

Greater Glasgow and Clyde NHS Board

Board Meeting
Tuesday 19th April 2011

Board Paper No. 11/12

Head of Inequalities and Corporate Planning

EQUALITIES LEGISLATION

NHSGGC EQUALITY SCHEME 2010 - 13: FIRST ANNUAL REPORT

Recommendation:

The Board is asked to:

- **approve the NHSGGC Equality Scheme 2010 -13, First Monitoring Report;**
- **note the issues requiring further progress for 2011 - 12**

1. INTRODUCTION AND PURPOSE

NHSGGC produced its second Equality Scheme and Action Plan for 2010 -13 to build on the first 3 year Scheme and in order to take forthcoming changes in legislation into account. The aims of this paper are to summarise the new legislation, present the first monitoring report for the second Scheme and to consider the issues which require further progress over 2011. The full Monitoring Report is appended.

2. THE EQUALITY ACT 2010

The Equality Act 2010 which came into force on 5th April 2011 brings together 116 separate pieces of legislation into a single source to ensure that everyone protected by pre-existing equalities legislation is afforded the same level of protection. It introduces the concept of protected characteristics, previously referred to as equality groups or equality strands.

The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Legal protection is afforded in relation to direct discrimination, indirect discrimination, discrimination arising from disability, harassment, third party harassment and victimisation.

The legislation imposes general and specific duties on public authorities. The general duty requires organisations to:

- pay due regard to eliminating discrimination, harassment or other unlawful conduct;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a relevant protected characteristic and those who do not

Currently the specific duties for public authorities in Scotland are being finalised.

3. THE MONITORING REPORT

The Monitoring Report is constructed in two parts with both an internal and external audience, particularly the Equality and Human Rights Commission, in mind. Firstly, in line with the previous reports associated with the first Scheme, it considers progress in applying an understanding of discrimination into mainstream organisational activity such as planning, performance, service management and service redesign. As part of this, it highlights the exemplar work that is being carried out by the North West Sector of Glasgow CHP which is attempting to test the methodology for mainstreaming an inequalities sensitive and anti-discriminatory approach into all its business.

Secondly, the Report describes progress against the Action Plan using a pre-agreed set of yearly milestones as the marker. Further, the specific work carried out within the Mental Health and Addictions partnerships is included as a case study. Equality Impact Assessment (EQIA) is a requirement and tool for identifying where change needs to be made and the range and reach of the EQIA programme in the Acute Division is appended for further information.

3. OVERVIEW OF PROGRESS

The overall conclusion of the report is that the response by NHSGGC to the legislation is proportionate and relevant to the size and nature of the organisation and that there has been further incremental progress over the course of the previous year. Most of the identified milestones have been reached and there are key new achievements:

- Significant improvement in the recording of patient data by ethnicity in some settings
- All staff have been made aware of the Equality Scheme and their legal responsibilities
- 72 frontline services have been subject to EQIA and have improvement plans
- HR Equality Monitoring reports are now produced and made available on the staff intranet

- Equalities website traffic has increased by 65% indicating improved engagement by staff.

Despite these ongoing improvements it has to be recognised that the number of staff and the volume of activity undertaken by NHSGGC remains an ongoing challenge in ensuring legal compliance. Some enduring issues are identified in the Monitoring Report and these will be considered by the Corporate Management Team, the Corporate Planning Group and local management arrangements. The Corporate Inequalities Team will continue to facilitate further change and monitor the extent of further progress in relation to these challenges.

The report will be disseminated to all Directors and Heads of Planning throughout NHSGGC and will be made available to all staff on the revised Equalities in Health website www.equality.scot.nhs.uk

Publication: The content of this Paper may be published following the meeting

Author: Sue Laughlin, Head of Inequalities and Corporate Planning



NHS Greater Glasgow & Clyde

Equality Scheme 2010 - 13

First Monitoring Report – March 2011

1. Introduction

The Equality Scheme 2010-13 is NHSGGC'S second three year Scheme. It was compiled on the basis of a review of the first scheme, undertaken by the Corporate Inequalities Team, and an assessment of progress made by the organisation in eliminating discrimination and promoting equalities. Following the precedent of the first Scheme, it integrates all aspects of the equalities legislation and in line with the Equality Act 2010 applies to all the protected characteristics covered by the Act.

When the Scheme was written, it was expected that a socioeconomic equality duty would be part of the duties of the Equality Act. Although this has not now transpired, NHSGGC has taken a decision to include social class in its Equality Scheme because it can also be a significant determinant of discrimination.

'We know that disadvantage does not just come from your gender or ethnicity; your sexual orientation or your disability; your age or your religion or belief. Overarching and interwoven with these is the persistent inequality of social class – your family background or where you were born'¹

Public organisations are required by law to report on their progress in meeting equalities legislation. The annual reporting cycle is currently under review as part of the development of the specific duties for the new Equality Act but irrespective of the outcome, NHSGGC will continue to report annually as part of its performance management arrangements. The General Duty in the Equality Act 2010 is included as Appendix 1.

2. Aims and structure of the Monitoring Report

This monitoring report builds on previous monitoring reports for the first 3 year Equality Scheme and has three main aims. Firstly, it will consider the ongoing development of the approach that NHSGGC takes to meet both its legislative requirements and its duty of care to a diverse population. Secondly it will report on the first year's progress against the outcomes indicated in the Action Plan of the Equality Scheme 2010 -13. Lastly, it will

¹ The Equality Bill: Duty to reduce socio-economic inequalities (2010) Government Equalities Office. Equality Scheme 2010-13

consider the rate of this progress and identify where further attention needs to be paid over the subsequent two years.

NHSGGC developed outcomes or goals against which its ability to tackle discrimination can be measured – the 10 Goals for an Inequalities Sensitive Health Service. These form the basis of the Equality Scheme Action Plan. A series of outcome measures for 2010 -13 were identified on the basis of the level of progress made over the previous three years.

