Supplementary Information for NHGGGC EQUALITY MONITORING REPORT 2015-16

NHS GREATER GLASGOW AND CLYDE

MONITORING REPORT 2015-16

Equality Outcomes

This report provides supplementary evidence to the ‘A Fairer NHSGGC Monitoring Report 2015 – 16’ to give a fuller description of many of the areas of work undertaken across NHSGGC, particularly where we have case studies.

Equality Outcome 1: Barriers to all NHSGGC services are removed for people with protected characteristics. Duty 1.

Health Literacy

A group to raise awareness of Health Literacy has been set up in NHS Greater Glasgow & Clyde. One of the aims of the group is to identify areas where actions can be taken to improve communication between health professionals and patients/carers. The group supports the implementation of "Making It Easy" - a national health literacy plan for Scotland: www.healthliteracyplace.org.uk

Within NHS Greater Glasgow & Clyde, Information Pathways have been developed that identify quality assured publications: Healthy Families, Healthy Children Information Pathway and the Long Term Conditions Information Pathway. These are designed to assist NHS Greater Glasgow & Clyde staff who work with patients / carers and signpost them to publications which are available to support effective communication with patients.

Further information is available from the Public Health Resource Directory

British Sign Language (BSL) Communication Support

We have reviewed how we process requests for interpreting support and in particular BSL interpreting. We have produced a DVD for staff to ensure that they understand the need for interpreters for BSL users and how to book these interpreters.

Disability Discrimination Audits

In the last 12 months work has continued to progress in improving access to our estate for disabled people. The opening of the Queen Elizabeth Hospitals has seen considerable improvements on the old Southern General Hospital campus with the retained estate being developed in line with the same standards as those provided for the new hospitals. There have been improvements in internal road and footpath surfacing, raising and lowering of kerbs as appropriate, external lighting and improved signage.

Due to the extent of this programme, work is still ongoing and it is envisaged that improvements around the neurology buildings will be completed in 2016. Based on the feedback received since the new hospitals opened, further measures are currently being considered to enhance the access to / from the car parks to the main entrances of the hospitals. One such initiative involves the introduction of a buggy transport scheme operating from the two multi-storey car parks, which will considerably improve access for patients and visitors with mobility problems.

By means of the revised Directorate operational and governance structure, sector General Managers continue to ensure that issues identified in previous accessibility audits are progressed and / or programmed accordingly. In hospitals such as the Glasgow Royal Infirmary, Royal Alexandria Hospital, Inverclyde Royal Hospital and Southern General Hospital (retained estate); previous issues have been resolved as part of the on-going refurbishment and capital works schemes. In addition, the previously prepared Action Plans continue to be regularly reviewed and updated to demonstrate meaningful progress and also ensure that, as and when funding streams are available, a “current and prioritised” list can be referenced accordingly and discussed in conjunction with clinical service colleagues.

While good relations continue with voluntary and special interest organisations, colleagues in the Capital Team have undertaken a lead role in maintaining these links and determining a range of interesting projects to actively encourage further participation and involvement.

The Directorate continues to explore all potential funding opportunities to allow further accessibility audits throughout 2016 with new prioritised sites / areas having been identified accordingly.

Screening

There has been a review of the location of the breast screening van in relation to local uptake rates taking account of age range and deprivation.

Work around cervical screening has supported practices to run patient awareness and education sessions to support non-engaged women in South Glasgow, with a focus on Black/Minority Ethnic women and non-English speakers.

Care providers of people with Learning Disability have been trained to use the Bowel Health and Screening resource to support the people they care for to make an informed choice about bowel screening.

Equality Outcome 2: Reduced discrimination is faced by lesbian, gay and bi-sexual (LGB) people, transgender people, sensory impaired people and people with learning disabilities in all NHSGGC services. Duty 1.

Working with Lesbian, Gay, Bi-Sexual and Transgender people

NHSGGC Mental Health Services (MHS) were shortlisted for this first Scottish LGBT award on 10th Sept 2015. The award was for the Public Body Initiative of the Year. MHS has improved LGBT awareness across its health board through organising several equalities events during the past year. Through building close ties to a wide variety of community partners offering leading expertise, these events have reached hundreds of staff members and included comprehensive trans awareness training in addition to general LGBTI training.

Sensory Impairment

NHSGGC have been developing a range of work with those with sensory impairment to ensure they have equitable access to NHSGGC services.

British Sign Language (BSL)

The Champions were also actively involved in advising on the accessibility of the new Queen Elizabeth University Hospital for BSL patients and reviewed the information relating to the opening of the new hospital and the related closure of other hospitals and clinics to ensure that all communication was accessible for BSL users. Further to this the group gave advice on the launch of the pilot phase of the Scottish Government's "ContactScotland" communications initiative.

An evaluation of the first 6 months of the BSL Champions project was completed in July 2015. All of the volunteers said that they thought that the project had had a positive influence on the inclusion of Deaf BSL people within NHS service delivery. Each of the Champions stated that they wanted to continue as part of the project but wanted faster progress.

CIT is currently working with the BSL Champions to recruit new volunteers to take part in the project and is developing a work programme for 2016. This will include the design and facilitation of BSL awareness sessions to be delivered by the Champions to a range of healthcare professionals, including student nurses and community health and primary care staff. CIT is also working with Solar Bear, the Deaf Youth Theatre, to plan a series of short drama sessions in BSL that will be delivered in a number of Acute sites and community health settings. These sessions are intended to improve awareness of BSL as a language and a culture amongst NHS and health and care staff and other NHS service users.

