



Item No: 11

Meeting Date: Wednesday 25th March 2020

Glasgow City Integration Joint Board

Report By: Gary Dover, Assistant Chief Officer, Primary Care and Health Improvement

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EQUALITIES MAINSTREAMING REPORT 2020-2024

Purpose of Report:	To report progress with the Equalities Mainstreaming Report 2016/20 and present the 2020/24 Equalities Mainstreaming report for consideration and approval.
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Background/Engagement:	<p>The IJB is required to publish a new Equalities Mainstreaming Report for the next four years by the end of April 2020, in compliance with the Equalities Act (2010).</p> <p>Staff, partners and some Glasgow Equalities Forum members have been involved in the development of the refreshed Mainstreaming Report.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) Approve the progress reported on the 2016-2020 Equalities Mainstreaming Report;b) Consider and comment on the 2020-2024 Equalities Mainstreaming Report; andc) Authorise the Interim Chief Officer to provide final approval for any changes arising from the final engagement discussions and from IJB member feedback ahead of publication on 30th April 2020.
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Relevance to Integration Joint Board Strategic Plan:

Equalities is at the heart of good health and social care delivery for all users, challenging health inequalities and improving health and a central feature of the 2019-22 Strategic Plan.

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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	All
Personnel:	The Equalities Mainstreaming report impacts on all staff, and mainstreaming equalities and upholding the legal obligation placed on the HSCP by the Equalities Act as outlined in the report is the responsibility of all Partnership staff.
Carers:	Mainstreaming equality in all that we do will have a positive impact on carers.
Provider Organisations:	Collaboration with 3 rd and independent sector organisation is central to successfully mainstreaming equalities and meeting the equalities outcomes being developed as part of the Mainstreaming Equality report.
Equalities:	The Equalities Mainstreaming report and outcomes outline how the HSCP will meet its obligations under the public sector equality and Fairer Scotland duty's.
Fairer Scotland Compliance:	The Equalities Mainstreaming report and outcomes will enable the HSCP to contribute to efforts to reduce the impact of inequality caused by socio-economic disadvantage impacting on people across the city.
Financial:	As currently identified.
Legal:	The Equalities Mainstreaming report and outcomes sets out how the HSCP will comply with the Equalities Act 2020 and the Fairer Scotland Duty.
Economic Impact:	None
Sustainability:	Sustainable change and outcomes are a requirement of the Mainstream Report outcomes.
Sustainable Procurement and Article 19:	N/A
Risk Implications:	If equalities is not progressed this will lead to poorer outcomes for those requiring and using our services and staff, and legal action for a failure to comply with the Equalities Act (2010).
Implications for Glasgow City Council:	In compliance with the current GCC Equalities Mainstreaming Report.

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Implications for NHS Greater Glasgow & Clyde:	In compliance with the current GGC NHS Equalities Mainstreaming Report.
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 To report progress with the Equalities Mainstreaming Report 2016/20 and present the 2020/24 Equalities Mainstreaming report for consideration and general approval.

2. Background

- 2.1 The Integration Joint Board (IJB) published its first Equalities Mainstreaming Report on the 30th April 2016, following the IJB inclusion in the list of bodies with this specific duty.
- 2.2 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;
1. Report progress on mainstreaming the equality duty
 2. Publish equality outcomes and report progress
 3. Assess and review policies and practices
 4. Consider award criteria and conditions in relation to public procurement
 5. Publish equality information in a manner which is accessible
- 2.3 Some aspects of the specific duties continue to be reported through the two employing organisations that make up the HSCP. This includes workforce and procurement/commissioning requirements. The Health and Social Care Partnership supports the achievement of these requirements which are then reported through the GCC/GGC NHS Equalities Mainstream reporting.
- 2.4 Glasgow City Health and Social Care Partnership (HSCP) Equalities Working Group was established early to oversee the programmes of work related to the first mainstreaming report and report progress. Glasgow Equality Forum is a formal member of the group and a range of engagement activity has taken place throughout the term of the first mainstreaming report.
- 2.5 Members have received two progress reports (Sept 2017 and Nov 2018) over the intervening period which are available on the HSCP website for public access. Two Equalities events have also been hosted with staff and partners to reflect on this progress and the next steps.

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2.6 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 2018. The Coalition of Racial Equality and Rights (CRER) reviewed 17 authorities in Glasgow, including for the first time the IJB's first mainstreaming report. In general improvements for all authorities were recommended in relation to:

- 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 the activities listed needed to be included.

2.7 Also since publication of the first IJB Mainstreaming Report there have been a number of positive legislative developments including;

- The Fairer Scotland Duty
- The British Sign Language Scotland Act 2015
- The New Scots Refugee Integration Strategy 2018-2022
- The Gender Representation on Public Boards.

2.8 The 2020/24 IJB Mainstreaming Equalities Report has given consideration to all of these developments.

3. Equalities Mainstreaming Report 2016/20

3.1 Seven equality outcomes were set in 2016 and progress on each of these is included within the attached report;

1. Barriers to HSCP services are removed for people with relevant protected characteristics.
2. Age discrimination in services is removed.
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.
4. Gender balance of Integration Joint Board.
5. Diversity of individuals and groups engaged through Participation and Engagement Strategy activity.
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.

3.2 Some of the high level markers of progress can be seen in our EQIA performance, training engagement, external recognition of progress and in the reduction in public reporting on experiences of discrimination within health and care services in Glasgow.

3.3 Equalities Impact Assessments (EQIA's): 36 EQIA's have been completed during the period of the first mainstreaming report. This has developed the skills of staff across all aspects of GCHSCP business in reviewing the equalities impacts of

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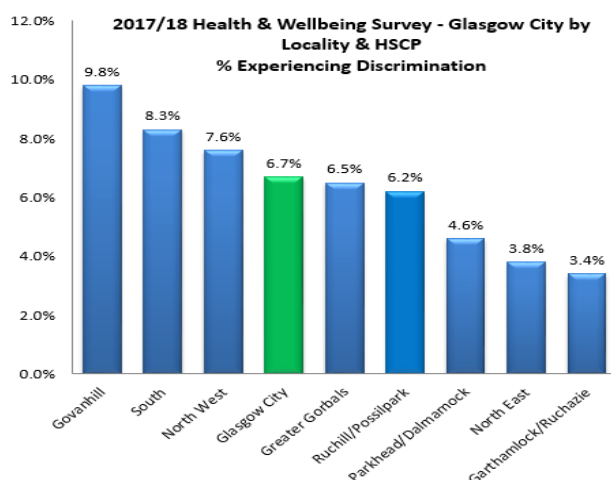
strategic and service changes and enabled a wide range of mitigating action. EQIA's represent one way of mainstreaming equalities throughout the organisation.

- 3.4 Thousands of staff have engaged in training (on-line and person based) with training opportunities also open to partners. Training generates opportunities for staff to become aware of behaviours and attitudes that may impact on others. The demand for equalities training is also increasing e.g. a small training opportunity for primary care staff on 'unconscious bias' in North West Glasgow needed to be extended to cover 150 recipients. This suggests that staff are more aware and motivated to learn and understand equalities issues.

- 3.5 Achievement of the LGBT Youth Charter Mark for Sandyford and the Youth Health Service, with Sandyford being the first service in Scotland to be awarded the Gold standard. The charter represents action on culture, policies, service design and delivery to enable young LGBT members to feel welcomed and included within these services. This achievement demonstrates significant mainstream change within these services.



- 3.6 The 2018 Health and Well-being population survey, which involved home based interviews with 4,520 residents (over 16 years of age) asked about experiences of discrimination and the nature of the discrimination. Results were compared to the 2015 survey findings to consider differences. The diagram below shows the changes reported across these time periods. This gives a general perspective of change in the right direction.



46% unknown person in a public place
19% (22% in 2015) employer
17% known person in public place
9% police/judiciary
9% (0% in 2015) College/School
9% (2% in 2015) shop/eatery
6% (8% in 2015) health care services
2% (7% in 2015) social services

Who?

30% (50% in 2015) ethnic background
14% accent
13% (9% in 2015) disability
11% (16% in 2015) gender
11% religion/belief
10% sexual orientation

Why?

4. Equalities Mainstreaming Report 2020/24

- 4.1 Alongside ongoing dialogue with equalities organisations and networks a GCHSCP Mainstreaming event was held on 6th February 2020 to discuss and inform the next mainstreaming report. Registration was quickly full, with 86 participants on the day and further post event engagement required with those that didn't manage to register.

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4.2 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 have made some good progress on addressing issues of power and empowerment through involving service users and our recovery related work in homelessness, addiction and mental health but we need to turn our attention to shifting power in relation to groups with protected characteristics
- We need to consider mental health in all we do, particularly for equalities group members who may experience more isolation and alienation because of their protected characteristic.

4.3 A staff survey was also undertaken to inform the report, 676 staff completed the survey. The feedback reflects the journey still required to eradicate discrimination (from society and internally) and to ensure that staff are aware and responsive to equalities considerations.

4.4 The Equalities Mainstreaming Report sets out the changes in Glasgow and our intentions for action over the next four years. Outcomes have been identified through the development phase of the report so far. These will be finalised over the coming two weeks as the final engagement activity concludes.

5. Outcomes for the next four years

5.1 There are a few outstanding conversations/sessions for equality group members to hear comments on our proposed outcomes. The draft outcomes are listed in the report for consideration by IJB members under 8 outcome areas.

5.2 The outcomes are framed around;

Outcome 1: Fairer Scotland, addressing poverty and socio-economic disadvantage impact.

Outcome 2: Disability- removing barriers for staff and service users, creating more fair and accessible workplace and services.

Outcome 3: Human Rights- raising awareness of our rights, including financial inclusion and upholding dignity and respect throughout our services.

Outcome 4: Race- Consider changes in the demographics of the population and needs associated with staff and service users. This includes cultural awareness, safe spaces and mental health issues related to BME.

Outcome 5: Sexual Orientation – create safe spaces for staff and service users, raising awareness LGBT+ communities and inclusivity.

Outcome 6: Mental Health- consider the impact of mental health in all that we do.

Outcome 7: Equality Impact Assessment- consultation with service users, staff training and online resources.

Outcome 8: Intersectionality- adopt a more holistic lens which considers the impact on people with intersectional protected characteristics.

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6. Recommendations

6.1 The Integration Joint Board is asked to:

- a) Approve the progress reported on the 2016-2020 Equalities Mainstreaming Report;
- b) Consider and comment on the 2020-2024 Equalities Mainstreaming Report; and
- c) Authorise the Interim Chief Officer to provide final approval for any changes arising from the final engagement discussions and from IJB member feedback ahead of publication on 30th April 2020.



GLASGOW CITY HEALTH AND SOCIAL CARE PARTNERSHIP

EQUALITIES MAINSTREAM REPORT 2020-2024



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Welcome to the Integration Joint Board's (IJB) Equalities Mainstream Report 2020-2024. The report outlines some of our key successes and sets out our priorities and challenges for the future. As Glasgow flourishes into the most diversified city in Scotland, it is imperative that our Health and Social Care services reflect the demographics and changing pace of the city.

Our Equalities and Mainstream Report demonstrates our commitment through wide-ranging activities, best practice and honest reflection on how we can work together to create a more inclusive partnership.

As we make progress with our vision and priorities set within our Strategic Plan, we can work together to embed equalities through all that we do, placing you the citizen at the heart of our services.

This report identifies areas where we can mainstream equality more effectively, by setting new equality outcomes for 2020-2024 with our service users, staff and partners we can truly make significant progress on removing discrimination, advancing opportunities for all and foster good relations with the people of Glasgow.