The second part of this report provides detailed information about progress over 2010 -11 in relation to each outcome measure, together with an indication as to whether the one-year milestone identified for that outcome has been achieved.

The information used for the one years update has been derived from data accumulated from:

- NHSGGC performance reporting
- NHSGGC Development Plans and planning updates
- Staff Governance reports
- Reporting for specific inequalities policies and programmes.

In addition, the rate and type of progress made in two specific settings is presented as a case study to highlight how the Action Plan is translated at service level. The case study represents progress made by the Mental Health and Addictions Partnerships and can also be found in the second part of the report.

The report has been prepared by the Head of Inequalities and Corporate Planning in conjunction with members of the Corporate Inequalities Team (CIT).

3. Addressing Inequalities and discrimination as core business

The review of the first scheme identified mainstreaming as the biggest challenge to an organisation the size and complexity of NHSGGC. The approach taken in the 2001-13 Equality Scheme has been designed to address this challenge and this section of the report highlights developments during 2010 -11 which show how the organization is meeting that challenge.

3.1 Policy, planning and performance

NHSGGC currently drives improvement through its policy, planning and performance processes. Each part of the system – Acute, Community Health (and Care) Partnerships and the Mental Health Partnership - has been required to produce 3 yearly Development Plans with 1 year updates, in order to make progress against a set of outcomes which are described in a series of planning and policy frameworks. Planning frameworks focus on settings, services and medical conditions. Policy frameworks focus on cross-cutting issues.

The Tackling Inequalities Policy Framework is a key component of this approach and is constructed to ensure that the interlocking causes and consequences of inequality and discrimination are taken into account. The requirements of the equalities legislation is one strand of the framework. The other two strands focus on closing the health gap between affluent and less affluent communities and individuals and on addressing the specific

needs of marginalised groups such as homeless people, ex – offenders and the travelling community.

Progress against the anticipated improvements and targets in the Development Plans is then monitored through a process of Organisational Performance Review (OPR). It is through these mechanisms that tackling inequalities and discrimination will become part of the core business of NHS GGC. During 2010, the performance monitoring team within the Corporate Policy, Planning and Performance function has expanded the range of Key Performance Indicators which are used to measure progress in relation to the Tackling Inequalities Policy as part of the suite of comprehensive KPIs. These are:

- Evidence of planning processes explicitly using disaggregated patient data
- Number of quality assured Equality Impact Assessments completed in line with target set
- Evidence of innovate solutions to address the challenges faced by disabled people
- Evidence that equality groups are part of all patient involvement activity
- Staff awareness of Transgender policy and who to contact for further information

An example of reporting and progress on equalities KPIs can be seen at Appendix 2: Number of Equality Impact Assessments completed in the Acute Division.

These arrangements differ from that of the first Scheme whereby each part of NHS GGC was required to produce a local Equality Scheme Action Plan which were then monitored outwith the formal performance reporting process

3.2 Developing exemplars to support system change

Within a large and complex organisation such as NHS GGC, the momentum for change is always variable across the system and it can be difficult to ascertain how individual programmes designed to meet specific challenges will come together. To try and overcome this, there has been agreement over the course of 2010 – 11 to develop an organisational exemplar. The original focus of the exemplar was the West Glasgow Community Health and Care Partnership.

The aim of the exemplar is to test how to embed an inequalities sensitive approach, including implementation of the Equality Scheme, into all planning processes and service delivery over the planning phase 2010 – 2013. The exemplar is facilitated through structured joint working between the CHCP and the Corporate Inequalities Team (CIT) via a project plan. The project encompasses an inequalities sensitive approach to:

- The CHCP Development Plan 2010 – 2013 (including the planning process and implementation)
- Service re-design
- Service delivery
- Financial planning and cost improvement plans
- Involvement of service users / community engagement

In the course of 2010-11 the exemplar has:

- Established high level organisational characteristics of an inequalities sensitive health service. These characteristics are being used to establish a baseline and to guide project.
- Developed more detailed indicators to help set a baseline within services and measure progress in delivering inequalities sensitive practice, and to inform inequalities sensitive service redesign.
- Undertaken an audit of staff learning and education around inequalities
- Developed a model for inequalities sensitive practice in primary care, with agreement to pilot within 3 North West GP practices
- Provided Equalities Toolkits to sector staff to support inequalities sensitive practice planning and delivery

In November 2010, following changes in NHSGGC organisational arrangements, a single Glasgow CHP was established with three sectors: North West; North East and South. West Glasgow CHCP was incorporated into the NW Sector under these arrangements. The unanimous decision by the new NW Sector senior management team to continue the exemplar project is an indication of increased ownership and leadership within our system for our wider goal of creating an inequalities sensitive NHSGGC.

3.3 Tools for change

To support a mainstreaming approach existing organisational tools which enable the system to build capacity on tackling inequality within services have been improved and disseminated more widely across NHSGGC during 2010 -11.

- A review of the EQIA tool, guidance, quality assurance has taken place and has been completely overhauled in order to address the weaknesses of the original arrangement that was put in place
- A review of interpreting services is underway to ensure we are effectively and efficiently meeting the needs of service users.
- Redesign of the Equalities in Health website www.equality.scot.nhs.uk to improve reader access
- Dissemination of regular updates via the Equalities in Health website on understanding discrimination, policies and procedures, good practice that has been put in place. E-news updates are sent to 850 equalities champions and managers for cascading to their staff
- To ensure that all patient letters conform to accessibility standards an Accessible Information Policy has been developed. To support the policy an accessible information portal has been established where staff and services can access guidance, examples of good practice and resources to enable them to produce accessible patient information or access standard letters
- The Equality and Diversity training programme has been reviewed and a comprehensive plan is now in place. A dedicated post has been created within the Learning and Education function to facilitate the implementation of the plan.

4. Overview of progress against the Equality Scheme 2010-13 Action Plan

The annual update for the Equality Scheme 2010 -13 Action Plan indicates that NHSGGC is meeting most of its year 1 milestones.