Learning Disability

Project SEARCH in NHSGGC is now planning year 4 with the current year 3 cohort due to graduate in June 2016. Following the introduction of Project SEARCH in 2013, 14 graduates have been employed by NHSGGC. The project also offers an on-site Job Coach in the QEUH to support the 12 graduates who have not been employed there. The post has been funded by the pooling of Access to Work funds Evaluation by SCLD shows that this role has been valued and Project SEARCH are looking at ways to sustain a job coach role within NHSGGC.

The Learning Disability Liaison service has facilitated accurate coding of learning disability in primary care for accurate health inequality monitoring. There is a need to increase the visibility of learning disability in routinely reported public health data in order to measure health improvement.

The learning from the Primary Care Local Area Coordinator (LAC) service, piloted in Maryhill, is to be embedded into local learning disability services via the liaison role to ensure sustainability utilising an asset based approach to health improvement for people with learning disability. Evaluation of this is ongoing.

NHSGGC has contributed to the Public Social Partnership approach to health improvement for people with a learning disability living in Glasgow City. Specific actions of this group are far reaching across NHSGGC and include; Independent quality checking of mainstream health services by people with a learning disability; provision of education sessions for people with learning disability and 3rd sector care providers on public health screening programmes with the aim to increase uptake of these by people with a learning disability; public health checklist for commissioned care providers to ensure access to health screening and appropriate preparation and information to support a positive experience; establishing a partner network which utilises asset based methods for health improvement outcomes.

North East Health Improvement in partnership with Dietetic and Learning Disability services and Glasgow University continue to successfully support the provision of Waist Winners 2 with specific learning disability groups. The sustained provision and rollout of the Waist Winners 2 model following its success is being considered as the next steps in 2016.

The launch of the NHSGGC LD Dementia Care Pathway and Framework took place in March 2016.

Equality Outcome 4: The health needs of prisoners and homeless people with protected characteristics, Roma/Gypsy Travellers and Refugees and Asylum Seekers are addressed. Duty 1.

Homeless People

In 2015 -16, homeless health services have continued to work towards meeting the needs of the most vulnerable and complex homeless people through dedicated health services at Hunter Street. Hunter St continues to work jointly with homelessness accommodation providers to ensure barriers to accessing local health service are reduced. In mainstream services Health, Housing and Homelessness leads have focused on the prevention of homelessness through support and engagement with local services through the Housing Options Model which is being rolled out across Glasgow City HSCP.

This approach promotes the role of housing services in homelessness prevention and highlights the impact housing makes in patient care.

Both within Hunter Street services and in local communities' service user involvement events and Inequalities Sensitive Practice inquiry methods have been used to gather service user feedback to in inform and shape service deliver for those experiencing homelessness.

NHSGGC continue to play an active role in the city wide roll out of Housing Options. Findings from Housing Options suggest that the implementation of the model has contributed to the reduction in the number of homelessness applications, however the impact on those presenting with multiple and complex needs requires to be further evaluated. There has been a less comparable reduction in those accessing Hunter St Homelessness Services which has seen an increase number of those presenting who are destitute prior or at end of the asylum process.

During 2015 - 16 the Homeless Health Service has been involved in a pilot to respond to homeless people in the city centre who find services difficult to engage with and has been working to develop pathways to the newly redesigned GCC Community Homeless Teams.

Prisoners

All individuals received into custody are asked to provide a history of alcohol consumption prior to admission. This is now formally recorded as a FAST score for individuals who report alcohol as a problem. Further developments in this area include the use of Clinical Institute Withdrawal Assessment for Alcohol and the use of Alcohol Brief Interventions and onward referral to relevant clinical and psychosocial interventions. We have also developed the Drug Alcohol & Tobacco Strategy for Prison Health Care.

Services to support smoking cessation have developed significantly over the past three years with the most successful model of delivery mirroring the community delivery model. The delivery of the service has increased year on year as existing Prison Health Care Staff participate in relevant training to deliver.

We now have a team of 14 facilitators currently delivering services across all three prisons as an 'add on' to their core role. The numbers participating in smoking cessation have increased as we worked to overcome difficulties presented by 'prisoner groups'. Remand prisoners who had previously been excluded from service now have a tailored service within prison health care with onward referral to community services within the board area, outwith the board area and where appropriate to other prison based services on transfer. A clear client pathway has been developed to support effective monitoring of referral and access to service.

Engagements with Prison Health Care Smokefree Services April 2015 – March 2016

Establishment	Average Prisoner Numbers	Referred to Service	Offered Service	Waiting List
HMP Barlinnie	1203	735	297	86
HMP Greenock	255	165	103	8
HMP Low Moss	750	232	100	33

The Wellman clinic was a systematic means of making checks on prisoners in custody and signposting them to appropriate services. Many of the services were internal services, for example, tissue viability, podiatry, dentist, asthma and diabetes clinics. However, some required appointments with specialist services like cardiology to review treatment plans and medication.

