



## **CORPORATE INEQUALITIES TEAM (CIT)** **KEY AREAS OF WORK 2010-11**

### **INTRODUCTION**

The CIT's current priority areas of work aim to support the development of an organisation which continuously improves its response to inequalities.

These activities work towards an NHSGGC that addresses the causes as well as the results of poor health and which recognises that discrimination can lead to poor health as a result of unequal opportunities for education, employment, income and involvement in society.

Building on the 10 Goals for an Inequalities Sensitive Health Service, NHSGGC's Tackling Inequality Policy Framework has three key actions-

- To remove discrimination caused by gender, race, disability, sexual orientation, age, social class and religion and belief.
- To tackle health inequality (the health gap)
- Respond effectively to the needs of marginalised groups such as homeless people

CIT Contact: [sue.laughlin@ggc.scot.nhs.uk](mailto:sue.laughlin@ggc.scot.nhs.uk)

### **KEY AREAS OF WORK**

#### **1. EQUALITY SCHEME 2010-13**

Implementation and monitoring of the Scheme is supported by the CIT. The team is accountable to the Director of Policy and Planning who is the lead director for inequalities. A summary document for staff entitled '*The NHS Greater Glasgow and Clyde*

*Equality Scheme 2010 - 13 - What it Means for Me'* has been distributed to all staff as a quick and easy guide.

The new approach to planning includes the production of corporate planning and policy frameworks which detail actions required to promote equality and remove discrimination across the whole of NHSGGC.

### **1.1 Communication Support and Language Plan (CSLP)**

The CSLP is a detailed plan looking at how to improve communication support and therefore access to services for people who require it. Those who will benefit from the plan include: those whose first language is not English; people with sensory impairment, stroke survivors, those with learning disabilities and those who have literacy issues. The Accessible Information Policy which is part of the plan includes actions within the plan include standardised appointment letters, an accessible written information policy and streamlining access to interpreters and other forms of communication support.

**CIT Contact:** [jac.ross@ggc.scot.nhs.uk](mailto:jac.ross@ggc.scot.nhs.uk)

### **1.2 Equality Impact Assessment (EQIA)**

EQIA is a requirement of the equalities legislation - NHSGGC has to ensure all its functions do not discriminate, even unintentionally, against identified groups such as disabled people and Black/Minority Ethnic communities. Guidance and an associated tool have been developed to assist the various parts of the organisation with this process and support and advice is available. Work is currently underway to review the EQIA process and further mainstream NHSGGC's approach. The CIT ensures that all EQIAs are published on the NHS Greater Glasgow and Clyde equalities internet site [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk), once they have been quality assured. Copies are available in other formats upon request.

**CIT Contact:** [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

### **1.3 Consulting with Inequalities Groups**

Involving equalities groups is a mainstay of the equalities legislation. A process is in place which ensures that any new piece of planned work incorporates user involvement. For example, the Communication Support & Language Plan was

written with service users comments at the forefront and there will be a service users will be involved in the plan's implementation.

**CIT Contact: [Jac.ross@ggc.scot.nhs.uk](mailto:Jac.ross@ggc.scot.nhs.uk)**

## **1.4 Learning and Education Equality and Diversity Strategy**

NHSGGC have produced a Learning and Education Equality and Diversity Strategy. This strategy lays out a roadmap as to how we will ensure our learning and education opportunities for staff are linked to the priorities within NHSGGC Equality Scheme 2010 - 2013 and to the needs of our staff. It highlights the need for an audit of our general training programme to see where we can add in equality and diversity content to make sure we are mainstreaming this agenda. All general training courses will be badged 'equality proofed' after this audit is completed. It also identifies the need to link training and blended learning opportunity to the KSF Core 6 equality and diversity dimension. E Learning has been highlighted as a way to increase staff awareness quickly with other opportunities such as utilising the equality website to understand the issues and read more about what's happening across NHSGGC and use tools and information available to up skill our workforce.

**CIT Contact: [Jac.ross@ggc.scot.nhs.uk](mailto:Jac.ross@ggc.scot.nhs.uk)**

## **1.5 Mental Health & Sensory Impairment**

The Mental Health Partnership and CIT are working in tandem to deliver a range of work in line with the HDL (2005 / 27) to ensure that mental health service are accessible for those with sensory impairment. This work includes redefining the Integrated Care Pathway for mental health services with Deaf, deafened and Deafblind people and a consideration of our role in a potential national specialist service for British Sign Language users in particular.