Susanne Millar,

Interim Chief Officer

EXECUTIVE SUMMARY

This report is the second equalities mainstream report for Glasgow City Health and Social Care Partnership (GCHSCP). Since our first report there have been updates on the progress made to integrate equality and foster good relations into the day-to-day business of its workforce, service users and partners.

Over the past 4 years GCHSCP has strived to embed equality across all services and functions which are delegated to the Integration Joint Board by NHS Greater Glasgow and Clyde and Glasgow City Council. The GCHSCP is committed to ensuring that those who use health and social care services get the right care and support whatever their needs, and that this is at the right time and in the right setting. Central to this is the collaboration with partners in the independent and voluntary sector, and continuous engagement with members of local communities and engagement networks.

Building on existing successes of mainstreaming equality and improving lessons learned, this report will provide an honest account of how the GCHSCP aims to uphold the legal obligation to meet the requirements of; the General Equality Duty set out in the Equality Act (2010).

Mainstreaming equality in all that we do will have a positive impact on the communities we serve and enable us to achieve our medium to long term vision that is;

“The City’s people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives.”

Within Glasgow City, our vision for community health and social care services is to support people to flourish, work in partnership with people and organisations to transform our services for the better and engage with communities to improve health and wellbeing.

Our vision summarised is; **‘Flourishing Communities, Healthier Lives**

Local Authorities (Glasgow City Council) and Health Boards (NHS Greater Glasgow and Clyde) are now required to plan and deliver community health and social care services together. This is referred to as ‘Health and Social Care Integration.’ This is established through the Public Bodies (Joint Working) (Scotland) Act 2014.

The Integrated Joint Board (IJB) was established in February 2016 and has two committees which support the duties of the IJB.

- [IJB Finance, Audit and Scrutiny Committee](#)
- [IJB Public Engagement Committee](#)
- Integrating these services is all about putting you, the person, first. Therefore, it is imperative that we continuously develop our understanding of equality mainstreaming and embrace diversity to deliver better quality health and social care for everyone.

The Strategic Plan 2019-2020

The GCHSCP has an operating budget of £1.2 billion (2020/21) to plan and deliver health and social care services in Glasgow and in some instances for the wider Greater Glasgow and Clyde Health Board area. Part of the requirement is to develop a Strategic Plan for our services which shows how the nine National Health and Wellbeing Outcomes for Health and Social Care Integration will be delivered locally.

The full strategic plan, summary and animation can be found; [The Integration Joint Board's Strategic Plan 2019-2020](#).

Glasgow City Health and Social Care Services

The following services are delivered by the Partnership:

- social care services for children and families
- social care services for adults and older people
- carers support services
- aspects of housing support, including aids and adaptations
- mental health services
- alcohol and drug services
- criminal justice services
- welfare rights services
- district nursing services, school nursing and health visiting services
- palliative care services
- dental services
- pharmaceutical services
- sexual health services
- services to promote public health and health improvement

Staff

-
- Prison Health Care services
 - Primary Care services working with the 145 independent general practices in Glasgow and other primary care independent contractors (Pharmacy, opticians).

The Partnership comprises of around 12,000 Social Work Services (Glasgow City Council) and Health (NHS Greater Glasgow and Clyde) staff who support the planning and delivery of services. It provides services through the three localities of North East, North West and South. This includes directly provided services such as day, home and residential care and services delivered by health and social care contractors and providers. Some services are provided across the NHS Greater Glasgow and Clyde Health Board area (for example, Sexual Health Services).

Services are planned for in a number of ways, principally life stage (children, adult and older people), along with sector areas e.g. Primary Care, Protection services and Health Improvement with a strategic centre (including strategic planning and finance) and three operational areas.

Localities

These three operational areas in Glasgow City, which are referred to

as 'localities': are North East, North West and South. North East and North West localities are generally divided by High Street in the City Centre, and South locality is located in the area south of the River Clyde.

Executive Leadership

The Executive Leadership and Senior Management Team leads on strategic planning and policy development support to the Glasgow City IJB. It also leads on the operational management of delivering services, each member is committed to mainstreaming equality through all our services. A diagram of the Executive Leadership and Senior Management Team is available on the Partnership's [website](#).

Title: Glasgow City HSCP Localities



INTRODUCTION

The report sets out to provide an update on our equality mainstreaming duties which have been underway since 2016. It will cover the progress made on our previous outcomes, clearly identifying which performance measures have been achieved successfully to date.

This report is an opportunity to reflect on how we have incorporated equalities into our services and culture. We will provide evidence of best practice, areas which could be developed and set priorities for which we are committed to addressing over the next four years.

A full progress and mainstream report will be followed by outcome planning, which will highlight steps we intend to take to ensure that public participation is a key part of the development process. We want to ensure that our service users, staff and partners have the opportunity to help shape our new equality outcomes for 2020-2024.

As we highlight areas of best practice we have included two case studies which provide a detailed account of effective mainstreaming. Evidence presented is pulled from a number of areas across our services. We have a GCHSCP Equalities group which meets quarterly to discuss how mainstreaming is progressing and what we can do to make it better.

We hope to reflect what matters to you in our new equalities planning and priorities for the next four years. In order to achieve this we will be engaging with; staff, service users, GCHSCP Equalities group, members of the public, partners and other key equalities groups including the Glasgow Community Planning Partnership Equalities Committee.



What is the general equality duty?

The public sector equality duty is referred to as the 'general equality duty' which is part of the Equality Act (2010). The general equality duty applies to Glasgow Integration Joint Board, which has a legal obligation to pay due regard to meet the need to;

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

These three elements are referred to as the three 'needs' of the general equality duty.

What are protected characteristics?

The Equality Act (2010) brings together key pieces of equality legislation into one single Act. The Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

There are 9 protected characteristics part of the Equality Act (2010) which makes it against the law to discriminate against someone because of;

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The Specific Duties

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 Integrated Joint Board (IJB) include;

1. Report progress on mainstreaming the equality duty
2. Publish equality outcomes and report progress
3. Assess and review policies and practices
4. Consider award criteria and conditions in relation to public procurement
5. Publish equality information in a manner which is accessible
6. Equality and Human Rights Commission

The Equality and Human Rights Commission (EHRC) are a statutory independent public body who have a responsibility to monitor and encourage enforced equality legislation. The EHRC promote the human rights of everyone in the Britain.

What is mainstreaming the equality duty?

Mainstreaming equality is when an organisation integrates equality into the day-to-day working across all functions. It is a long-term commitment to ensuring that equality and diversity is part of the structures, behaviour and culture of the Glasgow City Health and Social Care Partnership.

The IJB endeavours to mainstream equality for all by using a holistic approach, demonstrating equality in all that we do, ensuring that all functions consider equalities when assessing and reviewing policies and practice. The 2019-2022 Strategic Plan highlights the importance of taking a person-centred, human rights approach that places equalities at the absolute forefront of our thinking when considering making changes to service provision.

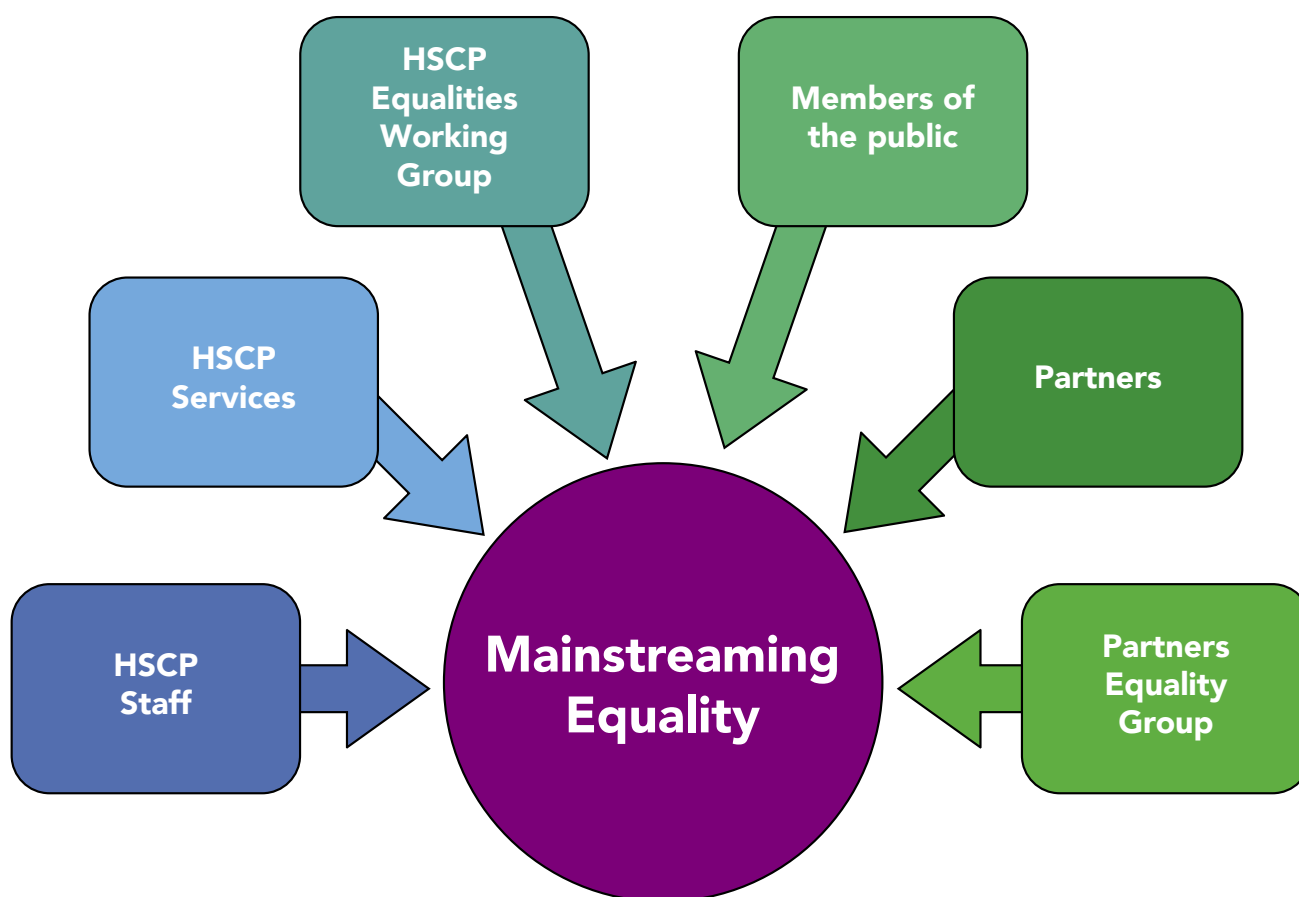
The IJB is committed to ensure that the rights of all citizens are taken into account and equity of access to services is for

everyone, particularly to people with protected characteristics. This is why Equality Impact Assessments (EQIAs) have become an integral component of our decision making, budget planning and policy development process at GCHSCP. Equality Impact Assessments are designed to provide evidence based practice which reflects the impacts of change on all citizens. By utilising tools which aim to reduce and tackle inequalities at all levels of our service, we can cultivate a fair and honest organisation which places equality at the heart of everything we do. This ensures that our services do not directly, indirectly, intentionally or unintentionally discriminate against the users or our services and our staff.

The IJB is aware that mainstreaming equality contributes to continuous improvement and better outcomes. This is why gathering information, evidencing our best practice. The IJB is aware that mainstreaming equality contributes to

continuous improvement and better outcomes. This is why gathering information, evidencing our best practice as well as being honest about areas for development, will ensure that we continuously assess and develop policy and practice which is sensitive to those who use our services.

