Item No: 13

Meeting Date: **Wednesday 27th April 2022**

Glasgow City Integration Joint Board

Report By: **Gary Dover, Assistant Chief Officer, Primary Care and Early Intervention**

Contact: **Fiona Moss, Head of Health Improvement and Equalities**

Tel: **07846445502**

Equalities Progress Report 2022

Purpose of Report:	To present the HSCP Equalities Mainstreaming (2020/24) midterm progress report.

Background/Engagement:	In April 2020 the Integration Joint Board approved its second Equalities Mainstream Report (2020-24) after a period of engagement with stakeholders, citizens and staff. The preparation of the accompanying outcomes was impacted by the pandemic and the final seven equality outcomes were subsequently approved and published in September 2020. The full progress report is presented in line with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. For ease the progress in relation to the Fairer Scotland Duties of the IJB are also covered.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The Integration Joint Board is asked to: a) Recognise the continuing commitment of staff and managers to make significant progress in mainstreaming equalities and the Fairer Scotland Duty; and

	b) Approve the Equalities Progress Report for publication, in line with the legislative requirement of 30th April 2022.

Relevance to Integration Joint Board Strategic Plan:

Page 74 of the strategic plan; Equalities Mainstreaming context and Fairer Scotland Duty

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	1. People are able to look after their own health and wellbeing and live for longer 5. Health and social care services contribute to reducing health inequalities 9. Resources are used effectively and efficiently in the provision of health and social care services.

Personnel:	There is one post in the HSCP to support Equalities and Fairer Scotland ambitions, supporting a network of service leads to drive forward progress in meeting the equality outcomes.

Carers:	None

Provider Organisations:	There are a range of services commissioned to provide specific supports for protected characteristic groups and in relation to Fairer Scotland duties.

Equalities:	None

Fairer Scotland Duty:	Fairer Scotland Duty progress is captured in Section 6 of the report.

Financial:	None

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	Any risks related the Equalities mainstreaming and outcome delivery will be monitored through the Primary Care and Early intervention risk register

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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 present the HSCP Equalities Mainstreaming (2020/24) midterm progress report (Appendix 1).

2. Background

2.1 The Integration Joint Board (IJB) published its second Equalities Mainstreaming Report in April 2020, in line with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The specific duties which apply to the IJB include;

- Report progress on mainstreaming the equality duty (midway and at the end)
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Publish equality information in a manner which is accessible

2.2 Some aspects of the specific duties continue to be reported through the two employing organisations of the HSCP. This includes workforce and procurement/commissioning requirements. The HSCP supports the achievement of these requirements which are then reported through Glasgow City Council/NHSGG&C Equalities Mainstream reporting. NHSGGC is due to publish its progress report by the end of April 2022 and Glasgow City Council next year.

2.3 In 2018, a Fairer Scotland Duty was brought into legislation, requiring the IJB to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. These requirements are included in this report, and consideration of the duty forms part of the Equalities Impact Assessment process used by the HSCP.

2.4 The HSCP Equalities Working Group oversees the programmes of work related to the Equalities and Fairer Scotland duties. Glasgow Equality Forum is a formal member of the group alongside equalities leads for GCC and NHSGGC and our service equalities leads. This group of staff have supported/enabled a lot of the progress contained in the full progress report during a period of considerable challenge and service disruption.

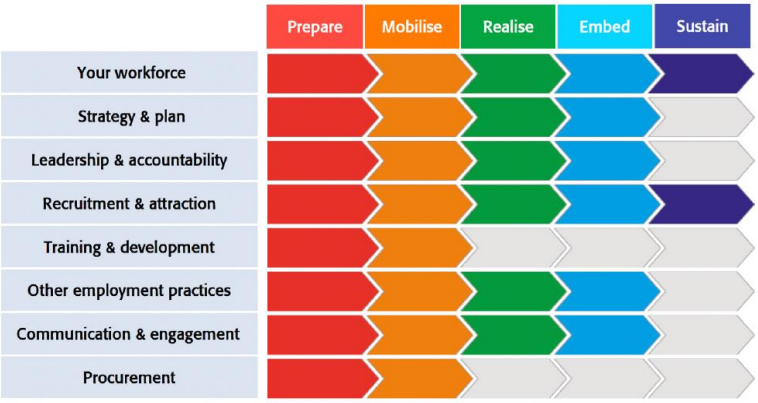
2.5 Progress is reported in six sections; Section 1 addresses the impact of the pandemic and highlights work undertaken to tackle specific and emerging inequalities during this period (including actions to mitigate poverty); Section 2 briefly summarises some of the work that we and others have undertaken to understand the well-being needs of protected characteristic groups; Section 3

speaks to our mainstreaming activities; Section 4 covers progress made against the seven equality outcomes; Section 5 covers our Fairer Scotland Duties and; the closing section (6) looks ahead to the remaining two years of this reporting cycle.

3. Equalities Mainstreaming Progress

3.1 This provides an overview of our work to further advance equalities practice across all our business areas. In 2021, we participate for the first time in the Employers Network for Equalities and Inclusion (enei) Talent Inclusion and Diversity Evaluation (TIDE). The TIDE mark allows organisations to assess their status in equalities and inclusion across eight mainstreaming domains.

3.2 Organisations with the best results are awarded a Bronze, Silver or Gold TIDE award. With an overall score of 65%, Glasgow City HSCP successfully achieved a Bronze award. The average score across the participating organisations was 57% in 2021, showing that we are progressing well but still have a lot to do. TIDE demonstrated that we have embedded practice in all but two of the key categories, and we will consider how to make further progress, particularly in relation to our training and procurement practices.



3.3 Equality Impact Assessments (EQIA's) are a key way for us to design and deliver services that are responsive and appropriate to protected characteristic groups and intersectionally. During the reporting period, a total of 18 EQIAs were undertaken and published https://glasgowcity.hscp.scot/equalities-impact-assessments

1. Hospital at Home
2. GP Budget
3. Children's Services Transformation Programme 2022 - 2025
4. Budget Proposal for Independent Sector Care Home Placements
5. Supported Living
6. Maximising Independence Adult & Older People Purchased Services
7. Wand Initiative
8. Property Strategy 2023 - 2026
9. Linguistics
10. North East Hubs
11. GCHSCP Strategic Plan 2023 - 26 Engagement
12. Test of Change Prison Health and Social Care
13. West of Scotland Sexual Assault and Rape Service
14. Participation and Engagement Strategy
15. Glasgow City HSCP Communications Strategy - Review and Refresh
16. Youth Health Service
17. Family Support Strategy
18. GCHSCP Community Link Workers

3.4 One way we have attempted to advance an inclusive culture and practice is for services to work towards established good practice charter markers. Child and Adolescent Mental Health Services (CAMHS) have joined the Youth Health Service and Sandyford Sexual Health Services in achieving the LGBT Youth Charter Mark award in 2021.

3.5 The key mainstreaming challenges in the last two years relate to the pressure to introduce response services and move to remote delivery for many services while also managing the workforce challenges during the pandemic. The pandemic has brought a clearer focus to equalities practices, however it is widely acknowledged that particular protected characteristic groups have been more negatively impacted upon during the pandemic e.g. the double 'whammy' experiences reported by people with a disability in Glasgow.

3.6 Training delivery has also been fundamentally affected in terms of the ease of conversion to online delivery and the ability of staff to participate.

4. Equalities Outcomes Progress

4.1 The IJB set seven outcomes with clear actions. The progress report includes the status of all the actions and related monitoring information for each (section 4), where available. Despite this unprecedented period we are on schedule to deliver on all our equalities outcomes by 2024, with substantial progress and a number of actions completed already. The seven equality outcomes are:

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

4.2 One of the critical challenges has been the impact of the pandemic on our ability to report service uptake and outcomes across all protected characteristic groups. We have also been challenged to capture equalities data when delivering services remotely. A number of services have tried capturing equalities information from users through online means but completion rates have been exceptionally low. Mental Health Services (part of outcome 4) are now routinely reporting on ethnicity, however again data is still missing on 30% of patients.

5. Fairer Scotland Duties

5.1 We have continued our strategic priority to mitigate and reduce poverty as a community planning partner and for our service users and patients. We have done this by

- Continuing and extending our income maximisation services for service users and patients through our welfare advice and health improvement teams
- Undertaking specific poverty mitigation measures during the pandemic (described in section 2)
- Including assessment of the impact of socio-economic disadvantage in our Equality Impact Assessments (described in section 3) and resultant mitigation measures
- Being an active community planning partner challenging the fundamental causes of poverty and the system changes required to prevent poverty, including our leadership of the Cities Challenge Child Poverty Partnership.

5.2 This section of the report provides the range of programmes and number of people supported by our welfare advice and funded financial advice services and captures two significant new developments during this reporting period;

- The Welfare Advice in Health Partnership (WAHP) Scottish Government commitment to enable 150 GP practices in Scotland servicing the poorest communities to have an embedded financial advice service one day per week in practice. This has seen provision expand from the original 30 practices to 84 in Glasgow City.
- Funding was also secured to pilot a whole system, community food-nurturing programme with families of pre-school children. The pilot is combining action on food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods: Ruchazie, Garthamlock and Cranhill (North East); Drumchapel (North West); Priesthill, Househillwood, Nitshill and Pollok (South). This is receiving significant national attention and funding has been extended to enable provision for three years.

6 Next Steps

6.1 Outcome leads will continue to work within their service areas to progress outstanding actions. Work will also continue to advance mainstreaming performance, with the aim of achieving a silver TIDE award by 2024.

6.2 A series of Inclusive Leadership on-line training sessions have been secured for 100 HSCP managers from May 2022. Inclusive Leadership is “leaders who are aware of their own biases and preferences, actively seek out and consider different views and perspectives to inform better decision-making. They see diverse talent as a source of competitive advantage and inspire diverse people to drive organisational and individual performance towards a shared vision.”

6.3 The Scottish Government have recently consulted on the outcome of a review of the current Public Sector Equality Duty (PSED). The consultation set out a series of detailed proposals both for legislative changes to the Scottish Specific Duties (SSDs) and changes to the wider implementation environment. Subject to the Parliamentary timetable, it is proposed that regulations will be

introduced to the Scottish Parliament in late 2022, with an intention that any regulatory changes will come into force in 2025.

7. Recommendations

7.1 The Integration Joint Board is asked to:

a) Recognise the continuing commitment of staff and managers to make significant progress in mainstreaming equalities and the Fairer Scotland Duty; and
b) Approve the Equalities Progress Report for publication, in line with the legislative requirement of 30th April 2022.

Appendix 1

Meeting the Equality Legislation Requirements

Glasgow City Health and Social Care Partnership

Progress Report against Mainstreaming and Equality Outcome Actions

April 2020 – March 2022

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Introduction

Welcome to our Equalities Mainstream Report 2020-24 progress report. In April 2020, Glasgow City Health and Social Care Partnership (Glasgow City HSCP) were pleased to publish our Mainstreaming report after a period of discussion and engagement with stakeholders, citizens and staff. The preparation of our outcomes was impacted by the very initial pandemic responses we were required to put in place in March 2020, and as a consequence we delayed publishing our outcomes. We approved our outcomes at our Glasgow City Integration Joint Board in September 2020: Glasgow City Equality Outcomes 2020-24.

Our outcomes were published during the COVID-19 pandemic, which further exposed the unequal nature of our society and the implicit role that institutions like ours, play in perpetuating this. Structural discrimination continues to affect our patients, service users and staff. We acknowledged that this requires us to change our traditional ways of working and cultivate a more honest and inclusive environment, with a more equitable balance of power. This is why we created, in addition to our mainstreaming commitments, an outcome specifically about our organisational leadership (Outcome 7). We have also embarked on a piece of work to explore micro aggression and racism and its impact on the mental health and well-being of staff and our BAME community members in Glasgow (Section 1).

Freedom from discrimination and equality of opportunity are fundamental human rights for us all. We continue to ask that you work with us, offering guidance where we are uninformed, and challenging in a way that helps us progressively expose and improve our practices. Likewise, we will use our influence to be equalities advocates for Glasgow, and challenge those who act in a manner contrary to this.

This progress report outlines the work we have undertaken to meet the mainstreaming and equality outcome actions agreed in 2020. Section 1 addresses the impact of the pandemic, and highlights work undertaken to tackle specific and emerging inequalities in this challenging period. Section 2 briefly summarises some of the work that we and others have undertaken in Glasgow to understand the well-being needs of protected characteristic groups in Glasgow. Section 3 of the report speaks to Glasgow City HSCP's successes in mainstreaming activities, and Section 4 covers progress made against the seven equality outcomes, and section 5 in relation to our Fairer Scotland Duties. Finally, Section 6 of the report looks ahead to the remaining two years of this reporting cycle, highlighting priorities in that timeframe.

We recognise that a report of this nature can be inaccessible for a variety of reasons. If you would like us to relate this in another format, or talk to us about the contents please contact **Fiona Moss on 0141 287 0459**

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Executive Summary

Impact of the pandemic has brought our equalities practices into sharp focus. We, in common with all public bodies, have seen the COVID-19 pandemic impact the delivery of our strategic plans, including progress made against our mainstreaming and equality outcomes. This is most notable where we planned to undertake engagement with members of the public or service users. Typically, we saw such work paused as a result of reduced operational capacity during COVID-19, or, in some cases, delayed, as we adapted to new ways of working and established different mechanisms for safe, effective engagement. However, in the same period, we have also realigned resources, to support improved outcomes for our communities, particularly those threatened by the pandemic itself.

We have included a section on our pandemic responses (Section 1) to recognise the wide range of programmes undertaken to ensure equalities sensitive COVID responses in relation to introducing and undertaking community based assessments for symptomatic patients, primary and community care adjustments, and the delivery of the most extensive vaccination programme we have ever known. We have also described our contribution to mitigating poverty during the pandemic in line with our Fairer Scotland Duties.

Despite this unprecedented period we are on schedule to deliver on our equalities outcomes by 2024, with substantial progress since setting our seven outcomes in September 2020, as described in section 4. We achieved the Bronze award from enei (Employers Network for Equalities and Inclusion) for equalities inclusive practices in September 2021 and will repeat our participation in this self-assessment to track our progress and continue to enable us to benchmark ourselves with other health and care services both in the UK and beyond. This assessment demonstrated that we have embedded practice in all but two of the key categories, and we will consider how to make further progress in relation to our training and procurement practices in future.

