

Integration Joint Board

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Equalities Mainstreaming and Outcomes for the IJB

Purpose of Report:	To present the IJB Plan for Equalities Mainstreaming and Outcomes for approval.
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Recommendations:	IJB is asked to approve the Equalities Mainstreaming and Outcomes Plan.
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Implications for IJB:

Financial:	Within existing resources.
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Personnel:	None
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Legal:	To publish Equalities Outcomes by the 30 th April 2016, as required in legislation.
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Economic Impact:	Unknown
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Sustainability:	This programme of work will be sustained within existing resources and progress reported and published every two years.
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Sustainable Procurement and Article 19:	None
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Equalities:	This will improve equalities outcomes across services and engagement with equalities groups
Implications for Glasgow City Council:	To be determined in partnership with GCC colleagues
Implications for NHS Greater Glasgow & Clyde:	To be determined in partnership with GGC colleagues

1. Background

- 1.1 All public sector organisations are required to comply with the Equality Act 2010. Integration Joint Boards (IJBs) were added to the public bodies listed in the Equality Act 2010 on the 11th June 2015. This provides IJBs with the opportunity to develop as inclusive and fair public organisations from the outset.
- 1.2 By the end of April 2016, IJBs are required to publish Equality Outcomes, which will be reported on every two years. Guidance from the Equality and Human Rights Commission states the IJB must do the following in developing their outcomes:
 - Involve people with protected characteristics and those who the IJB think represent their interests
 - Consider relevant evidence
 - If the set of outcomes does not cover the 3 parts of the public sector duty, the IJB must publish reasons for this
- 1.3 The requirements relating to employee policies, equal pay reporting and procurement will continue to be reported through the two employing bodies. As such the Equalities Outcomes of both employing bodies should inform and compliment the Equalities Outcomes established for the IJB.
- 1.4 Members considered a report outlining the process to engage and develop the first IJB Equalities Mainstreaming and Outcomes Plan at the shadow IJB meeting of 19th January, 2016.

2. The Development Process

- 2.1 A consultation paper (circulated previously) was developed to generate dialogue and discussion on key issues for inclusion in the final Plan.
- 2.2 In total 307 people/organisations offered views and perspectives on the draft Equalities Plan. Equalities monitoring of those who engaged with us showed

that every protected characteristic population group were represented to some extent. The engagement schedule involved five key processes

- Proactively taking the draft to existing equality forums and groups, and Strategic Planning Groups within the HSCP (87 people engaged, including an LGBT age reference group, LGBT Youth, Turning Point Scotland (for people in substance misuse, homelessness, mental health and criminal justice services), Cornerstone (people with learning disabilities), Waverley Care (African/ Caribbean asylum seekers and refugee group) and RISC (Addaction recovery group)
- Hosting stakeholder events for a wide audience of residents and staff to engage (162 people engaged via GHSCP equality event, North East Sector & Glasgow Disability Alliance event, South Sector Gender based Violence event, PPF Glasgow Strategic Plan and equalities consultation event, Glasgow Leadership conversation event)
- Taking the feedback on Health and Social Care elicited through the Community Planning Minority Ethnic conversation events, which were undertaken for a different purpose but provided insights for inclusion
- Inviting responses to an electronic survey (32 responses)
- Inviting written responses (2 responses received)

2.3 The electronic survey was developed to ask for feedback on specific questions included in the consultation paper. This included;

- Whether poverty should be included in our scheme although not required in legislation
- Whether we should be explicit about taking a human rights approach
- Whether the suggested outcomes were right? And if not what should be changed
- Views on whether our staff are equalities aware for each protected characteristic group
- Views on discrimination within the HSCP

Thirty two responses were received to this (13 HSCP staff, 11 staff from partner organisations, 8 members of the public).

2.4 The findings of the Equality Impact Assessment (EQIA) of the draft HSCP Strategic Plan were also considered. This included consideration of the profile and understanding of need for protected characteristic groups in Glasgow.

2.5 Towards the end of the consultation a leadership conversation event was held for senior staff within the HSCP to present the outcomes being proposed and consider our commitments to these.

