

Glasgow City Equalities Outcomes **2020-2024**



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1. Foreword

Freedom from discrimination and equality of opportunity are fundamental human rights for us all. This set of outcomes (2020-24) are published during the COVID-19 pandemic, which has further exposed the unequal nature of our society and the implicit role that institutions, such as ours, play in perpetuating this. Structural discrimination including racism, sexism, homophobia and ableism continues to affect our patients, service users and staff. We acknowledge that this requires us to change our traditional ways of working and cultivate a more honest and inclusive environment, with an equitable balance of power. This is why we have created, in addition to our mainstreaming commitments, an outcome specifically about our organisational leadership (Outcome 7).

Five of the seven outcomes listed below relate to directly to our key transformational health and care commitments over the next four years. These are areas which we have the ability to determine and therefore the ability to work in partnership with protected characteristic and intersectionality groups, directly and through the network of organisations that give a voice to those often unheard.

We ask that you work with us, offering guidance where we are uninformed, and challenging in a way that helps us progressively expose and improve our practices. Likewise we will use our influence to be equalities advocates for Glasgow, and act to challenge those who act in a manner contrary to this.

Garry Dover: Assistant Chief Officer, Primary Care and Early Intervention

Fiona Moss: Head of Health Improvement and Equalities

Stephanie Kirkham: Equalities and Fairer Scotland Lead

Email: stephanie.kirkham@ggc.scot.nhs.uk



2. Purpose

To report our new equalities outcomes for the next four years (2020-2024) our Outcomes and our **Equalities Mainstreaming Report (2020-2024)** have been approved by IJB members. The Equalities Mainstreaming report and Outcomes outline how the HSCP will meet its obligations under the Public Sector Equality And Fairer Scotland duties.

3. Background

IJB Members considered and approved the Equalities Mainstreaming Report (EMR) (2020/24) on 25 March 2020. It was acknowledged that scheduled engagement discussions on the outcomes had been interrupted by the pandemic. Agreement was given to initially publish the EMR without outcomes, to allow time for further engagement. This report now brings the outcomes for approval.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 lists the specific duties which are required to help public bodies meet the general duty. The specific duties which apply to the (IJB) include;

- Report progress on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Consider award criteria and conditions in relation to public procurement
- Publish equality information in a manner which is accessible

Below are the 7 equality outcomes which were set in 2016;

1. Barriers to HSCP services are removed for people with relevant protected characteristics.
2. Age discrimination in services is removed.
3. Service user public engagement groups, inclusive of people with protected characteristics, works collaboratively with HSCP to shape service development.
4. Gender balance of Integration Joint Board.
5. Develop an engagement and participant's strategy plan.
6. Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.
7. Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.

The new outcomes build on the work completed as part of the first EMR and are more clearly aligned with the Strategic Plan 2019-2022. The outcomes also enable the HSCP to reduce inequality caused by socio-economic disadvantage impacting on people across the city (Fairer Scotland Duty, 2018).

4. The Engagement Process

The equalities outcomes have been influenced by our engagements, this includes feedback which was achieved prior to and during lockdown. Engagement took place through a number of methods including; a staff survey (676 staff), face-to-face discussions at our equalities event with 86 participants and 10 table facilitators, feedback forms sent via email with proposed outcomes, a public survey advertised via twitter and 1-2-1 telephone engagements (replacing prior planned group engagement).

GCHSCP Mainstreaming event was held on the 6th February, 2020 to discuss and inform the next mainstreaming report and equalities outcomes. Registration was quickly full, with 86 participants on the day. The first part of the event provided an overview of 'looking back and moving forward', reflecting on work in advancing opportunities and emphasising the value of partnership working. The second part of the event was called 'join the conversation' where 10 facilitators representing a number of organisations, gave up their time to support discussions surrounding key equality areas including;

- Fairer Scotland Duty: Improvement Service
- Race: CRER
- Equality Impact Assessments: NHSGGC- Equalities and Human Rights Team
- Sexual Orientation: NHSGGC – Sexual Health Team
- Disability: Glasgow Disability Alliance
- Mental Health: Mental Health Foundation
- Equalities: Glasgow City Council
- Sex: Wise Women
- Sectarianism and Discrimination: Nil by Mouth
- Human Rights: NHSGGC Health Improvement

Event feedback has been extremely positive. The key messages heard were:

- Some really good progress has been made but there is much more still to do.
- We need to involve equalities groups more in our EQIA processes and wider planning.
- We need to develop our understanding of intersectionality, and for this to be more transparent in our equalities work.
- A recurring theme in the discussion at the event was about power; the power of ignorance that continues to feed discrimination.
- Greater need for unconscious bias training, positive feedback was also received on training to date.
- Increase communication support for third party reporting.
- Strengthen partnership working to support increased awareness of mental health.