Our Child and Adolescent Mental Health Services have also joined our Youth Health Service and Sandyford Sexual Health Services in achieving the LGBT Youth Charter Mark award. Demonstrating and re-assuring our young LGBT community members of services that are sensitive to need.

Section 5 describes our actions and impacts to reduce inequalities of outcome caused by socio-economic disadvantage, known as our Fairer Scotland Duties. This captures our strategic considerations to mitigate the poverty of those using our services, through income maximisation (our welfare advice teams and through our financial advice partnership with others), the fairer Scotland assessments within our EQIA processes and our contribution to community planning in Glasgow to prevent poverty.

However we also acknowledge the challenges for many during the pandemic and the disproportionate impact of these on many protected characteristic and intersectional

groups. We understand that our need to amend and interrupt some health and care provision during the pandemic has had a toll on those affected. The work described in this progress report, and the impact on those affected has been undertaken to mitigate, as far as we can, any disproportionate impacts on the people we serve.

We thank all our staff, partners who have supported us and equalities groups that have pushed and pulled us in the right direction during this period.

Background

The Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 hold public bodies accountable for advancing equality and protecting the rights of people with protected characteristics in Scotland. Integration Joint Boards (IJBs), have devolved responsibility for the planning and monitoring of community health and social care services in their area of Scotland, and were added to the public bodies listed in the Equality Act (general and specific duties) in June 2015.

Glasgow City IJB 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.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 lists specific duties which also apply to Glasgow City IJB. This includes a duty to publish an equality mainstreaming report, and equality outcomes, with a duty to report progress against both, every two years.

Additionally, The Fairer Scotland Duty requires Glasgow City IJB to pay due regard to how they can reduce inequalities of outcome caused by socio-economic disadvantage.

Some aspects of the specific duties continue to be reported through the two employing organisations that make up the Glasgow City HSCP, meaning this report should be read alongside those produced by Glasgow City Council, Glasgow City Equality Outcomes and NHS Greater Glasgow and Clyde, NHSGGC Equalities .

SECTION 1 COVID-19

Service delivery arrangements have had to be adapted over time, initially face-to-face provision of many community-based services were reduced. In response, alternative models of delivery were adopted which included telephone and online based service provision. To support these developments, work was undertaken to expand staff and service user access to mobile technology, including telephones and laptops with access to a range of digital platforms, including Attend Anywhere, Near Me and Microsoft Teams. It has been recognised that online provision is not appropriate for all and some face-to-face contact has been maintained across the majority of services throughout the pandemic.

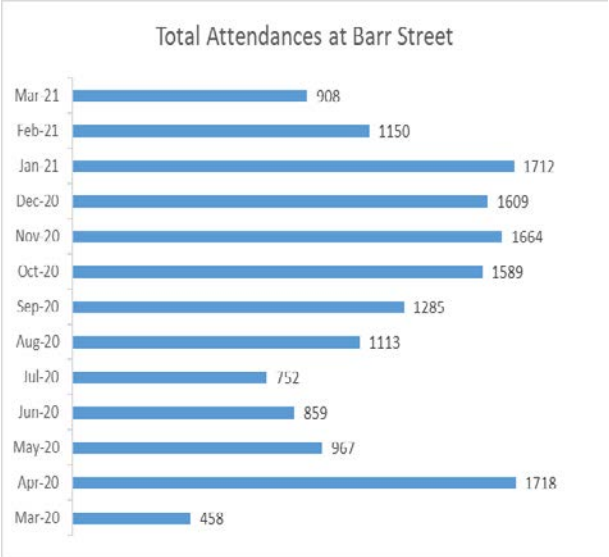
As an example our Learning disability day services were closed in the early stages of the pandemic in line with national guidance to safeguard the health and wellbeing of vulnerable service users, with a telephone support service introduced. As a result of increased isolation and feedback from service users a decision was taken to introduce an outreach service in the summer of 2020 which provided community based support in the home or in a local community setting. This service has been very positively received by participating service users and their families/ carers and it is felt to have prevented breakdowns in care arrangements and subsequent crisis situations and/or hospital admissions. As a result, there is an expectation that in light of their success, outreach services will be retained and continue to be an important part of a future day care model.

In 'Recover, Restore, Renew', Scotland's Chief Medical Officer reflected that both the direct and indirect mortality impact of COVID-19 has not affected citizens equally, with the direct impact substantially higher for older people and for those with pre-existing conditions. We know COVID-19 has widened the health inequalities gap even further – those living in the most deprived 20% of areas were on average more than twice as likely to die from COVID-19 than those living in the least deprived 20% of areas. Among black and minority ethnic groups, those reporting either South Asian or Chinese ethnicity had higher mortality rates than those reporting White ethnicity, even after adjusting for other factors. The COVID-19 pandemic has required considerable adaptation of our existing services and the introduction of new pandemic response services. We have worked to ensure equalities mainstreaming in these responses.

Inclusive development of our Community Assessment Services for patients with COVID19 symptoms

The NHS throughout Scotland established new community pathways for managing patients with COVID symptoms. This was to ensure that patients could be assessed quickly but separately from GP services (protecting other patient groups from infection), and that those not in need of hospital services were then able to isolate safely at home.

As part of this programme we opened the Barr Street COVID Assessment Centre in May 2020. Within twelve months we had 15,784 attendances.



We responded to the issues raised in the equality impact assessment for this new service; including accessibility and responsiveness for those with a disability, sex considerations, communication and support for those for whom English was not their first language and patients unable to travel safely to the Centre.

We had

- Interpreting Service support, including British Sign Language and chrome books to allow on line BSL translation
- Ability to organise transport
- Information on the centre in 10 languages, and BSL format
- Ability to respond if a patient preferred to be seen by a female or male health care worker
- Disability Accessible site and treatment spaces

A survey undertaken with 66 users of the Barr Street Centre, showed that 94% rated the service 4-5 stars (1 star was poor, 5 was excellent).

> "I was blown away by the effectiveness and organised structure of the centre and staff. The staff had the ability to put me at ease with their friendliness and empathic skills, my nurse Kim, was so kind and caring as well as informative and the doctor really amazed me by how he also possessed those skills." (Barr Street service user)

Inclusive Vaccine and Booster Plan

We utilised the national inclusive vaccine Equality Impact Assessment as a template for our COVID-19 vaccine model role out, also drawing on local knowledge and engagement. We

identified broad mitigations for all to ensure maximum access, such as robust transport links and appointment flexibility in terms of both venues and times.

- We created various BSL videos including one to promote the national COVID-19 helpline and ensured remote BSL interpreting was available at vaccine centres.

- We used the posters developed by the health board in 24 languages providing a step-by-step guide to pre-booking an interpreter for a vaccination appointment.

- Our Complex Needs Service, previously known as Homeless Health Service - support people with addiction issues, mental health issues and often really poor physical health. The service has run weekly Covid-19 vaccination clinics at the Lodging House mission, as well as visiting around 50 locations across the city where homeless people are located, in order to administer the vaccine. Over 1000 people have been vaccinated, many of whom have underlying health issues putting them at higher risk.
- A vaccination clinic was set up in Glasgow to provide COVID vaccinations for newly arrived asylum seekers. The clinic is based in Govan and is part of our Asylum Health Bridging Team, which provides a range of health services to some of Scotland's most vulnerable communities. The clinic is targeting asylum seekers who have recently arrived in Glasgow during the four to six-week window where the team can offer assistance before patients' asylum journey progresses.

- We used evidence gathered through community engagement by Govanhill Community Development Trust, Community Renewal and Romano Lav to respond to misinformation, fears and conspiracy theories about COVID-19 and the vaccination programme within the Roma community. We worked with colleagues in the health board Equalities & Human Rights Team and with all 3 organisations to create information videos in Romanian, Slovakian and Romanes offering factual information & key messages about covid-19, isolation and the vaccine. Each of the video participants represent local organisations that are well known to Roma communities

- At the 4th March 2002 we had COVID vaccinated 7557 people in their own home, and 7111 flu vaccinations. This has supported those housebound by their illness to be vaccinated.

- We supported health board colleagues to produce and disseminate a campaign targeting South Asian residents which included translated COVID-19 information, videos and radio interviews – with key messages and video links shared with targeted social media channels, with a reach of over 36,000 people, including religious organisations.

- The production and dissemination of targeted videos promoting the uptake of the COVID-19 vaccine in 9 languages

- The sharing of 'selfie' videos featuring BAME community staff members receiving their COVID vaccinations

- From April 1st until June the 30th 2021, 75% of the 43 engagement sessions (involving 632 individuals) held were Covid-19 related. Later in the year, as the Booster was rolled out, further sessions were held to ensure people across a range of communities had access to appropriate information.

Care homes inclusion adjustments

During the pandemic residents care needs were assessed on a person centred needs led basis. Staff were very aware of the impact of the social distancing requirements on the mental well-being of residents and a range of steps were taken to maintain contact with family wherever possible. This included garden/window visits or cinema visits as the guidance allowed. Virtual contact was maintained via tablets and ipads, and regular telephone contacts. NHS Near me (on-line consultations) were held. We had in the summer entertainers in the gardens with residents looking and listening via balcony or through windows.

- resident meetings were held, involving them in decisions about service delivery. For example during a consultation on provision of meals, residents chose changes to the menu which Henry implemented where possible
- resident reviews continued although no face-to-face meetings
- welfare updates (COVID status, isolation, visiting guidelines, changes to condition/care needs of residents, etc.) via telephone calls with NOK, to keep them informed about residents wellbeing and safety measures taken to protect them
- video calls using iPads/tablets we purchased, connecting residents with their families
- letter writing (although this was predominantly with school children who wrote to residents)
- window/garden visits and facilitation of essential visiting, with provision of PPE and guidance on IPC measures for visitors (prior to Open with Care guidelines first released 24/02/21)
- regular clinical support from ANP team, although restricted/reduced support from other clinical services such as CPN, podiatry and GP

This was initially very difficult as most service visits into care homes were limited. This has gradually improved and we now get support from the wider health teams however not all dental practices have re-introduced domiciliary visits.

- Individual personalised care plans were developed and ACP were completed with residents and /or their families to discuss planning their wishes.

Communication Support

Glasgow City HSCP's Communications Strategy was refreshed, restating a commitment to accessible communications, and communicating in different ways and through different channels to better meet the different communications needs of audiences. In spring 2021, a survey was undertaken with Glasgow City HSCP staff, IJB Members and Glasgow City Council's Elected Members, to better explore the impact of our COVID-19 communications, which led to the development of our current Partnership Matters Briefing. Significant work was undertaken to make our web communication channels more accessible and meet accessibility guidelines, particularly our HSCP, Your Support Your Way Glasgow, Glasgow Child Protection Committee and Glasgow City Adult Support and Protection Committee websites, as well as our social care and health webpages on Glasgow City Council's website. We have also promoted a range of resources that Glasgow City HSCP staff can link into to make their communications more accessible, including GCC Cordia Linguistics, Sign Language Interpreter Service, Contact Scotland BSL, and NHSGGC Interpreting Service. These were highlighted in an accessible written communications briefing.

A briefing was prepared for staff, prepared by Council Corporate Policy on equality considerations for communications during the pandemic was widely disseminated.

Over time, as Glasgow City HSCP's Recovery Strategy has been implemented, services have been reinstated to varying degrees and face-to-face contacts have increased. Detailed and up to date information on recovery responses and progress for all Glasgow City HSCP service areas, can be found in the COVID-19 updates which have been regularly published on a dedicated section of the HSCP's website. This website also includes video messages from the Chief Officer and Senior Management Team members, recorded throughout the pandemic. Progress in recovery planning has also been recorded within the HSCP 2020-21 Annual Performance Report and the 2020/21 Chief Social Work Officer Annual Report, as well as being regularly reported to the IJB and the Council's Operational Performance and Delivery Scrutiny Committee (August 2020 and June 2021).

The following section outlines work undertaken to mitigate emerging impacts of the pandemic.

Mitigating the impact of poverty during the pandemic

We have continued our strong commitment to mitigate the financial poverty experienced by many within Glasgow during the pandemic. This has included extending our current commitments in recognition of the additional strain on patients/service users during this period. The Fairer Scotland section (5) of the report provides more detail on our mainstream

actions, the intersectionality of poverty and those with protected characteristics has been recognised throughout this work.

We worked with General Practices and Glasgow City Council to enable those eligible for home food deliveries were able to receive these during the initial phases of the pandemic Beyond the Covid Crisis Lessons from Lockdown

Research pre-pandemic has long established that poverty has a female face, it is women predominantly who head up lone parent households. Through the Cities Social Recovery Taskforce Women's work stream we are working with partners to develop an action plan for women that will attempt to mitigate the disproportionate impact of poverty they are experiencing, this will be informed by engagement with women from diverse communities across Glasgow.

In May 2020 the Scottish Government launched the Connecting Scotland programme to enable thousands of people across Scotland to receive devices, connectivity packages and digital support. We took an early decision to apply to the programme to support our patients and service users. Since August 2020 we have received and distributed over 1400 devices and connectivity packages. Beneficiaries include:

- Families and children being supported by social work and/or health visiting services.
- Adults within our homeless and criminal justice services.
- Residents being supported with their additional learning needs.
- Patients living with a mental illness.
- Patients being supported with their disability.

- Older Adults using our social and health care services, many required to shield during the first part of the pandemic.
- Patients being supported by community link workers in primary care.
- Children and families being supported by specialist children service

"Many of our participants have found recovery throughout the pandemic tough and as such have had to cut out past acquaintances for their safety, but leaving them very isolated. Smart devices have meant they have been able to get online to build up a safe network of positive peers around themselves. This is a crucial coping skill for sustainable recovery."

''My device has given me a lifeline. Before I was stuck in isolation with negative thoughts so getting a device has helped me get online, able to connect to online meetings, chat with family and improve my mental health."

Looked After Children

Glasgow City HSCP staff at Wallacewell Children's House have been going above and beyond since the beginning of the pandemic to ensure that all children and young people continue to thrive and feel at home.