3. What we heard through the consultation

- 3.1 A summary of the feedback received has been included in the Equalities Mainstreaming and Outcome Plan.
- 3.2 The Glasgow HSCP equalities mainstreaming approach and draft Equality Outcomes were very widely endorsed. For example, only one person in the survey monkey felt that the equality outcomes were not what they expected but did not give practical examples of what to change.
- 3.3 Most respondents felt poverty should be included in the approach (74% of the survey and through feedback at events) although one response was received that cautioned against including poverty on the basis that this could dilute action on specific and general duties from the Equalities Act (2010).
- 3.4 Staff awareness of the needs and issues of protected characteristic groups was seen as quite diverse, with the needs of Lesbian, Gay, Bisexual and transgender (LGBT) residents and those with multiple protected characteristics being regarded as the least understood (electronic survey findings). From the events many felt staff understanding could be better. During the events, there were examples given to demonstrate that more needs to be done to raise awareness, understanding and equalities sensitive practice. Some participants also suggested that all staff should receive training on equality and human rights.
- 3.5 A lot of people said: 'we want to know what it means to us'. Some people were concerned that services will change, or that there will be less services. A need was found on 'better understanding on how to access services'. An engagement and participation strategy is being developed at this point in time. Older people suggested that they preferred local events that can showcase local resources, where they can get information.
- 3.6 Many people said: 'we want information that we can understand' including in accessible formats. High numbers of people in the e-survey wished newsletters (74%), website (58%), events (39%) and social media (39%) as means of sharing equalities developments and updates. 8 people expressed a preference for an Equalities Public and Staff Forum.
- 3.7 There was a small group that was interested in representation and said 'can we be at the table?' and 'how are 3rd sector organisations fitting into this?' How can we influence the IJB to have a gender balance? And there was also a suggestion that we should ensure balance in the IJB on ethnicity. At the Leadership conversation session the difficult issue of data collection arose when electronic systems do not have the capacity to collect all protected characteristics. However, there are plans to share learning more widely on alternative approaches to address this problem.
- 3.8 There was a specific issue raised from the LGBT Age reference group on older LGBT people accessing care homes. They reported that when Social Work or the NHS procures a service, the only commissioning requirement is that the organisation has an equality statement. There is no equalities

monitoring or active demonstration of equality e.g. equality and human rights training for staff.

4. Equalities Mainstreaming and Outcomes Plan

- 4.1 The draft plan has been amended to address as many of the comments made as possible and the table of actions and outcomes added in accordance with requirements.
- 4.2 The IJB is required to publish the plan by the end of April, 2016 where it can be readily accessed by the public. To this end, following approval, the Plan will be submitted to the EHRC and published on the HSCP web-site and GGC NHS and GCC web services.
- 4.3 Traditionally public sector organisations have prepared two reports; a mainstreaming report and a separate Equalities Outcome's report. This plan encompasses both elements and we await feedback on response of the EHRC to this approach. A number of HSCP's across GGC are taking a similar approach. Integrating the two requirements into one plan makes it more coherent and accessible for people who may not be aware of specific reporting processes.
- 4.4 In approving the plan the IJB are accepting that the GGC NHS EQIA tool and process will be adopted for the IJB, as currently only the NHS EQIA tool provides on-line capability, quality assurance, and systematic tracking and reporting of progress on a six monthly basis. EQIA's will still be submitted to GCC for publication in paper format to comply.

5. Recommendations

- 5.1 IJB is asked to approve the Equalities Mainstreaming and Outcomes Plan.

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Mainstreaming & equality plan

Glasgow is a city of diversity in its people, places, cultures and well-being.

The Glasgow City Health and Social Care Partnership (HSCP) has a critical role to play in fostering a fairer and inclusive Glasgow.

Part of this contribution is our first Equalities Mainstreaming & Equality Outcomes plan. This sets out our equality ambitions, actions and outcomes over the next two years as a new public sector body. In publishing this plan we recognise that there may be other outcomes identified as needed during the course of this plan. We will work to continually progress our approach and deliver at least the outcomes contained here.

- Over 20,000 adults in Glasgow have a Learning Disability



- Our minority ethnic population has more than doubled in the last decade, with growth across most ethnic groups, significantly amongst African, Polish and Roma communities.
- Glasgow formally receives people seeking asylum, in this capacity we welcome and support around 3000 people seeking asylum a year.
- Glasgow has nearly as many children under 4 years of age (35,000) as adults over 74 years of age (39,000). This is a unique young age profile within Scotland
- Almost one in every four residents live with a disability (substantially higher than any other city in Scotland), and many more people live with limiting illnesses.
- We understand that around one in every fourteen residents are Lesbian, Gay, Bisexual or Transgender (LGBT), although we have further progress to make in making it easier for service users/patients to let us know their identity.
- More than a quarter of the children under 4 years of age in Glasgow are from BME communities. This reduces to only 3% of residents over 74 years of age.