This service also made a huge impact in introducing people to health improvement services. Smoking cessation, healthy eating choices and educational groups on alcohol and lifestyle were all utilised for men who would not have necessarily self-referred. There have been significant success stories with weight management groups and linking people into activity and classes tailor made for them in partnership with SPS Physical Education Department who liaised with the Wellman Service to design activities to encourage attendance, exercise and wellbeing.
The Wellman Service provides a qualitative service in a prison where most services are designed to deal with huge quantities of prisoners due to overcrowding and fast population turn over.

In 2015 – 2016, through onward referral, 836 people participated in health improvement services. Of these 244 received a full assessment at their request and were referred to a range of services provided by NHSGGC.

The development of the 'Improve your Lifestyle' service is available within prisons and is delivered in partnership with Scottish Prison Service Physical Education Instructors. This programme of Health Coaching sessions develop the principles of health behaviour change and encourages the participants to consider what is a healthy lifestyle, how we are affected by the media and others views of health, introduces opportunities within the prison environment to make 'healthier choices' and attend taster sessions of activity in smaller more manageable groups. This group is established as part of the core programme within HMP Barlinnie and has a cohort of up to 10 participants every 10 weeks. Over two years 80 participants have taken part. A supported weight management group has been developed as a result of participation in this service. Over two years 924 interventions have been delivered to participants.

Partnership working between NHSGGC and the Scottish Prison Service within the area has built on joint training opportunities. Twenty two staff have completed Royal Society for Public Health (level 3) training on Nutrition for Healthier Diets. These include a range of Registered Nurses, Health Care Support Workers, Health Improvement Practitioners, Physical Training Instructors and Catering Officers.

The delivery of national screening programmes which include Bowel Screening, AAA Screening and Diabetic retinopathy has increased significantly. In the year 2015 - 2016 126 people were supported to complete and submit the kits for testing. Seven people were invited to participate in the AAA Screening Programme. Diabetic Retinopathy is available and provided where required. In smaller establishments people are taken to specialist clinics and in HMP Barlinnie the mobile service visits the establishment. Approx 85 people participated in this programme.

The delivery of Health Improvement Programme for Offenders based on the Mouth Matters guide designed and developed by Dr Ruth Freeman at Dundee University and supported by Scottish Government has been launched within prisons.

The Oral Health Directorate has funded 1 WTE support worker (Band 3) to deliver this intervention. Dental Sessions have been increased within HMP Low Moss and a Patient Information Leaflet has been developed to help patients understand the service and manage expectation regarding waiting times.

All staff that participate in the delivery of health improvement interventions within prison health care have completed level 2 'Conversations about Change – Health Behaviour'. We have been fortunate to developed an in house training team and have also delivered this training to mentors supporting individuals leaving prison who work for The Wise Group (80% of people who work on the mentoring programme have an offending history or spent time in prison). We continue to work with and develop links to third sector organisations supporting people leaving prison to engage with this training opportunity to ensure a consistent approach to health behaviour change.

Asylum Seekers and Refugees

Glasgow City Health & Social Care Partnership (HSCP) is developing a training plan for NHS services which includes awareness raising sessions on issues effecting asylum seekers and refugees including GP sessions, HSCP practitioner training and the development of e-learning module. In primary care the plan considers the needs of frontline workers with training to admin staff to promote inequalities sensitive practice and to encourage the use of telephone interpreting to triage patients at GP reception desks.

To meet the specific health needs of asylum seekers, the Asylum Health Bridging Team (AHBT) provide an introduction to the NHS using various translated materials and GP liaison workers are supporting practices to develop their own information in appropriate languages. The AHBT also provide a named link worker for GP practices to contact for advice.

The Board continues to review and develop the resources available to Asylum Seekers and Refugees and health staff delivering care. These include appointment letters, health related information in appropriate languages and useful resources for staff.

Roma

The Glasgow South Sector Health Improvement Team sent out a questionnaire to staff and local GPs in 2014 regarding the issues of working with the Roma community. The report was discussed with South Sector Executive Group in Feb 2015. Based on the agreed action plan, a peer education programme was established and delivered jointly by the Corporate Inequalities Team and South Sector Health Improvement team in partnership with Govanhill Community Development Trust and the Roma community. The first group of peer educators facilitated an initial session in January 2016. Two more peer education programmes are planned for 2016 and the evaluation will be shared with other partners. By the end of 2016, 20-30 peer educators will be trained, delivering up to 150 sessions in total within the local Roma community, promoting NHS services including the entitlement and rights as a patient.

Equality Outcome 5: The health impact of both hate crime and incidence is reduced for all those with the added protection afforded by Hate Crime Legislation. Duty 1.

NHSGGC continues to capture hate incidents via mainstream incident reporting. All perceived hate incidents are collated and reviewed by the NHSGGC Violence and Aggression Committee on a quarterly basis. In addition to this, statistics are sent to Community Safety Services Glasgow where they are reviewed as part of a wider city hate crime analysis and to the Glasgow City Hate Crime Working Group where NHSGGC is an active partner. This group is working collectively to better understand the experiences of victims of hate crime and increase awareness that will lead to improved reporting to police and use of third party reporting. To date from April 2015, there have been 57 incidents reported.

Equality Outcome 6: All NHS staff have a greater awareness of the needs of groups with protected characteristics. Duty 2.

