



Item No: 8

Meeting Date: Wednesday 21st November 2018

Glasgow City Integration Joint Board Performance Scrutiny Committee

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IJB EQUALITIES MAINSTREAMING AND OUTCOMES PLAN - PROGRESS REPORT

Purpose of Report:	To report the second year of progress on the first Glasgow City Integration Joint Board Equalities Mainstreaming and Outcomes Report published in 2016.
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Background/Engagement:	<p>The report provides an overview of the key areas of progress in relation to the three Mainstreaming Equalities Plan IJB priorities;</p> <ul style="list-style-type: none">• To foster good relations and remove discrimination• To contribute to closing the gap and• To listen to, and work with, people and communities <p>The engagement and delivery of equalities sensitive services can be clearly evidenced in this report.</p>
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Recommendations:	<p>The IJB Performance Scrutiny Committee is asked to:</p> <p>a) consider the progress reported above and advise on areas for further reporting and action.</p>
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Relevance to Integration Joint Board Strategic Plan:

The IJB Equalities Mainstreaming report (2016-20) is contained in the Strategic Plan.

Implications for Health and Social Care Partnership

Reference to National Health & Wellbeing Outcome:	All
Personnel:	None
Carers	None
Provider Organisations:	N/A
Equalities:	This will improve equalities mainstreaming and engagement on equalities issues.
Financial:	Within existing resources.
Legal:	There is a requirement to report on progress within our annual reporting and complete and publish the outcomes at the term of the action plan (April 2020).
Economic Impact:	Variable.
Sustainability:	This programme of work will be sustained within existing resources and progress formally published in 2018 in line with requirements.
Sustainable Procurement and Article 19:	None
Risk Implications:	None
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 The Equalities (Scotland) Act 2010 has enabled a wide range of public sector organisations to plan and report on equalities outcomes. Integration Joint Boards (IJB's) were added to the Act during 2015 and required to publish Equality Mainstreaming and Outcomes plans by the end of April 2016.

1.2 An engagement process (involving over 300 people /organisations) was undertaken to determine the first IJB Equalities Mainstreaming and Outcomes Plan (the Plan), which was approved on the 21st March 2016. The Plan, in compliance with the Act, does not report on employee policies, equal pay reporting and procurement as these are reported through the two employing bodies. This paper summarises the second year's progress, of the four year plan.

1.3 Since the IJB's Plan was published a number of other relevant pieces of legislation and guidance have come into effect;

- The Sign Language (Scotland) Act 2015 promotes the use of British Sign Language (BSL) and requires the preparation and publication of action plans by named authorities in relation to their responsibilities. Local Authorities and NHS Boards are included in the named authorities however integration authorities are not. Consequently GCHSCP supports and contributes to the employing bodies' plans and will promote and support actions as appropriate.
- In 2017 Scotland became the first part of the UK to introduce a duty on public authorities to do more to tackle the inequalities of outcome caused by socio-economic disadvantage. The Fairer Scotland Duty requires named authorities to be able to demonstrate that the implications of their strategic decisions have considered, mitigated, and wherever possible acted to reduce socio-economic disadvantage and reducing inequalities of outcome. NHS Boards, Local Authorities and Integration Authorities are all named authorities to comply with this duty. The socio-economic impact of decisions has been adopted as part of the Equality Impact Assessment processes used with GCHSCP through inclusion in both the GGC NHS and Glasgow City Council EQIA processes.
- The New Scots Refugee Integration Strategy 2018 – 2022 sets out refreshed approach to support the vision of a welcoming Scotland, where people seeking protection from persecution and human rights abuses are able to rebuild their lives from the day they arrive. The strategy provides a clear framework for all those working towards refugee integration and assists the work of all partners to make the best use of resources and expertise that are available across Scotland, by promoting partnership approaches, joined-up working and early intervention. This supports the vision of a welcoming Scotland, where people seeking protection from persecution and human rights abuses are able to settle and rebuild their lives in our communities.
- The Gender Representation on Public Boards (Scotland) Act received Royal Assent in March 2018. The Act sets an objective for public boards that 50% of non-executive members are women by the end of 2022. It also requires action to encourage women to apply to become non-executive members of public boards.