As part of our efforts to mitigate poverty we have also participated in the national young Persons Guarantee programme introduced to respond to the employment challenges facing young people during wide scale business interruption and furlough. Four of our service areas; Family Nurse Partnership, Esteem service, Services for young people moving on from care and our Youth Health service were able to recruit an Employability Coach within their multidisciplinary teams. The Employability Coach predominately supports 16-24 year olds in these services. The delivery model is 12 months of intensive pastoral and employability support to ensure the young person reaches and sustains a positive destination such as employment, training or a modern apprenticeship. 104 young people are currently being supported within this programme.

Supporting families

To help offset some of the financial effects of COVID-19, during 2021 we made one-off payments to children, young people and families who had been identified as in greatest need by a social worker, health visitor or other support person. Via a survey, 1435 recipients were asked what difference payments had made to them.

- A total 442 (30.8%) valid responses were returned, of which 88% were from parents/carers/guardians of children or young people with 10% from children/young people themselves. Most respondents who indicated their age and sex were female aged 25-44 (264 - 60%).
- 261 (59%) respondents indicated that they identified as being of a White ethnic background. More than a quarter (115 -26%) said they had a Black, Asian or minority ethnic background. Almost half 195 (44%) of respondents said there was someone in their household with one or more disability.
- Almost all, 412 (93%), responded positively to receiving the payments with most reporting they used them for two or more things (349 – 79%).
- Payments were mainly used to buy food (313 – 71%), clothes/footwear (285 – 64%), to pay for household bills (162 – 37%) and to but toys/books for the children (117 – 26%).
- More than half of all respondents said they were more relaxed or less worried or anxious (243 – 55%) with exactly half saying they were happier (223 – 50%). One person even used the money to help them secure a job.

Comments on how useful the payments were, and the difference made to recipients, included:

"We were able to make a safe enclosed play area within our garden for the kids. It's made a huge difference."

"I got 2 payments and both seemed to come when I was on my knees wondering how I would get through the next week"

"It especially made my kids happy with new clothing, healthier foods and … sensory toys and helped with many things around the house"

"My mum passed away around the same time I received the grant and we were all Covid positive and self-isolating. It enabled me to get things to keep them all occupied and playing happily while contained to the house and back garden. It made me cope better with my grief as I was getting things for the kids to make them happier which kept me going through this hard time."

"We are having severe financial difficulty and it really helped us to pay for food, rent, and utilities. Our all family members were infected by Covid. In that situation this fund was much needed for our daily expenses. In future we will be grateful to have such fund."

"My son wouldn't leave the house as was afraid so we bought scooter and bike and got him out … helped with food and bills as had elder kids had stay for duration of Covid and out jobs due to Covid so coping with my money oy caused stress and arguments. It was an absolute god send to my family. Thank you"

"Just thank you. It made a huge difference to my mental health and helped me be a better, more present mum as the money relieved some of my money worries."

"My husband is self-employed and in the 10 weeks he couldn't work we really struggled to pay our bills and honestly it was just a very welcome boost that we desperately needed and allowed us a little peace of mind in the midst of the pandemic which was incredibly scary and stressful."

Inclusive mental well-being work during the pandemic

We worked with Glasgow Council for Voluntary Service (GCVS) to build community resilience as part of Glasgow's overall COVID-19 response, providing support to existing and newly vulnerable people. Part of this included the launch and promotion of GCVS' Glasgow Helps website, and capacity to support third and community organisations to support the mental well-being of their staff and service users. In addition to the established Wellbeing for Longer community fund we recreated the Winter Social Wellbeing fund (Glasgow) in 2020 and 2021 to support community efforts during the pandemic. Priority was given to organisations working with individuals most at risk of social isolation and loneliness as well as those most impacted by COVID-19. In total £215,000 with 141 funding awards to 112 organisations. Last year's organisations will report in May'22, in the first year 5,426 people in Glasgow accessed a blend of virtual and in-person activities including activity packs/food parcels, intergenerational projects, digital inclusion and outdoor walks, in keeping the social distancing requirements.

For the first time we asked our Fund Manager (Impact Funding Partners) to create an 'accessibility' fund that the funded organisations could request to support with the additional accessibility costs required. Six organisations received accessibility costs for

- Accessible transport
- Child care
- Captioning Costs

Funding has been secured to work with Mental Health Services staff and community members to explore and address micro aggression and its impact on the mental health and well-being of BAME staff and community members in Glasgow. Stage 1 is to carry out 3 focus groups with staff to capture experiences of micro aggression and racism and establish one to one interviews to capture richer case study data from staff who have experienced micro aggression and racism. This is underway. The second stage is to carry out 4 focus groups with a sample of people from BAME communities across Glasgow.

Supporting the mental health of Lesbian, Gay, Bisexual, Transgender and Non-Binary (LGBT+) People. From January 2021, the HSCP began providing funding to three organisations that work directly with LGBT+ people in the city: LGBT Health and Wellbeing, LGBT Youth Scotland and LEAP Sports. This was in recognition of the marked differences in health outcomes for LGBT+ people compared to the background population, especially in relation to mental health. All three organisations had moved to online provision at the start of the pandemic.

LGBT Youth Scotland provide two weekly dedicated support (Tyg and Yoghurt) groups for young people who identify as transgender or are questioning their gender identity, as well as Vibes, a weekly group for young people who identify as LGBT+. In addition 1-1 structures support sessions are available for young people who would benefit from this approach. The pandemic has seen a move to online provision of all activities using the Discord platform. LGBT Youth provided support across approximately 370 attendances of young people across 2021.

LGBT Health and Wellbeing provide the Glasgow Transgender Support Programme consisting of regular groups and 1-1 support sessions. The Glasgow Mental Health and Wellbeing Programme which consists of structured support groups and social events including the Creative Cabin, the Wellbeing Café, the LGBT Helpline (which receives a high volume of calls from Glasgow residents). LGBT HWB averaged 1,200 attendances from individuals across 2021.

LEAP Sports Provides the Get OUT Glasgow programme which provides a wide range of outdoor social and physical activities. This is aimed at addressing social isolation and harnesses the mental health benefits of participation physical activity as well as the broader health and fitness benefits. The programmes Get Back Out, Trans Active, Active Buddies, Pride Out and OUT on Sundays. Get Back Out specifically focusses supports people who have become isolated during the pandemic and may need supported reassurance to leave their home and become active in society. Owing to the outdoor nature of much of the programme, face to face engagement has been possible throughout much of 2021 in line with national guidance. Over the course of 2021 LEAP supported 550 individuals.

Across all programmes it is evident that LGBT specific support and activities are highly valued by beneficiaries. All services report that LGBT related discrimination has increasingly

been experienced online while individuals have largely been isolated as a result of the pandemic and this has had significant impact.

"The opportunity to contribute in designing and running a well-being course for LGBT+ people built my confidence, increased my self-esteem, and gave me such a sense of fulfilment, especially during these trying times. Taking part in the course as a volunteer gave me something to look forward to every week. I appreciated being able to develop bonds and feeling more connected to the LGBT+ community."

"I found last night a light switch moment! It will provide me with a refreshing light structure to self-reflect, start self-care and hopefully provide me with the confidence and skills to self-affirm /accept and see me through to whom I really want to be :) So thank you for designing the course, and it was good to see it had been co-produced with service users" (Course attendee)

"I feel more positive [after attending the Wellbeing Cafe]. I wasn't in a very good place before the call." (Wellbeing Café attendee)

Disabled people have also been disproportionately impacted by the pandemic which challenges their mental health and wellbeing. We recognise that the isolation and loneliness people have experienced has been compounded by changes to the extent and nature of care provision that has been possible. Glasgow Disability Alliance (GDA) with over 4500 members, commenced a temporary well-being programme for disabled people, which involved regular calls and contacts with COVID funding from the Scottish Government. We have enabled the extension of the well-being advisor and the provision of 10 in person events with disabled people (applying national guidance) on aspects including planning for the outside world, sleep, STEPs to Excellence, journey's (real and imagined) and Coping Well in 2021/22.

Through the Women's Health Network (South) and Govanhill Mental Health Network we collaborated with The Space, The Well, Govanhill Baths Community Trust, The Alliance and Govanhill Community Development Trust to respond to mental health and wellbeing needs of women within the Roma and South Asian communities. We used evidence gathered from community engagement to inform the creation of podcasts that will enable women to talk about the impact of the pandemic on their wellbeing, these will be shared within their communities to support further engagement and connection with services. Translation of key mental health information and resources is a vital part of this project.
We collaborated with Urban Roots and Simon Community Scotland's women's services to engage with women affected by homelessness and trauma during the pandemic. A bespoke garden project was created with a focus on connecting women with nature as a means to support healing and facilitate informed conversations about women's recovery. The underpinning ethos of the project was informed by the Judith Herman Model of Recovery with all staff involved attending awareness sessions on this approach.

We also partnered with SH:AWN (African Women's Network) to support their anti - stigma and mental health project. We worked alongside them as they mentored 20 network members to become Mental Health Ambassadors, this work is encouraging open conversations about mental health and the various supports and resources available.

Working in partnership to respond to the pandemic.

We have worked with existing and in some cases new partners within the city to respond to the variety of issues the pandemic has raised, and we offer our deepest gratitude to residents, organisations and workers who have supported this effort in local communities, at a city and at a national level. One example is the work undertaken through Glasgow City Council for delivering regular food parcels to those who were officially shielding, and their work with the British Red Cross to deliver food parcels to other vulnerable households. There were around 22,000 people receiving our services that were on the shielding list in Glasgow. The Council also sent supermarket vouchers out to families which included children who received free school meals. Despite this there were huge numbers of people who could not access food but were not on the shielding list, or who did not find the shielding parcel delivered to them adequate for their needs. At the start of lockdown there was a fear, shored up by panic buying in the shops, that people would go hungry. Family Action in Rogerfield and Easterhouse (FARE) co-ordinated the largest citywide emergency food provision. They estimate they have delivered over a million meals during the crisis. When combined with the many other organisations engaged in emergency food provision, the final figure is likely to be substantially more than that. It is important to note that many third sector organisations who became involved with food provision did not aim to simply drop off food parcels or cooked meals. Many organisations used food as the lead offer to open up conversations with people which led to household receiving other relevant support, such as access to Wi-Fi or additional devices, referrals to welfare rights services, etc."

SECTION 2 Developing our understanding of the health and care issues and needs for protected characteristic groups in Glasgow.

We have been part of the Social Recovery Task Force in Glasgow and have been able to learn from the micro-briefings (https://www.glasgowcap.org.uk) prepared through the academic advisory group members as well as evidence from the Glasgow Disability Alliance (https://gda.scot/resources/summary-triple-whammy-disabled-womens-lived-experiences-of-covid-19/) and many others. We have also worked in partnership with the University of York to produce a Discussion Paper on the impact of Covid-19 on mental health and equalities. We have delayed our 3 yearly adult health and well-being survey with the five largest BAME groups in Glasgow which was due to be undertaken in 2021. We are working with GGC NHS Board and this is now planned for later in 2022.

Health Needs Assessment of people who are lesbian, gay, bisexual, transgender or Non-binary (LGBT+) in Scotland.

In partnership with NHS Lothian and Public Health Scotland, we have led on Scotland's first public health needs assessment of LGBT+ people. This work has been undertaken in recognition of the lack of robust evidence which describes the health of all parts of the LGBT+ communities across a broad range of health related topics and determinants of health. At all stages the work has been informed by regular stakeholder engagement with organisations representing the LGBT+ communities.

This process began prior to the pandemic and the early phases consisted of a literature review of published and grey evidence from Scotland and in the UK conducted over the previous decade. This informed the second stage which was qualitative interviews and focus groups with 175 LGBT+ people and staff from LGBT+ organisations. This illustrated in rich detail, the very challenging sets of health experiences and barriers to accessing care experienced by LGBT+ people. This process was also used to ask LGBT+ people what would make a difference to their health and wellbeing

The third stage of the Needs Assessment was a survey conducted online. Initially planned for the spring of 2020, this was postponed to the summer of 2021 as a result of the pandemic. To adapt the survey to a COVID 19 context some further qualitative engagement was undertaken to shape the survey.

The survey has 2,358 responses and the final report of the overall Health Needs Assessment is due to be published in the spring of 2022. Prior to this a recommendation setting event is being held in early March to shape the final recommendations in partnership with the LGBT+ and public health communities in Scotland. It is hoped the final report will accelerate greater understanding and inclusion of LGBT+ health in public health approaches and in fostering greater inclusivity within health and care services.

Black and Minority Ethnic children's and young people's mental health issues

A scoping exercise was also undertaken to identify Black and Minority Ethnic children's and young people's mental health issues for Glasgow City, as part of the Scottish Government - funded work stream on community supports and services. The work involved a literature search and discussions with a wide range of organisations working with ethnically diverse communities in Glasgow and beyond, with a report completed in January 2022.

The work highlighted specific issues for some groups of children and young people, for example refugees and asylum seekers; as well as whole-system issues such as staff training and development and a 'trust gap' between services and communities. Recommendations include training and development on the impact of racism on mental health and the role of faith and culture in recovery, and on anti-racist practice; opportunities for knowledge exchange; the development of culturally competent services, and practical issues like interpreting. The report is being shared widely, with actions to be identified. Mental health and wellbeing of black and minority ethnic children and young people in Glasgow

Prison Health Needs Assessment

A healthcare needs assessment (HNA) was undertaken to provide an overview of the health and health care needs of prisoners in NHS Greater Glasgow and Clyde. The report, commissioned by the Glasgow City HSCP 'Clinical and Quality Improvement Group for prison healthcare', focused on the health needs of men and women held in prisons based in the NHSGGC board area. The report used a mixed methods approach of an interrogation of prison information systems, questionnaires completed by the prison population across NHSGGC and focus groups within each prison location made of a varied group of prisoners. The main highlights of the report noted that most individuals within prisons are male and serving short term sentences. The population is, on average between 31 – 40 years of age and a higher rate of self-reported comorbidities such as asthma, epilepsy and diabetes along with higher rated of harmful health behaviours such as smoking tobacco and problem alcohol and drug use is found in the prison population compared to the general population along with a higher prevalence of mental illness diagnosis.