Glasgow City HSCP aims to reflect a whole system approach in setting new equality outcomes for 2020-2024. Adopting an honest and collective approach rather than working in isolation will be a catalyst for change in reviewing, sustaining and improving equality mainstreaming. The diagram below identifies the key elements required to successfully mainstream equality.





LEGISLATIVE CHANGES

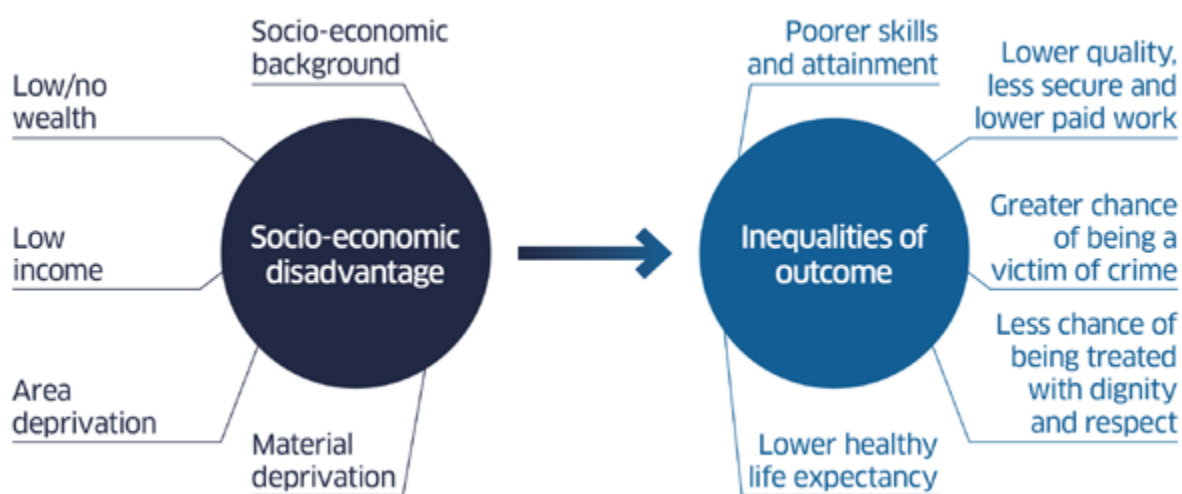
Since our first Equality Mainstream report in 2016 there have been a number of positive legislative developments including;

- [The Fairer Scotland Duty](#)
- [The British Sign Language Scotland Act 2015](#)
- [The New Scots Refugee Integration Strategy 2018-2022](#)
- [The Gender Representation on Public Boards](#)

[Fairer Scotland Duty:](#)

What is the Fairer Scotland Duty?

Commonly referred to as the socio-economic duty, after feedback the Scottish Government has renamed it the 'Fairer Scotland Duty'. The Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force on 1 April 2018. It requires IJBs across Scotland to actively consider (pay due regard to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.



(The Fairer Scotland Duty, Scottish Government, 2018)

Socio-economic disadvantage means living on a low income compared to others, with little or no accumulated wealth, leading to greater material deprivation and restricting the ability to access basic goods and services. As well as considering areas of deprivation, the guidance refers to 'communities of place' and 'communities of interest'.

Inequalities of outcome means measureable differences between those who have experienced socio-economic disadvantage and the rest of the population. Examples include life expectancy and educational attainment.

The Key requirement of the duty is to publish a written assessment which will be regulated by the Equality and Human Rights Commission (EHRC), showing how we put tackling inequalities at the heart of decision making. Through this equality mainstream report it will become evident that GCHSCP genuinely considers the impact of socio-economic disadvantage at a strategic level. Please note that

socio-economic disadvantage is not an additional protected characteristic but should be considered in all decision making. Glasgow IJB has incorporated this duty into the Equality Impact Assessment process and requires evidence and steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.

[The Gender Representation on Public Boards](#)

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.

[The British Sign Language Scotland Act 2015](#)

The British 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.

[The New Scots Refugee Integration Strategy 2018-2022](#)

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.

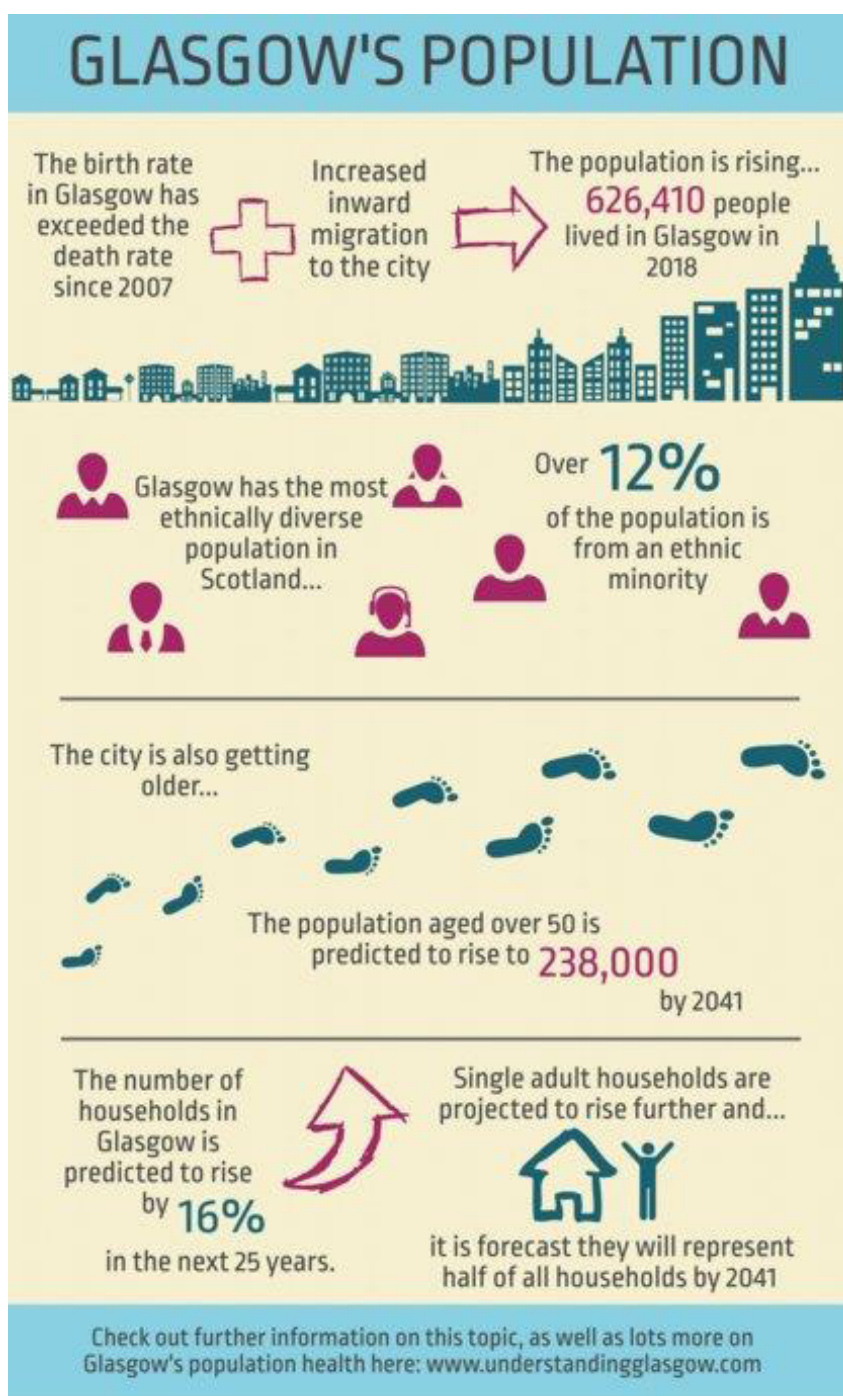


GLASGOW CITY: PEOPLE MAKE GLASGOW

Glasgow' Population:

PEOPLE MAKE GLASGOW

Glasgow City has the largest population among the HSCP areas, and its health and social care needs are wide and diverse. With a growing population, in 2018 626,410 people lived in Glasgow. It is becoming more ethnically diverse with over 12% of the population from an ethnic minority and our services must become more accessible for all.



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([Understanding Glasgow, 2018](#))

Glasgow Overview

Large health inequalities in life expectancy exist across the region. A boy born in East Renfrewshire is estimated to be likely to live for 7 years longer than one in Glasgow (2016-2018).

Healthy life expectancy (HLE) is an estimate of length of life lived in good health without disability or illness. In the period 2009-2013, East Dunbartonshire had the highest female HLE (69.5 years) and Glasgow City the lowest (58.5 years). This means that a girl born in Glasgow might be expected to live in a healthy state for 11 years less than a girl born in East Dunbartonshire. It is estimated that the population growth for Glasgow by 2026 will be just under 24,600, this is an increase of 4%.

Change map

- Decrease in deprivation
- Increase in deprivation
- Change in deprivation less than 2 pp

Council areas with the largest decrease:

- Glasgow City
- Renfrewshire
- City of Edinburgh

Council areas with the largest increase:

- Aberdeen City
- North Lanarkshire
- Moray
- East Lothian
- Highland
- North Ayrshire



Poverty and Inequality

The recent Scottish Index of Multiple Deprivation report identifies a significant decrease in Glasgow City deprivation from 48% data zones. Poverty and inequality are central to our planning as multiple deprivation affects all areas of our health and wellbeing.

(SIMD Report, p.9, 2020)

EQUALITIES OUTCOME PROGRESS REPORTING

IJB Previous Equalities Outcomes

Below are the 7 equality outcomes which were set in 2016, to view the full display of outcomes and performance measures refer to Appendix 1.

1. Barriers to HSCP services are removed for people with relevant protected characteristics.
2. Age discrimination in services is removed.
3. A participation and strategy which is inclusive of people with protected characteristics coproduces and works collaboratively with the HSCP to shape service development.
4. Gender balance of Integration Joint Board.
5. Diversity of individuals and groups engaged through Participation and Engagement Strategy activity.
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.

MAINSTREAMING EQUALITY

The following progress has been made to date;

Outcome 1: Barriers to HSCP services are removed for people with relevant protected characteristics

- We have increased awareness of GCHSCP health and mental health & wellbeing services by providing information session in BSL to the Deaf community.
- An example of removing barriers can be identified through - Community Oriented Primary Care: Collaboration across disciplines, services and sectors. Working with diverse communities within deprived neighbourhoods to reduce health inequalities and remove barriers to our services.

Outcome 2: Age discrimination in services is removed

- Primary Care Services are accessible to all often through direct access. Ensure service are available to those of all ages.

Outcome 3: A participation and strategy which is inclusive of people with protected characteristics coproduces and works collaboratively with the HSCP to shape service development.

- The participation and engagement arrangements within localities are subject to review at present with the findings due to be reported in the summer 2020. Part of the review will include ensuring representation from a range of stakeholders that reflect the diversity of the city.
- Glasgow Equality Forum (GEF) is actively involved in advocating on behalf of voluntary organisations which represent service users and people with protected characteristics across the city. Building connections with GEF enables an honest and collaborative approach to developing the participation strategy and advancing equalities for all.

Outcome 4: Gender balance of Integration Joint Board (IJB)

- 6 of the 8 council voting members are female as opposed to male and the Health Board members are 50/50 split (4 and 4). So we are overall 10 female and 6 male.