2. Understanding need: Black and Minority Ethnic Health and Well-being Study in Glasgow

- 2.1 In September 2017 GGC NHS launched the findings of this unique study, which interviewed 1794 residents in Glasgow across the five largest ethnic groups: Pakistani, Chinese, Indian, Polish and African. This data set has been widely shared and analysed across GCHSCP services.
- 2.2 The sample was demographically younger and generally reported more positively for physical health to comparators. Key findings:
- Mental well-being worse across all age-groups for BME compared to Glasgow
 - The significance of language – not being able to speak English well was associated with poorer outcomes across the survey
 - Women’s experiences generally poorer and there were more marked gender differences than comparators
 - Attitudes to poverty were very different and less reliance on the welfare system across all groups
 - Those that lived here for more than ten years had poorer health responses
 - Pakistani group least likely to have a positive view of general, physical and emotional health
 - The African group least likely to feel in control and reported similar levels of financial poverty as our poorest geographical neighbourhood.
- 2.3 This work has contributed significantly to our understanding of need and is informing a number of the work streams e.g. mental health 5 year strategy, locality planning and engagement with the Community Learning and Development Plan for Glasgow, particularly around English language provisions.

3. Glasgow IJB’s Equalities Mainstreaming and Outcomes Plan (2016-20)

- 3.1 The Plan set out our aim to *“Promote social justice and deliver equality in collaboration with the people of Glasgow”*. This ambitious statement was developed with partners and Glasgow Equality Forum (GEF) members. Human rights principles were articulated in the Plan and poverty (socio-economic) was included as an additional protected characteristic in recognition of the inequalities challenges in Glasgow.
- 3.2 The plan set out actions and outcomes in relation to three priority areas:
- To foster good relations and remove discrimination
 - To contribute to closing the gap and
 - To listen to, and work with, people and communities

4. Progress: 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

- 4.1 In relation to assessing the equalities impacts of our strategies and services the IJB approved the use of the NHS web-platform for tracking and publishing IJB EQIA's. There are 6 EQIA's published on the NHS web-system for GCHSCP service change areas from Jan to July 2018: <http://www.nhsqgc.org.uk/your-health/equalities-in-health/equality-impact-assessments/> including the Transformation Programme for Mental Health Services for Greater Glasgow and Clyde area. The actions arising from these EQIA's are tracked and reported through the GCHSCP Equalities Group, most commonly relating to improving data collection to identify any 'unconscious service bias' and to address barriers created by some internal processes.
- 4.2 With regard to championing cultural change within and beyond our organisation, a combination of awareness raising and discrete cultural change programmes have taken place. An example of this is the work to achieve the LGBT Youth Charter Mark. Five service areas across health (CAMHS, Youth Health Service), Social Care (LAC and residential units) and in partnership (all services within the Pollok Civic Realm) are participating in the development of a network of champions, awareness raising amongst staff groups, action planning and practice development. One service has achieved the Mark, two are submitting portfolios currently and two are progressing but have experienced some delays. We are the first HSCP in Scotland to be seeking to achieve the Mark during the course of our equalities plan.
- 4.3 As well as equalities learning events the HSCP Staff newsletter had at least one aspect of equalities covered in every publication this year. Specific feature items were included on the BSL event and activities across GCHSCP. An example of the awareness raising work was the session on the New Scot Strategy which took place in April 2018. COSLA and the Scottish Refugee Council jointly presented on the strategy and considered, with the audience, the implications for GHSCP and partner organisations, the event was attended by 38 staff.
- 4.4 During the year a 'BSL accessibility survey' has been undertaken with receptionist staff from across GCHSCP facilities (involving 42 receptionists), and cross referenced with BSL user experience. Together this information highlighted that many reception areas did not have immediately visible information on how to access BSL interpreters. Receptionists have suggested that updating their knowledge on all forms of accessibility would be useful and training is being planned.
- 4.5 Two Partnership Culture Assessment Questionnaires were carried out in the last year. One in Older People's Services (406 respondents) and the other in Children's Services (900 respondents). This was undertaken to collect data from the staff and partners involved in that service area about the organisational culture. The questions cover the

dimensions that most reliably predict successful achievement of goals; the need for partnership; clarity of purpose; commitment and ownership; trust; co-operation and improvement focus. Staff and partners responded to these areas alongside completing demographic and equalities characteristics data so that the findings could be analysed and considered on:

- Time in partnership
- Gender
- Age
- Ethnic group
- Occupational group

4.6 Some of the data has been used as a baseline in terms of readiness for change and Older People services intend to revisit the questionnaire at a later date as do Children's services. Children's Services have established a small group to analyse and use the data to develop further dialogue around culture.

5 Progress: 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

5.1 Since 2016 The HSCP Equalities Groups (locality and citywide) has organised master classes, events, information sessions and training on a number of Equalities topics for HSCP staff members, partner agencies and third sector organisations. Last year 1065 people have attended these sessions, comparable to the previous year (1100). These sessions have covered religions and beliefs, New Scot Integration strategy, BSL, unconscious bias, human rights and many other subjects. Some of the sessions have been organised as locality events.