A review of what works in terms of training highlighted that interventions should take place within a broader context of commitment to diversity in terms of institutional and cultural change. For example, it is perhaps less of a priority for organisations to hold diversity training courses when groups such as women, ethnic minorities, or people with disabilities, are significantly underrepresented in senior positions within their workforce.

Interventions should be based on social-psychological theories. For example, despite good intentions, direct attempts at persuading people to recognise and change their attitudes have been known to be ineffective and often have unintentional negative effects. Diversity training in particular risks backfiring by reinforcing minority ethnic stereotypes and drawing attention to difference and inequality. Our future focus in this area will be on interventions which facilitate positive intergroup contact, or which promote perspective and empathy such as the Human Library work (see below).

Carer Awareness Training – Case Study

Workforce development has focused on ensuring staff are equipped with the knowledge and skills to effectively identify relatives/friends who are providing an unpaid caring role and provide them with relevant information and support referrals.

E-learning modules and Level 1 face to face training provide basic awareness and information on how to access support. Level 2 face to face training provides a service improvement approach for teams to consider how they can best identify and involve carers in their clinical area.

All the training is delivered from a person-centred approach which asks staff to consider the differences in the needs of those in hard to reach groups and with protected characteristics such as young carers, older carers, Black/Minority Ethnic carers.

Training totals 2014-15

- Level 1 face to face 78
- Level 2 face to face 142

To end of Quarter 3 2015-16

- E-learning (launched Nov 2015) 73
- Level 1 face to face 73
- Level 2 face to face 36

We have also had very positive feedback from staff on our Face to Face Sensory Impairment training. It is delivered by two sensory impaired people who work for charities across Greater Glasgow & Clyde; Visibility Scotland and Deaf Connections. This year, 98% said the training was useful or very useful and 97% said they have improved their knowledge with 40% saying that it had been greatly improved. We hope to explore new ways of delivering this training in 2016 which will make it easier for acute frontline staff to access.

Equality Outcome 8: Personal characteristics and circumstances which affect health are effectively addressed in health encounters through routine sensitive enquiry on social issues as part of Person Centred Care. Duty 2.

Routine Sensitive Enquiry on GBV

Forty four staff from across Health Visiting, Sexual Health and Addiction services completed a two day training for trainers course on sensitive routine enquiry (SRE) and using the SafeLives Risk Indicator Checklist (RIC) to assess risk of harm faced by women (and their children) who disclose abuse. This has significantly increased organisational capacity to train new frontline staff on SRE and to enhance the skills and competencies of existing staff. It also establishes a pool of trainers to ensure on going training and development for the workforce on this practice.

The reconfiguration of NHSGGC Psychological Trauma Services has clarified pathways into mental health services for survivors of gender-based violence (GBV) and contributed to the roll out of routine sensitive enquiry on GBV amongst mental health service staff begun in Renfrewshire HSCP.

The training process and follow up audit on outcomes has being shared as a good practice model to assist other HSCPs take forward training of mental health service staff in their areas. It is described in the following case study.

Renfrewshire HSCP Case Study

The training programme commenced in October 2014 and was completed in April 2015.

10 training sessions were delivered, with 143 staff members attending.

Development of a pathway for Implementation of Sensitive Routine Enquiry for domestic abuse and childhood sexual abuse along with a review of the assessment paperwork was also completed.

Following the training records an audit of 60 records was carried out. It was found that Routine Enquiry took place in 56 (93%) cases. Where it did not take place the reason given was; 1 intoxicated; 3 not clinical priority.

30 (54%) disclosures of gender based violence were made. Of these disclosures 17 (57%) concerned domestic abuse, 8 (27%) concerned childhood sexual abuse and in 5 (16%) cases a disclosure of both domestic abuse and child sexual abuse was made. Action taken was also reported as:

Domestic Abuse	Childhood Sexual Abuse	Domestic Abuse and Childhood Sexual Abuse
12 past 5 current	6 (75%) No further action required	3 (60%)Psychological intervention recommended
10 (59%) No further action required	2 (25%) currently receiving a service from Social Work, Women and Children First, Police	1 (20%) Referral made to Women and Children First
6 (35%) Sign posted to either Women's Aid or Women and Children First		1 (20%) Self referral to be made to WCF, information given.
1 (6%) For further discussion within future treatment session		

Financial Inclusion and Employability

From 2011 to December 2015, NHSGGC staff have made over 36,000 referrals to Money Advice Services with £42 million financial gain.

Routine enquiry around money and debt worries in children and families services has now reached over £11 million financial gain with 10,325 referrals since the inception of this programme in 2010. There have also been associated outcomes such as reduced stress for families and improved budgeting. This programme is embedded across NHSGGC with, for example, Renfrewshire HSCP providing an extra £60k funding to extend the money advice specialist worker contract until 2017, whilst covering extra capacity for asylum seekers and refugees / people using community languages.

An example of good practice in a geographical area is Glasgow HSCP, where the latest annual report available (2014-15) was published June 2015: £6.3million financial gain for all NHS referrals, which included financial gain, debt management (housing and non housing) and council tax arrears negotiation.