Outcome 5: Diversity of individuals and groups engaged through Participation and Engagement Strategy activity

- We are directing our Community Health contract to build capacity within Easterhouse, using innovative approaches to English Language learning via community cookery and supporting volunteering. The Easterhouse Baptist Church ESOL class breaks for the summer for a four-week period. To address the gap in provision, a summer holiday programme has been developed. This is due to utilising the community flat within Glasgow Kelvin College which has built in community cooker, book bug for families with children and linked with the forestry commission for a visit to Bishoploch. These are some of the examples which promote culture exchange and supports integration and inclusion.

-
- The Early Years Team within the North East Health Improvement Team is working in partnership with the New Community Church within Easterhouse to train local volunteers to deliver Book Bug. Volunteers will be involved in rolling out Book Bug to New Scots families within Cranhill.

- We signpost staff who work with BSL users to appropriate BSL and Deaf awareness training.

Outcome 6: Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.

- We have improved the Deaf community's knowledge of mental health services by providing information resources in BSL including continually developing the glossary of mental health terms and promoting a suite of films to address stigma and knowledge about mental health services.
- Equality Impact Assessments have become an integral component when creating, reviewing and making changes to services which will impact on HSCP service users and staff.

-
- GCHSCP uses the NHSGGC Equality Impact Assessment Tool approved by Coalition for Racial Equality and Rights.
 - To ensure that we protect those represented we must comprehensively carry out Equality Impact Assessments, the HSCP has to date the HSCP has to date completed over 40 and strives to ensure our staff are knowledgeable and equip through training, to carry out Equality Impact Assessments.
 - 6 monthly reviews should take place.
 - [Equality Impact Assessments are available to the public.](#)

Outcome 7: Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.

-
- Cancer Action Plan: Building on our efforts to improve uptake of cancer screening programmes. Working with third sector and community based organisations to foster good relations with diverse populations.
 - The Homeless and Asylum manager is developing an e-learning module for staff around asylum and refugee- key information.

One particular service which clearly reflects the progress against the performance measures of the 2016 outcomes is Primary Care. Appendix 2 provides a detailed account of the evidence obtained from our Primary Care service.

Mainstreaming Equalities

Over the years Glasgow City HSCP has actively encouraged equality to be embedded in all that we do. This part of the report will provide evidence of activities, projects and examples of best practice which incorporate the protected characteristics and needs of the Equality Act 2010;

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

All protected characteristics -



Hate Crime Pledge: The HSCP is working to raise awareness of Third Party Reporting, we are fully committed to raising awareness about hate crime and regard any hate incident to be unacceptable. We will work in partnership with Third Party Reporting to eradicate hate crime.

All Protected Characteristics

What's the Harm? Self-Harm Awareness & Skills Training

The Self Harm Forum, established 2018, seeks to ensure that delivery of What's the Harm? Self-Harm Awareness & Skills training and its associated materials are compliant with the Equality Act 2010. Given the many and varied precursors to self-harm, amongst people from diverse groups and across the life span, equality and anti-discriminatory practice underpin the ethos of the training. In practice this means that participants are encouraged to reflect on individual and organisational practice and responses to self-harm in the context of groups with protected characteristics. Self-Harm is an emotive issue with a wide range of social, cultural and psychological factors that may underlie self-harming behaviours. People with lived experience of self-harm have been actively engaged in the development of the training, informing content and contributing to improved responses. Their contribution has been invaluable in offering a greater insight into the underlying and often hidden issues of self-harm. Extracts from case studies and service users perspectives are used extensively throughout the training which in turn brings a more meaningful approach.

Sexual Orientation

LGBT Bronze Charter Mark: Pollok Civic Realm adopted a multi-disciplinary partnership approach to achieving the Bronze LGBT charter mark status. Part of the process included LGBT capacity building and staff training across a variety of sectors, including a wide variety of NHS departments, Glasgow Life, Contract Services, Pharmacy, Business Support, Public Dental Services, District Nursing and LGBT Youth.

Progress: Maintenance and celebration events scheduled and progressing 2016-2020.

Gender Based Violence (GBV)

Annual provision of “Equally Safe Young People” training programme for South youth providers to educate on the GBV issue and provide resources/activities for use with young people to explore the issue. As well as this, stalls on GBV in Health and Social Work venues for staff and public in November/December each year to tie in with 16 Days of Action- Gender Based Violence (Supported by South Violence Against Women Implementation Group (Events Sub) and Healthy Working lives.

Race

Last year we reported on the 2017 launch of findings from our Black and minority Ethnic Health and Wellbeing Study. Last year we reported on the 2017 launch of findings from our Black and Minority Ethnic (BME) Health and Wellbeing Study. This unique study provided insight to the Health and Well Being needs of Greater Glasgow and Clyde population.

Some key findings around financial inclusion showed attitudes to poverty were very different, with less reliance on the welfare system across all groups. The groups comprised of the five largest minority ethnic groups- Polish, Indian, Pakistani, Chinese and African. Of note was the African group which were least likely to feel in control and reported similar levels of financial poverty as our poorest geographical neighbourhood. Of note was the African group were least likely to feel in control and reported similar levels of financial poverty as our poorest geographical neighbourhood.

These findings have led to further follow up work this year on Child Poverty in the African community where exploratory work was carried out in the South (subsequently extended citywide). The aim was to further discuss the findings of the report highlighting the level of child poverty in the African community. A focus group with a section of the African community was organised. A report with recommendations for this piece of work is nearing completion.

Mental Health

Understanding Mental Health, A Community Conversation: Four workshops were facilitated this year with a Women's Group from Maryhill Integration Network and Central and West Integration Network. The workshops were facilitated using the Healthy Minds resource. The aim of the workshop was to create a safe space where participants could have a conversation around mental health and wellbeing and how they can access local support within their community. A total of 30 women attended from both groups. Feedback was very positive with the women finding the sessions very helpful and informative.

Sexual Orientation

Following the publication of the BME Health and Wellbeing Survey, it was noted that there was also a gap in public health intelligence available to describe the health and wellbeing of LGBT people. Working in partnership with the NHSGGC Equalities and Human Rights team and with NHS Lothian, the HSCP led on the delivery of a [Health Needs Assessment of LGBT](#) in both health board areas. This included a comprehensive evidence review and a comprehensive qualitative engagement with LGBT people and with staff working in services working predominantly with LGBT people.

The first results are available; they were published in January 2020 with plans for a comprehensive quantitative online survey due to complete the needs assessment due to be conducted in the first quarter of 2020.

Unconscious Bias Training

20 years on from the Stephen Lawrence enquiry and Lord MacPherson's damning report of institutional racism in the Metropolitan Police, organisations are being encouraged to review workplace practice and culture through application of 'unconscious' or 'implicit' bias training.

But what is unconscious bias and will a better understanding really lead to fundamental change in addressing discrimination in the workplace and service delivery?

Text sent in email to offer out places:

We'd like to think all the decisions we make in life are rationale, well-constructed and are made consciously. We check the weather and decide what to wear. We feel hungry and decide it's time to eat. Sometimes though, the decisions we make are influenced by factors much less obvious and can result in serious unintended consequences for others.

Unconscious or unintentional bias happens when our brain draws on our background, cultural environment and personal experiences to make instantaneous assessments and judgements about people. This session, delivered by NHSGGC's Equality and Human Rights Team, offers an opportunity to explore the world of unconscious bias and how it may impact on our roles as

health and social care professionals, our colleagues and the people we deliver services for.

NHSGGC Equality and Human Rights Team delivered an input on Unconscious Bias at the North-West Practice staff network event, February 2019 to 40 staff.

This generated interest from which Practice Managers requested a further session so that all staff, including GP's and reception staff, could be accommodated.

Due to the large numbers registering interest in attending, one extra session would not meet the demand. Accordingly, a further five sessions were planned in various NHS locations in the North West, providing flexibility for practice staff to stagger attendance across the various dates offered. The Grove in Possilpark kindly provided their facilities free of charge for Possilpark practice staff to attend.

Attendance of practice staff and partner organisations benefitting from these additional sessions on this topic can be broken down as follows;

Staff Group	Numbers attended	comments
Practice staff	61	20 different practices
NHS staff	31	
Social Work staff	17	
Citizens Advice Bureau staff	1	
Total	110	
Practice staff	40	February Network event
Final total	150	

In the sessions, attendees were taken on a journey that promised to provoke thought and reaction while getting to grips with some of the uncomfortable truths of discrimination in 21st century Scotland. The session was of use to all staff and offered an opportunity to reflect on personal and organisational practice

By the end of the session participants were expected to have a clearer understanding of responsibilities for identifying and tackling discrimination, and broader compliance with public sector equality legislation.

A further two Unconscious Bias sessions were organised in November with a total 27 people registered.

Intersectional (Race and Sex)

Increasing Uptake of Cervical Screening with Arabic speaking women in Kingsway: The Health Improvement (HI) Practitioner in North West HI Team has recently worked in partnership with Dr Holly Thompson who is a Deep End Pioneer Fellow GP working at Kingsway Practice, Jo's Trust and Kingsway Health and Wellbeing Centre to improve uptake of cervical screening for women who do not speak English. An information session was organised at Kingsway Health and Wellbeing Centre on cervical screening and it was well attended by 9 patients from the practice. The ladies found the session very useful and felt that they were not "scared" anymore to attend for their screening appointment and they especially liked watching the information video on cervical screening which was in Arabic. They also made some suggestions as to how screening appointments could be improved such as patients receiving their appointment letter in their own language.

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

All Protected Characteristics

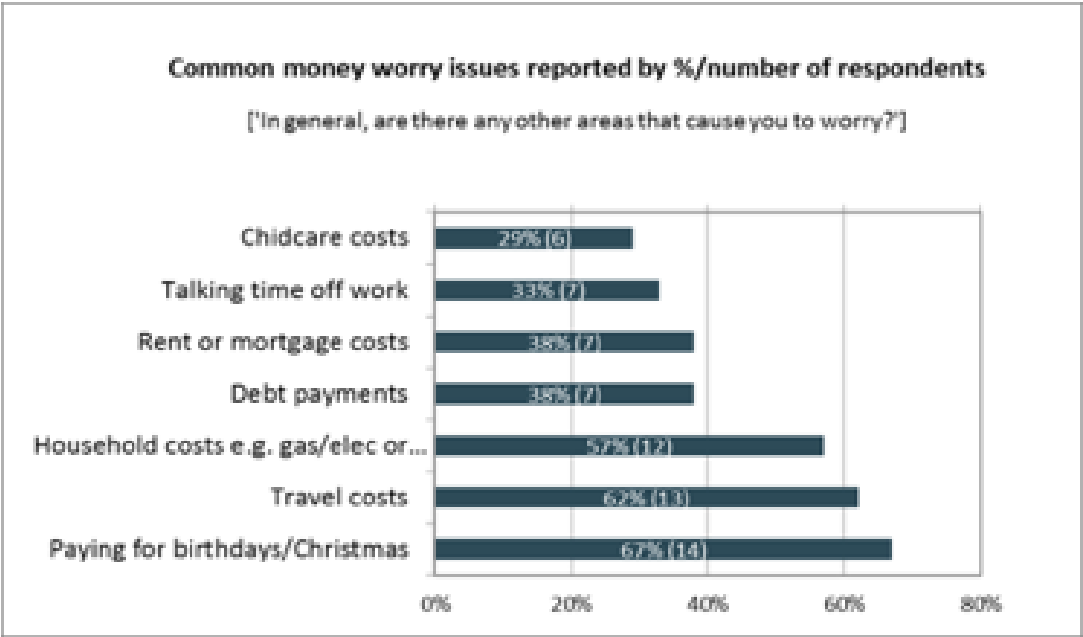
In terms of socio-economic disadvantage and reducing inequalities of outcome. We have a universal financial inclusion service where NHS staffs are able to direct referrals for patients who in the course of routine enquiry staff have identified would benefit from a referral to a more specialist money advice organisation. This service continues to increase in terms of volume with an 11% increase during 2108-19 and a total of 5,092 referrals to the service with 1,245 new clients seen. This resulted in a financial gain of £8.1 million with a further £1.5 million in debt managed.

