



## NHS Lanarkshire Equality Outcomes 2017-2021

### Introduction

The Equality Act 2010 stipulates that all Health Boards across NHS Scotland (as are all public bodies) are required to produce and deliver a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty (PSED/also know as General Duty). The PSED requires Scottish public authorities to pay 'due regard' to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between people.

The General Duty is supported by Specific Duties, set out in regulation, which came into force on 27 May 2012. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on 27 May 2012.

### What is an Equality Outcome?

Equality outcomes are results intended to achieve specific and identifiable improvements in people's life chances. These changes may be for individuals, groups, families, services or communities, they can relate to changes in behaviour, decision-making, attitudes, or better awareness.

So in practice it is helpful to think of equality outcomes as changes that specifically improve people's life chances. These changes may be for individuals, groups, families, services or communities, they can relate to changes in behaviour, decision-making, attitudes, or better awareness.

### How did we choose our Outcomes?

This is NHS Lanarkshire's second set of Equality Outcomes, we originally published our first set in 2013. These have now have been completed and published in NHS Lanarkshire's Equalities mainstreaming report 2013-2017 see link:

<https://www.nhslanarkshire.scot.nhs.uk/about-us/equality-and-diversity/>

During 2016, NHS Lanarkshire's Equality and Diversity Steering Group identified and discussed potential outcome areas where both local and national evidence supported the need for additional work, to ensure better inclusion.

The group looked at community involvement information, reports undertaken by community groups on areas of concern and other general issues, customer complaints, local and national evidence and current projects that were being delivered in NHS Lanarkshire.

After identifying potential development areas we approached lead clinical and general managers and invited them to submit potential outcomes along with:

- Any supporting evidence and data
- The impact that the proposed outcome was going to have on one or more of the protected characteristics
- How work in this area would improve the experience of service users
- Potential measurements and actions to show direct long and short term impact
- Evidence of recent involvement and consultation with the target groups

All of the above were considered and informed the choice of the final outcomes selected. As the work developed, consultation on the draft outcomes took place with a variety of groups. The groups reflected the target population of the proposed outcomes and the relevant reporting committees within NHS Lanarkshire: Staff Governance and Healthcare Quality Assurance and Improvement committees, Human Resources Forum and the Corporate Management Team.

### **Finalising Our Equality Outcomes**

NHS Lanarkshire consulted on the final draft of our proposed outcomes for a four week period. Action plans have been aligned to existing priorities and service delivery plans. In addition appropriate measures have been identified to allow us to track and measure progress over the next four years.

## Equality Outcomes 2017 – 2021

The following are NHS Lanarkshire's agreed Equality Outcomes for 2017-21. These outcomes will support the existing work programme being progressed.

**Equality Outcome 1:** To reduce the number of children born with Foetal Alcohol Spectrum Disorder (FASD) by:

- Raising awareness of the dangers of drinking alcohol in pregnancy and
- Developing a pathway to support prevention, diagnosis and on-going management of children at risk of Foetal Alcohol Spectrum Disorder

**Equality Outcome 2:** To support carers to look after their own physical and mental health through Keep Well's Initiative for Carers and the development and delivery of bespoke holistic health checks.

**Equality Outcome 3:** Easy Read Information: people with learning disabilities and other vulnerable groups will be supported to make informed decisions about their health and well-being through the:

- Development and mainstreaming of resources on various health topics
- Creation of an online information catalogue for service users, carers and staff

**Equality Outcome 4:** Members of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community will access a broader range of services more practically through:

- An increased awareness of mental health service provision
- Experiencing informed and sensitive healthcare responses.