A further example of good practice is in Acute Services where there are a range of money advice services. The services are broken down as shown below, but together the services have received total referrals of **3614** with financial gains of **£5,507,277.41** between April and December 2015

Between April 15 – Dec 15, **1,714** referrals were made for cancer patients and people with long term conditions (Glasgow City Hospitals), with a financial gain of **£3,785,105.40**. In addition there are services within:

- The Royal Hospital for Children (inpatients and outpatients): **194** referrals. Financial gain: **£543,351.52**

- Brownlee HIV Specialist Service: **35** referrals. Financial gain: **£1,004.50**

- Hep C Financial Inclusion intervention statistics during Q2 & 3 show **23** referrals to money advice services resulting in **£ 50,506.**

- Beatson West of Scotland Cancer Service has a money advice service for patients who do not live within Glasgow City. During Q1-3 this service received **930** referrals with a financial gain of £**753,740.40**

- Macmillan referrals in Clyde Sector: **350** referrals. Financial gain of **£365,028.75.**

Patient Information Centres have seen increased individual enquiries about money in Stobhill ACH, Victoria ACH and Queen Elizabeth University Hospital. It is not possible to provide detailed data on this as a new database is currently under development. Around 80% of those accessing the Support and Information Service do so with a money related issue. This can be related to a number of areas including sanctions, debts, benefits, no gas and electricity (cut off due to arrears) and no access to food.

Employability Case Study

A good practice example in NHSGGC Mental Health Services involves referrals to the employability pathway. From April – Sept 2015, 462 people were referred to employability services with 152 finding a positive activity; 14 training; 26 voluntary work; 27 further education and 462 people receiving financial advice.

Disabled People and Welfare Reform

Last year local partnership areas completed the following actions on welfare reform, fuel and food poverty.

- An NHSGGC partnership with Home Energy Scotland - which included direct referrals from NHSGGC, contracted money advice services and a major awareness raising campaign across NHSGGC
- Integration of NHSGGC strategic staff into food bank / food share networks in local areas
- Test of change routine enquiry on sanctions in Alcohol and Drug Services
- Testing welfare reform materials (e.g. on the move from Disability Living Allowance to Personal Independence Payments) on NHSGGC British Sign Language You Tube channel.

Person Centred Health and Care Programme

Listening to the care experience of people using services within NHSGGC remains the foundation used to drive improvement in the clinical teams involved in the programme of work. Analysis of both quantitative and qualitative care experience feedback and narratives are used to help clinical staff identify positive aspects of their interactions, attitudes, behaviours and care delivery and where limitations and defects occur. Through this process of analysis and the review of narrative accounts from the perspective and perceptions of people who use the service, clinical staff have been able to develop a more informative understanding of inequalities and discrimination within their practice and care settings and to explore, test and adopt approaches which lead to a more person-centred approach. At the micro level in individual teams it is possible to interrogate the care experience feedback obtained from individual patients and match this with data collected for several of the protected characteristics referred to in the Equality Act 2010.

It is hoped to explore opportunities in the near future to undertake more detailed analysis of this data and triangulate it with the care experience feedback to include in reports. Examples of improvement work taken forward are 1) addressing the information and education needs of people attending the Chronic Pain Management Service who require the services of an interpreter; 2) the use of the Teach-back technique to check peoples understanding when information or instructions have been given, in the Musculoskeletal Service; 3) the use of the 'Talking Mats' approach to facilitate improved communication with older adult patients who have communication support needs to find out what matters and what is important to them, and 4) use of digital technology to provide information to patients and families with palliative care needs at the Royal Alexandra Hospital in Paisley.

Human Rights good practice in health and social care: Esteem Glasgow Service

Esteem Glasgow is a small team made up of workers with skills in nursing, occupational therapy, psychology and psychiatry. We work with people aged 16 – 35 living in the Glasgow area who appear to be experiencing a first episode of psychosis.

When doing an EQIA on the service redesign we considered our approach to human rights. In liaison with the NHSGGC Mental Health Equalities Health Improvement Lead, we were able to describe how our service explicitly incorporates human rights elements.

The approach is described in relation to the United Nation articles on human rights, human rights PANEL principles and person centred care AAAQ principles.

Article 2: Right to Life:

A key aim of the service is to focus on the reduction of suicide in high risk groups i.e., to preserve the right to life, at times this means managing risk if people are unable to keep themselves safe. Research within the service has confirmed we have reduced suicide rates

Article 3: Prohibition of torture or inhumane treatment

Clinicians within the team write reports to support asylum applications where torture has been a factor in someone's mental health issues. The aim of the reports are to support the asylum claim and protect the individual against the risk of future torture.

Staff have had child protection training, are familiar with how to respond to domestic violence and have had additional training on trafficking.

Article 4 Prohibition of slavery and forced labour

Sensitive enquiry would be used if the team was concerned that a patient may have been trafficked or forced into prostitution or providing free labour under duress.

Article 5 Right to liberty

At all times efforts are made to minimise the use of compulsory care including regular crisis contact of necessary. However if compulsory care is required this will be done as compassionately and respectfully as possible and the patients family kept aware of all proceedings. When patients are detained staff will encourage them to access legal advice and advocacy teams, in some circumstances, will provide them with the phone numbers. We also encourage advance statements. We continue to work with goals that would enable people to leave hospital more quickly e.g., arranging housing.

Article 6 Right to a fair trial

We would always support people to attend court or any legal hearing.