Key achievements over the course of the year are:

- Improvements in ethnicity monitoring
- All staff have been made aware of the Equality Scheme and their legal responsibilities – See Appendix 3 “Equality Scheme 2010-13, What it Means for You”
- HR Equality Monitoring Reports produced and made available on the staff intranet
- 72 frontline services have been subject to EQIA and subsequent improvement plans
- Equalities website traffic has increased by 65% in the past year. In February 2011 there were 2432 visits and 1836 unique visitors

Some challenges remain in relation to the Action Plan, most notably in ensuring that:

- Patient information in relation to all protected characteristics is collected and made available,
- Local EQIA programmes adequately assess areas of potential legal risk
- Significant new programmes relating to access are non-discriminatory
- Individual members of staff are adequately assessed for awareness of their legal responsibilities
- Revised interpreting service is delivered effectively and efficiently
- The workforce is representative of the diverse population served by NHSGGC

5. Conclusions

The level of progress indicates that a considerable amount of work has been undertaken across NHSGGC to meet the requirements of the Equality Scheme. An organisation of the size and complexity of NHSGGC means that there is however always potential for discrimination against individuals and in relation to protected characteristics. The Equality Scheme will therefore be kept under review by the Corporate Inequalities Team and where new evidence or changing circumstances suggest that the Action Plan is insufficiently robust to meet the requirements of the Equality Act 2010, approval will be sought for appropriate modifications.

Sue Laughlin
Head of Inequality and Corporate Planning

Part 2: Progress against the Action Plan

Goal 1: Knows and understands the inequalities and discrimination faced by its patients and populations		
What we are going to do	Progress	Comments on Progress
Develop and implement a plan to improve the collection and analysis of disaggregated patient data on disability, gender, race, sexual orientation, age, social class/socio-economic status and religion and belief	<p>New Patient Management system has been equality impact assessed and once introduced will enable ethnicity recording across NHSGGC for the first time.</p> <p>Rates of recording ethnicity information for SMR00 data improved from 34.4% - 44.7% in line with 3 year target. 3 year target for the reduction in unknowns as part of ethnicity monitoring has almost been met.</p> <p>Medical records staff have been trained in the collection of ethnicity data.</p> <p>Development of additional needs codes in conjunction with Health Scotland.</p>	<p>In line with year 1 milestones.</p> <p>Incremental progress in ethnicity monitoring but further progress to ensure appropriate data available in relation to all protected characteristics.</p>
Analyse the disaggregated data to identify demographic/health patterns for use in planning processes	<p>Available disaggregated data in relation to sex, age and social class has been used to analyse the pattern of Do Not Attend (DNAs) and has highlighted differentials for each of these 3 factors.</p> <p>Core dataset for planning purposes makes existing information on ethnicity available for planning.</p> <p>Disaggregated data for psychiatric inpatients is now available and has improved the quality of planning for patients with Learning Disabilities.</p>	<p>In line with year 1 milestone.</p> <p>Clear plan to make further progress required.</p>

Ensure that health and wellbeing information is collected for equalities groups together with the experience of discrimination and harassment	No action planned for year 1	
---	------------------------------	--

Goal 2: Engages with those experiencing inequality and discrimination		
--	--	--

What we are going to do	Progress	Comments on Progress
Increase the level of engagement with individuals and groups who can identify with the issue of discrimination associated with race, disability, gender, sexual orientation, faith and social class/ socio-economic, age	<p>A 4 tier model has been designed to maximise service user involvement in Corporate plans and programmes.</p> <p>Equality group participation in Better Together survey monitored and low participation being addressed.</p> <p>PPFs have been benchmarked against the Scottish Health Council Participation Standards which makes explicit equality group involvement. If required, an Action Plan to meet deficits will be developed.</p>	In line with year 1 milestone

Goal 3: Knows that people's experience of inequality affects the health choices they make		
--	--	--

What we are going to do	Progress	Comments on Progress
Ensure Health Improvement delivery takes account of the needs of equality groups	HEAT Targets: Smoking Cessation and Child Healthy Weight implementation programmes have been equality impact assessed.	<p>In line with year 1 milestone</p> <p>Consideration needs to</p>

	Local Breastfeeding activity has been partially impact assessed.	be given to 2011-12 HEAT targets in relation to all protected characteristics.
--	--	--

Goal 4: Removes obstacles to services and health information caused by inequality		
What we are going to do	Progress	Comments on Progress
Continue to address unlawful discrimination	<p>72 Equality Impact Assessments (EQIAs) completed focused on patient services. A content review of EQIAs indicated that there was many elements of good practice in place in some areas, however, some areas were poorer at identifying risks.</p> <p>A review of past EQIA outcomes and actions has led to a re-design of the NHSGGC EQIA tool and subsequently improved quality of data capture. This has enabled Acute Services to identify and aggregate key risks and put in place a strategic improvement plan to significantly reduce the potential for discrimination and unfair treatment in service delivery.</p> <p>EQIA implementation included as part of Acute Balanced Score Card.</p> <p>9 new innovations to address the challenges faced by disabled people have been developed e.g. Deaf Connections training in some Nursing Homes.</p>	<p>Partially in line with year 1 milestone.</p> <p>More work required on local plans to manage risk in relation to unlawful discrimination, addressing potential discrimination in relation to sexual orientation, and EQIA of RTT programme.</p>