A staff survey was also undertaken to support the development of the new outcomes. It looked at 'general information about you' and 'your views'. Similar to the feedback from the event, staff felt there should be greater access to more ongoing training surrounding; age, disability, gender reassignment, sexual orientation and race. Full details of the survey results can be found on page 47-51 of the **Equalities Mainstreaming Report**. We thank the 676 staff who completed the survey prior to lockdown.

A public survey was promoted via twitter for feedback surrounding the importance of equality within the HSCP, 132 people took part and provided valuable comments on what was important to them. For instance, staff training at all levels should be reflective of the diversity of our service users, particularly disability with emphasis on hidden disability, LGBT+ and intersectional characteristics. Also, 60% of those who participated strongly agree that it is important to have people with lived experience included in the Equality Impact Assessment process. These comments have supported the new outcomes and share similarities with the staff equality survey feedback.

Proposed outcomes were created and sent out for feedback using a feedback request form, there were a total of 125 emails sent out to request engagement. Feedback was sent to attendees of the event and stakeholders who had expressed an interest. Organisations who provided valuable written feedback include: CRER, Glasgow Equality Forum members, HSCP Health Improvement Teams, NHSGGC Equalities and Human Rights Team, NHSGGC Sexual Health and Improved Services.

Feedback was also given or followed up by telephone from; Glasgow City Council Equalities Team, Glasgow City Community Planning, Wise Women, Improved Services and Renfrewshire HSCP.

Positive feedback was received on incorporating the five priorities of the GCHSCP Strategic Plan 2019-2022. Also, our actions have also been well received,



particularly; to develop meaningful participation process with equalities groups into our EQIA process and staff equalities training including unconscious bias and hate crime awareness. Furthermore, the Equalities Mainstreaming Report has been well received and key priorities accepted by the Glasgow City HSCP Equalities Working Group.

Key areas to develop and suggestions from the initial proposed outcomes included;

- Making each outcome more specific to a particular protected characteristic rather than all characteristics.
- Wording of outcomes too generic and should be more specific to describe the change in the lives of people with protected characteristics that the HSCP wishes to see.
- Maximising Independence Strategy could be a way to further promote inclusion and representation from marginalised groups.
- Mental Health Services that better meet needs and experiences of BME young people.
- Equalities training for staff and IJB members.
- Promote culture change and reduce inequalities through partnership working.

We are thankful to everyone who engaged and took the time to provide feedback during the initial part of the pandemic response. This engagement has helped shape the new proposed outcomes for the next four years.