**CIT Contact: [Jac.ross@ggc.scot.nhs.uk](mailto:Jac.ross@ggc.scot.nhs.uk)**

## **1.6 Transgender Policy**

NHSGGC's Transgender Policy sets out our commitment to provide non-discriminatory and inclusive health services and employment rights for transgender people. The Policy was formally agreed by the Corporate Management Team in May. Work is underway to develop online learning and education modules to support the implementation of the policy and ensure

transgender people accessing our services can do so with confidence.

**CIT Contact: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)**

## **1.7 Age Equality**

Age discrimination can be direct or indirect. Direct discrimination is when a person is treated less favourably because of their age. Indirect discrimination is when care is offered in such a way that older people are disadvantaged because they are disproportionately affected.

Age is a 'protected characteristics' within the Equality Act 2010. the act also includes provisions for introducing a ban on age discrimination in the supply of public goods and services. This ban is due to come into force in April 2012. Discussions have started to enable us to identify headline services where there is a risk that NHSGGC may currently be discriminating on grounds of age.

These discussions will inform the scope of a more formal audit of services to enable us to understand the extent of the risk and to enable us to take action to ensure the discrimination is addressed.

**CIT Contact: [kath.gallagher@ggc.scot.nhs.uk](mailto:kath.gallagher@ggc.scot.nhs.uk)**

## **1.8 Social Class Inequality and the Socio-economic Duty**

NHSGGC has always included social class inequality in its EQIA template. A recent review of the Equality Scheme showed that there is very little awareness of how this relates to the other EQIA strands or what could be done locally to reduce social class inequality. The Government is still considering introducing a duty on socio-economic inequality which could assist in making the link between social class and other forms of discrimination and prejudice much clearer.

CIT has included social class into the 2010-13 Scheme and is also working with colleagues to identify how the health inequalities gap will be reduced by key areas of work.

**CIT Contact: [jackie.erdman@ggc.scot.nhs.uk](mailto:jackie.erdman@ggc.scot.nhs.uk)**

## **2. TACKLING SOCIAL CLASS INEQUALITY AND CLOSING THE HEALTH GAP**

### **2.1 Child Poverty**

Work on child poverty has been developed through the work of the Child Poverty Learning Set and more recently the Child Poverty Sub Group of Children's Services Planning in Glasgow. Two key events have been held:

- The Impact of child poverty on health- The purpose of the day was to define the role of the NHS in tackling child poverty in a partnership context. Dr. Nick Spencer, Professor of Paediatrics at Warwick University gave the headline presentation and an article on his talk will appear in the December issue of Children in Scotland.

- Gender and child poverty- This event explored the relationship between gender and poverty and the impact on children particularly in relation to the recession. All the presentations and feedback from the event is available on the Equalities in Health website and the PHRU website.

**CIT contact: [jackie.erdman@ggc.scot.nhs.uk](mailto:jackie.erdman@ggc.scot.nhs.uk)**

### **2.2 Financial Inclusion Work**

Financial inclusion means that individuals have access to appropriate financial products and services. This includes people having the skills, knowledge and confidence to use these products and services. Living without financial products is a significant disadvantage in an age where cash is slowly being replaced by debit cards and automated transactions, and living on credit is the norm.

Being financially excluded can cost and it is the most deprived who pay the price. Factors leading to financial exclusion include being on a low income or unemployed, long term illness or disability and being from an inequalities group such as Black/Minority Ethnic or older people.

The Financial Inclusion Group has been chaired by Fiona Moss, Head of Planning and Health Improvement for SW CHCP and supported by the CIT. The group is delivering an action plan and its work includes-

- Desk research on the health benefits of financial inclusion undertaken by the Scottish Poverty Information Unit
- A mapping of local financial inclusion work e.g. funding streams, structures in place, services, workforce development, targets and monitoring, gaps in current approaches and SOA targets
- A session for the new Financial Inclusion Consortia in Glasgow on we can create sign posting for our patients to Financial inclusion services

**CIT Contact: [noreen.shields@ggc.scot.nhs.uk](mailto:noreen.shields@ggc.scot.nhs.uk) or [jackie.erdman@ggc.scot.nhs.uk](mailto:jackie.erdman@ggc.scot.nhs.uk)**

### **2.3 Healthier, Wealthier Children**

Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.

The project will offer income maximisation advice for families experiencing child poverty and will aim to prevent families from falling into child poverty by working with health and early years services to identify families at risk at an early stage. Consequently the main service groups targeted for providing referrals to Healthier, Wealthier Children income maximisation services will be, in the first instance, midwives and other antenatal service staff, health visitors, oral health and breastfeeding advisers, parenting support workers, and early education staff.

CIT are supporting the project on admin, staff induction, evaluation and engagement.