<p>Meet the communication support and language needs of our service users</p>	<p>Review of interpreting service underway to ensure we are effectively and efficiently meeting the needs of service users.</p> <p>Interpreting protocols communicated to staff.</p> <p>Increased investment for interpreting to £2.4million based on patient demand.</p> <p>Non-interpreting protocol pilot underway.</p>	<p>In line with year 1 milestone.</p>
<p>Make public and patient information accessible to all</p>	<p>Priority templates for accessible patient letters agreed.</p> <p>Accessible information portal and electronic directory of information produced in accessible formats in place.</p> <p>Monitoring arrangements for Accessible Information Policy in place.</p>	<p>In line with year 1 milestone.</p>
<p>Deliver a programme for further improving disabled access across NHSGGC facilities</p>	<p>Programme designed and ready for implementation.</p> <p>115 loop systems procured and distributed in Acute division- in excess of year 1 target.</p> <p>Design Action Plan user network established.</p>	<p>In line with year 1 milestone.</p>
<p>Identify more explicitly the differential needs of women and men</p>	<p>Tool developed to audit extent to which differential needs of women and men are met.</p>	<p>In line with year 1 milestone.</p>
<p>Identify more explicitly the differential needs across the lifespan</p>	<p>Preliminary work undertaken to collate information on areas of risk of unlawful discrimination in preparation for age legislation.</p>	<p>In line with year 1 milestone.</p>

Identify more explicitly discrimination associated with social class and its impact on health	Tool developed to identify the nature of discrimination experienced in relation to social class.	In line with year 1 milestone.
---	--	--------------------------------

Goal 5: Uses an understanding of inequality and discrimination when devising and delivering treatment and care		
What we are going to do	Progress	Comments on Progress
Ensure policy and planning frameworks are developed that take account of inequalities	Tackling Inequalities Policy Framework completed and utilised in relation to planning frameworks.	In line with year 1 milestone.
Services will assess and manage patients experiences of inequality and discrimination in line with priorities for service development	<p>Policies which have been subject to EQIA include: Consent to Treatment Policy, Complaints Policy, Accident and Emergency Gender Based Violence Policy, Staff Mental Health and Wellbeing Policy and Spiritual Care Policy.</p> <p>New guidance has been developed to ensure responsible officers tasked with amending, reviewing or creating policies understand and take account of legally protected characteristics in all aspects of policy design.</p> <p>EQIA plans for all parts of NHSGGC in place.</p>	In line with year 1 milestone.
The Inequalities Sensitive Practice Action Plan will be implemented	The following assessment tools have incorporated questions about social issues: PMS, Single Shared Assessment, Community Nurse Information System, Addictions Service Assessment	In line with year 1 milestone

	<p>Training for 400 staff and managers on gender based violence (GBV) completed in maternity, obstetrics and gynaecology, A and E, sexual health services, health visiting, children's emergency services and mental health and addictions services.</p> <p>Systems for recording inquiry into GBV being piloted in maternity services.</p>	
The Transgender Policy will be implemented	<p>Implementation plan for the Transgender Policy complete and monitored through KPI.</p> <p>All staff informed about the Policy via Team Brief and Staff News.</p>	In line with year 1 milestone.
Review of single sex accommodation	Policy on mixed sex accommodation produced and audit underway.	In line with year 1 milestone.

Goal 6: Uses its core budget and staff resources differently to tackle inequality		
What we are going to do	Progress	Comments on Progress
Ensure that there is no disproportionate effects on different inequality groups as the result of financial decisions	Rapid Impact Assessment of Cost Savings programmes completed and risk areas identified.	In line with year 1 milestone.

Goal 7: Has a workforce which represents our diverse population and addresses their needs		
What we are going to do	Progress	Comments on Progress
Improve the availability of disaggregated staff information	Disaggregated data now available for the NHSGGC workforce together with annual increase as follows: Age – 100%, gender – 100%, disability – 99.9%, race/ethnicity – 64.5% (3.1% increase), belief - 46.2% (4.3% increase) sexual orientation – 39.3% (5.8% increase).	In line with year 1 milestone.
Address remaining barriers to recruitment and retention	For last available data, 5.34% of those applicants disclosing a disability received a job offer as compared with 4.51% of non-disabled applicants. Only 1.6% of applicants disclosed disability which does not reflect rates of disability in the working age population. Variable success achieving job offer by age, ethnicity, faith.	Partially in line with year 1 milestone. More consideration required in relation to all protected characteristics.
Enhance the ability of staff policies to meet the needs of equality groups	EQIA of staff policies complete.	In line with year 1 milestone.
Meet any existing pay gap between women and men	Equal Pay statement produced.	In line with year 1 milestone.
Enable staff from equality groups to feed back their views to the organisation	Staff can contact the CIT directly through the website and issues are taken up strategically- 20 people contacted the website.	Partially in line with year 1 milestone. Further action required on feed back mechanisms.

Goal 8: Creates a workforce which has the skills to tackle inequality and create a non-discriminatory working environment		
What we are going to do	Progress	Comments on Progress
All staff will be aware of their legal responsibilities	<p>Information leaflet on the Equality Scheme and implications for individual practice to every member of staff.</p> <p>75.8% staff have PDP assessment in relation to Equality and Diversity competency as core competency of KSF.</p> <p>Revised Learning and Education Framework for Inequalities completed.</p> <p>Prioritisation process underway to ensure equality and diversity embedded into core training.</p>	In line with year 1 milestone.
Promotion of positive attitudes for all equalities groups	Social marketing plan on sexual orientation produced.	In line with year 1 milestone.

Goal 9: Spends the money being invested in buildings, goods and services in a way which tackles poverty and discrimination		
What we are going to do	Progress	Comments on Progress
Align Corporate Social Responsibility activity to the Equality Scheme aims	Guidance on social benefits developed and communicated.	In line with year 1 milestone.