The focus group of prisoners had a good understanding and were able to express what health meant to them and the importance of good health. Several of the focus group participants felt that health was not just the responsibility of the prison services and NHS but also a personal responsibility but that this comes with challenges in terms of determinants of poor health and access to health services. The focus groups also discussed the benefits of accessing services within the prison setting as there are "fewer distractions". A key theme from the HNA was that in order to fully take advantage of the healthcare and health improvement services within a prison setting work still needs to be done in relation

to communication, both between healthcare services and the prison service and those who use or could benefit from using healthcare services.

SECTION 3 Mainstreaming

Mainstreaming equality refers to the efforts made by an organisation to integrate equality into the day-to-day working of all our services, this recognises that in some cases this requires a bespoke response from us. It is a long-term commitment to ensuring that equality and diversity is part of the structures, behaviour and culture of Glasgow City HSCP. Glasgow City 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. This section of the report illustrates progress made against our mainstreaming duties.

Glasgow City HSCP Equalities Working Group

This group, chaired by the Head of Health Improvement and Equalities, works to support the development, delivery and progress of Glasgow City HSCP's mainstreaming duties. Members of the group represent all services and areas of work reflected in our equality outcomes such as: Health Improvement (each locality is represented), Primary Care, Family Support Strategy, Maximising Independence, Mental Health Strategy, and Organisational Development. The Group also includes a representative from Glasgow City Council, Glasgow Equality Forum and the NHS GGC Equality and Human Rights Team. The Group meet every six weeks and the agenda is shaped around monitoring equality outcome progress, and shared learning around equalities best practice.

Equality Impact Assessments

During the reporting period, a total of 18 EQIAs were undertaken and published as part of Glasgow City HSCP's legislative duties:

1. Hospital at Home
2. GP Budget
3. Childrens Services Transformation Programme 2022 – 2025
4. Budget Proposal for Independent Sector Care Home Placements
5. Supported Living
6. Maximising Independence Adult & Older People Purchased Services
7. Wand Initiative
8. Property Strategy 2023 – 2026
9. Linguistics
10. North East Hubs
11. GCHSCP Strategic Plan 2023 – 26 Engagement
12. Test of Change Prison Health and Social Care

13. West of Scotland Sexual Assault and Rape Service
14. Participation and Engagement Strategy
15. Glasgow City HSCP Communications Strategy – Review and Refresh
16. Youth Health Service
17. Family Support Strategy
18. GCHSCP Community Link Workers

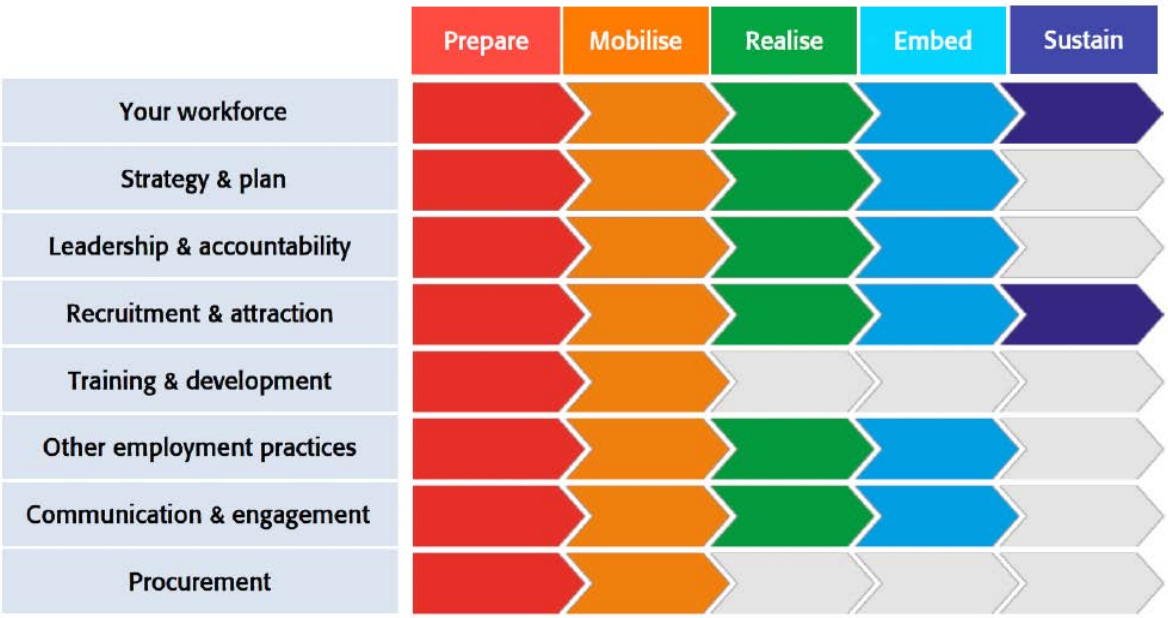
Benchmarking Progress

In 2021, Glasgow City HSCP took the opportunity to participate in the Employers Network for Equalities and Inclusion (enei) Talent Inclusion and Diversity Evaluation (TIDE) exercise. The TIDE mark allows organisations to assess the status of their organisational practice in equalities and inclusion across eight mainstreaming domains.

1. Your Workforce
2. Strategy& Plan
3. Leadership & Accountability
4. Recruitment & Attraction
5. Training & Development
6. Other Employment Practices
7. Communication & Engagement
8. Procurement

Scores enable a rating across five levels, with the ambition to be working at the 'sustain' level across all mainstreaming categories. This can be undertaken annually, enabling an assessment of progress and comparison with other enei member organisations, within and beyond the UK.

Organisations with the best TIDE mark results will be awarded a Bronze, Silver or Gold TIDE award. With an overall score of 65%, Glasgow City HSCP successfully achieved a Bronze award. The average score across the participating organisations was 57% in 2021, showing that we are progressing well but still have a lot to do.



An action plan to address areas for progress identified within our full assessment is now being developed and we intend to repeat the TIDE assessment annually to monitor progress.

Training and Development

In terms of training and development 84.2% of our GCHSCP health staff completed the statutory equalities e-learning module, slightly lower than the GGC NHS Board average of 89.7%. nhsggc_equalities_hate_crime_leaflet.pdf Hate Crime Awareness Week 202

Procurement/Commissioning

We are working on a procurement development plan which will have due regard for the TIDE report findings. We are also working with NHS Greater Glasgow and Clyde (NHSGGC) in partnership with the Supplier Development Programme (SDP) on a new project that aims to diversify NHSGGC's supply chain with the aim to increase diversity within the supply chain, to include businesses led by, for, and with people with protected characteristics as defined by the Equalities Act Scotland & Fairer Scotland Duty. The work with the Supplier Development Programme aims to support us to consider the barriers for organisations and consider ways in which these barriers can be addressed.

The project is supported by the Health Foundation and will produce a report for the Health Anchors Learning Network, an independent charity who is committed to bringing about better health and health care for people in the UK.

Some examples of mainstreaming service delivery;

Consultation with Service Users of the Sign Language and Interpreting Service (GCC)

Approximately 20 Service users have been consulted with via online methods to discuss the proposal to tender for Sign Language and Interpreting Services used as part of our social care provision. An EQIA is currently being developed for this tender and will reflect the views of users of the service. We have continued to use the GGC NHS Interpreting service for patients however these have had to adapt and find new ways to continue to provide support to patients.

All 12 of the GGC NHS substantive interpreters were able to provide remote video language support from April 2020 via the Attend Anywhere consultation platform. They continue to provide this service. Additional resources and coverage was also sought from their telephone interpreting service provider as there was an increased demand for this service due to the pandemic's restrictions.

Gender Friendly Nurseries

We have developed an online training programme supporting Early Learning Establishments (ELCs) in Glasgow to work towards Gender Friendly Nursery Accreditation. The programme looks at sex equality, sex equity and how to reduce sex stereotypes and it was successfully introduced prior to the Coronavirus (COVID-19) pandemic. The inability to deliver face-to-face in-person training during the pandemic was a barrier to the continued rollout of the programme and staff have translated the training course into an online delivery format.

Nursery staff are provided with two pre-recorded sessions to watch at their convenience and then invited to take part in two live interactive virtual training sessions. Health Improvement staff were also able to launch a new short film developed for the programme which is narrated by Jane McCarry (better known as Isa from the Still Game series). It shows a group of children speaking about gender roles and demonstrates that while young children are still influenced by sex stereotypes, exposure to people undertaking non stereotypical roles can change perceptions and ideas.

Cervical Cancer Screening

We have worked with Jo's Cervical Cancer Trust to produce cervical cancer screening awareness videos to encourage women with learning disabilities to be tested. This is being done in response to data from the NHS GGC Public Health Screening Report which highlights much lower rates of attendance for cervical screening for women with a learning disability compared to the rest of the population. Enable Scotland have assisted the production of

these videos, working in co-production with women with learning disabilities to understand the barriers that may prevent uptake.

Increasing Uptake of Childhood Immunisation in Govanhill

Due to ongoing concerns around poor uptake of pre-school immunisation within Roma families residing in Govanhill a capacity building session with a range of local housing and voluntary/community projects was agreed. Many of those staff based within these organisations have already trusted relationships with local families that could potentially support conversations around immunisation as well as signpost to further information sources. Our staff worked alongside Daisy Chain to develop and co-ordinate the online sessions on vaccination; the immunisation process & schedule, local statistics around immunisation uptake, barriers to uptake, and misconceptions around immunisations as well as providing links to resources in other languages. Following the input, a range of next steps have been identified to further assist in increasing immunisation uptake locally.

Tackling Violence against Women and Girls:

Violence against women and girls is both a cause and consequence of the inequality experienced by women and girls in our society. We are an active member of the Glasgow Violence against Women Partnership (GVAWP).

We understand that violence against women encompasses but is not limited to the following: "Physical, sexual and psychological violence occurring in the family, within the general community, or in institutions including: domestic abuse; rape; sexual assault; stalking and sexual harassment and intimidation at work and in the public sphere; commercial sexual exploitation, including but not limited to prostitution, trafficking, pornography, lap and pole dancing; child sexual abuse and adult survivors of child sexual abuse; dowry related violence; female genital mutilation; forced and child marriages and 'so called honour crimes." We recognise that gender based violence cuts across all service areas and as such we have a role to play in ensuring that all our services have a focus on the safety and wellbeing of those at risk, this includes identification, early and effective intervention and enabling perpetrators to be held to account.

Our work as a member of GVAWP, includes participation in the city wide multi agency partnership along with its associated working groups. This includes the Glasgow MARAC Steering Group which is concerned with addressing high risk victims of domestic abuse and any children they may have. Prior to September 2021, MARAC was coordinated by Police Scotland, Chaired on a multi-agency basis. Glasgow HSCP

Criminal Justice Services received COVID recovery funds from Scottish Government and some of these funds were allocated to support the provision of a dedicated MARAC Coordination Team, located within NRS Violence Against Women Services.

We have dedicated MARAC representatives attending each of the locality based MARAC meetings (4 weekly) from Children & Family Services; Criminal Justice; ADRS and Health Visiting. These meetings discuss those victims at highest risk of being seriously hurt or harmed as a consequence of domestic abuse. On average the meeting discusses 90 high risk individuals (mostly women) every 4 weeks and any children they might have.

We are also involved in the work of the Women, Asylum, Immigration and Refugee (WAIR) Group which seeks to respond to challenges and issues experienced by women who are subject to immigration barriers and who have experienced some form of male violence either in their country or origin, in transit or on arrival in UK. This group were recently involved in raising national awareness of the potential harms of the proposed UK Govt Nationality and Borders Bill and the impact it will have on local authority services including those of the HSCP.

We have also provided funding to support the GVAWP led Safety and Wellbeing initiative. This allowed women access to greater digital inclusion, access to Wi-Fi; personal and home safety devices and therapeutic and other interventions.

Financially Included is a new multi-agency initiative, recognising financial resources are not shared equally within the home.

We are leading on the

- Development of HSCP Strategy on Domestic Abuse
- Restructure of NORM
- Caledonian Service
- Safe & Together Training

Glasgow HSCP Adult Care Review

We have committed to transitioning all services provided through the 2015 Framework to the 2019 Social Work Framework for Selected Purchased Social Care Supports, affecting people with a disability and those with intersectional protected characteristics.

The mechanism for the transition between the 2015 and 2019 Frameworks will be individual service user review. The review includes moving providers to the rates submitted as part of the 2019 Framework, while at the same and where possible maintaining the service user's budget at its current level. To facilitate this transition, a Central Review Team ('CRT') has

been created to carry out a review of everyone currently on a Self-Directed Support package of care. The CRT includes Care Management, Commissioning, Finance, and Admin staff from GCHSCP.

Broadly, there are two work streams the CRT is adopting to manage the review process: Daytime Supports and Overnight Supports.

To date 3000 review have been completed with data currently available for around one 3rd (1034) of these. This shows that 57% (586) of reviews completed were male and 43% (448) female. Age breakdown of review participants and care groups are detailed as below, with just under 60% (606) being aged 51 yrs. and above. A large majority (632) of the reviews have been carried out within the learning disability care group setting.

Age Breakdown	
0-30 yrs.	162
31-50 yrs.	268
51-64 yrs.	346
65+ yrs.	260

Care Group	**Care Group**	**Care Group**	**Care Group**
Learning Disability	Mental Health	Older People	Physical Disability < 65
632	102	193	109

The CRT is currently being restructured and will split into 3 locality based review teams from May 2022, with the same focus and remit over the review programme.

SECTION 4 Equality Outcomes

Glasgow City HSCP's seven equality outcomes were agreed by Glasgow City IJB in 2020, having been developed via a range of engagement methods, including: a staff survey (676 staff); face-to-face discussions at equalities events (86 participants); feedback forms sent via email with proposed outcomes; a public survey promoted via Twitter; and 1-2-1 telephone engagements, replacing planned group engagement, due to COVID-19 restrictions. This section of the report provides an update on progress made against these equality outcomes between 2020 and 2022, highlighting where work has been paused or delayed as a result of reduced operating capacity in this period.