**Equality Outcome 5:** The Syrian Refugee Resettlement communities will experience easier and more informed access to services within Lanarkshire through:

- Increased awareness of social care provision
- The delivery of informed and sensitive healthcare

**Equality Outcome 6:** A holistic approach will be taken to support NHS Lanarkshire staff members with mental health related conditions to return to work after absence, through the application of a psycho-social model which helps staff to:

- Explore the range of contributing factors that affect their mental health and wellbeing at personal, professional and environment levels
- Design supportive techniques/interventions to manage their current condition
- Work together to look at practical solutions to address any factors that are adversely impacting their overall wellbeing

**Equality Outcome 1: To reduce the number of children born with Foetal Alcohol Spectrum Disorder (FASD) by:**

- Raising awareness of the dangers of drinking alcohol in pregnancy and
- Developing a pathway to support prevention, diagnosis and on-going management of children at risk of Foetal Alcohol Spectrum Disorder

If working in partnership outline which organisation this outcome is for.

|                     |                                     |                             |                          |                             |                          |
|---------------------|-------------------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| <b>NHS</b>          | <input checked="" type="checkbox"/> | <b>Local Authority</b>      | <input type="checkbox"/> | <b>H&amp;SC Partnership</b> | <input type="checkbox"/> |
| <b>Third Sector</b> | <input type="checkbox"/>            | <b>College / University</b> | <input type="checkbox"/> | <b>Other</b>                | <input type="checkbox"/> |

**Please state:**  
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**The aspects of the General Duty met:**

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance Equality between people who share a protected characteristic and those who do not;

**Protected Characteristic covered: Age, Disability, Sex, Pregnancy and Maternity**

**Context and Evidence:**

Prenatal alcohol exposure can lead to a wide range of adverse effects on a developing fetus. This can include both physical and learning disabilities. The outcomes are generally known as Fetal Alcohol Spectrum Disorder (FASD). At the most severe end of the spectrum is Fetal Alcohol Syndrome (FAS).

Although FASD is becoming a more recognised preventable condition, there is little accurate data on prevalence rates in the UK and no FASD prevalence study has been undertaken. The prevalence of FASD in Scotland is thought to be grossly underestimated due to the drinking patterns of women and because women often continue to drink in early pregnancy as they are unaware they are pregnant (BMA 2016).

More than 60,000 pregnancies are confirmed annually in Scotland and many conceptions involve alcohol. Women under the age of 25 years are more likely to drink unhealthily and have a greater proportion of unplanned pregnancies (Ford 2009).

FASD is entirely preventable if no alcohol is consumed in the antenatal period. Evidence would suggest that there is still a need for increased awareness among the general public and healthcare and education professionals.

The prevention of FASD requires a coordinated and multi-faceted approach that incorporates universal prevention strategies aimed at the general population and selective preventative strategies aimed at women of childbearing age and particularly those considering pregnancy.

The Scottish Government has developed a National Pathway for prevention, diagnosis and the on-going management of FASD and Lanarkshire plan to explore how this could be adapted for use locally. There is currently a multiagency FASD Steering group and three specific working groups – Prevention and Education, Identification and Diagnosis, On-going Management and Support. It is anticipated that key improvement areas will be identified by the working groups and testing carried out using the Plan Do Study Act cycle. Testing will inform what is required for effective prevention, diagnosis and management pathways and what this means in terms of models of working, resource and outcomes for children and families.

### **Why are you setting this outcome?**

The Scottish Government has developed a National Pathway for prevention, diagnosis and the on-going management of FASD and Lanarkshire plan to explore how this could be adapted for use locally.

There is currently a multiagency FASD Steering group and three specific working groups – Prevention and Education, Identification and Diagnosis, On-going Management and Support.

It is anticipated that key improvement areas will be identified by the working groups and testing carried out using the Plan Do Study Act cycle. Testing will inform what is required for effective prevention, diagnosis and management pathways and what this means in terms of models of working, resource and outcomes for children and families.

Potential funding will be used to explore what an effective prevention, diagnosis and support model for FASD may look like and what is needed in order to achieve such a model. We will:

- Ensure there is a clear and consistent message for the public, service users and staff on how to prevent FASD
- Review alcohol screening and ABI delivery in pregnancy
- Review the national pathway to support and test local diagnostic and treatment pathways
- Test models of practice that will support multi-disciplinary working in order to make a diagnosis
- Review access to the maternal record to support the pediatrician in establishing if alcohol has been consumed in pregnancy
- Review current models of practice for diagnosis
- Review our current services for the on-going support for children with special needs to ascertain if services will need to be adapted
- Review and develop systems for recording and reporting FASD diagnoses

**Measures/Indicators:**

- The sub-groups will identify specific elements of the pathway to test in Lanarkshire and will start small and scale up i.e. one child/family receiving an assessment and diagnosis and using the learning from this to adapt and improve practice (Case Studies)
- Feedback from practitioners will be gathered to establish if there is increased awareness and a consistent message being given to the public and pregnant women on safe levels of drinking (Knowledge Questionnaire/evaluation of use of social media)
- We will get feedback from service users and professionals on each aspect of the pathway that we test (Qualitative)
- Number of children receiving timely FASD diagnosis (Quantitative)
- Number of referrals to support services (Quantitative)
- Number of diagnoses.