Glasgow People

What you might not know;

- Across health and social care interpreting services are regularly used for over 80 languages. The top 4 most asked for languages are Polish, Mandarin, Arabic and Urdu.



"I have neighbours who are Asian, their children describe having doors closed whilst trick and treating at Halloween"

Right Here Right Now

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Glasgow Place's

Govanhill has the highest concentration of Eastern European Roma migrants in Scotland

The likelihood of you living in poverty in Glasgow is very often based on your address. The ethnic diversity of the city also varies markedly across neighbourhoods and communities. As an example, more than half of our people from ethnically diverse backgrounds in the city live in just twelve neighbourhoods, shown below.

"Glasgow is my place. I'm surrounded by some wonderful people. We come together, I teach them various eastern European songs, they teach me Ye Banks and Braes o' Bonnie Doon and Comin' thro' the Rye."

Marzanna, Migrant Voices, Glasgow

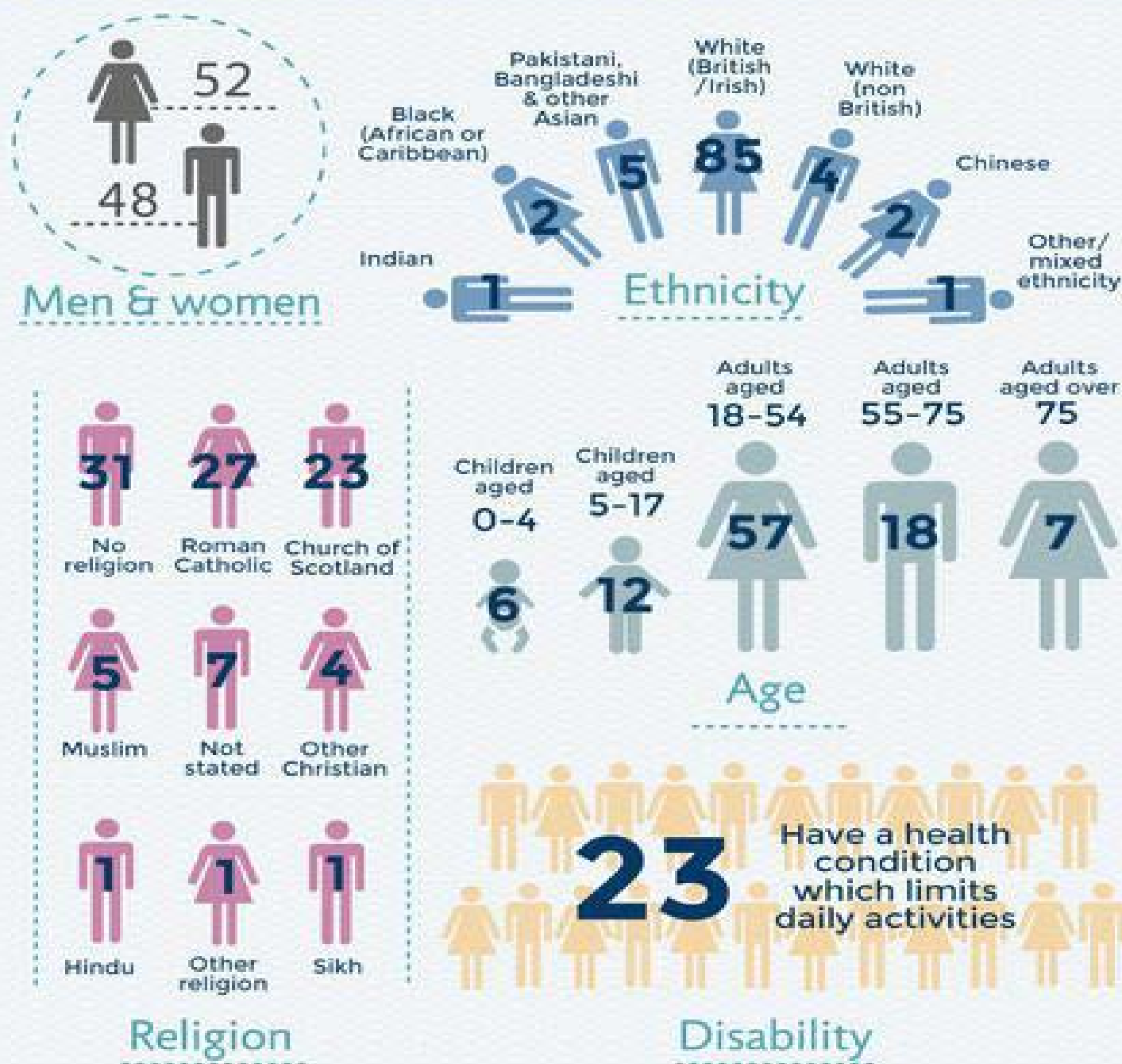


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What if Glasgow was a village of 100 people?
What would the population look like?

There are almost 600,000 people living in Glasgow.
Represented in 100 people, the population of the city looks like this:



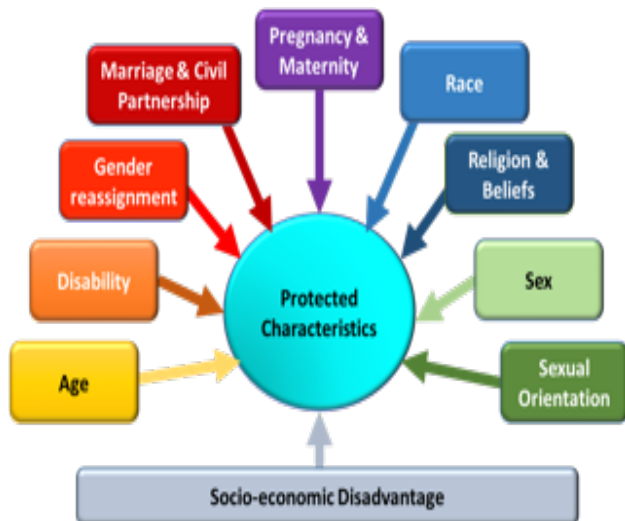
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The Equality Act

The Equality Act (2010), and further legislation ((*The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012*)), hold public bodies accountable for advancing equality within Scottish society.

Local Authorities and NHS Boards are listed in this legislation. In June, 2015 Integration Joint Boards (IJBs), the governing bodies of Health and Social Care Partnerships (HSCPs), were added to the Equality Act (general and specific duties).

The Act makes specific reference to groups of people who are understood to be at highest risk of discrimination. The groups are referred to as 'Protected Characteristic groups' and are defined in law as:



Glasgow City Council (GCC) and Greater Glasgow and Clyde NHS Board (GGC NHS) have published Equalities Mainstreaming Action Plans and Outcomes.

By 30th April 2016, IJBs must publish their first set of Equality Outcomes.



This provides health and social care services in Glasgow the opportunity to develop as inclusive and fair from the start.

The requirements relating to employment policies, equal pay reporting & purchasing will continue to be reported through GGC NHS and GCC, as responsibilities in these areas remain with them as employers.

As such the Equalities Mainstreaming and Outcomes of both employing bodies will inform and complement those of the HSCP.

"Every one of us is protected by equalities legislation. Some protections are life long, others protect us through certain events and circumstances"

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Developing our mainstreaming and outcomes plan

During the development of this plan we sought to consider;

1. What we still need to do to tackle discrimination?

- ***To remove discrimination at all times in our services and for our staff***
- ***To challenge discrimination by others***

2. What we can do to close gaps in access, care, treatment and outcomes for equalities groups?

3. How do we better hear and work with more marginalised groups and those working with them?

4. How we work with community planning partners and others to tackle wider inequality in the city?

A draft Equalities plan was consulted on between November 2015 and February 2016. During this period 307 people provided feedback.

32 people completed an electronic survey with specific questions.

162 people participated in larger sector and citywide HSCP equalities consultation events

87 people participated in targeted meetings with specific interest groups e.g. Waverley Care, Corner Stone, LGBT Youth

A handful of written responses were received from individuals and organisations.

Equalities monitoring of some of the above activities indicated a good range of protected characteristics groups involved in the consultation.