Recognising the damage that poverty has on children and families this has always been a key focus of our financial inclusion work and our Health Visiting team are key referrers.

Other key early years more targeted work has been our Special Needs In Pregnancy Service(SNIPS) and teen clinics at the Queen Elizabeth University Hospital (QEUH) and Glasgow Royal Infirmary (GRI). The SNIPS service started in September 2017, since the start date and June 2019; 405 clients were seen with a financial gain of £876,058. The majority of clients seen had an income band £0-£6000. 53% of referrals were between 16-25 years.

In recognition that families where a child has a disability have increased risk of poverty, a focused survey was undertaken last year with all families attending Bridgeton Child Development Centre over a two-week period. The survey aim was to understand the need for money advice services in families attending child development centres in NHSGGC.

Families were asked a series of questions about money worries see table 1 most families worried about at least one of the seven core financial issues presented with significant number having multiple worries. The findings and recommendations have been presented to key leadership groups.



Title: Common money worries reported by families attending Bridgeton Child Development Centre

Child Poverty Outreach Project

The Child Poverty Outreach Project is underway in South locality targeting areas of high child poverty with a mobile office to deliver financial inclusion service. The mobile office has a waiting area and a place for one to one sessions with clients. The aim is to improve accessibility by reducing barriers to financial inclusion service for families particularly but not exclusively in the thriving places in south Glasgow. The first session was in May 2019.

Mental Health and Financial Inclusion

The advocacy work is funded by the South health improvement team to provide an enhanced money advice service for clients from primary care mental health services and commissioned mental health partners in south Glasgow. This service supports patients who are unable to follow through with actions following welfare review or benefit check.

A pilot partnership programme began this year with the Support and Information Service, Patient Affairs, DWP and GEMAP (Advice Provider) in Stobhill Mental Health In-Patients unit to provide a full in reach money advice support service for patients to prevent delayed discharge supporting a joined-up approach. Of the 50 patients seen by GEMAP since April-Sept 49 had incomes <£20,000.

**GP Practice Embedded Money
Advice Provision**

This has been developing over the last few years and is now available in 21 GP practices within Glasgow City. An evaluation report was published by the Glasgow Centre for Population Health detailing outcomes and can be found at; https://www.gcph.co.uk/assets/0000/7293/Advice_workers_in_deep_end_GP_primary_care_setting.pdf

Race

COPC (Community Oriented Primary Care)

Establishing COPC groups within East Pollokshields (2015) and Govanhill (2017) has provided an approach to reducing health inequalities that encourages collaboration across disciplines, services and sectors. GP practices within East Pollokshields and Govanhill COPC groups each had previous involvement with the Keep Well programme and share a range of practice characteristics including a high proportion of their patient populations being South Asian, Roma and other minority ethnic backgrounds. Both groups sit in the bottom 15% deprived neighbourhoods and host our most diverse communities; East Pollokshields has a majority BME population (51%), predominantly South Asian. This diversity presents a number of challenges, including the need for services to develop responses that are culturally sensitive and cognisant with the wider social determinants of health. For example, South Asian patients experience greater prevalence of Type 2 diabetes and alongside other minority groups experience a range of wider non-clinical issues that are often hidden or not addressed due to cultural barriers or stigma.

Accessibility

The COPC approach has enabled priorities to be identified and actions developed that are culturally sensitive & appropriate e.g. South Asian Diabetes Collaborative (established 2017), Roma Peer Education and wider work linking people to, for example, Glasgow Disability Alliance's Black and Minority Ethnic peer support groups. COPC strengthens awareness and connections to pathways and organisations that can impact positively on the health and wellbeing of people with protected characteristics and who may also be affected by deprivation.

Access to Health Services:

Focused work has been done with Oasis Women's Group at Maryhill Integration Network around access to health services. This has been facilitated by the Equalities and Human Rights Team with support from H I Practitioner in NW HI Team. The sessions so far have covered the history of the NHS, NHS functions, and right to health, travel expenses and access to Interpreting Services. As well as increasing awareness of how the NHS works the sessions have given the participants the opportunity to feedback their experience of the health service in particular Interpreting Services. Approximately 20 women have attended to date and we formally evaluate the session on the final workshops on 5th December 2019. However, the women have so far feedback that the sessions have been very useful and they were very keen to feedback on their experience of using the Interpreting Services and how it can be improved.

3. Foster good relations between people who share a protected characteristic and those who do not.

All protected characteristics

- Cancer Action Plan

Aforementioned, since 2016 we have built on our efforts to improve uptake of cancer screening programmes and reduce health inequalities. This includes actions that seek to increase awareness and uptake of cancer screening programmes amongst groups with protected characteristics. We work closely with GP practices, Third Sector and community based organisations to improve engagement methods and interventions with diverse populations where uptake is low. This effort includes targeted engagement with, for example, Asylum Seeking & Refugee women attending Govan Community Project Women's Group, Learning Disability groups in further education, black and minority ethnic communities and people living in our most deprived neighbourhoods. The focus is on improving understanding of the various cancer screening programmes to encourage uptake but more importantly to identify barriers. This approach complements work to support GP practice engagement around cervical screening and uptake amongst women where English is not their first language,

it also ensures engagement is culturally appropriate and responsive to specific patient and GP practice needs. We aim to strengthen the focus on equalities by outlining specific interventions aligned to people with protected characteristics alongside a focus on our most deprived neighbourhoods. This focus will directly contribute to alleviating barriers to services.

Mental Health

- Social Isolation Thematic group

To look at reducing isolation in the Priesthill Houshillwood Thriving Place area, current agenda- Working in partnership 'village story telling' working with housebound community members who are housebound due to health reasons are isolated at home. Encouraging them to use the power of telling their story to increase their feeling of wellbeing and to feel less isolated and more integrated into their community.

Christmas season, offering support and opportunities for the community to get together recognising the feeling of isolation can be greater at this time of year. Events planned including Christmas eve when other services may be closed. Also, planning events early in new year to give the community something to look forward to and be part of.

All protected Characteristics

The Alcohol and Drug Recovery Service aims to promote social Justice and deliver equality in collaboration with the people of Glasgow. The recovery networks and communities in Glasgow have been developing for a number of years and this has been bolstered by the new [Rights Respect and Recovery strategy \(2018\)](#). The focus is on drug and alcohol users who are recognised as a potentially vulnerable and disenfranchised group. These services are led and influenced by those with lived experience and in 2018/19 there have been a number of actions to increase awareness and reduce stigma across the city. These are:

- Citywide recovery events hosted collaboratively with recovery communities and services.
- The launch of the online resource the Recoverist Network
- Annual Recovery walk

The Strategic Recovery group also aims to promote inclusion and collaboration between third sector parties, statutory service and recovery communities.

- Development of Primary Care Alcohol Nursing Outreach Service has been developed to work with areas of high deprivation to encourage engagement with services within a hard to reach

group. This team targets previously identified 'deep end' GP's.

- Development of City Centre outreach team and Enhanced Drug Treatment Service to engage those at most risk of harm from drug and alcohol use. Again, concentrating on a very high risk group to improve health outcomes.
- Development of a pilot service for provision of Opiate Replacement Service for under 18s using heroin. This includes a collaborative approach between drug and alcohol services and Child and adolescent mental health.



CASE STUDY: SEXUAL ORIENTATION

Sandyford Sexual Health Achievements

Glasgow HSCP commissioned LGBT Youth Scotland to deliver a range of measures to support young LGBT+ people. This included provision of direct support to young people who identify as Transgender, non-binary or who are questioning their gender identity. This includes structured one to one support, and provision of two regular youth groups.

In 2017 the HSCP commissioned a re-analysis of the School Health and Wellbeing Surveys conducted in Glasgow and neighbouring local authorities to specifically compare the health and wellbeing of LGB young people with the overall population of young people. The report drew attention to the much poorer health and wellbeing outcomes experienced by LGB young people on a wide range of health, especially mental and emotional health.

The HSCP worked in partnership with LGBT Youth Scotland to co-produce a dissemination event at Hampden Stadium in the Spring of 2017 led by young LGBT+ people for leaders and managers in the HSCP and wider children's services to feedback the results of the survey and consider ways of making services more inclusive.

One of the means of demonstrating inclusive practice is for services to achieve the LGBT Charter of Rights. Over the last two years three services in the HSCP have achieved the LGBT Charter of Rights. The Youth Health Service in Northwest Sector and the Civic Realm Centre in South Glasgow both achieved Bronze while Sandyford Sexual health Service achieved gold.

The LGBT Charter is a tool to help everyone in an organisation focus on the quality of services they provide for LGBT service users. It helps demonstrate a commitment to LGBT people. The programme supports services to undertake staff training and review key policies in line with legislation, and consider working practices and resources. Achieving the LGBT Charter enables organisations to clearly show that it has taken steps to improve services and the workplace, and remove barriers for LGBT people.

By displaying the LGBT Charter, a positive message is communicated to LGBT people that they are included, valued, supported, and will be treated fairly when they access the service. It models to other organisations and service users that equality and diversity are at the heart of the service, and reassure people that the workplace is a safe and supportive place.

Sandyford Mainstreaming

Sandyford has taken forward a full-service review which has been approved by the IJB. The new service proposals have been developed with the principle of increasing self-management approaches such as online testing for STIs for those whose needs can be met in this way in order to free up staff time to focus more intensively on those who most require specialist services, especially people with protected characteristics.

The new service model was developed informed by engagement with particular groups of the population with protected characteristics including BME populations, Young people and LGBT people. A full EQIA was undertaken as part of the service review.

Sandyford became the first service in the HSCP to achieve the LGBT Charter of Rights at Gold level. This included providing eight training sessions on LGBT+ issues. Significantly Sandyford's process led to changes to Scotland's national electronic patient record system NaSH to improve monitoring of sexual orientation and gender identity in all sexual health services.

Sandyford has identified some challenges that clients accessing the service have in relation to working through interpreters for discussion of intimate issues or undertaking intimate examinations. A

staff survey was undertaken from which an improvement plan was developed with interpreting services. This includes development of clearer information about the confidential nature of interpreting services and having this translated into commonly used languages; developing a glossary of commonly used expressions in sexual health and having these translated and available to interpreters to ensure clarity of meaning. These new resources will be followed up with refreshed training for Sandyford staff on the use of interpreters.

The Health Improvement Team at Sandyford provides programme of population level health improvement for sexual health. The nature of sexual health and relationships issues experienced by the population of Glasgow means that the programme is informed by an analysis of equalities and protected characteristics. This includes but is not limited to an understanding of gender, and misogyny, LGBT issues, ethnicity and disability across the life course.