**Lead Area:**

Public Health, Scottish Government Health Department, Pediatrics, Obstetrics and Midwifery. Child and Adult Mental Health Services, Education, Social Work and Alcohol and Drug Partnership (this is not an exhaustive list)

**Link to Local and National Priorities:**

This will link with the context and evidence for setting this outcome which will include national and local evidence base, local delivery plans, Scottish Government priorities, HEAT targets, Achieving Excellence the NHS Lanarkshire Healthcare Strategy.

**Equality Outcome 2: To support carers to look after their own physical and mental health through Keep Well's Initiative for Carers and the development and delivery of bespoke holistic health checks.**

If working in partnership outline which organisation this outcome is for.

|                     |                                     |                             |                          |                             |                                     |
|---------------------|-------------------------------------|-----------------------------|--------------------------|-----------------------------|-------------------------------------|
| <b>NHS</b>          | <input checked="" type="checkbox"/> | <b>Local Authority</b>      | <input type="checkbox"/> | <b>H&amp;SC Partnership</b> | <input checked="" type="checkbox"/> |
| <b>Third Sector</b> | <input checked="" type="checkbox"/> | <b>College / University</b> | <input type="checkbox"/> | <b>Other</b>                | <input type="checkbox"/>            |

**Please state:**

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**The aspects of the General Duty met:**

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance Equality between people who share a protected characteristic and those who do not;

**Protected Characteristic covered:** Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief including no Belief, Sex and Sexual Orientation

**Context and Evidence:**

Unpaid carers play a crucial role in the delivery of health and social care provision in Lanarkshire, some carers care intensively or are life-long carers, and others care for short periods.

As we shift the balance of care and more people are cared for at home, carers will play an increasingly important role in the support and treatment of people with long term and or multiple conditions. However it is important that unpaid carers are supported to allow them to enjoy better health and improved well-being. Carers of all ages often report poor health in surveys and that their health is negatively impacted on by their caring role. In Lanarkshire 14% of adults (16 plus) provide care on a regular basis, with 51% being 60 and over. These carers report a higher level of physical and emotional ill health compared to people who do not have a caring role.

Lanarkshire's North and South Health and Social Care Partnerships recognise the important role unpaid carers make to the partnership and are committed to support carers to optimise their health and well-being to allow them to continue in their caring role. One way to identify carer's needs is by offering carers a holistic Keep Well Health Check. The health check includes screening for cardio-vascular disease and diabetes, but also includes an assessment of well-being.

Keep Well will work in partnership with North and South Lanarkshire Carers Centre to identify carers and refer them to Keep Well to allow a suitable appointment to be made to attend a Keep Well Health Check. The health checks will take place in a variety of venues throughout Lanarkshire

The health check offered will differ slightly depending on age as the tools used to assess risk are age specific. However all adult carers will be given the opportunity for a holistic Health Check which will include both clinical measurements and health behaviour change support and guidance. The Minnesota Edinburgh Complexity Assessment Method will also be used to assess well-being.

If a carer is unable to attend due to their caring role the Keep Well Team will link with the carer's organisation to seek support for the carer to allow them to attend their appointment.

### **Conclusion**

Keep Well recognise the valuable role that carers play and are committed to supporting carers to look after their own health and well-being. By offering carers a Keep Well Health Check and appropriate interventions and supports through partnership working, it is anticipated that carers will be able to optimise their health and to allow them to continue in their caring role.