Goal 10: Works with partners to reduce inequality caused by income, social class, gender, race, disability, age and sexual orientation in order to reduce health inequality

What we are going to do	Progress	Comments on Progress
<p>Align Equality Scheme activity with Community Planning partners.</p> <p>Contribute to SOA activity on the Solidarity Golden Rule - To Improve Social Equity- which aims to increase overall income and the proportion of income earned by the three lowest income deciles as a group by 2017.</p>	<p>Contribution to Glasgow Community Planning Equality Group- production of report on current issues for equality groups. Significant community involvement in the research.</p> <p>Development of a national toolkit on minority ethnic employability through the Glasgow Works Partnership.</p> <p>Development of a national pilot on increasing the income of children and families linked to Healthy Start, being delivered in all CH(C)P areas.</p> <p>Monitoring the impact of the recession on health.</p>	<p>In line with year 1 milestone.</p>

Case studies: Mental Health and Addictions 2010/11 Equality Scheme actions

2010/11 actions from mental health and addiction settings are presented as: Infrastructure to support the delivery of the Equality Scheme ; Examples of key activity to meet Year 1 Equality Scheme Actions

Infrastructure to support the delivery of the Equality Scheme

Mental Health	Addictions
<p>High level commitment as demonstrated by targeted transformational leadership development, HR practice which covers equalities issues and resources to support equalities mainstreaming. For example:</p> <ul style="list-style-type: none"> - Senior Management Team all completed 360 appraisal - 16 new managers completed an intensive leadership development programme - MHP Investors In People Accreditation, which involved describing and implementing strategies to ensure staff have equitable access to development opportunities - Equalities issues explored in staff retention (e.g. review of equalities issues in redeployment process, audit of attendance management policy) <p>Increased ownership and accountability for equalities agenda:</p> <ul style="list-style-type: none"> - wider representation and dissemination by Mental Health Partnership Staff Equalities Group and joint work between CIT and this group including human rights elements - Examples of equalities action in whole service redesign process (e.g. Tier 4 Learning Disability Services) - Sample good practice Equalities Plans – Forensics and Learning Disability, Mental Health Community), which aided improved Equality Scheme accountability arrangements for Senior Managers 	<p>High level commitment as demonstrated by targeted leadership development; equalities sessions for senior staff and resources to support equalities mainstreaming. For example:</p> <ul style="list-style-type: none"> - Participation in transformational leadership initiatives - Equalities briefing sessions in 2009/10 to Senior Management Team and Senior staff - 2010/11 Addiction Senior Officers and Nursing Team Leaders group session to promote understanding of the Equality Act and its relationship to practice - Inequality Sensitive Practice workshops as part of the yearly Care Governance event (attended by over 150 staff) <p>Increased ownership and accountability for equalities agenda:</p> <ul style="list-style-type: none"> - Increased evidence of ownership and dissemination by Addiction Staff Equalities Group - Equality agenda embedded into central addiction care governance functions - Submitted recommendations from an equalities and addiction perspective on a range of policies and developments (e.g. Draft National Guidance Child Protection in Scotland; Responding to self harm, suicide and risk: Responding to Human Trafficking (EHRC Enquiry); Glasgow City Alcohol and Drug Partnership Strategy 2011-2014; GBV Employee PIN Policy

2.2 Examples of key activity to meet Year 1 Equality Scheme Actions

Goal 1: Knows and understands the inequality and discrimination faced by its patients and population

Mental Health	Addictions
Data collection	
<p>Revised GGC Specialist Shared Assessment to cover most protected characteristics, including electronic recording in Glasgow City.</p> <p>Primary Care Mental Health core data set agreed, which includes most protected characteristics</p> <p>Mental Health needs assessments: (a) asylum seekers and refugees (b) LGB people (c) older Chinese community</p>	<p>Single Shared Assessment covers most protected characteristics and includes sensitive questions of pertinence (e.g. involvement in prostitution, gender based violence)</p> <p>Addiction needs assessment (a) BME community.</p> <p>Contributed to changes in the Scottish Governments Waiting Times Framework to cover equalities issues. Complaints system revised to identify equality issues</p>
Use of data	
<p>GGC mental health equalities data and needs assessments has informed mental health planning, including mental health impacts of the recession.</p> <p>Evidence of use in local areas (e.g. East Dunbartonshire, Inverclyde) of:</p> <ul style="list-style-type: none"> - reporting against SIMD breakdown of anti-depressant prescribing; - equality proofed Scottish Recovery Indicators; - equality disaggregated data within GGC Psycis system - use of sex, age, SIMD, sexual orientation information in some primary care mental health teams for service planning (e.g. South West Glasgow) - Urdu assessment tool for mothers with postnatal depression (e.g. South East Glasgow) 	<p>GGC Addictions Planning used equalities data that is available</p>

Goal 2: Engages with those experiencing inequality and discrimination

A range of activity from Glasgow Anti-Stigma Partnership, as detailed below and in Goal 1 (needs assessments) to engage with service users, carers and communities on mental health and equalities related stigma. For example:

- the Mental Health Arts and Film Festival was started by GGC, now Scotland wide. 40,000 participants – interactive events which cover a wide range of equalities, anti-stigma and anti-discrimination issues
- BME and equalities Community Engagement Programme (Mosaics of Meaning) recognised in UK National Mental Improvement Frameworks and internationally as good practice. Wide dissemination of tools
- Mindwaves programme commissioned: service users, carers and local communities working as 'journalist' identifying, developing and publishing mental health and wellbeing good news stories

Patient Focus Public Involvement Framework developed, which incorporates equalities issues. Inpatient survey carried out across GGC areas. 12 patient experience focus groups conducted throughout GGC. User narratives of employability support. Voluntary Sector commissioned to deliver Understanding Mental Health Courses and Training for Trainers to community groups

Examples from local areas:

- Forensics Services stigma research with staff & patients, patient ward atmosphere scale, carers conference of over 50 people, DVD of patient & carers journey
- Asylum seekers and refugees & mental health users group - developed Women's Charter, user conference of 100 people in March
- Engagement with BME communities and Imams in South East Glasgow - psychological perspectives on race and faith - conference of over 150 people in October; mental health staff involved in setting up of Roma Practitioners and service users Group and participate in Glasgow Homelessness Network user engagement work

Service user involvement supported through a partnership approach provided by Alcohol Focus Scotland and Scottish Drugs Forum. Service users have contributed to a range of service developments and projects to improve and enhance service provision.