An Equalities Impact assessment (EQIA) was undertaken on the draft HSCP Strategic Plan during the same period. This identified issues such as;

- How we recognise and work with 'intersectionality' issues (people with multiple protected characteristics)?
- How we intend to engage with equalities groups?
- Each service area should have clear equalities outcomes.

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What we heard

The Glasgow HSCP equalities mainstreaming approach and draft Equality Outcomes were widely endorsed. The e-survey asked about perceptions of discrimination within the HSCP and there was a general sense that some form of discrimination still existed for every protected characteristic group.

The 2015 adult health and well-being survey in Glasgow involved interviewing 4,343 people (over 16 years of age) in their home. The survey asked about discrimination and 5% of respondents indicated that they had been discriminated against in the last year. When those respondents were asked who had discriminated against them they indicated;

- 46% unknown person in a public place
- 22% employer
- 17% known person in public place
- 10% police/judiciary
- 8% health care services
- 7% social services

The Glasgow approach and draft Equality Outcomes were widely endorsed. The e-survey asked about perceptions of discrimination within the HSCP and there was a general sense that some form of discrimination still existed for every protected characteristic group.



Many felt **staff understanding of equalities** could be better. Examples of '**a lack of sensitivity and patience from staff**' were shared by some during events and training on equality.

Most respondents felt **poverty** should be included, with a few responses cautioning that inclusion of poverty could dilute action on other protective characteristics.

A lot of people said: '**we want to know what it means to us**'. Some people were concerned that services will change or reduce.

Considerable feedback was given around '**better understanding on how to access services**'. Different groups suggested preferred ways for us to do this.

Most people said: '**we want information that we can understand**' including in accessible formats. High numbers of people in the e-survey wished newsletters (74%), website (58%), events (39%) and social media (39%) as means of sharing equalities developments and updates. 8 people expressed a preference for an Equalities Public and Staff Forum.

There was a small group that was interested in **representation** and said 'how are 3rd sector organisations fitting into this?' How can we influence the IJB to have a gender balance?

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We also heard...

The issue of having the right information to assess equalities practice was raised. This included the routine collection of protected characteristic **data**.

There were a range of specific issues raised e.g. the LGBT Age reference group raised issues for older LGBT people regarding accessing care homes.

Many comments received have led to changes in the mainstreaming and equalities report here. We aim to ensure that the above themes are prioritised as we roll out our Equality Plan over the next two years.

Our Vision

Health and social care services are part of community planning in Glasgow. We wish to adopt this vision with our community planning partners.

To promote social justice and deliver equality in collaboration with the people of Glasgow

We include poverty (those living in the worst 15% of places on the Scottish Index of Multiple Deprivation (SIMD)) as a protected characteristic group. Although this is not required in law this action has been undertaken to tackle health inequalities related to poverty,

We will take a human rights approach.

Human Rights are the fundamental freedoms and rights to which everyone is entitled. They are built on universal values such as dignity, equality, freedom, autonomy and respect. We will apply human rights principles throughout our mainstreaming and equalities outcome plan.

Our objectives

To Foster Good relations and remove discrimination



- Assess the equalities impacts of our strategies and services and act on the results
- Champion Cultural change within and beyond our organisation
- Empower those using our services and staff to report and challenge discrimination in all its forms
- Work towards IJB membership which reflects the characteristics of Glasgow, starting with gender and ethnicity

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To contribute to closing the gaps

- Staff continue to become more equalities aware through training, support and supervision, so that they can better meet the needs of the people they care for
- We can measure our performance by routine equalities reporting, where possible and relevant
- We use equalities sensitive conversations - caring conversations, in all our prevention, care and treatment services, and carry out routine enquiry on gender based violence, money worries and employability

Listening to, and working with, people and communities;

- We work with people to develop a participation and engagement strategy that connects with equalities groups, communities and those historically less well-represented.
- We contribute to the community planning equalities programme for Glasgow as active partners

This publication can be made available in other languages and formats on request, for example Braille and easy to read versions, on audio-CD, or any other format you require. Please contact Sofi Taylor Telephone 0141 287 0481 (e-mail Sofi.Taylor@ggc.scot.nhs.uk) to request alternative formats and languages and for further information on our equalities work.