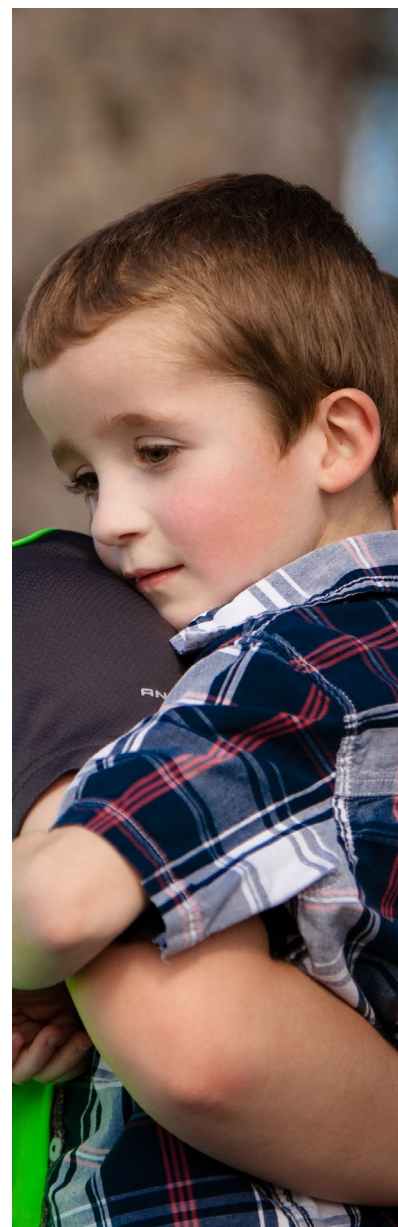


5. Equalities Outcomes 2020- 2024

There are 7 new proposed equalities outcomes;

1. That family support strategy beneficiaries report good person-centred support and delivery that improves children's outcomes across those with protected characteristics and experiencing poverty.
2. Through the Maximising independence Programme more users report that they are supported to live an independent life, via the delivery of supports and advice.
3. Improved patient experience of primary care for people with protected characteristics and experiencing poverty.
4. Improved equalities sensitive practice in the design and delivery of specialist mental health services, HSCP services responding to distress and wider public mental health.
5. Improved care and health outcomes through advancing equalities practice across all HSCP services.
6. The planned 'Parkhead Hub' (the integrated social and primary care, mental health and community hub) will be developed to have equalities at the heart of its culture and design.
7. The IJB members and Senior Management Team provide leadership in progressing the equalities culture of the organisation

For full details of the equalities outcomes including; list of actions, measurements and evidence please refer to the **Outcomes** on page 10.





6. COVID-19 and Equalities



The pandemic has imposed fundamental challenges on people's lives, more so for some protected characteristic groups and those already living in poverty. The recovery phase will be crucial to ensure meaningful mitigation of poverty and inequality. Research carried out by Glasgow Disability Alliance provides an extensive overview of the impact on disabled people, stating that 'COVID-19 has supercharged inequalities already faced by disabled people'. The full report and summary briefing- 'Supercharged: a human catastrophe' are available at gda.scot.

The Scottish Government has recently published: **Equality and Fairer Scotland Impact Assessment: Evidence gathered for Scotland's route map through and out of the crisis**, which provides a framework for decision making and covers; health, societal and economic harms that impact on people's physical and mental health and wellbeing.

The HSCP will continue to contribute to the cities partnership effort to address the impact of the pandemic on those with protected characteristics and living in poverty. Glasgow Equalities Forum have also contributed insights on the impact of the pandemic through membership of the HSCP Equalities Group and partnership structures.

Staff also continue to act to gather and contribute intelligence to inform responses to the pandemic. A strategic discussion paper has been developed between staff and the University of York; '**Crises as Growth and Opportunities**', concerning the impact of COVID-19 on mental health and equalities. This will assist our understanding of equalities in mental health and wellbeing, during and after COVID-19 in Glasgow.

Outcome 1: That family support strategy beneficiaries report good person-centred support and delivery that improves children's outcomes across those with protected characteristics, and experiencing poverty.

General Equality Duty:

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

Lead and Service Area	Family Support Strategy - Children and Families	Protected Characteristic Covered	Age, Disability Gender and Race
HSCP Strategic Priority	Prevention, early intervention and harm reduction		

Evidence

Glasgow's Integrated Children and Young People Service Plan details the priority of family support and early intervention. Within this priority was an action to develop a family support strategy (FSS) for the city. The Family Support Planning Group have worked alongside the Citywide Third Sector Forum to consult both families and professionals in the development of the strategy since 2018. An Equalities Impact Assessment was carried out in December 2019. www.glasgowcity.hscp.scot/publication/eqia-family-supportstrategy

The FSS identifies the need for more robust and comprehensive support for families by focusing on preventative, earlier intervention and intensive family support accessible and responsive to the needs of parents and children with protected characteristics and living in poverty. The implementation of the strategy will contribute to mitigating poverty, building resilience in families and above all secure better outcomes for all our children and young people.