Evidence that service users views are taken on board. For example:

- Methadone leaflet - service users concluded that while there was a need to provide written information to clients the leaflet was too medicalised in its content, other methods were pursued
- A Community Pharmacy Services – Service User Survey was carried out to obtain the views of service users receiving a prescription for methadone, buprenorphine or disulfiram. Equality related information e.g. demographics, stigma and access to accessible information included in survey
- As part of North Community Addiction Team Keep Well pilot, reflective log of care (Better Together) by both patient and staff

<ul style="list-style-type: none"> - Carers survey piloted in South Glasgow. Renfrewshire Intensive Home Treatment Team patient satisfaction questionnaires for each client 	
--	--

Goal 3: Knows that people’s experience of inequality affects the health choices they make

<p>GGC Mental Health Improvement Framework developed which includes sector action plans - wide consultation, equality proofing imminent. Development of physical health guidance for mental health service users, which considers equalities issues.</p> <p>The GGC Mental Health Improvement Network has wide participation. Leads commissioned the needs assessment listed in Goal 1 and were involved in many of actions listed in this case study</p> <p>There are many examples of local good practice on health improvements (e.g. Child and Adolescent mental health planning in South West Glasgow had strong focus on equalities issues)</p>	<p>The North Community Addiction Team linked with the national Keep Well anticipatory care programme. This development was specifically designed to meet the needs of a “high risk” Community Addiction client group who are identified as “not engaging” with services and have an identified physical / mental health / addiction co-morbidity</p>
---	--

Goal 4: Removes obstacles to services and health information caused by inequality

<p>GGC BME & BSL interpreting protocols and posters / cards distributed throughout Mental Health settings</p> <p>Staff made aware of GGC Accessible Information Policy.</p> <ul style="list-style-type: none"> - Tier 4 Learning Disability Services provide information (e.g. care plans, user surveys, Newsletter) in accessible formats both in daily delivery of care and on current service redesign. - Forensics Inpatient Booklet includes GGC statement on accessible formats - Primary Care Mental Health resources in community languages (South East Glasgow) <p>Directorate of Forensic Mental Health and Learning Disabilities – Outdoors Horticulture Project DDA complaint including additional equipment (e.g. motorised wheelbarrow)</p>	<p>GGC BME & BSL interpreting protocols and posters / cards distributed throughout Mental Health settings</p> <p>Staff made aware of the new Accessible Information Policy and Transgender Policy</p>
--	---

Goal 5: Uses an understanding of inequality and discrimination when devising and delivering treatment and care

<p>15 frontline service EQIAs completed. Learning from content review is being feedback to mental health services</p> <p>Development of Inpatient Equalities Toolkit, which includes GGC policies (e.g. Transgender Policy), monitored and updated</p> <p>Implementation of local gender based violence action plan across a number of sites</p> <p>Maintenance (e.g. mental health COMPASS service for asylum seekers & refugees; homelessness & trauma team) and further development of specialist gender and equalities related services (e.g. community eating disorder service, advice and support re perinatal issues now available in Renfrewshire; funding for men's groupwork programme – community forensic and learning disabilities service)</p> <p>Pilot of peer support models in community mental health teams (e.g. East Dunbartonshire)</p> <p>Good practice responses to new age legislation evident (e.g. Inverclyde removed age restriction for community mental health services and reviewed care pathways for people with dementia)</p> <p>GGC mental health and sensory impairment group development of plans for improved service provision</p> <p>Pilot of Glasgow co-morbidity training for Adult Community Mental Health Teams and joint working with Addiction services on complex cases</p> <p>Child protection and vulnerable adults legislation audits</p> <p>Mental Health Central Carers Forum - developed Carer Handbook for Mental Health and linked with a range of services on this</p>	<p>7 frontline service EQIAs completed, 3 near completion. Learning from content review is being feedback to addiction services</p> <p>Implementation of local gender based violence action plan across a number of sites. Best Practice Statement - routine enquiry experience of past sexual abuse. An Addiction GBV working group is meeting 6 times per year. Addiction Prostitution Standards are being reviewed and a CSA Pathway being developed</p> <p>New Child and Adolescent Substance Misuse Team Youth Service - age appropriate assessment that covers, for example, sexual orientation, gender based violence and abuse, literacy skills and preferred methods of communication</p> <p>Older People Acute Addiction Pilot (65+) joint working between Acute, Community & Addiction services to ensure improved assessment and early identification of elderly patients with alcohol problems</p> <p>Maintenance of funding for gender specific services as appropriate (e.g. commissioned Addiction Pregnancy and Early Years support service; 218 'Alternatives to Prostitution' Project)</p> <p>Pilot of Glasgow co-morbidity training for Adult Community Mental Health Teams and joint working with Addiction services on complex cases</p> <p>Addiction Services have established links with the Glasgow's Helping Heroes initiative to better understand alcohol and drug use issues particularly amongst men who have a forces background</p>
--	---

Goal 6: Uses its core budget and staff resources differently to tackle inequality

<p>Benchmarking of resource allocation to ensure the appropriate matching of resources to needs weighted local populations.</p> <p>MHP EQIA of financial decisions</p> <p>EQIA facilitators identified from a range of staff in each local area</p>	<p>Addictions EQIA of financial decisions</p> <p>EQIA facilitators identified from a range of staff in each local area</p>
---	--

Goal 7: Has a workforce which represents our diverse population and addresses their needs

<p>MHP participated in meeting GGC target of 5% annual improvement in HR Equality Monitoring data</p> <p>As part of GGC Staff Health Action Plan, a staff mental health policy has been developed.</p> <p>Healthy Working Lives is a national staff health initiative: participation of all grades of public and private sector staff in joint physical and mental health activities. MHP has several areas at Silver Award Level. Evidence from local CHCP areas that mental health staff engage with private sector, which includes provision of Scottish Mental Health First Aid training</p>	<p>Addictions participated in meeting GGC target of 5% annual improvement in HR Equality Monitoring data</p>
--	--

Goal 8. Creates a workforce which has the skills to tackle inequality and create a non-discriminatory working environment