5.2 Work was also undertaken to make it support service users to more easily advice on their protected characteristics. This resulted from a previous EQIA of health improvement services. As an example the Health Improvement service developed an 'equalities monitoring form' for all users of their direct and commissioned services was introduced. During 2017/18 the service achieved 85% compliance in users completing the form. Equalities monitoring data highlighted that fewer than anticipated men, older people & BME populations accessed the Adult Stress Service delivered by Life link (this is comparable to access within PCMHTs.) As a result, within the most recent contract targeted work is being undertaken in an attempt to increase access for these groups. The contractor has allocated senior staff with a responsibility across these 3 areas to build relationships with key organisations, groups and communities in order to try to improve uptake.

- 5.3 In relation to having equalities sensitive conversations and carrying out routine enquiry on gender based violence, money worries and employability a range of 'markers' are being tracked. This includes 4,592 referrals by NHS staff within GHSCP to financial advice services last year, an increase of 20% from the previous year. This generated 11,626 cases with £7,543,397.41 of financial gain realised and £861,242.98 debt was managed. The HSCP Welfare Rights team continued to represent clients at social security appeal tribunals with the two thirds being successful, with an average annual gain per successful appeal of over £7,000. The Welfare Rights team have continued to support the welfare reform workstream of the Poverty Leadership Panel and health improvement have lead on the child poverty workstream.
- 5.4 In relation to routine enquiry around employment staff enabled patients and service users with health and social care needs to directly access employability support services last year. Since the employability review which reported 2700 service users accessing employability services work has been progressed to ensure all of the 16 employability services supported by GCHSCP will utilise the Hanlon on-line tracking system to enable future reporting of the totality of numbers and outcomes.
- 5.5 In relation to IJB membership, as of June 2017 the IJB membership reflects the gender balance in Glasgow city. We will continue to work in partnership with the organisations represented on the IJB to foster a stronger ethnic mix of membership, wherever we can. Members may wish to consider creating a place for a member from Glasgow's BME network in recognition of the existing diversity of the membership.

6 Progress: Listening to, and working with, people and communities;

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

- 6.1 The HSCP has continued to chair the Glasgow Community Planning Partnership (CPP) Equalities Partnership. Key activities during 2017/18 were:
- EQIA of the community plan published in October 2017 and the subsequent community action plan in March 2018.
 - Through continued joint funding of the Glasgow Equality Forum (GEF) they responded to demand from network members to the establishment of a LGBT network for the city. The network brings together organisations that support the LGBT community in Glasgow and have been able to support GCC to establish an LGBT group.
 - The Locality Planning component of the community plan expanded to include Govanhill for in recognition of the diversity of this community. As such partners in Govanhill are active in progressing the recruitment of a 'community organiser' for the area in keeping with the other nine 'thriving places' within the city.
 - Through the cities integration networks a 'Welcome Football Festival' took place in December 2017. The festival enabled people to come together into 12 'inclusive' teams to enjoy football together.

- 6.2 The IJB's Participation and Engagement Strategy was agreed in 2016, and outlines the principles and approach to ensuring that our participation and engagement activities meet local and national ambitions and standards. Locality Engagement Forums within each of the three localities that make up the Partnership have also been established.
- 6.3 This strategy is supplemented by our 'Consultation and Engagement Good Practice Guidelines', which aims to ensure the quality of our engagement so that individuals, groups, communities and organisations have opportunities to be fully engaged in an informed way. The Guidelines in particular emphasise the IJB's commitment to increasing diversity among the groups and networks we engage with.
- 6.4 Across the city we have established Locality Engagement Forums in each of the Partnership's localities, which feed into local management arrangements and city-wide networks. The Locality Engagement Forums are made up of a range of stakeholders, mostly patients, service users and carers from local communities, and they have an important role to play through:
- linking to the governance, decision-making and planning structures of the locality and the HSCP
 - receiving and disseminating information about local and city-wide services
 - gathering feedback / opinions / views of patients, service users and carers
 - networking and sharing good practice
 - generating ideas and identifying projects that individuals and community groups in the locality can develop or progress to support the health and social care needs of the locality
 - contributing to raising public awareness of the role and work of the IJB and HSCP
 - being consulted on Locality Plans and providing feedback on their delivery; and
 - increasing and broadening representation on related groups and structures within the community, particularly from more vulnerable or historically less well represented groups.
- 6.5 Locality Engagement Forums have a degree of flexibility to tailor sub-structures relevant to local needs, identifying what local groups and networks feed into the Locality Engagement Forum. This is in keeping with feedback from communities. In recent months, we have rolled out the use of equality monitoring forms to meetings of our Locality Engagement Forums to understand more about the diversity of the people we engage with and help identify any actions required to address any gaps in representation across the city.
- 6.6 Staff have contributed too many of the cities equalities festivals and undertaken a wide range of engagement activity to raise awareness of HSCP services and build relationships. Examples include:
- Understanding Mental Health: A Community Conversation in North West Glasgow. Staff have facilitated a two week 'community conversation' series of workshops with Refugee communities through the integration networks. This approach has been adapted from the Mental Health Foundation Amaan Community Conversation pack. The focus of the workshops have been to have a conversation with participants on what is mental health and wellbeing and what supports are

available within the community. A key component of this approach has been to use art as a tool to support the learning and stimulate discussion on mental health.