The team led and programme managed delivery of a national process to develop a new teaching and learning resource for Relationships, Sexual Health and Parenthood (RSHP) Education in schools. This includes specific content for educators working

with children and young people with additional support needs including mild to moderate learning disabilities or cognitive differences such as ASD. The new resource was piloted in schools across Scotland including with pupils with Additional Support Needs, their educators and parents and carers. www.rshp.scot

People living with HIV are included within the terms of the Equality Act. Transformative developments in HIV care meaning that people taking treatment can live normal lifespans in good health and be completely un-infectious to others. Despite these advances, many people living with HIV still experience a high level of stigma in relation to their condition. This can include negative experiences from health service staff. The Sandyford Health Improvement Team led on the delivery of an HIV anti-stigma campaign based on the experiences of HIV patients. This campaign was designed to improve the knowledge and attitudes of health service staff and was co-produced with patients living with HIV and implemented over a three year period followed by a staff survey which measured some

improvements in knowledge and attitudes following the campaign activities. An online system for HIV patients to report adverse experiences of healthcare has also been introduced to support ongoing service improvements. <https://www.nhsggc.org.uk/about-us/professional-support-sites/hiv-stigma/>

British Sign Language

Glasgow HSCP briefing on British Sign Language (BSL) Action Plan 2019 to 2020

[The British Sign Language \(BSL\) Scotland act \(2015\)](#) is focused on promoting British Sign Language in Scottish public services to ensure that BSL users gain full access to education, employment and most importantly health and social care services.

Many Deaf people primarily use BSL as their main form of communication. Unfortunately, not many health and social care professionals can communicate in BSL. This can lead to vital information being either misunderstood or missed completely.

This lack of communication support can cause Deaf people to be isolated in society as well as within families. This causes considerable distress, and has a negative impact on mental health and wellbeing, which in turn can lead to poor quality of life with a shorter life expectancy.

[The BSL National Plan \(2017 to 2023\)](#) was produced by the Scottish Government as a guide to all public sector organisations. The Plan required NHS GGC and Glasgow City Council to produce their own BSL local plans for the period 2018 to 2024. NHS GGC's and Glasgow Council's local plans

were published October 2018, after consultation with Deaf BSL users.

The HSCP is not listed in the law but there is an expectation they will bring forward a plan akin to the Health Board and Council. The Health Improvement Practitioner (Mental health and Deaf Community) has been appointed to lead on the production and implementation of HSCP's local BSL plan.

There are many positive actions that healthcare providers can take. These include ensuring sign language interpreters are booked, increasing their own knowledge of Deafness through attending deaf awareness sessions and asking a Deaf person what they need to enable them to access to our services. There is still a long way to go for the Deaf community to achieve full and equitable access to services with healthy outcomes. The lead officer's role is to deliver the outcomes from the plan and ensure they are being met successfully for the Deaf community using Glasgow City HSCP services. Governance route for this role is through the HSCP Equalities Group.



GLASGOW CITY HSCP EQUALITIES SURVEY

Background:



The equalities survey was created to gain insight into what key priorities would be identified by asking staff questions which covered two main areas; 'general information about you' including protected characteristics and 'your views in terms of HSCP Equality Policy'.



The survey, which had to be completed in one sitting, comprised of 21 questions, enabling both a qualitative and quantitative analysis, it took no more than 10 minutes to complete. There were 676 people, a third of total staff who contributed to the equalities survey.



Key findings: General information about you

- Almost an equal number of health to social work staff completed the survey.
- Two thirds of staff taking part in the survey said they have direct contact with service users/patients.
- From the sample of staff who took part the following characteristics were identified;
- Age: The highest proportion of staff who took part in the survey was aged 45-54. Other age groups such as under 25 and 25-34 were low in participation. For future surveys it is imperative that we capture a wider age range.
- Gender: 75% identified as female compared to 21% who identify as male.
- Sexual Orientation: From the sample 84% identify as heterosexual, with low numbers representing Lesbian, Bisexual and prefer not to say. A total of 87 people skipped this question, with some stating; "why should it matter".
- Race: 5% of staff who took part in the survey identify as Asia, Asian Scottish, Asian British Ethnicity.
- Disability: Out of the sample, 13% of participants are considered to have a disability. In terms of colleagues or managers having knowledge of this, there were key concerns around people with hidden disabilities.
- Religion: More than half of the people who took the survey identify as Church of Scotland and Roman Catholic.

The tables below display the percentages of those who took part in the survey and have experienced or witnessed discrimination in the workplace. The protected characteristics of; Age, Disability and Race had the highest numbers of experienced and witnessed discrimination. Please note this is a small sample, however actions from these results will be incorporated into our priorities.

13.1. Age			Response Percent	Response Total
1	Experienced discrimination		39.4%	54
2	Witnessed discrimination		60.6%	83
			answered	137

13.2. Disability			Response Percent	Response Total
1	Experienced discrimination		38.3%	46
2	Witnessed discrimination		61.7%	74
			answered	120

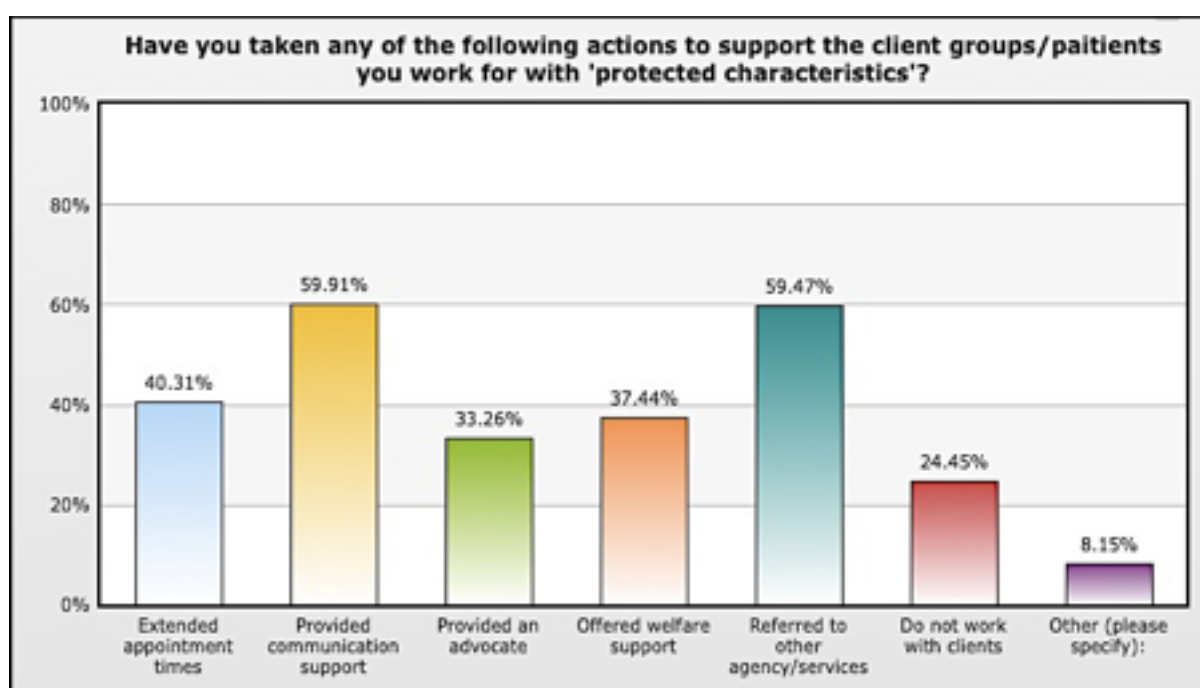
13.6. Race			Response Percent	Response Total
1	Experienced discrimination		22.5%	25
2	Witnessed discrimination		77.5%	86
			answered	111

Key Findings: 'Your views in terms of HSCP Equality Policy'

This part of the survey enabled us to identify how aware staff, who took part in the survey, is of the equality policy. Also, how easy it is to access and understand it, and if it has made a difference to staff on a personal level. The key findings include;

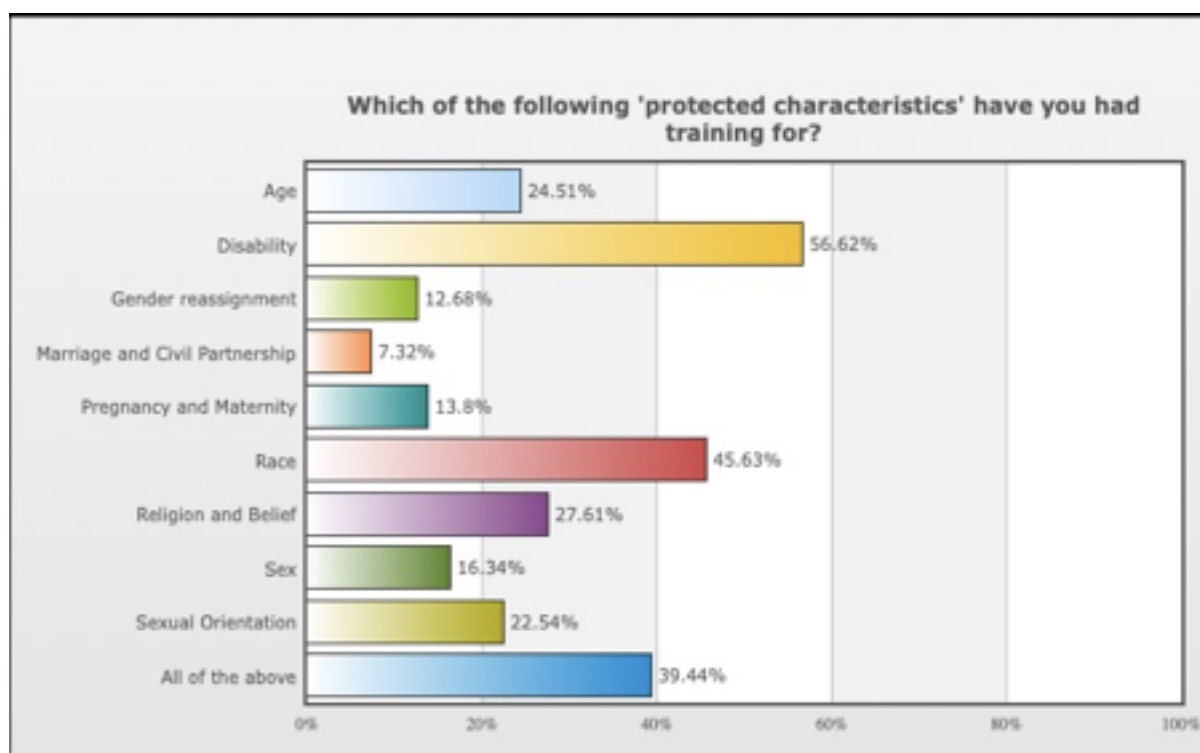
- 56% agree that they are aware of the Equality policy.
- 25% agree that it has made a difference to how they offer services to patients/service users.
- Figure 1 below identifies how staff who took part in the survey have taken actions to support client groups with protected characteristics including; extended appointment times, provided communication support, provided an advocate, offered welfare support, referred to other agency and other.

Figure 1: Actions taken from staff to support client groups with protected characteristics



- When asked, what action staff would take if they overheard a colleague or service user saying something discriminatory; 64% said they would challenge them and discuss why.
- Comments from 'other' with 12% have given a number of reasons as to why they may not feel comfortable to challenge and would subsequently find another method.
- Figure 2 shows the areas of training which have been received

Figure 2: Protected Characteristic Training Received



-
- 56% confirmed that it has been useful in supporting their role.
 - 29% confirmed they have not had training.
 - A number of key areas for training have emerged including further training on; age, disability, gender reassignment, sexual orientation and race.

The key findings and feedback from this survey have been valuable and even though it is a small sample from a large organisation, it will support our key priorities for equalities planning 2020-2024.