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

Actions	Summary Update
A published Family Support Strategy which responds to the published EQIA, with specific consideration of gender-based violence and wider gender issues, pregnancy, culture and language and disability related family support issue.	**COMPLETE:** Published in 2020, Glasgow's Family Support Strategy 2020-2023 establishes a robust neighbourhood approach to family support. Research activities were undertaken to map the experiences and diverse range of needs of children, young people and families living in the city, including an exercise conducted in conjunction with the Children's Services Partnership which involved 80 Third Sector organisations who were providing 94 distinct early intervention and prevention services to families. In addition, consultation with families carried out via a Third Sector family support group – engaging with 44 families – identified principles guiding the development, design and delivery of family support services in Glasgow. **(See Case Study)** The Family Support Strategy recognises the potentially disproportionate impact of domestic abuse and caring responsibilities on women, and promotes a sensitive, trauma-informed response to victims of gender-based violence, and emphasises the importance of embedding inclusive and flexible practices that offer wraparound support in response to the individual needs of children, young people and families, including children with disabilities and children with additional support needs.

Deliver two commissioning frameworks: Early Intervention (pre-birth to 12 years of age) and Intensive Family Support (12+) that provide routine equalities monitoring and reporting from all funded organisations within this multi million investment programme.	**COMPLETE (IMPLEMENTATION AND MONITORING ONGOING):** One of the key actions of the Family Support Strategy was to increase the funding for family support with a focus on expanding services available in local communities, targeted to the specific needs and demographics of the local population of families within each neighbourhood. This led to the development of the £5.2m per annum Family Support tender, encompassing early intervention and intensive family support, based on a commissioning framework encompassing Early Intervention (pre-birth to 12 years of age) and Intensive Family Support (12+), with awards granted to providers in June 2021. As part of the contractual agreements, providers are required to provide routine equalities data in order to monitor equality of access to services for children, young people and families. In conjunction with standard contract monitoring arrangements, a comprehensive monitoring and evaluation framework has been developed for both Early Intervention (under 12s) and Intensive Family Support (over 12s) services commissioned as part of the recent Family Support tender, with a focus on collating additional data on equalities. This framework is currently being implemented and will measure the effectiveness of services in delivering on the objectives of the Family Support tender and wider Family Support Strategy, in addition to equality of access to services for children, young people and families with protected characteristics. Implementation of a screening group process to manage the referral process will provide a level of scrutiny to ensure that children, young people and families have equal access to the right services at the right time. Two screening groups for both early intervention and intensive family support services were set up when services launched in October 2021, and the process also includes a review of Service Level Agreements every four weeks to ensure that the service is rights-based, proportionate, and minimises the potential for unwarranted involvement in family life, whilst meeting the full range of needs of the family. The consultation for the Family Support Strategy identified six key areas of need within Glasgow (addressing neglect, gender-based violence, poverty, and mental health, and enhancing

	provision for asylum seeking children, young people and their families, and children and young people with disabilities and/or additional support needs) through an inclusive strategy that limited the classifications and criteria for access.
To open HSCP equalities training opportunities to all organisations funded through the frameworks and host family support equalities learning events for each framework in 2021.	**ONGOING:** Despite COVID-19 restrictions, adapting our ways of working and vehicles for stakeholder engagement has allowed us to collaborate in a number of learning events during the reporting period. This has included the purchase of the Fear-Less Triple P Parenting Programme training for a number of staff across Glasgow Third Sector services, CAMHS and HSCP Central Parenting Team service. The Fear-Less Triple P evidence based intervention supports parents to help children manage their anxiety more effectively. It is suited to parents or caregivers of children aged from 6 to 14 years who have moderate to high levels of anxiety that cause significant distress or impact on their everyday functioning.
To establish the best mechanism for equalities reporting 2022 and 2024 on the strategy and framework outlining progress made and key emergent issues to be addressed in the next period.	**ONGOING:** Glasgow City HSCP Children's Services routinely capture protected characteristics within the Carefirst and EMIS systems, to allow monitoring in relation to the uptake of health and social care services, and to support the planning for future service delivery. A recent report undertaken by the Health Improvement team outlined the specific needs of Black and Minority Ethnic children and young people, based on a range of research and evidence, and is being used to inform future services to meet the specific needs of this cohort of children and young people. The monitoring and evaluation framework developed for both Early Intervention (under 12s) and Intensive Family Support (over 12s) services will ensure the routine collection of information which will be reported on a quarterly basis and will help us better understand children, young people and families' needs and inform continuous service improvement and planning of future services. Reporting is consistent and comparable across all providers and includes: assessment of pattern of needs of children and young people being referred and engaging with support, by protected characteristics; and assessment of impact and

	outcomes of the service for children, young people and their families. Outcome data will be routinely broken down by protected characteristics to identify any gap in meeting the needs of specific cohorts of children, young people and families. Consultation with service users via exit surveys is intended to ensure we are capturing information on barriers to accessing services, identifying areas of best practice, and collating themes to guide practice review, continuous improvement and service development, particularly in relation to the cultural sensitivity of services.

Good practice case study – Understanding the Needs of Children, Young People and Families

A co-productive approach was taken to understand and map the range of provision of family support across the city, in order to inform the development of the Family Support Strategy. A mapping questionnaire addressed protected characteristics, investigating aspects such as funding criteria and routes families took in accessing services. In addition, providers were asked to evidence how their services promote inclusion. A Third Sector Family Support sub-group engaged with families throughout the development of the Strategy, drawing on a wide range of equality-related specialisms, such as addressing issues associated with gender-based violence, addictions, the delivery of holistic family support, nursery provision, play therapy, intensive family support, and targeted services for the asylum-seeking population, single parents, and children and young people with disabilities. Stakeholders supporting the mapping work included Aberlour, Children 1st, 3D Drumchapel, Crossreach, Stepping Stones for Families, One Parent Families Scotland, HomeStart Glasgow South, HomeStart Glasgow North, Scottish Childminding Association, Quarriers, Parent Network Scotland, Barnardos, Equal Say, Youth Community Support Agency, Task Childcare, Scottish Refugee Council, Includem, and Action for Children. Consultation with families was carried out by the Third Sector Interface and the consultation was facilitated by Third Sector practitioners in 1-to-1 or group work settings. There were 21 responses received from 10 Third Sector Agencies, representing the views of a total of 140 individuals. This cohort was comprised of young people, families, parents and carers. Given the range of specialisms of the agencies involved, there was a particular emphasis on increasing access to services, and targeted support for children, young people and families with protected characteristics. Through this approach, six areas of needs were identified related to addressing neglect, gender-based violence, poverty, and mental health, and to enhancing provision for asylum seeking children, young people and their families, and children and young people with disabilities and/or additional support needs. Family Support principles were also developed in conjunction with families and Third Sector practitioners, to ensure that the needs of all children, young people and families, including those with protected characteristics, are being met by the network of services within Glasgow City. These principles cover the areas of engagement, collaboration,

communication, empowerment, respect, flexibility, assessment, evaluation, planning and knowledgeability.

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

Actions	Summary Update
To deliver an equalities inclusive public participation and empowerment programme for the Maximising Independence Programme, with focused and resourced engagement and ongoing dialogue with disabled people which embeds lived experience in planning and designing Health and Social Care.	**ONGOING:** Over the course of the reporting period, Maximising Independence (MI) has established five workstreams to support system change, each with a focus on stakeholder and service user engagement. Maximising Independence Report In 2021, under the Communications and Engagement workstream, we commissioned research to explore how other people were understanding MI. In doing so, we identified the language we use can be a barrier to inclusion and will be applying this learning across all MI communications. The research also highlighted gaps in engaging with BAME groups, those with disabilities and those for whom English is not a first language, presenting a need for more in-depth stakeholder engagement, to co-produce a refreshed vision and brand for MI, including a glossary of terms about MI that are collectively agreed as trusted and meaningful. This work is due to start in March 2022 and will include identification of ways to ensure diverse representation with regard to protected characteristics. In partnership with Glasgow Council for the Voluntary Sector (GCVS) MI has facilitated 14 events throughout the year, engaging 790 participants with an interest in health and social care. These events have included themes of particular concern for people from marginalised or underrepresented groups, such as: gender and care (led by women leaders and experts on the gender economy); trauma experienced by people during the pandemic, in particular people living with a disability, and unpaid carers; and end of life care. Many of the issues identified highlighted intersectionality and the impact of multiple barriers experienced. We have supported communication with stakeholders in a variety of ways, including written word, visual reports, through social media channels, in groups, 1:1 conversations, and through drama-based expression, in order to support the different preferences of our community and networks. Using an online format for events has generated more participation from

	people with disabilities and health conditions. We have received feedback that previously individuals could not have physically attended events, or were limited in terms of the time it would take for them to get to events, to access suitable transport and/or be well enough to attend in person. We also offer support to participate e.g., transcribed events, information in advance, recording events for access after the event, or in order to use personalised software to access the information. A stakeholder group has been facilitated to support the development of relationships and create a better understanding of the needs, barriers and issues that organisations and service users face in engaging in dialogue about the future of health and social care services.

To deliver a 'communities' work programme that recognises and responds to protected characteristic needs between communities, inclusive of equality networks.	**ONGOING:** The MI Communities workstream seeks to upskill communities and create co-operative approaches to change. In early 2021, the Workstream commissioned the Health Improvement team to develop profiles for potential 'demonstrator areas' – localities where MI could begin to engage communities in conversations about health and social care. Using methods of participatory appraisal, the Communities workstream will now begin a cycle of research, information collection, reflection, learning and collective action, by undertaking asset-mapping in partnership with a local community, identified as having less established infrastructure for community development activity. The MI Programme Board has also recently approved proposals that seek to: identify, nurture and mobilise the city's health and well-being assets, through the design of a cross-system, shared resource of information, that better connects people to the range of support and services available; and, improve understanding of service user engagement by working with community-based partners to explore themes of relevance to those with protected characteristics who might otherwise not be well represented in the design of public services.
Deliver change care delivery models and develop further family support models with and for carers.	**ONGOING:** Within MI's Changing Nature of Care workstream, the focus has been the ongoing development of a 'Single Point of Access' (SPoA), which commenced in Autumn 2021. The SPoA service aims to deliver support focused on prevention and early intervention, with conversations that connects people to personal assets and community resources. Asset-based conversations have been identified as key to how the service aims to work with individuals. The SPoA service will also identify carers and ensure effective links with Carers Services. Specific steps taken to embed equalities into the development of the SPoA include identifying potential technologies, alternative approaches and delivery arrangements which enhance and improve engagement and service provision for service users/patients, at first point of contact. Discussion is underway with the performance monitoring team within Glasgow City HSCP's Business Development team to develop a mechanism for gathering

	qualitative feedback, potentially using the Carer's opinion resource.
Report on the equalities outcomes resulting from the Wellbeing for Longer Programme in 2021 and 2023.	**COMPLETE FOR 2021:** Impact Funding Partners (IFP) continue to manage the fund on behalf of Glasgow City HSCP. Those organisations funded work to address health inequalities and improve health, and/or improve social inclusion, enabling those who are more isolated to be more connected. Between 2019-21, 22 organisations were funded across the city, to the value of £1,163,342 from the Wellbeing for Longer Programme. During this period there were 8005 beneficiaries: • **Sex:** 39% of beneficiaries were male (2855), 57 % female (4097), 4% as other (273). Of those 0.6% identified as intersex (42) and 2% as transgender (154). • **Age:** Excluding those that preferred not to say their age, 44% of the beneficiaries were aged 55+. 18% aged 45-54, 26% aged 25-44 and 7% aged between 16-24 years of age. • **BAME:** 22% of beneficiaries (1766) came from a BAME background (which has a higher figure than the previous funding steam in 2018/19 which was 15%). • **Disability:** 36% of beneficiaries were living with a disability. There were 7 funded projects that focused on supporting those with a disability • **Carers:** Approximately 6% of beneficiaries (496) were carers but this may not be a true reflection as carers information may have not been disclosed or identified as a carer.
Ensure service planning and delivery takes full account of equality principals and that equality practice is embedded in service delivery and practice by engagement in our EQIA processes.	**ONGOING:** Equalities reporting and monitoring will be embedded into all MI workplans from Spring 2022 onwards. In order assist with this, an annual review session will be undertaken with MI Workstream Leads at which equalities impacts and progress will be reviewed and plans developed and equality-proofed for upcoming pieces of work.

Case Study – Improving Equalities Monitoring through the Wellbeing for Longer Fund
As part of the tendering specification for the Wellbeing for Longer Fund Manager, tenders required to evidence: how they would support and encourage organisations to target particularly vulnerable and isolated people and/or those people with protected characteristics, to ensure their services and programmes were accessible to all. Responses formed part of the specification scoring criteria. Later, as part of Impact Funding Partners (IFP) Skills for Sustainability Programme, a Good Practice in Equalities event was jointly delivered to funded organisations which highlighted the importance of capturing equalities monitoring data.

Case Study – Connecting with BAME Communities
As a result of engagement with workstream members, the lead for MI Communications and Engagement workstream was invited to attend presentations at a development course for BAME women in Glasgow. The women shared their experience of discrimination and barriers to participation, talked to the experience of asylum seekers and refugees, and highlighted local issues affecting their communities. From this learning, we are now facilitating a programme of events exclusively for women, as this was identified as a way that BAME women could participate more comfortably, and support the duty to foster good relations between people who share protected characteristics.

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

Actions	Summary Update
Vaccination uptake equalities reporting and action required resulting from the shift from General Practice to Glasgow City HSCP delivery, reported through the Primary Care Strategic Planning Group.	**ONGOING:** Over 2021-2022 Glasgow City HSCP has worked with stakeholders and independent contractors including General Practice and NHSGGC Vaccination service with key areas of work: - NHSGGC approach for 2021/22 winter programme of co-vaccination then Covid booster through mass clinics with GCHSCP arranged and delivered by NHSGGC central vaccination team with target at Mosque to improve uptake. - Worked with NHSGGC to target local engagement with GP practices and local venues including Health centres at the beginning of the programme i.e., Health Centres. - Provision made for those most vulnerable and unable to access local mass clinics delivered by care group specialty staff were required i.e.,: Older people and Adult residential clinics in patients own homes; Vaccination at home; Targeted outreach clinics for those experiencing homelessness; Routine Clinic as part of Asylum initial assessment process for vaccination; Those with mental health and learning disabilities in In-patient services and residential care homes by specialist teams; Children / young carers living with those shielding; Promote and support immunisation uptake for children who may be marginalised. - More recently the targeting of the vaccination bus, provided drop-in clinics promoted on NHS Inform and through general practice. - Translation of invitations to vaccination in different languages and use of interpreting services where required for non-English speaking patients and those requiring sign. - Dedicated HSCP Vaccination team being set up to target those with specific needs and difficulty accessing through mass clinic programme.