Actions: Develop the equalities responsiveness of the cities Family Support Strategy by delivering;

1. A published Family Support Strategy which responds to the published EQIA, with specific consideration of gender based violence and wider gender issues, pregnancy, culture and language and disability related family support issue.
2. Deliver two commissioning frameworks: Early Intervention (pre-birth to 12 years of age) and Intensive Family Support (12+) that provides routine equalities monitoring and reporting from all funded organisations within this multi million investment programme.
3. To open HSCP equalities training opportunities to all organisations funded through the frameworks and host family support equalities learning events for each framework in 2021.
4. To establish the best mechanism for equalities reporting 2022 and 2024 on the strategy and framework outlining progress made and key emergent issues to be addressed in the next period.

Outcome 2: Through the Maximising Independence Programme more users report that they are supported to live a healthy and independent life, via the delivery of support and advice.

General Equality Duty:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Lead and Service Area	Maximising Independence Strategy	Protected Characteristic Covered	Disability, Socio-economic and intersectionality
HSCP Strategic Priority	Providing greater self-determination and choice. Shifting the balance of care		

Evidence

Glasgow is the local authority area that contributes most to the poor international health statistics that Scotland is known for. Healthy life expectancy is equally poor, which means that a higher proportion of our population rely on health and social care services, and from a younger age. The Social Model of Disability provides a framework for working with people to support broader confidence in managing long term conditions and in finding enabling ways for people to reduce their need for health and care interventions. The model identifies system barriers including: societal attitudes, social exclusion, environmental & financial factors as well as individual needs and works simultaneously at a population and person level to effect change.

Actions:

1. To deliver an equalities inclusive public participation and empowerment programme for the Maximising Independence Programme, with focused and resourced engagement and ongoing dialogue with disabled people which embeds lived experience in planning and designing Health and Social Care.
2. To deliver a 'communities' work programme that recognises and responds to protected characteristic needs between communities, inclusive of equality networks.
3. Deliver change care delivery models and develop further family support models with and for carers.
4. Report on the equalities outcomes resulting from the Well-being for Longer Programme in 2021 and 2023.
5. Ensure service planning and delivery takes full account of equality principals and that equality practice is embedded in service delivery and practice by engagement in our EQIA processes.

Measures:

- Self-reported well-being levels of people with a life limiting illness through the adult health and well-being survey with over 4,500 residents in 2021 in comparison to 2018 and 2015.
- The Maximising Independence (MI) Programme will develop a performance monitoring programme that reports routinely on equalities activity and outcomes. Reports will be presented to the MI Programme Board and be contained in IJB reporting.
- Number of people with protected characteristics involved in public participation and empowerment programmes.
- More carers report that they feel more supported and empowered to continue their caring role. This will be monitored through introducing equalities reporting within carers assessment's.
- Number of staff network events, attendance and evaluation.

Outcome 3: Improved patient experience of primary care by protected characteristics and by those experiencing poverty.

General Equality Duty:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

Lead and Service Area	Primary Care	Protected Characteristic Covered	All Characteristics, particularly; Age, LGBT+ Race, Sex and (Intersectional)
HSCP Strategic Priority	Prevention, early intervention and harm reduction.		

Evidence

Estimates suggest that up to 90% of health care episodes start and finish in primary and community care. Health inequalities and poverty are underlying issues that influence the health and wellbeing of individuals. Glasgow has over 20,000 adults with a learning disability and almost one in every four residents lives with a disability. Suicide is more than two-and-a-half times higher in most deprived areas and is three times higher in males than in females. With an increasing BME population there are now 80 different languages for interpreting services and an increasing asylum seeking population. Furthermore, it is estimated that one in every fourteen residents is Lesbian, Gay, Bisexual or Transgender.

Strong primary care systems are positively associated with better health and better equity. The design, delivery and accessibility of primary care services for people with protected characteristics is crucial.

The current Primary Care Improvement Plan will invest an additional £18.8m annually in the sustainability of General Practice. The national agreed key priorities to achieve this are the shift in delivery of vaccinations to HSCPs, access to pharmacotherapy and community care and treatment (including phlebotomy, ear syringing, suture removal and management of minor injuries and dressings) and the development of additional health professional roles e.g. advance practitioners and community link workers.

Within Glasgow an EQIA was published on this programme in 2019. This highlighted the range of actions required to improve access and outcomes for protected characteristic groups and those experiencing poverty.