Article 7 No punishment without law

Article 8 Right to private and family life, home and correspondence

Efforts are made to minimise the amount of time people are in hospital and where possible we would support them at home. Each patient's treatment is based on an Integrated Care Pathway which incorporates regular reviews of their care, consideration of psychological, social and occupational functioning. Patients and families are involved in this and if needs are identified e.g. a family member is distressed; we would offer them a psychological intervention or family work too. This level of intervention helps support family life and adaptation

Article 9 Freedom of thought, conscience and religion

People are always be asked about their religion or faith and encouraged to access these supports. Chaplains, Imams and others are contacted if necessary. Given the service works with adolescents, a large part of what we do is help people inform themselves about such matters to help them develop their identity and strengths in the face of mental health problems

Article 10 Freedom of expression

We encourage people to access peer support groups and become involved with the mental health network as a way of influencing service provision

Article 11 Freedom of assembly and association

As above

Article 12 Right to marry and found a family

Article 14 The right not to be discriminated against in relation to any of the rights contained in the European convention

People who use the service are encouraged to develop an advance statement outlining how they would like to cared for during future episodes of illness.

Key elements of the Esteem service in relation to PANEL and AAAQ principles are as follows:

Participation	A service priority is engagement of the hard to reach, young people who are withdrawn, isolated and marginalised. Assertive outreach and focus on engagement addresses this.
Accountability	The service is accountable within NHSGGC but has been thoroughly scrutinised by external research and internal review. Particular strengths lie in 1. the evidence base 2. good clinical outcomes 3. an Integrated Care Pathway which tailors treatment to the needs of the individual and their family 4. adapting the treatment model to address barriers to recovery
Non Discrimination and equality	The same service is offered to anyone within the high risk age range who has first episode psychosis regardless of gender/ race/ sexuality/ religion etc.
Empowerment	People are actively encouraged to be involved in every step of their care and treatment.
Legality	The Mental Welfare Commission is consulted and patients are encouraged to seek legal advice.
Availability	The service is available 9am-5pm Mon-Fri and crisis cards are provided for service access outwith those times.
Accessibility	The service accepts referrals from GP/ Social work, CMHT, PCMHT, Housing, colleges and our own patients.
Acceptability	The service has high rates of acceptability. Process evaluation included qualitative studies with staff, service users and carers. A consistent theme was the importance of the quality of alliance, trust, collaboration and shared decision making. Service users, carers and staff are key stakeholders in development of systems level interventions to reduce inequality of access to care.
Quality	The service was recently recognised at the staff awards and service users have written to the first minister to highlight their good care and treatment. We would routinely measure service satisfaction.

Gender and Carers Audit

Caring is gendered throughout the life course as highlighted in the Carers Strategy for Scotland. National data indicates that around 11% of women are undertaking a caring role, compared to 8% of men. The overall prevalence of women carers to male carers is around 60:40. Between the ages of 30 and 69, more women are carers but the gender balance is more even for young carers. The Scottish Health Survey report on Scotland's carers (March 2015) and the Scottish Census (2011) found that there are substantial numbers of unpaid carers in Scotland. In the former it stated:

- Most carers are aged 54 – 64 (about one third women and around one fifth men).
- After retirement 19% men and 19% women aged between 64 and 75 are carers.
- After 75, 12% men and 9% women are carers

The 2011 census found that over half of carers aged over 65 provided 35 hours a week or more care. These 2 reports have highlighted issues particularly with regard to the lack of support for unpaid carers including their physical and mental wellbeing, especially those providing 35 hours or more per week. 104,000 people in Scotland are entitled to carers allowance but just over half claim it.

The National Carers' Strategy stresses:

- Carers should not be discriminated against on the grounds of age, ethnicity, gender, disability, sexual orientation or religion. Therefore, efforts need to be made to identify and support carers who can sometimes be 'hard-to-reach'.
- The particular needs of certain groups of carers, for example, carers who are older, Black and Minority Ethnic (BME) or Lesbian, Gay, Bisexual and Transgender (LGBT), and carers with disabilities, should be recognised and supported.

The strategy includes:

- Carers being recognised and valued as equal partners in care
- Carers being identified
- Carers having increased confidence in managing their caring role
- Carers are enabled to have a life outside their caring role
- Carers are involved in the planning and shaping of services required by service users and support for themselves

Historically, interventions can often be 'gender neutral' but this is changing, for example the national EPIC project (Equal Partners in Care), has shared various guidance and good practice has been shared on protected characteristics, which includes an example of good practice on transgender issues. Several NHSGGC areas have been involved in the EPIC project. A good practice example is in Acute Services:

National carers' initiative 'Equal Partners in Care': NHSGGC Acute Services Improvement Projects

Three pilot areas have taken forward approaches to improve the identification of carers and working with them as equal partners in care.

K South Stroke Unit IRH – piloting of documentation tool for identifying carers and referral on to Carer Hospital Discharge Support Service.

Wards 2& 4 Lightburn Hospital – incorporated into work on dementia key actions, the introductory meeting with relatives/friends has been utilised to capture any issues with the caring situation at the earliest opportunity in the patient journey to improve the outcomes at discharge for all.

Ward 2 Victoria ACH – pilot of multidisciplinary documentation focusing on the support required around the practicalities of daily living.

NHSGGC has a strategic planning carers group, which includes local leads for carers, ensures accountability and sharing of good practice. The gender and carers audit aimed to explore gender and caring issues in depth to support local areas to further develop good practice.