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Mainstreaming and Equalities Outcome Plan

Glasgow HSCP Equality Outcomes & Proposed Performance Measures					
Public Sector Equality Duty			Performance Measure		
1. Eliminate unlawful discrimination, harassment victimisation and other conduct prohibited by the Act					
HSCP Outcome 1 Barriers to HSCP services are removed for people with relevant protected characteristics	1.1	Develop and deliver the GHSCP requirements for a common communication plan, ensuring that accessible information, interpreting/ translating and other communication support policy guidelines (BSL etc) are included.	1.1a	Communication Strategy developed, implemented and subject to regular review. Evaluated through planned audits of service user and employee feedback via: <ul style="list-style-type: none"> Website Outward facing documents Patient/service user information 	
			1.1b	Monitor uptake and feedback on Interpretation Services to gauge service user satisfaction.	
	1.2	Improve collection and usage of service user equality data to support service development	1.2a	Set baseline for improving service users' equality data collection	
HSCP Outcome 2 Age discrimination in services is removed	2.1	Review services to ensure access and eligibility is based on need rather than age, unless objectively justified.	2.1a	Audit services where there are existing age-related inclusion/exclusion criteria and apply objective justification assessment for each.	
HSCP Outcome 3 A Participation and Engagement strategy which is inclusive of people with protected characteristics, coproduces and works collaboratively with the HSCP to shape service development	3.1	Further develop methods to meaningfully engage with people with protected characteristics and those who are socially and economically disadvantaged.	3.1a	Audit representation of service users in involvement of HSCP strategic planning.	
			3.1b	Monitor participation of service users in equalities learning.	
			3.1c	Establish systematic process to demonstrate involvement of people living in areas of multiple deprivation.	
	3.2	Engage service users and carers to implement the Participation and Engagement Strategy as approved by the IJB.	3.2a	Strategy is implemented and participation standards complied with.	

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Public Sector Equality Duty			Performance Measure	
2. Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it				
HSCP Outcome 4 Gender balance of Integration Joint Board	4.1	Encourage nominating bodies (Council and HB) to consider gender balance when appointing voting members to the IJB.	4.1a	Gender balance of the voting membership of IJB
			4.1b	Encourage uptake of equality and human rights training for IJB
	4.2	IJB to consider gender balance of membership when appointing non-voting members	4.2a	Gender balance of the non-voting members of the IJB
HSCP Outcome 5 Diversity of individuals and groups engaged through Participation and Engagement activity	5.1	Engagement and service delivery at a local level which acknowledges and reflects the diversity of the local population	5.1a	Planned audits of service users using: <ul style="list-style-type: none"> Website Outward facing documents Patient/service user information
			5.1b	Monitoring diversity of membership of representative groups engaging with IJB, HSCP and localities
HSCP Outcome 6 Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services	6.1	Equality Impact assessments carried out on all new or revised plans, policies, services and strategies presented to the IJB	6.1a	Regular performance monitoring reports to IJB
			6.1b	All EqlAs published on public facing site.
			6.1c	6 monthly reviews of EqlAs
	6.2	Review Equality impact assessment to ensure that significant inequalities are identified and appropriate plans/actions put in place to mitigate its impacts.	6.2a	Review Equalities Action Plans
	6.3	Work with Community Planning Partners through multi-agency groups to increase understanding and address poor health outcomes relating to gender-based violence, unemployment/underemployment and low levels of resilience.	6.3a	Evidence of health improvement policy, plans and interventions within the Local Outcome Improvement Plan as a result of multi-agency working.
	6.4	Strengthen pathways and referrals to financial inclusion services and employability opportunities.	6.4a	Provide multi-agency training to raise awareness of referral pathways and collate and analyse uptake to determine gaps and develop improvement plans as necessary.

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Public Sector Equality Duty			Performance Measure	
3. Foster Good relations between people who share a protected characteristic and those who do not				
HSCP Outcome 7 Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities	7.1	Through our commissioned services monitor participation levels for people with different characteristics.	7.1a	All third sector community engagement contracts will be equality proofed to ensure explicit reference to the need to engage with protected characteristic groups.
			7.1b	Volunteers reflect the population profile/service user profile
	7.2	Increase the understanding of Carer Reference Group members about enhancing good relations between people who share a protected characteristic and those who do not.	7.2a	Participants in Carers Reference Group participate in equality training and increase their understanding of their responsibilities.
			7.2b	Monitoring of disaggregated data in relation to community participation.