Actions:

1. Vaccination uptake equalities reporting and action required resulting from the shift from General Practice to GCHSCP delivery, reported through the Primary Care Strategic Planning Group
2. Community Link Worker equalities reporting and action resulting from any lower than expected use by protected characteristic groups and a learning review of the thematic link worker role for the asylum-seeking community. Reporting through the Primary Care Improvement Plan Implementation group.
3. Equalities Training and staff development for HSCP primary care staff delivering the PCIP.
4. Promote and increase awareness of Hate Crime Campaign.
5. The development of an inclusive mental well-being programme within primary care to inform future HSCP service developments.
6. Production of an equalities report on the term of the PCIP funding, and progress across work streams, included within IJB papers on primary care.

Measures:

- Evaluation of vaccination update equalities reporting, including COVID vaccination.
- Number of training opportunities made available, number of participants and evaluation on delivery of training.
- Number of staff undertaking hate crime training and awareness sessions.
- Feedback on experience of care. Number of staff network events, attendance and evaluation.

Outcome 4: Improve equalities sensitive practice in the design and delivery of specialist mental health services, HSCP services responding to distress and wider public mental health

General Equality Duty:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

Lead and Service Area	Mental Health Strategy	Protected Characteristic Covered	Race, Sexuality, gender, disability and intersectionality
HSCP Strategic Priority	Enabling independent living for longer / Prevention, early intervention and harm reduction / Mental Health		

Evidence

People are experiencing discrimination, social isolation and cultural barriers. These undermine mental health and must be challenged.

Evidence from the BME Health and Wellbeing Study in Glasgow identified lack of knowledge about how to access appropriate healthcare and the 'indigenous culture' of provision as prohibitive factors in accessing and receiving good quality care **Glasgow Centre for Population Health (2017)**. The study demonstrates that the relationship between ethnicity and health is complex, and nuanced.

In our capacity of delivering mental health services across all ages for Glasgow and hosting further adult mental health services for the wider health board area, we published an EQIA on the five-year mental health strategy in 2018. The strategy focuses on strengthening our earlier intervention and prevention services, clinical quality and range, and enhancing recovery orientated care. The strategy recognised the impact of discrimination on mental health. The impact of COVID-19 on equalities groups reflects the continuing need to consider existing and new mental health services are designed with and for the population we serve. Over the next four years we will take action to particularly focus on aspects of culture, race and the LGBT community.

Actions:

1. Improve data recording of ethnicity and LGBT status in mental health services and report on this.
2. Engage BME communities in reviewing patient pathways to make improvements where required.
3. Develop wellbeing informed service provision within primary care and mental health services, considering patient needs and removing barriers.
4. Child and Adolescent Mental Health Services to achieve the LGBT Youth Charter Mark.
5. Glasgow City Choose Life Partnership, supported by GCHSCP, delivers specific suicide prevention responses for protected characteristic groups, where appropriate.
6. Develop the capacity of primary care and mental health services to engage with BME community service receivers as equal partners of positive change.
7. Establish a mentoring scheme for HSCP staff with people with other protected characteristics.

Measures:

- Repeating the health and well-being survey with our five largest BME communities in 2021. The survey was last undertaken in 2016 with 1700 participants. Analysis will be undertaken of perceptions on the accessibility and quality of primary care services and health status trends and experiences of discrimination, with improvements sought across all.
- Repeat the adult health and well-being survey with 4,500 residents with reporting on experiences of discrimination within health and social care from the 5% previously reported.
- Equalities service audit on mental health service referrals.
- LGBT Youth Charter Mark awarded and maintained by services.
- Number of staff participating in mentoring programme and impact evaluation.
- Number of staff network events, attendance and evaluation.

Outcome 5: Improved care and health outcomes through advancing equalities practice across all HSCP services.

General Equality Duty:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Lead and Service Area	All services including; Health Improvement, Public health and Equalities Working Group.	Protected Characteristic Covered	All characteristics and Socio Economic
HSCP Strategic Priority	Prevention, early intervention and harm reduction Enabling independent living for longer		

Evidence

Through the engagement process to determine these outcomes a number of aspects were raised by stakeholders and staff about our equalities journey as an organisation. Particularly our need to be more inclusive and actively engage with people with protected characteristics in our change processes. As an organisation we must continue to challenge ourselves around our practice and unconscious bias. This outcome describes key actions on the next phase of this journey.