Members of NHSGGC's Corporate Inequalities Team (CIT) reviewed local carers' strategies. If an Equality Impact Assessment of the strategy was completed this was reviewed also. At a strategic level there was variability across strategies in terms of use of local sex disaggregated data for planning around carers and consideration of gender issues. Some examples of good practice were found.

East Renfrewshire agreed to test a methodology for a gender and carers audit. CIT and East Renfrewshire worked together to develop a template for the audit. This included work by local leads and CIT, which included:

- reviewing local relevant documents with a 'gender lens'
- exploring local carers training to assess how much gender issues were covered
- initiating dialogue with stakeholders around gender and carers issues

The work in East Renfrewshire found that the EQIA of the local Carers Strategy had a good consideration of gender issues in conjunction with other protected characteristics. This included:

- the recognition of prevalence of female and male carers as part of the life course, for example, higher prevalence of young female carers
- higher incidence of male carers not presenting until a crisis
- gendered role assumptions amongst males that can lead to loss of networks and social isolation

The EQIA cited a high likelihood positive impact on gender regarding implementation of the strategy. There was good engagement with local carers groups and public engagement structures evident in developing the strategy.

It was found over time, as CIT worked with East Renfrewshire to explore day to day practice on gender and carers issues, that the tenets of the local carers' strategy were being implemented well as regards gender. The information and reports from the local carers centre were invaluable in this respect. A survey of 196 parent carers, containing a good balance of males and females, found for both sexes "time away from caring" was a significant issue locally. The carers centre regularly provides group work tailored to both women and men and this is evident in their Carers Week activities which cover issues for male and female carers. There was local work to engage young adult female carers and to develop peer supporters for male and female carers of different age groups. In addition, there was evidence of carer awareness for the workforce, which highlighted the stigma of some issues relating to gender (e.g. personal care for men for young female carers and vice versa).

In East Renfrewshire, there may continue be a gap in the needs of understanding of transgender communities in relation to carers' issues. East Renfrewshire and other HSCP areas are keen to do more work on LGBT issues in general and this may be an opportunity to consider the specific needs of this community in relation to carers.

Poverty and inequality

NHSGGC has the carried out the following in response to rising rates of in work poverty:

- NHSGGC update money management guides for staff regularly
- Healthy Working Lives deliver a range of events for staff on money worries, such as 'The Cost', a play about welfare reform which was rolled out across NHSGGC in 2014-15
- A bid to NHSGGC Endowments for a money advice staff for NHS service was unsuccessful. A pilot is taking place in Glasgow HSCP – North East with Lightburn Hospital and Eastbank Health Promotion centre staff. There has been poor uptake so staff feedback was requested: 0% cited accessing the service an issue, 9% said that they plan to use, 18% were worried about confidentiality and 73% said that they don't need the service. The model has been extended until March 2016 with a simplified access route.

- The NHS Credit Union is widely advertised on Staffnet and links with NHSGGC Leads on awareness sessions in local areas.
- In terms of its actions as an employer around welfare reform, NHSGGC is working to identify staff who may be at risk e.g. requests for more hours, early pay, flexible working and planning for staff affected by universal credit.
- NHSGGC had a Low Pay Seminar with an aim of procuring from more living wages suppliers and also organised Money Advice Scotland financial capability training for lead workers, which they are using in local areas

The following is reviewed annually in terms of NHSGGC workforce development, particularly in the context of the changing nature of welfare reform:

- Staff guidance on how to enquire and referral pathways on financial inclusion
- Patients facing materials
- Electronic referrals pathways within NHSGGC Health Improvement Directory
- E-module for NHS staff on financial inclusion and welfare reform
- NHSGGC standard presentations on welfare reform and child poverty which are use, as required, in Acute and IJBs when organising regular staff financial inclusion updates
- Specialist materials for key initiatives (e.g. materials circulated to Healthier Wealthier Children, NHS and money advice staff).
- Networks (e.g. Healthier Wealthier Children staff network)

There is work to mitigate welfare reform on specific patient groups at risk. This includes consideration of in-work poverty. Specifically targeted patient groups include:

- Lone parents (Healthier Wealthier Children meeting expectations around this target group). Research, in conjunction with Glasgow Centre for Population Health (GCPH), was carried out on lone parents and an action plan developed. GCPH carried out research on the impact of welfare reform on lone parents. Following the publication of this report, partners including NHSGGC, Health Scotland, The Wheatley Group and Glasgow CHP funded a project to find

practical solutions to lone parent poverty in Glasgow. The project has successfully:

- engaged lone parents in a social media campaign
- improved accessibility of Scottish Welfare Fund
- improved accessibility of clothing grants through agreement to:
- brought forward by one month, date which applications open in 2016
- enabled payments to be made into credit union accounts as well as bank accounts
- improved understanding of lone parents in Glasgow through inclusion of 'myth-buster' in People Make Glasgow Fairer training for GCC and Wheatley employees
- improved awareness of specialist needs of lone parents through establishing Financial Inclusion Partnership Specialist sub-group for lone parents
- improved support for lone parents in employment through working with NHSGCC corporate HR
- held a successful event with Joseph Rowntree Foundation and a wide range of agencies in the city.