### **List high level actions planned to deliver this outcome**

- Develop a service to support Carers to access a Keep Well Health Check
- Establish reporting via the existing Keep Well reporting structures on the number of carers who benefit from a Keep Well Health Check.
- Establish reporting on outcomes which will include the number of carers identified with a clinical risk and the number of carers who have accepted referral for services that support health behavior change

### **Measures/Indicator:**

- The number of carers who attend for a health check, by age and sex
- The number of carers who are found to have a clinical risk
- The number of carers who accept a referral to services that support health behavior change

**Link to Local and National Priorities:** This will link with the context and evidence for setting this outcome which will include national and local evidence base, local delivery plans, Scottish Government priorities, HEAT targets, Health Strategy etc.



The service will support the North and South Health and Social Care Partnerships to meet the requirements set out in the Carers Strategy for Scotland 2010-2015

It will also fulfil the requirements in the “Carers Scotland Act 2016”, specifically in relation to the package of provision in the Act which is designed to support carers’ health and well-being.

It will meet the national outcomes with a specific focus on outcome number 6 “People who provide unpaid care are supported to look after their own health and well-being, including reducing any negative impact of their caring role on their own health and well-being”

**Equality Outcome 3: Easy Read Information: people with learning disabilities and other vulnerable groups will be supported to make informed decisions about their health and well-being by the:**

- Development and mainstreaming of resources on various health topics
- Creation of an online information catalogue for service users, carers and staff

If working in partnership outline which organisation this outcome is for.

|              |                                     |                      |                          |                  |                                     |
|--------------|-------------------------------------|----------------------|--------------------------|------------------|-------------------------------------|
| NHS          | <input checked="" type="checkbox"/> | Local Authority      | <input type="checkbox"/> | H&SC Partnership | <input checked="" type="checkbox"/> |
| Third Sector | <input type="checkbox"/>            | College / University | <input type="checkbox"/> | Other            | <input type="checkbox"/>            |

**Please state:**  
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**The aspects of the General Duty met:**

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance Equality between people who share a protected characteristic and those who do not;

**Protected Characteristic covered: Age, Disability, Race**

**Context and Evidence: Literacy and health and well-being**

Making sense of complex health environments and information can be challenging for us all; however, poor “health literacy” affects a large part of the population. This includes people with learning disability, and could include elderly people, people from minority ethnic communities, those in lower socio-economic groups (areas of deprivation), people living with long-term conditions, disabilities and people with lower educational attainment.

Around 26.7% of the adult population faces challenges and constrained opportunities due to their level of literacy. Within that quarter of the population 3.6% face serious challenges due to their level of literacy.

The impacts of low health literacy on individuals can include greater risk of hospitalisation, higher emergency admissions, and more medication and treatment errors. It can also reduce a person’s ability to manage their own and their children’s health and wellbeing. Complex health information can also be challenging for some health care staff members who may have to deal with dosage, report writing and communicating with patients in a variety of ways.

NHS Lanarkshire currently has over 1000 patient information leaflets available however a very small number (less than 50) are available in easy read format.

SSAL 2009 shows that adults with lower literacy capabilities are also more likely to have health problems, including problems with sight, speech, hearing and learning, as well as other disabilities or health problems lasting more than six months.

**Actions: Please list high level actions planned to deliver this outcome**

- Review and benchmark current easy read information available within Lanarkshire and nationally to identify gaps
- Seek views of people with a learning disability on their health information priorities
- Work with various stakeholders to develop information required
- Prioritise further easy read information to be developed
- Raise awareness of resources available across Lanarkshire.

**Measures/Indicator:**

Prioritise further easy read information to be developed

- Partnership in Practice (PIP) Health Subgroup will review action plan 3 monthly
- Agreed list of resources and priority
- Develop resources with people who have a learning disability
- Resources will be shared across NHS Lanarkshire
- Resources meet NHSL Patient Information Standard
- Raise awareness of resources:
- Write article for the staff brief and PULSE
- Article to be included in carers news letter
- Advocacy Groups
- Public Partner Forum meetings
- Day Opportunities
- Equality & Diversity Steering Group

**Lead Area**

Include which organisation, department or service has been assigned as the lead for this outcome.