<p>Staff access GGC equalities training provision and internal training approaches have been piloted, which found increased staff confidence and skills to address issues. For example:</p> <ul style="list-style-type: none"> - 10 Essential Shared Capabilities for Mental Health training (n=211) - Mental Health Asylum Seekers and Refugees training (n=71) - Staff and managers equalities training in learning disability (n=20) - Staff and managers gender and mental health training for inpatient services (n=23) - 2 day mental health and children course (n=100, South East Glasgow) - Homelessness & health awareness sessions in some local areas 	<p>Staff access GGC equalities training provision and internal training approaches. For example:</p> <ul style="list-style-type: none"> - Care Management Training - understanding of inequality incorporated (n=247) - All Addiction RMN staff undertook the 10 essential Care Capabilities training (n=128)
---	---

Goal 9. Spends the money being invested in buildings, goods and services in a way which tackles poverty and discrimination

<p>A range of mental health services maintained resource allocation to local social economy services. For example:</p> <ul style="list-style-type: none"> - specialist mental health service provision - literacy and numeracy services - fruit/vegetables from food co-ops 	<p>A range of addiction services maintained resource allocation to local social economy services. For example:</p> <ul style="list-style-type: none"> - specialist addiction service provision - literacy and numeracy services - fruit/vegetables from food co-ops
--	--

Goal 10. Works with partners to reduce inequality caused by income, social class, gender, race, disability, age and sexual orientation in order to reduce health inequality

<p>The mental health and employability services funded by NHS GGC provide access to employability for people with long term mental health conditions who are often excluded from such opportunities. Financial inclusion issues are addressed and each client has a 'better off' calculation. Data is available for gender, age and ethnicity</p> <p>Employability outcomes have continued to improve each year (2009/10):</p> <ul style="list-style-type: none"> - Number of people referred increased by 5% - 40% increase into paid employment - 63% increase into further and higher education - 8% increase in people being referred to mainstream employment services 	<p>Addiction Services have firmly embedded the employability agenda into its core business and views employment as a crucial component of addiction recovery. Employability questions have been incorporated into the addiction assessment, identifying employment history, skills, motivations and aspirations. Employment is also revisited at the care planning review stage and is a key feature of community rehabilitation. Employment and training performance is monitored through the local improvement targets which highlights that in the last year 3000 people have been referred to by Addiction Services to employment and training services</p> <p>As regards financial inclusion, Addiction Services are involved in the Scottish Government funded Healthier Wealthier Children (HWC) Initiative. The project offers income maximisation advice for families experiencing child poverty.</p>
---	--

Appendix 1: The General Duty in the Equality Act 2010

149 Public sector equality duty

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- (4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- (5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) tackle prejudice, and
 - (b) promote understanding.
- (6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- (7) The relevant protected characteristics are—

age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Appendix 2 : Equality Key Performance Indicator (EKPI): Equality Impact Assessments (EQIAs) in Acute Division

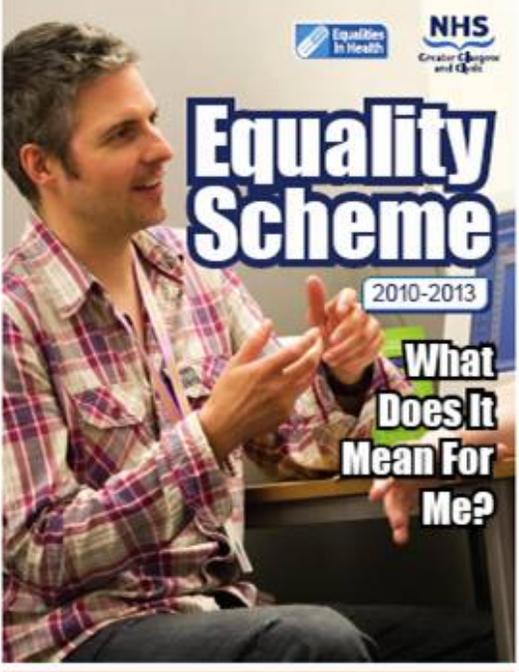
37 EQIAs have been undertaken within Acute Division (excluding those EQIAs supported by Acute staff within the Oral Health Directorate). As at 24th March 2011, 24 have been completed and published, 10 are awaiting Quality Assurance and the remaining 3 are awaiting final amendment at the originating department.

This table highlights EQIAs undertaken, their respective departments and learning and action outcomes.

Directorate	Status	Progress/Actions arising from EQIA Reviews
Diagnostics <ul style="list-style-type: none"> ▪ Phlebotomy Services ▪ Imaging Services ▪ PET Scanner ▪ Anti-Coagulant Services 	Complete Complete With Department With Department	Diagnostics Continued re-enforcement of best practice for all staff involved in death with a focus on faith and belief issues. Ensure consistent information is provided through the development of core text for patient information on diagnostic developments complies with NHS/GGC Accessible Information Policy
Emergency Care and Medical Services <ul style="list-style-type: none"> ▪ General Medical and Respiratory, Ward 10, Victoria Infirmary ▪ Bone Metabolism Dept, Western Infirmary ▪ Clyde GBV Policy ▪ Rheumatology Day Unit, GRI ▪ Ward 27, RAH 	Complete Complete At Quality Assurance Complete Complete	Emergency Care and Medical Services Continued roll out of GBV programme across A+E services and extension of sensitive enquiry training to “downstream” service areas. Ongoing challenges associated with patient transport including transparent criteria for eligibility and quality monitoring of service e.g. addressing repeat issues such as cancellations / late / missed appointment recorded as DNA.
Facilities <ul style="list-style-type: none"> ▪ Public Partners Involvement in Cleaning Services Monitoring ▪ Clyde Domestic Service ▪ Cashiers ▪ Car Parking 	Complete Complete Complete Complete	Facilities Systematic approach to availability and management of equipment to reduce discrimination will lead to development of sensory impairment equipment registers on each site. Additional actions will be undertaken to deliver consistent and routine provision of information on travel expenses and reimbursement from cashier services. Estates will develop capacity to enhance engagement with disabled people and develop systematic DDA review of estates.
Rehab and Assessment Services <ul style="list-style-type: none"> ▪ Glasgow Weight Management Service 	Complete	Rehab and Assessment Services Continued mainstreaming of best practice in relation to Financial Inclusion and Vocational