Community Link Worker (CLW) equalities reporting and action resulting from any lower than expected use by protected characteristic groups and a learning review of the thematic link worker role for the asylum-seeking community. Reporting through the Primary Care Improvement Plan Implementation group.	DELAYED: Collection of equalities monitoring data has been severely impacted by the pandemic, the majority of appointments have been conducted via telephone, which eliminates the opportunity for protecting anonymity in the collection of data. We tested an approach to collect data via a link to a survey, however uptake was less than 7%. A remobilisation plan was agreed for the re-introduction of routinely requesting participants complete equalities monitoring forms as we return to face-to-face appointments, this includes re-issuing of Equalities Monitoring briefing to CLWs and reaffirm process with CLWs. A pilot in relation to the role of tablets in supporting CLWs work seeks to establish if uptake of completion of equalities monitoring is higher if electronic rather than paper-based forms are used is planned for 2022-2023. In a six month period (April 2021- Sept 2021) we noted an increase in females accessing the service, this has been discussed at the CLW Steering Group and will be explored with GP's, and to determine actions which may arise. A process of continued refinement and development has been undertaken in relation to our Thematic CLW Asylum Seekers post. A learning session in relation to Asylum Seekers was held for CLWs in April 2021. To date we have been reviewing quarterly contract reports and exploring opportunities to share learning locally and nationally, this has included input to the National Association of Social Prescribing Link Workers, and locally building networks with integration network. Anecdotal feedback has indicated; the prevalence of being a victim of crime in this country; a service gap for support to those granted leave to remain, areas we hope to further explore. We have been able to develop the post to include both male and female worker, which has been positively received by participants. A Wellbeing Group is regularly delivered by the worker in response to the specific issues being identified among participants, this has evaluated positively and has enabled relationship to develop and connections to be made with community based supports. All CLWs have completed the NHS Equality Diversity and Human Rights Learnpro module (although they are not HSCP staff), this is now a core component of CLW induction. All CLWs have received an input on the NHS Interpreting Services and this is also a core component of CLW induction – CLWs routinely use this service. Information and pathways have been shared with regard to accessing translation services.

	Training sessions on domestic abuse and FGM have been held for CLWs to address issues experienced by those with protected characteristics. The EQIA action plan for CLW's has been updated and a number of actions will be revisited as we emerge from the pandemic. Planned actions include utilising the Human Library, in partnership with the NHS Equalities and Human Rights Team and organising a session in relation to our LGTBQI+ community including sharing the findings of the recent Health Needs Assessment. PANEL principles were used as part of the service EQIA to ensure the CLW Programme takes a human rights-based approach with a focus on responding to and tackling inequality.
Equalities Training and staff development for HSCP primary care staff delivering the PCIP.	ONGOING: Work is ongoing to progress this action, including a newsletter and updates provided to all staff on primary care initiatives with requirement for equalities training, including undertaking of EQIAs. Work will be undertaken in 2022-23 to explore mechanisms for reporting on training uptake, including primary care staff not employed through the HSCP.
Promote and increase awareness of Hate Crime Campaign.	**ONGOING:** A newsletter, see Appendix 1, was most recently sent to all HSCP staff and independent contractors, ahead of Hate Crime awareness week in October 2021. A Hate Crime Brochure with relevant contacts and signposting was promoted through the HSCP's website, hatecrimescotland Training for independent contractors on hate crime will be considered and progressed in 2022-2024.
The development of an inclusive mental well-being programme within primary care to inform future HSCP service developments.	**ONGOING:** The mental well-being programme comprises a number of component parts. The largest of these includes contracted services Lifelink (adult mental health stress service) and the Compassionate Response Distress Service (CDRS). As above, there have been challenges in collection of equalities monitoring data during the pandemic. Within Lifelink we have been able to offer a service to BSL service users including access to a BSL counsellor, 9 unique individuals accessed this service in period April 2021-

	December 2021. Within Lifelink, a 'walk-through' of using the service as a BSL service user was undertaken to ensure accessibility at every stage of the process. The length of counselling appointments was extended to enable more time for both the service user and the counsellor and flexibility in number of sessions required has been built in. Likewise, appointment lengths with service users who require an interpreter have also been extended in recognition that it is more complex to participate in a counselling session when a third person is part of the process. Lifelink introduced the 'Browsealoud' function on their website. Browsealoud adds text to speech, reading and translation support to the website, therefore making content more accessible for those who lack digital skills such as dyslexia or other reading difficulties, visual impairments, and English language learners. In 2020-2021 over 6000 individuals accessed the Lifelink service, 95 % being between 16 and 65 years old. Of particular note is the high number of younger people who attended the service, with around 20% aged 16-24, and 32% aged 25 -34. Around 65.5% of service users were recorded as being female, and 33% male. The Compassionate Distress Response Service (CDRS) opened in September 2020 and was extended to 16-18 year olds in September 2021 in recognition that there was a gap in service provision for this age group. 163 young people have accessed this service via the new pathway. Around 50% live in SIMD 1 quintile and 70% are female. Anxiety and stress are the main reasons for referral, with suicide ideation in around a quarter of young people presenting. Work is underway to scope the need within 14-16 year olds. The CDRS data is showing a different usage in the service during in-hours (daytime via primary care referrals) and out of hours (18:00 to 02:00, via first responders). There are differences in age/sex and other key characteristics between the services. The Out Of House Service has received 322 referrals, 52% female & 48% male; In House received 715 referrals with 69% female and 31% male. An evaluation is underway to better understand the profile, use and experience of those using the service and considering gaps in access. An anonymised Webropol is currently sent to people on discharge, this will now be sent to service users earlier in

	their engagement, but only after their initial distress has been relieved. Work has been undertaken with a small number of GP practices to support better links between the practice and community supports for their patients. For instance, work to support access and vouchers to a local Food Pantry within the Northwest of the city for patients in practices with very high numbers of patients in SIMD1 (acknowledging socio-economic deprivation). Regular contract management meetings take place with contracted services. Feedback reports are also shared with the Primary Care Implementation Leadership Group meetings on a regular basis. As part of the work undertaken within the mental wellbeing programme, the commissioned services play a key role in supporting and connecting people into other supports and services. Both Lifelink and CDRS will signpost/refer and/or support people in areas such as financial inclusion services, carers organisations, BAME groups and forums, local integration networks.
Production of an equalities report on the term of the PCIP funding, and progress across work streams, included within IJB papers on primary care.	**ONGOING:** Glasgow City IJB agreed reporting of PCIP 3 and beyond in April 2021, including an equalities focus. Workstreams are required to ensure consideration of equalities in all areas of service planning, development and implementation, with evidence that some workstreams have adapted their model to ensure effective access for hard to reach groups e.g. phlebotomy and treatment room and VTP home visiting programme. Scottish Government reporting on PCIP Tracker requires consideration to be given to impact of funding on equalities and this is reporting on a six-monthly basis and published. Glasgow City HSCP has continued to use these reports to raise the challenges for the city, a dedicated equalities analysis of PCIP will now be undertaken after the extended delivery requirements in 2022/23 from the Scottish Government.

Community Link Worker Case Study One

Mrs N is 48-year-old woman who came to Scotland in February 2019. She had left Africa along with her 3 young children, as a result of trauma and abuse. I met with her in

November 2020 when most services were operating online with the pandemic. She was having nightmares and her trauma counselling had come to an end in March 2020. I offered a 'walk and talk' appointment in December. We walked around the local area and I was able to point out a few resources in the area and the support they offered, but they were unfortunately closed due to COVID. During our walk she told me about her situation and the life she was wanting for herself and her children. She explained that with only one week until Christmas she had no presents for them. I had previously accessed Aberlour's Urgent Assistance Fund which helped some families with children who were suffering extreme hardship and explained I could make an application on her behalf but there was no guarantee on the outcome. Within 2 days of making this application, Aberlour had authorised a payment. The GP practice team supported Mrs N to access the grant as she had no bank account. It was a real team effort. The Aberlour funding secured help for that period but it was not a long-term solution, so over the course of a few weeks I spoke with our local food pantry. The manager said she would help Mrs N with food support and with transport to the pantry. Mrs N was so overwhelmed by the pantry's generosity that one week after receiving the support she decided to volunteer one day a week to support the pantry. We continued our 1:1 health walking appointments and I got to know Mrs N better and she said she enjoyed singing. I gave her info on a local singing group. Over the coming months she kept thanking me for all the support. One of my colleagues had an opportunity to get hold of new school jackets for her 3 children and kindly dropped these off to Mrs N. Over the past year I have got to know Mrs N well and she has spoken about how much I have helped her family and she has thought about her future career. She said "*I have seen the way you have helped my family and the passion you have for people and the way you work with people. I want to do the same as you and give something back and I want to help people too, so I have decided that I am going to become a nurse! I am enrolling on an access course at one of the local colleges and it will start in the Autumn*".

Community Link Worker Case Study Two

I have been supporting Janice for a prolonged period. She was originally referred to me by her GP for support with anxiety, which was being exacerbated by a recent diagnosis of Charles Bonnet Syndrome (CBS). This was not something that I was familiar with until I received her referral; following discussion with her GP, as well as some research, I learnt that CBS is a visual impairment which causes the individual to hallucinate. It is a very rare condition, which unfortunately many health professionals and other services such as the police are unaware of. As a result, it is often put down to purely being a mental health condition, when, this is not the case. My support for Janice initially led me to contacting the RNIB. I spoke with one of their Community Connection Coordinators (CCC) and arranged a meeting with myself and Janice. As part of their role CCC's facilitate local groups in communities for individuals with visual impairments – these are opportunities for people to come together to socialise, but also for peer-to-peer support and to discuss issues they face. At the time, there were no local groups in Janice's area, however after some discussion, we

decided to try setting one up to see if there would be interest locally. The CCC and I worked in partnership with the CHSS Hub to arrange for an initial group to take place. This went well, with interest from a number of local people with visual impairments. The group continued to meet monthly until COVID restrictions ended this. RNIB also managed to put Janice in touch with another lady who also has CBS, which was reassuring for her, however she still really struggled with anxiety and found the hallucinations extremely scary. I linked Janice in with a variety of other supports, including a local lunch group to help her get out and be more connected, to help with the anxiety. I also arranged for her to complete her "white cane training" to allow for her to feel more comfortable being out the house. Despite a lot of help being put in place, Janice became more and more distressed by her hallucinations. This has become increasingly worse, especially since lockdown restrictions have been in place. She regularly relies on support from myself, her GP, the police, ambulance staff, out of hours and her housing officer. It has been a hugely problematic issue to try and find appropriate support for. There have been a number of AP1s sent to social work in relation to this lady due to the distress that she faces. She is extremely vulnerable when experiencing hallucinations, and a number of services had huge concerns for her wellbeing and safety. Her GP referred her to CMHT as she was so distressed by her hallucinations, and unable to rationalise when experiencing these, however this was initially knocked back and put down to purely being attributed to her CBS diagnosis. I have spent a great deal of time in communication with a number of partners in order to try to find suitable support. Janice has declined a range of support that has been offered by social including a budget to provide evening support and a place at a 24-hour supported living accommodation. Janice is now on a further waiting list for long term support with social work, and is now under the care of the older adult's mental health team, and they are in contact with social work in relation to this situation. As it stands, I, along with a number of other partners, continue to provide ongoing support for Janice.

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

Actions	Summary Update
Improve data recording of ethnicity and LGBT status in mental health services and report on this.	**ONGOING:** Just under 65% of all individuals who currently receive care from Mental Health services have information about their ethnicity recorded. Additional functionality has been switched on within EMIS web for Mental Health Services. As of 8th February 2022, an alert appears within a patients EMIS record when no ethnicity is recorded. This prompts the clinician to complete the patient's ethnicity status within a clinical template. Ethnicity is based on 2011 census categories. A guidance document has also been circulated to staff. Between Feb 2021 and January 2022, where known 8.4% of the referrals were from BAME community members. LGBT recording requires further progression as we currently do not have a recording option on the electronic system.
Engage BAME communities in reviewing patient pathways to make improvements where required.	**ONGOING:** We are engaging BAME communities in starting a process to engage with those who have used or are using mental health services, their carers, the wider public, staff and voluntary /third sector organisations. This will influence the decision making process and final bed configuration. We have developed a communication plan and stakeholder matrix for engaging with key stakeholders. We have ensured this includes representative groups for people with protected characteristics. The process will also enable contribution from individuals.
Develop wellbeing informed service provision within primary care and mental health services, considering patient needs and removing barriers.	**ONGOING**: Planning has begun for new primary care mental health and wellbeing services in Glasgow in line with national guidance on the same, under Mental Health Recovery and Renewal. This work will develop and roll out a new service from 2022-23 to 2026 on a phased basis. The service will support people with mental health treatment, advice and support, including with wider life stressors such as money worries or housing issues, where these exist. This will be enabled by the creation of a multi-disciplinary/agency team. The services aim to support everyone to be able to access the service in their local area. A range of delivery principles have

	been set out nationally for local adoption. These include proactive engagement to positively address health inequalities. Phase 1 services will start in one GP cluster in each of Glasgow's three localities (Dumbarton Road corridor in North West; Springburn in North East; Pollokshields East and Govanhill in South), and increase their offer and scale in further years. Careful consideration was given to selecting the three neighbourhoods. The first phase is to work with communities to achieve that in the best possible way. The diversity in each of the three sites also aims to generate transferrable learning around how best to design services to meet the needs of their diverse populations and needs to incorporate that into future Phases. Factors that were considered in the choice of Phase 1 areas included SIMD 1 / 2 areas; area(s) with particular population groups (particularly diverse Black and Ethnic Minority populations), differing population density, and with varied partnerships and infrastructure in place.
Child and Adolescent Mental Health Services to achieve the LGBT Youth Charter Mark.	**COMPLETE**. CAMHS GG&C passed the LGBT Charter at Foundations level and received very positive feedback from the review panel at LGBT Youth. Exemplars were identified the briefing on the trans poster, use of Rainbow Lanyard 1 and 2, GBV Policy and records of discussions and actions in operational meetings. The award lasts four years, expiring in December 2024.
Glasgow City Choose Life Partnership, supported by Glasgow City HSCP, delivers specific suicide prevention responses for protected characteristic groups, where appropriate.	**ONGOING:** Glasgow City Choose Life Partnership, supported by Glasgow City HSCP, delivers specific suicide prevention responses for protected characteristic groups, where appropriate. In March, 2021, the Glasgow City Suicide Prevention Partnership (GCSPP), formerly known as the Glasgow City Choose Life Strategy Group, identified higher percentages of Polish men taking their own life in comparison to the general population. Subsequently links were made to the national Polish Men's Mental Health and Suicide Prevention Network to learn from national research, contribute the action plan and learn how best to try and develop work locally. There was a specific geographical area in the city where there had been several deaths by suicide by Polish men. Links were made to the local housing association which covered the area and there is now local development work through the local housing association and a Polish befriender project. (Polish men are now identified as a high

	risk group on the citywide C19 suicide prevention action plan.) LGBT- Funding has been provided by NHSGGC to support three LGBT orgs for 6 months in relation to health and wellbeing support services for lesbian, gay, bisexual, transgender and non- binary (LGBT+) community members. Suicide prevention training will be made available to the three organisations.
Develop the capacity of primary care and mental health services to engage with BAME community service receivers as equal partners of positive change.	**ONGOING:** Glasgow City HSCP has developed an Expert Panel on Ethnicity and Mental Health, with representation from community organisations, academia and NHS/clinical leads, to act as a reference group to guide the process of engagement with the BAME community.
Establish a mentoring scheme for HSCP staff with people with other protected characteristics.	**DELAYED.** This has not commenced through current staffing pressures.