**CIT Contact: [Noreen.shields@ggc.scot.nhs.uk](mailto:Noreen.shields@ggc.scot.nhs.uk)**

### **2.4 Employability**

The Employment and Health Strategic Group has brought together different parts of the system to develop delivery frameworks for employability which fit in with local partnership strategies. A range of work is underway across NHSGGC on employability including-

- A review of the Bridging Services

- Consideration of the follow up to the Front Line Staff Survey and how we can further engage health staff in employability work
- A new Working for Health programme and ring fencing of posts for Modern Apprenticeships and young people
- Community Benefits clause in the New South Glasgow Hospital tender on training and employability
- A new post in Workforce Plus, the Scottish Governments employability team, who is working with non Glasgow CHPs on joining up the health and social care pathway
- Work with care groups on employability e.g. mental health, addictions
- Work on keeping people in employment and the recently announced Fit for Work Service for Scotland
- Development of tracking and case studies on NHS volunteering and employability

**CIT Contact: [Jackie.erdman@ggc.scot.nhs.uk](mailto:Jackie.erdman@ggc.scot.nhs.uk)**

### **3. INEQUALITIES SENSITIVE PRACTICE**

#### **3.1 Gender-Based Violence Action Plan**

NHSGGC's first Gender-based Violence Action Plan was produced for consultation in July 2008. The purpose of the plan is to create a health service that understands and meets its responsibilities around gender-based violence as part of fulfilling its duty of care to service users and complying with equalities legislation.

The plan includes action to meet the requirements of Scottish Government's CEL\_41 (2008) Gender-based Violence which aims to ensure sensitive enquiry of gender-based violence is introduced in key settings together with dissemination of good practice guidance, robust employee policies and strengthened multi-agency collaboration.

Implementing sensitive enquiry on GBV is an important part of wider work to introduce changes in practice to ensure our services are sensitive to inequalities people may be experiencing that affect their health or prevent them from using or benefiting from health services.

Training is underway in different settings to equip frontline staff and managers to have the confidence and skills they need to deliver

our objectives on gender-based violence. An e-module has been developed as part of the training programme on GBV. The lead Director for this work is Catriona Renfrew Director of Corporate Policy and Planning. A review of the plan will commence shortly.

**CIT Contact:** [kath.gallagher@ggc.scot.nhs.uk](mailto:kath.gallagher@ggc.scot.nhs.uk)

### **3.2 Sandyford Initiative**

CIT has been involved in the joint development of an inequalities sensitive induction programme for all new starts which includes a specific module on inequalities and sexual health. The programme is now fully operational, delivered by trained Sandyford colleagues. Development work of Sandyford as an exemplar of delivering inequalities sensitive practice is ongoing.

**CIT Contact:** [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

### **3.3 Patient Experience of Cancer Services**

Working with Regional Cancer Services and the Health Improvement Team (Acute Planning), a pilot programme of work exploring patient attitudes with specific focus on experience of inequalities is underway. Funded by the Scottish Government's Better Together Programme and staged over a three-year period, the work will deliver a better understanding of the barriers into, through and out of cancer services, and help service users find the confidence to express their needs to help re-orientate service planning.

This work has included an in depth literature review of inequalities and their impact on colorectal cancer screening and treatment.

**CIT Contact:** [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

### **3.4 Accident & Emergency**

The A&E front door is the primary point of entry into NHS services for many people. But services are under significant pressure to both meet the needs of patients and the requirements of performance targets to reduce attendances and waiting times. Caught between these two considerations is a patient user group that presents a diverse range of complex issues, often reflecting the lived experience of inequalities within society. CIT will be working with a number of colleagues to review the way A&E

services can be supported to meet the diverse needs of some of the most vulnerable patient groups.

**CIT Contact : [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)**

### **3.5 Long Term Conditions- Diabetes**

Long term conditions are one of the biggest health challenges facing society and the NHS. The nature of the NHS response and the response of its partners has the potential to reduce the health inequality gap or widen it. CIT supported the development of a discussion paper on Diabetes and Inequality which aimed to define the problem and possible solutions on what causes the inequality gap and who gets the best use of services.

The group organised a stakeholder session who identified five areas for change where outcomes for people with diabetes could become more equal-

- Reduce barriers caused by inequality for people currently using services and managing their diabetes
- Identify and tackle unmet need and under diagnosis as a result of inequality
- Redistribute services to tackle the inverse care law
- Develop inequalities sensitive enquiry and a community development approach to meet complex needs
- Take a prevention approach informed by an understanding of inequality

The paper used the 10 Goals as a systematic way of working through the issues to decide on the role of the NHS and its partners in tackling the inequality gap.

**CIT Contact: [jackie.erdman@ggc.scot.nhs.uk](mailto:jackie.erdman@ggc.scot.nhs.uk)**

October 2010 Update  
CIT Activities