GLASGOW CITY HSCP EQUALITIES EVENT 2020

On the 6th of February 2020, we held our Glasgow City HSCP Equalities Event. The event invitation can be viewed below. The aim of the event was to provide an overview of best practice in meeting the needs of the Equality Act (2010). There was a total of 85 attendees and the feedback received has been extremely positive and heart-warming.



JOIN THE CONVERSATION

EQUALITIES EVENT
06 FEBRUARY 2020
09:30-12:30

William Quarrier Scottish Epilepsy Centre, 20 St
Kenneth Dr, Glasgow G51 4QD

Working towards equality for all

BOOK YOUR PLACE BY CLICKING ON **EVENTBRITE**
Contact: Stephanie.kirkham@ggc.scot.nhs.uk

Fiona Moss: Head of Health Improvement and Equalities set the scene for the event by providing an overview of looking back and moving forward. Nicky Coia presented an update on gaining the LGBT Gold charter, reflecting work which seeks to eliminate discrimination. Lifelink, Carol Irvine and NHSGGC Paul Hull provided an update on the BSL counselling programme, reflecting work in advancing opportunities. To bring the presentations to a close, Tressa Burke, CEO of Glasgow Disability Alliance, emphasised the value of partnership working which reflects the importance of fostering good relations.



WELCOME

Fiona Moss: Head of Health Improvement and Equalities sets the scene for our Glasgow City HSCP Equalities Event.

ELIMINATING DISCRIMINATION

Nicky Cola presents an update on gaining the LGBT Gold Charter.

ADVANCING OPPORTUNITIES

Life Link provide an update on the BSL counselling programme.

FOSTERING GOOD RELATIONS

Glasgow Disability Alliance on the importance of partnership working.

JOIN THE CONVERSATION

Table facilitation from key partners including: Coalition for Racial Equality and Rights, Glasgow Disability Alliance, Improvement Service (Fairer Scotland Duty), Engender, Nil By Mouth and NHS Greater Glasgow and Clyde Equalities and Human Rights Team.



09:00 Registration and Refreshments

09:30 Welcome: Fiona Moss, Head of Health Improvement and Equalities - Setting the Scene.

09:50 Table Introductions and Initial Reflections

10:05 Eliminating Discrimination: Nicky Cola presents an update on gaining the LGBT Gold Charter

10:15 Advancing Opportunities: Paul Hull and LifeLink provide an update on the BSL counselling programme.

10:25 Fostering Good Relations: Glasgow Disability Alliance on the importance of partnership working

10:35 Break

10:50 Join the Conversation - Table Facilitation

11:50 One Key Point

12:05 Highlights and Summing up

12:20 Evaluation

12:30 Lunch

The second part of the event was called 'join the conversation', where 10 facilitators representing a number of organisations, willingly gave up their time to support conversations about a range of equality areas. Key themes were identified through the conversations on the day; these themes will be reflected and incorporated into our new outcomes and performance measures. These themes will be reflected and incorporated into our new outcomes and performance measures.

List of Table Facilitator Area and Organisation:

1. Fairer Scotland Duty: Improvement Service
2. Race: CRER
3. Equality Impact Assessments: NHS GGC
4. Sexual Orientation: NHS GGC
5. Disability: Glasgow Disability Alliance

Join the Conversation

-
- 6. Mental Health: Mental Health Foundation
 - 7. Equalities: Glasgow City Council
 - 8. Sex: Wise Women
 - 9. Sectarianism and Discrimination: Nil By Mouth
 - 10. Human Rights: NHSGGC

Table conversations covered similar themes but were related to a specific

protected characteristic. Regarding GCHSCP effectiveness in understanding and reflecting the issues, the following was found:

- Frequently cited examples of good practice across a number of workshops included: EQIAs, involvement of people with lived experience, using service equality data to inform improvements; money advice interventions and unconscious bias training.
- Participants felt there was good understanding of the Fairer Scotland duty but the following would help reducing barriers to access due to cost; understanding more about who does not access services and increased Senior Management buy in to raise staff awareness of inequalities and equalities; involve people with lived experience in EQIA, which includes items on socio-economic disadvantage; build on learning such as the cost of the pregnancy pathway and consider implications of online health care for those digitally excluded
- In terms of women's health, participants felt a gender perspective was not

routinely considered and the following would help: be clear about gender and intersectionality of protected characteristics; improve data interrogation; consider a sex specific strategic planning group for women; consider whether human resources policies need reviewed from a gender perspective; consider migration and gender i.e. impact on women.

- Increased leadership and a coalition of the willing, setting a budget for increasing engagement with BME communities; considering intersectionality more (e.g. race, disability and LGBTQ+) within training; increase communication support for 3rd party reporting; increase positive discrimination in recruitment processes were issues arising in the race workshop.
- Staff did not report individual sectarian discrimination but there remained a perception of sectarian organisations within Glasgow. Increased work on unconscious bias was viewed as a positive approach to addressing this issue.
- Human rights were felt to be visible in HSCP policy. However, it was reported that in some services people miss out (e.g. social work thresholds mean some people with a disability miss out; social

care support to remain in your own home; universal credit applications online are a major barrier for those digitally excluded). The following was felt would help: increase awareness of individuals to navigate HSCP system; acknowledge at a crisis point in terms of resources and increase marketing of patients rights within the HSCP

- It was reported people with a disability experience discrimination on a daily basis. There was a strong feeling that consultation needs to lead to change. Examples of people with a disability being involved in the development of Maryhill Health Centre but changes not implemented led to frustration. Unconscious bias training was viewed as a popular way of challenging this discrimination (e.g. can cover mental health as a hidden disability). Some services were reported as being less set up to meet the needs of people with a disability (e.g. criminal justice). Specific ideas for improvement included: consider underreporting / low representation of disability in HSCP; consider non-accessible buildings; on the day GP appointments have barriers for booking; community councils having more disabled people on them; increase accessibility of modern apprenticeships and develop a resource to share learning from

consultations.

- The LGBTQ+ workshop felt more leadership was required in the HSCP on this issue. Actions should include increasing awareness of intersectionality (e.g. age and sexual orientation, BME, disability etc.); LGBTQ+ specific training; unconscious bias training and considering a champions group.
- The group considering multiple protected characteristics suggested using mental health as a vehicle for increased awareness including staff that may experience poor mental health. They felt there needed to be more partnership working so people did not move from 'pillar to post' and mandatory equalities training would be helpful.
- EQIAs were seen as a key way of supporting the HSCP to create and sustain inclusive processes. A focused training approach to EQIA building on what staff know about tackling discrimination in their professional roles was viewed as the most effective. The EQIA should be an extensive of accepted daily business. People with lived experience should inform EQIAs and use of local qualitative evidences of views of local equality organisations should be gathered.



PARTNERSHIP WORKING

Partnership working is fundamental to the development of our equalities and mainstreaming duties. As a 'partnership', we work together to achieve our vision and priorities set out in all areas of the HSCP. We endeavour to have open and effective channels of communication with service users, carers, stakeholders and the public to understand and have honest conversations about what we can do to deliver about what we can do to deliver effective and inclusive health and social care services.

The NHSGGC and Glasgow City Council have set outcomes, mainstreaming duties and reports which incorporate our staff profile and gender pay gap reporting. Information on this can be found at;

- [Glasgow City Council Equality](#)
- [NHS Greater Glasgow and Clyde: Equalities in Health](#)

There are also two methods of completing Equality Impact Assessments. GCHSCP has adopted the NHSGGC Equality Impact Assessment Tool. As a partnership, we work together with Glasgow City Council and NHSGGC to collectively streamline our equalities through the following groups;

- Glasgow City HSCP Equalities Group
- Glasgow Community Planning Partnership Equalities Committee

Glasgow is known as 'the friendly city' which is reflected through the

commitment of organisations which advocate, support and protect the rights of people with protected characteristics. Many organisations connect openly and honestly to achieve positive change for the lives of those with protected characteristics in Glasgow. This is clearly evident through the number of organisations willing to 'join the conversation' at our recent equalities event.

[Glasgow Equality Forum \(GEF\)](#) brings together representatives of voluntary sector equality networks. As a city wide strategic policy forum, it encourages better co-operation across equality issues. GEF has a number of full members including; Glasgow LGBTI Voluntary Sector Network, Glasgow Disability Alliance, Glasgow Women's Voluntary Sector Network (co-ordinated Wise Women) and Glasgow Voluntary Sector Race Equality Network (co-ordinated by CRER).



HELP

SUPPORT

ADVICE

GUIDANCE

ASSISTANCE

INFO

DEVELOPING NEW OUTCOMES 2020 – 2024

Looking beyond the positive work completed to date surrounding the 2016 outcomes. It is clear that there are significant areas to develop in collating robust evidence which effectively measures the impact of mainstreaming equality. For example, Outcome 2; age discrimination in services is removed. This outcome has not been effectively measured and while there may have been significant advances, there has not been an evidence base tool or data collection method which could identify this as having been achieved. Additionally, there is little evidence of best practice surrounding disability and given we provide health and social care services, promoting inclusion and accessibility for all, this particular characteristic should be incorporated more thoughtfully going forward.

Subsequently, it has become apparent that our outcomes should be revised and comprise of a mainstreaming framework which enables us to clearly identify and measure progress made in achieving the equality outcomes. Furthermore, by setting realistic and attainable outcomes GCHSPC will ensure that equality is embedded throughout all services. This will allow us to reflect the needs of our service users, staff and engagement groups more effectively.

As the strategic plan paves the way for a more inclusive and person-centred service, our equality outcomes will endeavour to align with our key priorities. The 5 key priorities outlined in the Strategic Plan 2019-2022 include;

1. prevention, early intervention and

harm reduction

2. providing greater self- determination and choice
3. shifting the balance of care
4. enabling independent living for longer
5. Public Protection

It is paramount that GCHSCP acknowledges feedback from people who are directly affected by our equality outcomes. This is why our new equality mainstreaming report seeks to reflect; practice which has demonstrated a positive impact, highlight what could be better and put in place actions to be taken to support the development of our new equality outcomes for 2020-2024.



EQUALITIES PRIORITIES 2020–2024

The next phase of our mainstreaming plan, with a commitment to meet our general duty and embed the core principles of eliminating discrimination, advancing opportunities and fostering good relations, will ensure that;

- We will continue to encompass a whole system approach from the top of the organisation.
- We will actively encourage service users to be part of the Equality Impact Assessment process.
- We will promote Equality Impact Assessments through team brief and other formats and have more prominent leadership around EQIAs.
- We will review our Equalities Working group and encourage more members which reflect all areas of our services.
- We will develop a more coherent equality monitoring system which will enable progress of our outcomes to be clearly identified.
- We will continue to have training available for EQIAs and develop online resources which will support staff.
- We will continue to advance our learning about protected characteristics for both service users and staff via a number of online and face-to-face resources.
- We will revise our website to ensure it is accessible and user friendly, making equalities information more accessible.
- We will actively update staff via the HSCP Newsletter and social media on events, information and activities surrounding equality matters.
- We will develop our partnership working to advance opportunities for staff and service users within the realms of equality, diversity and inclusion.
- We will review and develop marketing materials to ensure people with protected characteristics are represented.
- We will review policies and practices to ensure they reflect equalities.
- We will support vulnerable groups including all those with protected characteristics, to address self-harm, discrimination, hate crime and violence.
- We will consider changes in the demographics of the population and needs associated with this (e.g. increased mental health issues related

to welfare reform; BME men and mental health)

- We will create support for staff equality groups covering a range of protected characteristics.
- We will create a calendar of training opportunities which will encompass inhouse and external training on protected characteristics
- We will be honest when our services are not promoting equality for all and take appropriate action to ensure that it is embedded in all that we do.
- We will have an open and effective channel of communication with service users, carers, stakeholders, partners and the public to ensure equality is mainstreamed effectively.