A key step to taking the Five Year (2018-2023) Adult Mental Health Strategy forward includes changes to mental health inpatient bed numbers. We are starting a process to engage with those who have used or are using mental health services, their carers, the wider public, staff and voluntary/third sector organisations. This will influence the decision-making process and final bed configuration. We have developed a communication plan and stakeholder matrix for engaging with key stakeholders. We have ensured this includes representative groups for people with protected characteristics. The process will also enable contribution from individuals. We are embarking on a pre-engagement phase. This will, in advance of formal engagement, test our 'reach' and identify any gaps. It will also educate the 'how' we engage to address equality of opportunity for input by people with protected characteristics. The outcome of the engagement should clearly include how we work towards eliminating discrimination, harassment or victimisation in the final bed state, configuration and how inpatient services are delivered. In developing our approach in this way we hope to foster and maintain relationships for ongoing engagement on other aspects of the Strategy.

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

Actions	Summary Update
To develop meaningful participation processes for those with protected characteristics into our EQIA processes.	**ONGOING:** We have been challenged to progress this through the pandemic for capacity reasons and because of the digital challenges of engagement. We are establishing processes for various work streams (including the Gender Based Violence and Primary Care Mental Health and Well-being Hub processes) and will learn from these engagement processes for wider changes to our EQIA processes.
To develop understanding and improve practice, through training, in relation to those who experience intersectional barriers - and to take an intersectional approach.	**ONGOING:** In terms of training and development 84.2% of our GCHSCP health staff completed the statutory equalities e-learning module, which considers intersectionality. Staff within the services with the LGBT Youth Charter Mark have also completed training that considers intersectionality. We have embarked on a diversity and inclusion leadership training programme with 100 leaders within our organisation and will build on this over the next two years.
To implement an annual report on changes resulting from published EQIAs.	**DELAYED:** To be established
Develop our involvement on equalities issues with the people of Glasgow through our public engagement strategy.	**ONGOING:** Glasgow Equality Forum is named as a professional advisor to the Public Engagement Committee with a role in working with the HSCP to identify and collaborate in planning and developing health and social care services. The IJB has developed and approved a comprehensive Participation and Engagement strategy and consultation guidelines to ensure active consideration is given to the participation of key stakeholders when embarking on engagement activity. The Strategy included engagement with equalities groups to ensure a more robust representation within the strategy of the need to consider equalities and human rights in our participation approach. This includes ensuring engagement opportunities are planned to promote accessibility and inclusion and remove barriers (e.g. ensuring meetings are held in accessible venues and materials are provided in accessible formats/languages). This is one of the action of the P&E strategy action plan is will include taking the advice and

	ensuring the participation at the appropriate intervention point of equalities groups and organisations.
To undertake a boosted survey of the five largest BAME communities in Glasgow in the adult health and well-being survey in 2021 to inform HSCP and wider community planning forums of needs and issues and how these are changing for members of these communities.	**ONGOING:** Due to the pandemic the Health and Wellbeing Survey was not undertaken. The survey has been postponed and will take place later in 2022.
Complete a well-being survey of the LGBT+ community within Greater Glasgow and Lothian to understand more fully the health and well-being needs related to this protected characteristic to inform future needs and plans.	**COMPLETE:** In partnership with NHS Lothian and Public Health Scotland, we have led on Scotland's first public health needs assessment of LGBT+ people. At all stages the work has been informed by regular stakeholder engagement with organisations representing the LGBT+ communities. This process began prior to the pandemic and the early phases consisted of a literature review of published and grey evidence from Scotland and in the UK conducted over the previous decade. This informed the second stage which was qualitative interviews and focus groups with 175 LGBT+ people and staff from LGBT+ organisations. The third stage of the Needs Assessment was a survey conducted online. Initially planned for the spring of 2020, this was postponed to the summer of 2021 as a result of the pandemic. To adapt the survey to a COVID 19 context some further qualitative engagement was undertaken to shape the survey. The survey has 2,358 responses and the final report of the overall Health Needs Assessment is due to be published in the spring of 2022.
Promote best practice in all areas of the HSCP to tackle systemic discrimination.	**ONGOING:** We have established a programme of work jointly with the Mental Health Foundation to explore and raise the profile of everyday discrimination on the experiences of staff, patients and service users. This work will proceed in 2022/23 and we will learn and develop from this. We continue to

	advocate and support staff awareness and reporting of hate crime with regular all staff communication and leadership endorsement. nhsggc_equalities_hate_crime_leaflet.pdf

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

Actions	Summary Update
The building will meet the accessibility requirements, be DDA compliant and have a dementia friendly design.	**ONGOING:** The building will be fully DDA compliant, clearly signposted with access to open spaces. The building will meet all legislative requirements for disability access: - Access to services on upper floors will be via lifts. - All areas will be wheelchair accessible. - Consultation was facilitated by the Public Involvement Officer with the Disability Access Panel and will be ongoing. - The building will be equipped with BSL technology in accordance with the BSL (Scotland) Act 2017. - Consultation with the Third sector, Carers and Older People's groups to ensure the building is dementia friendly is ongoing. Extensive consultation has taken place online and is ongoing with regard to the design of the building, including engagement with: the Disability Access Panel, mental health networks, homeless networks, Children's Services, asylum seekers, addiction recovery services and service users, to ensure inclusion. The HUB should have a positive impact in terms of easy access to support and services in relation to gender identity.
We will continue to engage with a wide range of people as part of the development process for the hub and we will continue to make concerted efforts to ensure that people with protected characteristics can participate in the consultation and involvement activities.	**ONGOING:** A survey of service users was carried out over three days at Parkhead Health Centre and Parkhead Social Work locality office. Engagement sessions were also held with service users attending, covering mental health, adult learning, addictions, carers, recovery, and Asylum Refugee groups and services. Public information sessions have been held online and a wide range of community representatives including those with protected characteristics have taken part. These face-to-face sessions attracted around 200 service users and staff. Consultation continued online during the pandemic and is ongoing through virtual meetings, Facebook, twitter, telephone contact, surveys, newsletters and a dedicated HUB website where the local community could

	contribute to the design of the new build. These online sessions attracted approximately 250 participants who are predominantly users of services. Involvement from the public and service users in the design of the Hub is demonstrated in the following ways; - The Mental Health Foundation produced a video to encourage asylum seekers and refugees to get involved in Civic engagement around the hub design. - Service users have contributed and had their views incorporated into the design and access requirements for the Community room, library and café all of which will be accessible at weekends in line with the wishes of the local community. - The location of the hub was announced at a public meeting with local people having votes in the decision, making process.
To support this engagement, we will work with Equalities Groups to seek their input in the proposed development.	**ONGOING:** The Disability Access Panel is consulted on an ongoing basis regarding the design of the building. Examples of issues raised by the Panel and how they have been resolved are outlined below. Beginning in August 2020, members of NHS GGC Disability Access Group (distinct from Glasgow Disability Access Panel) , were involved in a series of email exchanges and online meetings with both Hoskins, architects and the Hub West Scotland regarding the plans for the building of the new Parkhead Health Centre. A range of issues were discussed including car parking surfaces and accessible toilet design/furnishing. A virtual tour of Greenock Health Centre was shown to the group during a meeting in February 2021, as a comparator for the intentions for the Parkhead build. Various suggestions and advice were given by the group including: - **Wayfinding:** Signage and wayfinding installed at Greenock were thought to be good but the Access Group felt greater contrast needed to be used in the signage (to aid people with visual impairments)

	although the use of strong accent colours identifying key groups was welcomed. - **Waiting areas:** The Access Group noted the need for various heights of chairs with different armrests for accessibility. Group also noted need to consider building users who may for example seek quieter areas e.g., those with anxiety/ learning disabilities/ sensory processing needs. - **Adult Changing:** The Access Group queried whether Parkhead would incorporate Adult Changing Facilities - Greenock showed this. The Group was pleased to note that Parkhead plans include the same. - **Induction Loops** - The Access Group queried if induction loops were proposed to the learning and development training rooms. It was confirmed that these were proposed with the final specification still to be selected.

The community facilities within the hub will be designed and managed to support access by all groups, inclusive of those with protected characteristics.	**ONGOING:** Demographic and economic data published in 2020 indicated that people living in North East Glasgow generally experience poorer outcomes in comparison to the rest of Scotland. Data emphasises the need for state-of-the-art, collocated, multi-agency health and social care services which everyone can access. Community spaces including a library and café will help to foster community relationships. There will be a range of Third Sector services available in the HUB including health improvement services and income maximisation, these will include digital inclusion and early intervention services, helping to reduce inequalities and secure better outcomes for people in areas of socioeconomic disadvantage. There will be bookable rooms and accessible space available.

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

Actions	Summary Update
The Integration Joint Board will consider mid-point and final outcomes achieved reports on Equalities.	**ONGOING:** The IJB requires that reports presented for approval of decisions are accompanied by an Equalities Impact Assessment (EQIA) to ensure the impact on protected groups are taken into consideration when introducing changes to existing policies and services, or when designing and implementing new services. This includes consideration of required engagement with relevant equalities groups as part of service design. This report is the first mid-point review made against Glasgow City's Mainstreaming and Equality Outcome Actions 2020-2024.
Drive participation with equalities led groups and organisations.	**ONGOING:** Glasgow Equality Forum (GEF) is a professional advisor to the Public Engagement Committee with a role in working with Glasgow City HSCP in the planning and development of health and social care services. Through participation on the Committee and regular discussion and scrutiny of Glasgow City HSCP's Consultation and Engagement Log, GEF are well placed to foster and enable the participation of equalities groups and organisations in specific areas of activity and support their attendance at the Committee on an issue by issue basis. In late 2020, the IJB approved a comprehensive Participation and Engagement Strategy with accompanying guidelines to ensure the factors which support stakeholder participation are well understood and routinely implemented. The Strategy emphasised engagement with equalities groups, to ensure GCHSP engagement opportunities are planned and resourced to promote accessibility and inclusion, and to remove barriers, e.g., ensuring meetings are held in accessible venues and materials are provided in accessible formats and languages. Glasgow City HSCP is currently reviewing the Strategic Planning Groups to ensure they are well placed to deliver on their role to influence the strategic planning of health and social care services and to consider the extent to which they reflect our equality outcomes.

Develop the equalities breakdown of the HSCP Performance Framework.	**DUE TO START 2022:** This work is to follow the review of the Strategic Plan (see Case Study).
Empower HSCP staff to deliver with kindness and respect at all times, through positive collaboration with equalities-led communities, organisations and networks, including supportive equalities training to staff at all levels.	**ONGOING:** Compassion and kindness are behavioural principles driving key organisational development work, such as Maximising Independence, where we are exploring and adopting trauma-informed practice, to ensure our processes to engage, assess and support service users reflects best practice in this regard. A piece of research on has collaborative leadership in PCIP has explored compassion and kindness, and findings and any resulting actions (including training) are soon to be shared across service areas. In February 2022, the GCHSP agreed a Glasgow City HSCP Staff Mental Health and Wellbeing Action Plan, with a principle that "*all staff deserve to work in a mentally healthy workplace where discussions about mental health and wellbeing are valued and met with kindness and compassion*" and a range of underpinning actions, including the rollout of encouraged to NES National Trauma Informed (TI) Leadership Programme across the Glasgow City HSCP. We continue to run an organisational Equalities Group, and in the reporting period this Group has established an online forum via Knowledge Hub for HSCP staff, and initiated a sub-group with a view to improving organisational capacity and capability in regard to the undertaking of EQIAs. (See Case Study)
Offer equalities training for IJB members.	**PAUSED DURING REPORTING PERIOD:** No training was undertaken by IJB members during the reporting period due to emerging priorities driven by the pandemic, and alternative, temporary governance arrangements which were in place for IJB. This will be a priority picked up in IJB development sessions during 2022-23.
Strengthen the diversity of our workforce and report on this through the GGC NHS and GCC equalities outcomes as	**ONGOING:** Glasgow City HSCP continues to feed in to GGC NHS and GCC reporting duties as required, these are not reported here to duplication is avoided, in line with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

set out in the Equalities Act.	