- Action plan for people with addiction, mental health problems and with learning disability. This included: preparation of a briefing paper; a scoping report of routine enquiry and money advice referrals; participation in NHSGGC interventions and public awareness campaigns on disability living allowance (DLA) to personal independence payment (PIP) benefit change; PIP uptake campaign and appeals against sanctions campaign; Liaison with EMIS leads on integration of routine enquiry and referral money worries into this system; Preparation of funding bids and evaluation of innovation (Evaluation of routine enquiry training via Glasgow University Psychology Placements programme) and working with the Adult Mental Health Operational Group (Senior Managers) and Alcohol and Drugs Services Executive Group on improvement plans.

The second year of pilot work within Women's Aid and Money Advice Services was supported by NHSGGC in terms of funding & staff time. A joint learning session was set up for NHSGGC's Financial Inclusion Strategic Group and Gender Based Violence Network Group. As a consequence proposals for strengthening data and practice on GBV and financial inclusion are being explored.

NHSGGC financial inclusion approaches have influenced:

- National NHS outcome plan for welfare reform
- National logic model health outcomes of money advice
- National roll out of principles from NHSGGC Healthier Wealthier Children programme
- Health Scotland's under 5s income maximisation toolkit for Community Planning Partnerships.
- Royal College of Paediatric Health manifesto
- 'Deep end' work on improving GP responses to financial inclusion
- National use of NHSGGC materials used for a PIP (Personal Independence Payment) uptake campaign

Equality Outcome 9: Positive attitudes and interactions are promoted between staff, patients and communities. Duty 3.

Human Library

The Human Library is an equalities methodology that challenges prejudice and discrimination through social contact. The Human Library uses the language and mechanism of a library to facilitate respectful conversations that can positively change people's attitudes and behaviours towards those at risk of exclusion and marginalisation.

NHSGGC decided to test this methodology as a way of fostering good relations between those who have a protected characteristic and those who do not, including faith groups, Roma, disabled people, Asylum Seekers and members of the BME communities.

The pilot event was organised by NHSGGC's Corporate Inequalities Team in October 2015. The event was promoted to the Health Improvement and Asylum Teams along with CIT to take part as Readers. Human Books were picked from a range of backgrounds and they shared their own life experience of prejudice, stigma and discrimination. As a 'Book', they had a unique opportunity to engage with a diverse range of people on a one-to-one basis and possibly challenge some of the assumptions and stereotypes we all hold.

The event evaluated positively and the Corporate Inequalities Team will be organising Human Library events in 2016 at different NHSGGC venues to challenge stereotypes and assumptions and promote contact between those who have a protected characteristic and those who do not. Lessons learned from the pilot will be used to inform the future events.

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This publication is available in large print, Braille and easy to read versions, on audio-CD, or any other format you require.
Please contact the CIT on 0141 201 4560 or email
CITAdminTeam@ggc.scot.nhs.uk

The Equality Scheme is available in hard copy, as a fully accessible document on the website and in a range of other formats to allow everyone to understand the steps taken by the organisation to promote equality and remove discrimination.

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Arabic

تتوفر هذه النشرة بطباعة من القطع الكبير أو بطباعة برايل أو في إصدارات يسهل قراءتها، أو على أقراص مضغوطة صوتية. ويمكننا أيضاً تزويدكم بهذه النشرة بلغات أخرى كنص مترجم مكتوب. الرجاء الاتصال بجاكي راسل (Jacky Russell) على رقم الهاتف: 0141 201 4560 أو مراسلتها بالبريد الإلكتروني على العنوان CITAdminTeam@ggc.scot.nhs.uk للحصول على المزيد من المعلومات.

Mandarin

此册子可用于大批量印刷，盲字印刷和其他易于阅读的印刷形式或者音频 CD。我们也提供其他语言的翻译文本。更多信息，请联系 Jacky Russell，电话：0141 201 4560 或电子邮件：CITAdminTeam@ggc.scot.nhs.uk

Polish

Materiały te dostępne są pisane dużą czcionką, alfabetem Braille'a oraz w wersjach ułatwionych do czytania lub na taśmie-płycie kompaktowej. Możemy je również zapewnić w tłumaczeniu pisemnym na różne języki. By uzyskać więcej informacji proszę skontaktować się z Jacky Russell pod numerem 0141 201 4560 lub elektronicznie pod adresem CITAdminTeam@ggc.scot.nhs.uk

Punjabi

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਡੇ ਅੱਖਰਾਂ ਦੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਅਤੇ ਪੜ੍ਹਨ ਲਈ ਅਸਾਨ ਰੂਪਾਂ ਵਿਚ ਜਾਂ ਆਡੀਓ ਸੀਡੀ 'ਤੇ ਉਪਲਬਧ ਹੈ। ਅਸੀਂ ਦੂਜੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਮੂਲ ਮਤਨ ਦੇ ਰੂਪ ਵਿਚ ਵੀ ਤਰਜਮਾ ਦੇ ਸਕਦੇ ਹਾਂ। ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ Jacky Russell ਨਾਲ 0141 201 4560 'ਤੇ ਫ਼ੋਨ ਕਰਕੇ ਜਾਂ ਇਸ ਪਤੇ 'ਤੇ ਈਮੇਲ ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ CITAdminTeam@ggc.scot.nhs.uk

Turkish

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Urdu

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Farsi

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