<ul style="list-style-type: none"> ▪ Gartnavel Orthotics ▪ Spinal AHP Services ▪ Clyde Movement Disorder Service 	<p>Complete Complete Complete</p>	<p>rehabilitation and the development of enhanced bereavement support for carers in Acute services.</p>
<p>Regional Directorate</p>		<p>Regional Directorate</p>
<ul style="list-style-type: none"> ▪ Homeopathic In-patient Hospital ▪ Ward B6, Beatson ▪ Burns and Plastics ▪ Neurology 	<p>Complete Complete At Quality Assurance At Quality Assurance</p>	<p>Continue to improve disaggregated data completeness and utilisation through testing Patient Information Management systems against equality requirements.</p> <p>Ensure process of redesign / service change considers equality dimensions by integrating EQIA in Rapid Improvement Methodologies.</p>
<p>Surgery & Anaesthetics Directorate</p>		<p>Surgery & Anaesthetics Directorate</p>
<ul style="list-style-type: none"> ▪ Bone Tumour Service ▪ Obesity Pathway ▪ Neuromodulation Service ▪ Eye Retrieval Service ▪ Chronic Pain Service 	<p>Complete Complete At Quality Assurance Complete Complete</p>	<p>Enhance development of cultural and belief sensitivities through the piloting of guidance for staff.</p>
<p>Women & Children's Directorate</p>		<p>Women & Children's Directorate</p>
<ul style="list-style-type: none"> ▪ Home Birth Service ▪ Cardiac Service ▪ Gyn Cancer ▪ Pre-admission service ▪ Additional Needs in Pregnancy Service ▪ Bone Marrow Transplant Service ▪ Parenting Strategy 	<p>Complete Complete At Quality Assurance Complete At Quality Assurance At Quality Assurance At Quality Assurance</p>	<p>Financial inclusion issues must be identified within health needs assessment of carers of sick children.</p>
<p>Other</p>		
<ul style="list-style-type: none"> ▪ Pre School Vision Screening ▪ Bowel Screening ▪ Adult Work Placement Guidelines ▪ Pharmacy Non Medical Prescribing 	<p>At Quality Assurance Complete At Quality Assurance With Department</p>	

Appendix 3: Summary Leaflet sent to all staff

 <p>www.equality.scot.nhs.uk</p>	 <h3>What is an Equality Scheme?</h3> <p>By law, NHSGCG must produce an Equality Scheme. An Equality Scheme is a document that explains what the organisation will do to promote equality and remove discrimination for people who use our services and for members of staff.</p> <p>The Equality Scheme is based on laws that protect certain groups of people. These groups are:</p> <ul style="list-style-type: none"> Men and women (Gender Equality Legislation) Black and Minority Ethnic people (Race Equality Legislation) Disabled people (Disability Equality Legislation) <p>These laws contain a list of things we must do to prove that we</p> <ul style="list-style-type: none"> • understand how discrimination can happen • know what we are doing to stop it • are achieving our goals <p>However, it's not just these groups of people that can experience discrimination or unfairness. The amount of money you have and where you live, your age, your sexual orientation or your faith can all lead to unfair treatment. You can find examples of this at www.equality.scot.nhs.uk.</p> <p>Our Equality Scheme gives the same level of protection to all these groups.</p> <p>www.equality.scot.nhs.uk</p>
 <h3>What does this mean for me?</h3> <p>The equalities laws tell us that it's not good enough to wait until something goes wrong before the problem gets fixed.</p> <p>Each of us has to be aware that the way we work might make it harder for some people to use our services than others. We then need to do something about it before it impacts on their health or quality of treatment.</p> <p>This can be challenging, because lots of our services rely on routines that have been established for many years - before equalities laws were in place.</p> <p>For example, you may manage or work in a service that has always allocated 30 minutes for patient consultations. The 30 minute rule means that everyone gets the same time with a health professional and, on the face of it, appears fair. But could it actually disadvantage some people?</p> <p>If the patient speaks fluent English, understands the sometimes complex language used by health professionals and feels confident enough to discuss different treatment options, then 30 minutes might be fine. However, if the patient is deaf or has learning difficulties, this rule is suddenly being applied to a totally different set of circumstances.</p> <p>Unless a system is put in place that takes account of the patient's communication needs, there could be serious consequences for their health and may amount to indirect discrimination.</p> <p>Discrimination is not just about treating someone negatively. It is important to realise that we may be discriminating by treating everyone the same, because everyone has different needs.</p> <p>www.equality.scot.nhs.uk</p>	<h3>What changes might I be part of?</h3> <p>The Equality Scheme's Action Plan sets out what needs to be done to bring about the changes in services to ensure that the situation just described doesn't happen. Every member of staff is required to bring about the changes we need. For example:</p> <ul style="list-style-type: none"> >> You may be asked - with training & support - to get more information from patients, like where they live, their ethnic background or sexual orientation. This helps us deliver the best care we can, see who uses our services and do more for those who don't get in touch with us. >> You will receive support to ensure that patient information is easier to understand. >> You may be asked to take part in an Equality Impact Assessment - a process that helps services understand where there may be gaps or barriers for some people. >> You may be asked to help ensure that our buildings are easier to get in and out of and have clear signposting. <p>You will also see activity which aims to promote equality for staff members. For example:</p> <ul style="list-style-type: none"> >> Staff who may be at high risk of discrimination will be given the opportunity to discuss ways to improve their work experience <h3>Want more information?</h3> <p>We all need to understand our roles and responsibilities for ensuring that equalities laws are not broken. You can find more information about the Equality Scheme and how to identify discrimination on our Equalities in Health web site www.equality.scot.nhs.uk and Staffnet page. You can also contact the Corporate Inequalities Team or the Equality & Diversity Team via both these sites.</p> <p>www.equality.scot.nhs.uk</p>