Case Study – Reviewing the Glasgow City HSCP Strategic Plan

The review of Glasgow City HSCP's Strategic Plan commenced in 2021 and has, by design, placed our stakeholders at the centre of a refreshed engagement approach. Having identified key stakeholders for 12 Reference Groups to inform and shape the Plan, we have worked collaboratively to co-produce distinct engagement plans for cohorts of service users, patients, carers and service providers, embedding in each Group, the need for representation of people with protected characteristic. The purpose of each Reference Group is to consider and approve an approach to engaging with relevant stakeholders for the review of the Strategic Plan. The Groups are bringing together a partnership of those involved with the planning, delivery and use of services, working to agree a co-produced plan for engagement with stakeholders, ensuring that barriers to engagement which affect specific groups are identified and, wherever possible, overcome.

Case Study – Building Staff Capacity and Capability

In 2021, Glasgow City HSCP began to develop its first cohesive strategy to tackle the complex issue of domestic abuse. Recognising the impact of domestic abuse on groups with protected characteristics, and the intersectional aspects of these impacts, a six-month engagement process to inform the development of the strategy has involved staff, service users, people with lived experience and key partners across Glasgow. In the design of all sessions, we have sought the advice of equalities-led organisations and those who represent groups of people who share protected characteristics, seeking to create safe spaces for people to contribute to the design of the Strategy in ways that do not stigmatise domestic abuse, nor retraumatise participants with lived experience. As part of the HSCP's subgroup exploring capacity and capability building relating to EQIAs, the Domestic Abuse Strategy was identified as an opportunity to trial a new, developmental approach to undertaking equality impact assessments. An invitation went out to all Glasgow City HSCP staff in late 2021, seeking interest from anyone with an interest in equalities and human rights-based approaches to the design of public sector services. 28 staff, across a range of roles and services are now collaborating to undertake the research and analysis required for an EQIA to inform design of the Strategy. Group sessions are a combination of learning activities supported by leading, equalities-focused organisations and experts by experience, planning meetings, and self-directed learning. The EQIA will be ready to accompany the Strategy in its public consultation phase. Members are already reporting learning which is shifting equalities considerations and practice in their own service areas, and beyond the

publication of the EQIA, aspiring to continue to collaborate, to monitor the Strategy's implementation through an equalities lens.

SECTION 5 Fairer Scotland Duty

The Fairer Scotland Duty places a legal responsibility on us to actively consider ('pay **due regard**' to) how we can **reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.**

We have continued our strategic priority to mitigate and reduce poverty as a community planning partner for Glasgow and for our service users and patients. We have done that by

1. Continuing and extending our income maximisation services for service users and patients
2. Undertaking specific poverty mitigation measures during the pandemic (described in section 2)
3. Including assessment of the impact of socio-economic disadvantage in our Equality Impact Assessments (described in section 3) and resultant mitigation measures
4. Being an active community planning partner challenging the fundamental causes of poverty and system changes required to prevent poverty

Income Maximisation (through the services described and reported below)

We act to mitigate poverty through the advice and support of our workforce (general and specialist welfare advice teams) and through funding other financial advice organisations in the city to support us.

Our welfare rights team provides support to those receiving a chargeable home care service. These are predominantly older people but also includes younger disabled people. For 2020-21, there were 2,580 referrals to this team resulting in 1,432 full assessments. Disability benefits (Attendance Allowance, Disability Living Allowance (DLA) and Personal Independence Payments (PIP), account for 44% of the claims. A further 33% of claims relates to consequential additional entitlement arising from the disability benefit claim e.g. Council Tax Exemption and Severe Disability Premium. The success rate for concluded benefit claims was 87%. The total number of claims were down due to COVID-19, as we were not able to engage in-person face-to-face with service users. In 2020-21 the team generated £1.14m in additional benefits for service users. Of this amount, £789k was in arrears of benefit and £352k was ongoing entitlement.

Our Appeals Team completed 462 benefit appeals tribunals during the same period with a 67% success rate similar to the previous year at 70%. The amount gained from those appeals was £1.4 million down on £3.1 million the year before, but proportional to the reduction in the number of appeals being scheduled by HM Courts and Tribunal Service.

From the concluded appeals there was an average financial gain of £6,268, which is slightly down on the average financial gain of £7,839 the previous year.

Our Welfare Rights Officers continued to provide support to frontline social workers to deal with the benefit issues of their service users. Within South Locality there are citywide resources which contain a welfare rights officer – the East Pollokshields Project supporting the BAME community and the Roma Project working directly with the Roma Community. There were 1816 referrals leading to 1133 full benefit assessments through the new e-form across the three localities. There were 782 claims for benefits with the largest number 41% for the disability benefits AA PIP and DLA

Social Work Financial Assessment and Income Team (FAIT).

The FAIT team supports the Community Care Finance section and care managers in relation to charging for Residential Care and Adults Personalisation service users. In 2020-21 the team supported 1,147 Older People service users compared to 1,500 the previous year. This reduction was due to the effect of COVID-19 on admissions to care homes. Within Adult Personalisation the team supported 1,158 service user financial assessment compared to 900 in 2019/20. This increase was due to the FAIT taking over this area of work from care managers.

As well as our welfare rights based services within the HSCP we are also a key funding partner for money/financial advice services across the city. These services supports community-based NHS staff to make direct referrals for patients who have money worries, to a range of dedicated Money Advice providers. The impact of COVID-19 resulted in an adaption to services as Advice Providers quickly initiated remote working. Telephone and online appointments were offered as an alternative to face to face engagement. Providers were able to continue to deliver the full service, with the exception of home visits. Feedback from Advice Providers highlighted that a different cohort of patients were referred to the service during the pandemic, with the majority experiencing a reduction in income due to COVID-19. More patients required advice on their rights and supports available when furloughed or self-employed, and assessments of entitlement for reduced hours, or job losses. Between 1 April 2020 and 31 March 2021, NHS staff made 4,610 referrals and 3,617 individual clients engaged with the service. This represents a 27% reduction in referrals and an 18% reduction of number of client compared the previous year. Despite this, financial gains of almost £6.5 million were achieved for clients in 2020-2021, representing a decrease of only 15% compared to 2019-2020**.** In contrast, both housing and non-housing debts (£253k and £506k) managed in 2020-2021 were 60% lower than in 2019/20 (£636k and £1,242k) which may, in part, reflect loan repayment holidays introduced during the pandemic.

Case Study – Financial Inclusion

The client was a lone parent with serious health concerns impacting on daily living and unable to work. She was in receipt of Child Benefit, Income Support, full Council Tax reduction and Housing Benefit, with social fund loan deduction. Referral was made as she had been notified that her Income Support was stopping due to the age of her daughter. A financial inclusion health check established that the client was not receiving Child Tax Credit for her daughter and a decision on a Personal Independence Payment application had been delayed due to COVID-19. The client was advised that she was unable to remain on legacy benefits as she did not receive the Severe Disability Premium within her Income Support or Housing Benefit awards, therefore she was required to apply for Universal Credit as a lone parent who is unfit for work. Staff advised the client that her entitlement to Housing Benefit would cease as housing costs would be included within Universal Credit. The client was facing challenges in purchasing gas, electricity and food. The client required assistance to complete the Universal Credit claim over the telephone. Due to severe low income, the client applied for advance payment of Universal Credit and received £1,107 (to be recovered over the next 12 monthly payments). The client was advised that it was her responsibility to pay her monthly rent from Universal Credit award, but after the first payment she could request that rent costs be paid directly to her landlord. A successful Crisis Grant application via the Scottish Welfare Fund resulted in a grant award of £140 which the client collected from her local pay point. A referral was made to a local Foodbank which arranged a directly delivered food parcel. A further referral was made to Home Energy Scotland for fuel advice. Budgeting advice was given with regards to managing priority bills. The client achieved a total financial gain of £15,560 per year and was waiting to be assessed for her Personal Independence Payment application.

Welfare Advice Health Partnerships

Building on the success of Glasgow's Deep End Money Advice project delivered in 30 Glasgow Practices the Welfare Advice Health Partnerships (WAHPs) programme was established to address growing mental health concerns caused by money and housing insecurity. Evidence for embedding welfare advice in GP practices in areas of high deprivation is strong (Improvement Service, 2021. The provision of Welfare Advice in GP practices has been found to be linked to a reduction in the number of prescriptions issued for both antidepressants and hypnotics/anxiolytics, reduced GP consultations and reductions in patient anxiety and stress. A total of 87 practices in Glasgow were invited to participate in WAHP with 83 confirming participation. Practices that declined to participate did so mainly due to challenges with physical space. Participating practices will each receive

£8,750 per year for 2 years, which equates to one day per week advisor time, including half a day to directly engage with patients and half a day to process resulting tasks. Advisors will provide regulated and accredited advice on income maximisation, social security, debt resolution, housing, and employability issues as well as representation at tribunals. Reporting on Practice level data will be available and reported quarterly via GP Clusters.

Through the Home Energy Scotland Partnership, patients and service users were enabled, through Warmer Homes Scotland; 439 packages were installed between April 2020 and January 2021.

The Maternity Matters Project - Special Needs in Pregnancy Service (SNIPS)

SNIPS is different to a typical welfare rights service. Although the content of advice is the same as that given to other clients, the delivery of the advice is shaped by the additional needs of the client group. Clients are directly engaged at SNIPS clinics or referred by Special Needs Midwives as a result of high levels of vulnerability. Many of these mothers can have a number of barriers engaging, thus a flexible approach is taken. Contact is made via a personal text, home visits are made at times that fit the lifestyles of the women, and extra time is taken to explain the advice given. The initiative aims to:

- Help address existing financial or welfare issues and build resilience for the future.
- Increase financial knowledge and understanding.
- Encourage more positive financial attitudes and motivation.
- Increase exposure to financial products, guidance and tools.
- Support to manage income via money diaries.

The service provides 1:1 support for the most vulnerable clients before delivery and for up to 3 months postnatally. Attendance at clinics by support staff was halted during the pandemic and women were advised not to travel by public transport; direct referrals were therefore reduced.

Routine clinic arrangements were amended during the pandemic which reduced the number of women referred into SNIPs, there were 76 new referrals and 193 repeat clients seen (2020/21). The financial gain achieved was £263k and £23k in debt was managed. The engagement rate for 2020/21 was 86% - 65 out of the 76 of those referred, used and engaged with the service.

Being an active Community Planning Partner

Challenging Child Poverty

Our Health Improvement staff continued to lead the city's Challenge Child Poverty Partnership which met virtually throughout the pandemic with strong attendance from over 25 organisations including Social Security Scotland (SSS) and Department of Work & Pensions (DWP). The Child Poverty Action Group (CPAG) hosted the Challenge Child Poverty Co-ordinator for the HSCP who worked to support partners to respond to child poverty, involve young people affected by poverty, organisations to secure charitable funding for local action, and work with social security services to promote the uptake of benefits including the Scottish Child Payment. In light of the continued and anticipated impact of the pandemic on families across Glasgow, the Challenge Child Poverty Partnership has conducted significant development work to identify key priorities for 2021/22. These include:

- **Take up of entitlements & accessibility of Financial Inclusion:** ensuring that financial inclusion, statutory crisis grants and income maximisation services across the city are available and accessible for families if and when their circumstances change
- **Reaching priority groups, who we know are more vulnerable to experiencing poverty:** in particular minority ethnic families, lone parents, larger families and families affected by disability

The landscape of child poverty structures throughout the city has also evolved during the last year with some key additions, including:

- **HSCP Child Poverty Steering & Locality Groups:** populated from across children's services these groups focus on process, procedures and local action which can be taken to improve poverty related practice and further mitigate the impact of poverty on families interacting with HSCP services and partners
- **3rd Sector Child Poverty Network:** a protected space for third sector organisations to share learning, problem solve and feed into the wider child poverty structures across the city
- All of these new strategic spaces feed into the Challenge Child Poverty Partnership and will inform future cross-sectoral action-planning.

The Glasgow Local Child Poverty Action Report was published in January 2021, detailing a wide range of actions led by Glasgow City Council, NHS GGC, Glasgow City HSCP and community planning partners in the city.

Thrive Under Five

In autumn 2020, we were awarded £187k from the Scottish Government (Childhood Obesity - Early Intervention and Prevention funding) to pilot a whole system, community food-nurturing programme with families of pre-school children. The pilot is combining action on food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods: Ruchazie, Garthamlock and Cranhill (North East); Drumchapel (North West); Priesthill, Househillwood, Nitshill and Pollok (South).

The pandemic caused a delay with both the development and delivery of the service which subsequently launched in autumn 2021. The pilot period has been extended by a further year until May 2023. The pilot includes access to a Financial Inclusion service (provided by Money Matters) for families with children under 5 who meet certain criteria. Families receive a financial health check and gain access to a series of enhanced supports as per their needs. These include vouchers for fuel / cooking equipment, free food pantry memberships and twelve pantry shops, and an eight-week supply of healthy meals (with recipes) to cook from home (provided by East End Flat Pack Meals). A referral pathway is in place for Early Learning and Childcare establishments, Health and Social Work teams and local third sector organisations. Networks have been established in each neighbourhood to identify and address barriers to accessing healthy affordable foods and physical activity opportunities. Each network has a budget of £7,500 to support local solutions. A social media campaign, cookery videos and a capacity building programme are being developed to support the pilot, overseen by a City multi-agency steering group.

SECTION 6 Looking Forward 2022-2024

We are ambitious about what we can achieve in the remaining period of our current Equalities Mainstreaming Report. We also recognise other strategic developments that will impact on our mainstreaming equalities work plan e.g. Scotland's Women's Health Plan and the anticipated strategic refresh of the New Scots Strategy.

We, like many, have responded to the recent Scottish Government's consultation on the future arrangements for the Public Sector Equality Duty. The consultation sets out a series of detailed proposals both for legislative changes to the Scottish Specific Duties (SSDs) and changes to the wider implementation environment. Responses to this consultation will inform improvements to the SSDs and implementation environment. Subject to the Parliamentary timetable, it is proposed that regulations will be introduced to the Scottish Parliament in late 2022, with an intention that any regulatory changes will come into force in 2025. We are strongly supportive of these changes, with recognition of the support and resources organisations such as ours will require to meet these.

We also await the progression of the Scottish Governments commitment to develop a National Care Service, replacing the Integration Authority legislation that we currently work within. These legislative changes will need significant consideration from an equalities and Human Rights perspective and we have already highlighted this in our return to the National Care Service consultation last year.