OUTCOME PLANNING 2020-2024

As previously mentioned under developing our new outcomes, it is paramount that we gain feedback from service users, staff, partners and members of the public to help shape our new equality outcomes. Since the turn of 2020, there has been engagement through; GCHSCP staff Equalities Survey reaching 676 staff members and GCHSCP public Equalities Event reaching 85 attendees. From here we plan to attend a number of focus groups arranged with partners including Glasgow Disability Alliance, meet with Glasgow Equality Forum members and attend a number of locality team meetings to identify what outcomes and performance measures should be in place for 2020-2024.

Based on our equalities event 'join the conversation'- table facilitation, it became apparent that there were commonalities surrounding specific areas of equalities which should be included. In light of this, we have proposed potential outcome areas for 2020-2024;

Outcome 1: Fairer Scotland, addressing poverty and socio-economic disadvantage impact.

Outcome 2: Disability- removing barriers for staff and service users, creating more fair and accessible workplace and services.

Outcome 3: Human Rights- raising awareness of our rights, including financial inclusion and upholding dignity and respect throughout our services.

Outcome 4: Race- Consider changes in the demographics of the population and needs associated with staff and service users. This includes cultural awareness, safe spaces and mental health issues related to BME.

Outcome 5: Sexual Orientation – create safe spaces for staff and service users, raising awareness LGBT+ communities and inclusivity.

Outcome 6: Mental Health- consider the impact of mental health in all that we do.

Outcome 7: Equality Impact Assessment- consultation with service users, staff training and online resources.

Outcome 8: Intersectionality- adopt a more holistic lens which considers the impact on people with intersectional protected characteristics.

Feedback

If you require this information in an accessible format, such as large print or a different language, please don't hesitate to contact us.

A full update will be available with our new outcomes by April 2020. If you would like to give feedback on what you would like to see in our new outcomes please contact- Stephanie Kirkham, Equalities and Fairer Scotland Lead:
Stephanie.kirkham@ggc.scot.nhs.uk

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GLOSSARY OF TERMS: PROTECTED CHARACTERISTICS

Age

A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and civil partnership

Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth,

and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex

A man or a woman.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

APPENDIX 1

Glasgow HSCP Equality 2016 Outcomes & Proposed Performance Measures				
Public Sector Equality Duty 1. Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act			Performance Measure	
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 plan disseminated and functioning within the workforces and measure compliance through planned audits of service user and employee feedback on: systems. <ul style="list-style-type: none"> • Website • Outward facing documents • Patient/service user information.
			1.1b	Monitor GHSCP about 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 that they are based on biological rather than chronological access unless objectively justified.	2.1a	Audit services where there are existing chronological inclusion/ exclusion criteria and apply objective justification assessment for each.

HSCP Outcome 3 A service users public engagement group 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 characteristic and those 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 engagement model as approved by the HSCP.	3.2a	Model is implemented and participation standards complied with.

Public Sector Equality Duty 2. Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it			Performance Measure	
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
	4.2	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 Develop an engagement and participants plan (strategy)	5.1	Deliver of an engagement and participation plan disseminated and functioning within the workforces	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 representatives 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 plan(s)

	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 improvement plan.

Public Sector Equality Duty 3. Foster Good relations between people who share a protected characteristic and those who do not			Performance Measure	
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.

APPENDIX 2: PRIMARY CARE EQUALITIES REPORTING 2019

Glasgow HSCP Equality Outcomes & Proposed Performance Measures				
Public Sector Equality Duty 1. Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act				Performance Measure
HSCP Outcome 1 Barriers to HSCP services are removed for people with relevant protected characteristics	1.1	Develop and deliver the GHSCP Primary Care Services i.e. GP, Optical, dental and community pharmacy contractors to ensure that there is accessible information and services to meet local need.	1.1a	The Public are able to access direct at the point of need and will be supported through signposting to have their needs met by the most appropriate health professional.
			1.1b	Feedback from contract monitoring, service user and employee feedback including complaints and incidents
	1.2	Ensure contracted providers have adequate information on local populations to support service improvement.	1.2a	Contribute to development of national data sets and participate in intelligence reporting at local level to plan for improvements of services to meet needs e.g. GP intelligence reports
HSCP Outcome 2 Age discrimination in services is removed	2.1	Primary Care Services are accessible to all often through direct access. Ensure service are available to those of all ages.	2.1a	Monitor impact of direct access to services to ensure needs of those with protected characteristics or in most need have correct response.

HSCP Outcome 3 A service users public engagement group 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 characteristic through practice patient forums and at time when feedback supports improvement.	3.1a	Consult with service users when they have opportunity to inform developments.
			3.1b	Work at practice level with service users to gain accurate insight into the experience of Primary Care
			3.1c	Further develop role of MDT in practice team to support public to use changing services.
	3.2		3.2a	

Primary Care Equalities Reporting 2019

Public Sector Equality Duty 2. Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it			Performance Measure	
HSCP Outcome 5 Develop an engagement and participants plan (strategy)	5.1	Delivery of a communication and engagement plan for PCIP supported by national messaging about changes in how we access Primary Care Services	5.1a	Planned event and engagement with service users to develop: <ul style="list-style-type: none"> • Website • Patient/service user information.
			5.1b	Monitoring diversity of membership of representatives groups engaging with PC, PCIP at locality level

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, 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 mitigated its impacts.	6.2a	Review Equalities action plan(s)
	6.3	Work with wider HSCP Services to increase undersanding fo the changes within in PC i.e. access to most appropriate HCW who may not be a Doctor to ensure and those who need access to expetise recive care the require.	6.3a	Evidence within the Local Outcome Improvement Plan which support changes in how we access services.
	6.4	Strengthen pathways and referrals to most relevant HCW.	6.4a	Provide multi-agency training to raise awareness of referral pathways and collate and analyse change in service access uptake to determine gaps and improvement plan.

Public Sector Equality Duty 3. Foster Good relations between people who share a protected characteristic and those who do not			Performance Measure	
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 contracted services monitor participation levels for people with different characteristics.	7.1a	All contracts require to demonstrate the need to engage with protected characteristic groups.
			7.1b	Through monitoring of PCIP demonstrate change in patient profile supported by GP as the expert general medic.

APPENDIX 3: GLASGOW HSCP BRIEFING ON BRITISH SIGN LANGUAGE (BSL) ACTION PLAN 2019 TO 2020

Outcomes for Glasgow City HSCP	Proposed actions	Glasgow City HSCP Progress
Improve the Deaf community's knowledge of mental health services by providing information and resources in BSL , including promoting a suite of films to address stigma and knowledge about mental health services.	<p>Utilise 'Positive Signs': Deaf and Mental Health promotional film</p> <p>The aim of the suite of the films is to initiate positive action for the providers and recipients of mental health care.</p>	<p>A launch event was launched on 17th September 2018 at the Lighthouse. Participants included members of the Deaf community and NHSGGC and HSCP staff members. A total of 50 people attended.</p> <p>Feedback on Positive Signs films -</p> <p>For staff this is an eye opener, a lot of services are aware of lack of services this will hit home.</p> <p>Film helps to bring down the stigma, feel needs to tell more person centred stories access to services.</p> <p>Helps to changes attitudes towards mental health and encourage discussion.</p> <p>The consensus was that the films were very helpful addition to understanding the barriers to the Deaf Community when accessing mental health services</p> <p>The films can be currently seen on two platforms.</p> <p>Youtube : www.nhsggc.org.uk/positivesigns</p> <p>NHSGGC Mental Health Website 'Heads up' : https://www.headsup.scot/</p>

<p>Develop plans to improve mental health services for the Deaf community, including enhanced support for self-care and positive mental health wellbeing, improved early intervention support and increased access to mental health care.</p>	<p>Establish counselling project for Deaf people provided by Lifelink</p>	<p>HSCP currently has a contract with Lifelink whose services treat mild to moderate mental health issues.</p> <p>A pilot project, funded by HSCP and supplied in partnership with Lifelink, provides a counsellor who is fully competent in BSL, removing the requirement for a third party, BSL interpreter)</p> <p>The project runs from July 2019 until March 2020.</p> <p>The counsellor, who is Deaf and based at Lifelink, can match the Deaf person's communication needs whether it is BSL, SSE (Sign Supported English) or spoken English.</p> <p>Referrals can be made online via the Lifelink webpage, by the person's GP, through a Deaf organisation based in Glasgow or by visiting the Lifelink office. Further information about the Counselling service can be found online: https://www.lifelink.org.uk/bsl-users/</p>
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<p>Improve links and communication with Glasgow City Council and NHSGGC to continue to signpost families to appropriate agencies for sign language support through Early Years Multi-disciplinary clinic and the Early Years new referral clinics.</p>	<p>Continue to work with families and relevant partners including specialist speech and language therapist and allied health professional for an all inclusive plan for D/deaf children</p>	<p>Deliver information sessions 'Supporting Families with Deaf Children' to health visitors and family nurses Glasgow City wide</p>	<p>More than 28 Sessions were delivered at various health centres across Glasgow city between August and November.</p> <p>A total number of 320 health visitors and other support staff attended the training course.</p> <p>The session outline:</p> <p>Understanding Deafness</p> <p>Promoting British Sign Language and inclusive communication</p> <p>How to successfully work with Deaf clients and BSL interpreters.</p> <p>95% of the attendees found the course very useful and relevant and acquired better knowledge of working with Deaf families and signposting to appropriate services for Deaf children.</p>
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<p>Review access routes to psychological therapies including how BSL users can access at a local level and on a fair and equal basis</p>	<p>Research psychological therapies : NHSGGC Research Endowment fund</p>	<p>From the information gathered on BSL users' experiences it is clear that there is a need for robust evidence regarding suitable psychological therapies for BSL users.</p> <p>Two principal clinician psychologists from Stobhill Hospital submitted an application to NHSGGC Research Endowment Fund. The purpose of the funding is to explore different psychological therapies that are fully accessible and achieve healthy outcomes for BSL users.</p> <p>There is a dearth of literature of psychological therapies that are suitable for BSL users. The data collected will be qualitative data applying semi structured interviews to 8 service users who experienced psychological therapies.</p> <p>A decision regarding this application to the endowment fund will be announced November 2019.</p>
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<p>Increase awareness of the HSCP's health services , including mental health and wellbeing services, by providing information sessions in BSL to the Deaf community.</p>	<p>Engage with the Deaf Community</p>	<p>An information workshop to members of St Vincent Deaf Club (to date the only Deaf club available due to the closure of Deaf connections) was delivered 14th September with more than 50 members attended.</p> <p>Issues covered included –</p> <ul style="list-style-type: none"> • Services available at Glasgow City HSCP • Mental health services pathways including Lifelink counselling services • Mental Health Glossary in BSL, • BSL Act update • Managing health appointments and exploring video relay services and video remote interpreting. <p>Participants requested that HSCP do regular visits to the club to deliver talks, workshops and one to one sessions.</p>
<p>Promote the use of Scottish Government's nationally funded BSL online interpreting video relay service (VRS) called 'contact SCOTLAND-BSL' to staff and local BSL users.</p>	<p>Review video technology policies</p>	<p>Video Interpreting Policies are to be reviewed at Glasgow HSCP Sensory Impairment Group.</p>