Actions:

1. To develop meaningful participation processes for those with protected characteristics into our EQIA processes.
2. To develop understanding and improve practice, through training, in relation to those who experience intersectional barriers v- and to take an intersectional approach.
3. To implement an annual report on changes resulting from published EQIA's.
4. Develop our involvement on equalities issues with the people of Glasgow through our public engagement strategy.
5. To undertake a boosted survey of the five largest BME communities in Glasgow in the adult health and well-being survey in 2021 to inform HSCP and wider community planning forums of needs and issues and how these are changing for members of these communities.
6. Complete a well-being survey of the LGBT+ community within Greater Glasgow and Lothian to understand more fully the health and well-being needs related to this protected characteristic to inform future needs and plans.
7. Promote best practice in all areas of the HSCP to tackle systemic discrimination.

Measures:

- Number of staff experiencing training and evaluation of the impact of training.
- Routine reporting through the Community Engagement Committee on equalities aspects and impact reporting on the Public Engagement Strategy.
- Final published BME Adult health and Wellbeing Survey 2021.
- Number of participants in well-being survey for LGBT+ community, and published reports.

Outcome 6: The planned ‘Parkhead Hub’ (the integrated social and primary care, mental health and community hub) will be developed to have equalities at the heart of its culture and design

General Equality Duty:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Lead and Service Area	North East Locality	Protected Characteristic Covered	All Protected Characteristics and Socio-economic impact
HSCP Strategic Priority	All HSCP strategic priorities.		

Evidence

The Strategic Plan states (page 25) that the HSCP has aspirations “to improve outcomes and reduce inequalities by providing easily accessible, relevant, effective and efficient services in local communities where possible and with a focus on anticipatory care, prevention and early intervention. We need to become less of a dependency based (and dependency creating) service, to one that delivers outcomes and is focussed on achieving the best possible outcomes for our population, service users and carers”. The objectives for the Hub emulate the ambitions of the Strategic Plan. The proposals to improve health and social care services in North East Glasgow have been approved. The new building will be fully accessible for disabled people and will be located with good public transport links. Inequalities have been considered as part of the Initial Agreement.

- Actions:**
1. The building will meet the accessibility requirements, be DDA compliant and have a dementia friendly design.
 2. We will continue to engage with a wide range of people as part of the development process for the hub and we will continue to make concerted efforts to ensure that people with protected characteristics can participate in the consultation and involvement activities.
 3. To support this engagement, we will work with Equalities Groups to seek their input in the proposed development.
 4. The community facilitates within the hub will be designed and managed to support access by all groups, inclusive of those with protected characteristics.

- Measures:**
- Engagement feedback reports.
 - Useage of the community facilities by protected characteristic groups.
 - Uptake patterns by protected characteristic groups for services located within the hub.
 - Patient feedback.

Outcome 7: The IJB members and Senior Management Team provide leadership in progressing the equalities driven culture of the organisation

General Equality Duty:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
- Foster good relations between people who share a protected characteristic and those who do not

Lead and Service Area	Integration Joint Board and Senior Management	Protected Characteristic Covered	All
HSCP Strategic Priority	Public protection Prevention, early intervention and harm reduction.		

Evidence

Leadership is critical to the cultural equalities journey of the organisation. This outcome reflects on the range of stakeholder and staff 'asks' of our leaders in eliminating unlawful discrimination and fostering good relations between people who share a protected characteristic and those who do not, for the people we service, for our workforce and with our partners.

Actions:

1. The Integration Joint Board will consider mid-point and final outcomes achieved reports on Equalities
2. Drive participation with equalities led groups and organisations:
3. Develop the equalities breakdown of the HSCP Performance Framework.
4. Empower HSCP staff to deliver with kindness and respect at all times: through positive collaboration with equalities led communities, organisations & networks, including supportive equalities training to staff at all levels.
5. Offer equalities training for IJB members.
6. Strengthen the diversity of our workforce and report on this through the GGC NHS and GCC equalities outcomes as set out in the Equalities Act

Measures:

- Number of staff trained and type of training received.
- Evaluation of training and materials.
- Number of events or funding opportunities raising awareness of protected characteristics.

