re-ablement services, equipment and telecare.