- ESOL training for volunteers has been supported within North East Glasgow enabling volunteers to deliver ESOL at both beginners and intermediate level which has helped with progression and built capacity locally.
- Peer work with Asylum and refugee community members. Work has continued in South Glasgow with Govan Community Project (GCP) to build on existing Peer Education models of intervention for Asylum Seekers & Refugees. A learning resource has been designed and delivered to facilitate discussion of the short film, **'We Journey Together'**; capturing the individual experiences of people going through the Asylum process. Together the film and learning resource will contribute to ensuring the voices of Asylum Seekers and Refugees are heard as well as increasing awareness and understanding of the issues and barriers they face, across staff and communities.
- In conjunction with the EU Health Visiting Team, Oral Health Directorate and Childsmile a whole family approach pilot has been undertaken with the EU community within Govanhill. The approach involved visiting families who had newly transferred into the Govanhill area (often from out with the UK) by a Childsmile Worker. Historically, the Childsmile Worker's focus is solely on pre 5's within the family rather than the whole family. The pilot resulted in more families having registered with a Dentist, accessing a Dentist more frequently and having increased knowledge around oral health and the impacts that oral health has on their general health.

6.7 A programme of work has also been undertaken for BSL users. A suite of films on for the deaf community on Mental Health Awareness and Support have been co-produced between staff and BSL users. The films will launch in Sept 2018 and are designed to highlight discrimination, loneliness and the stigma experienced by BSL users and also a film celebrating the assets that BSL users have and ways to engage. These films are designed for training and awareness raising purposes for staff and for use by partners. There has also been a successful BSL event in May 2018 where over 50 participants from across GCHSCP and mental health services attended.

6.8 A partnership between GGC NHS, GCC and GCHSCP enabled a consultation event with 13 BSL users in July, to inform both the GGC NHS and GCC Action plans. The consultation has highlighted some opportunities for change across GCHSCP services;

- Consideration of creating a welcome video for older people moving into a care home within Glasgow to enable older people who are deaf to have access to the same information and understanding as others.
- Consideration of whether a QR Code system could be used to enable Health Visitors to give provide parents with a new deaf child information on deaf organisations, play groups and deaf clubs in order that the parents can enable their child to engage from an early age.

6.9 Work continues in relation to developing the Safeguarding African Families, working with African Challenge, Kenyan Women in Scotland Association (KWISA), Saheliya and Community Infosource. During 2018 a one day multi-agency training programme has been developed, which reports through the Child Protection Committee. Core trainers have been identified and the training will roll out during the remainder of the year. The

work was also shared at the national “Pride in Practice” social work conference in September 2017 and this resulted in a number of requests from other local authorities in Scotland to deliver training in their areas.

7 What Differences are we Making

- 7.1 The annual progress event is planned for November 2018, when participants will be asked again for their views (using a keypad voting system) on how our culture around equalities ‘feels’. Last year 72% agreed with the statement that ‘equality is valued in the HSCP’ and through subsequent discussions participants felt the focus must continue to be on mainstreaming equalities further. This snapshot of opinion is used to capture change alongside the data collected through all the other means listed earlier in this report.
- 7.2 The Equality and Human Rights Council (EHRC) commissioned, for the third consecutive period, a review of progress with the Public Sector Equality Duty (PSED) in Glasgow which reported in the summer. The Coalition of Racial Equity and Rights (CRER) reviewed 17 authorities in Glasgow, including for the first time the IJB. In general they noted:

Improvements

- Slightly better focus on protected characteristic groups and ‘needs’
- More information on impact of mainstreaming

Areas for further improvement

- Clearer descriptions of need – why have those outcomes been selected?
- Generally most paid insufficient attention to the duty to foster good relations
- More evidence of the effectiveness of activities need described.

- 7.3 Specific feedback for the IJB has been requested.

8 Recommendations

- 8.1 The IJB Performance Scrutiny Committee is asked to:
- a) consider the progress reported above and advise on areas for further reporting and action.