Learning Disability Service-

Partnership in Practice (PIP) Health Sub Group (membership includes, people with learning disability, Carers, Day Opportunities, local authority, learning disability nurses).

**Link to Local and National Priorities:** This will link with the context and evidence for setting this outcome which will include national and local evidence base, local delivery plans, Scottish Government priorities, HEAT targets, Health Strategy etc.

Keys to Life 2013

<http://www.gov.scot/resource/0042/00424389.pdf>

Adult literacies in Scotland 2020: Strategic Guidance 2011

<http://www.gov.scot/Resource/Doc/339854/0112382.pdf>

Scottish Survey of Adult Literacies 2009

<http://www.gov.scot/resource/doc/319174/0102005.pdf>

Equally Well 2008

<http://www.gov.scot/Publications/2008/06/25104032/0>

QIS Best Practice Access to Healthcare 2006

[http://www.healthcareimprovementscotland.org/previous\\_resources/best\\_practice\\_statement/promoting\\_access\\_to\\_healthcare.aspx](http://www.healthcareimprovementscotland.org/previous_resources/best_practice_statement/promoting_access_to_healthcare.aspx)

**Equality Outcome 4: Members of the LGBTI community will access a broader range of services more practically through:**

- An increased awareness of mental health service provision
- Experiencing informed and sensitive healthcare responses

If working in partnership outline which organisation this outcome is for.

|                     |                                     |                             |                                     |                             |                                     |
|---------------------|-------------------------------------|-----------------------------|-------------------------------------|-----------------------------|-------------------------------------|
| <b>NHS</b>          | <input checked="" type="checkbox"/> | <b>Local Authority</b>      | <input checked="" type="checkbox"/> | <b>H&amp;SC Partnership</b> | <input checked="" type="checkbox"/> |
| <b>Third Sector</b> | <input checked="" type="checkbox"/> | <b>College / University</b> | <input checked="" type="checkbox"/> | <b>Other</b>                | <input type="checkbox"/>            |

**Please state:**  
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**The aspects of the General Duty met:**

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance Equality between people who share a protected characteristic and those who do not;

**Protected characteristics:** Gender Reassignment, Marriage and Civil Partnership, Sex and Sexual Orientation

The focus of this service will be Men who have Sex with Men (MSM) and Lesbian, Bi-sexual, Gay, Transgender and Intersex individuals.

**Context and Evidence:**

Health inequalities and inequalities in general, are of major concern to the Scottish Government, local authorities and Community Planning

Partnerships (CPP). The Christie Commission (2011)<sup>2</sup> was clear that public service organisations need to work in partnership to prioritise prevention, reduce inequalities and promote equality.

The Scottish Government’s Sexual Health and BBV Framework, phase one<sup>3</sup> and two, highlights approaches that contribute to tackling inequalities in health. Inequalities are relevant to all aspects of BBV and sexual health work, with MSM and LGBT individuals being identified as key groups who are particularly disadvantaged in respect of sexual health and wellbeing. There are distinct but overlapping areas in which MSM and LGBT people bear a disproportionate burden of ill-health. These include sexual health and HIV, mental health and the use of alcohol, drugs and tobacco.

**Actions: Please list high level actions planned to deliver this outcome**

- Commission Third Sector Service to lead on MSM and LGBTI sexual health improvement across Lanarkshire.
- Develop Service Level Agreement to support development of service provision and service outputs/outcomes.
- Establish reporting via the existing BBV Prevention and Care Network structures.
- Establish reporting on a six monthly basis, as well as performance review and annual report.
- Monitor progress via formal and informal meetings with third sector service commissioned to support this work.

**Measures/Indicator:**

- To support a minimum of 65 MSM and 15 LGBT people each year to maintain and/or improve their sexual health and wellbeing and manage risk (e.g. by accessing services, testing, treatment, behavioural support, group activities).
- To support a minimum of 160 MSM and 40 LGBT people each year to address psychosocial issues related to their sexual or gender identify (e.g. managing risk, coping with stigma and discrimination, coming out and healthy sex life)
- To increase our knowledge of on-line social media and the internet, how MSM use this technology and discover more about how to deliver health improvement campaigns, messages and HIV prevention interventions to MSM via this more effectively.
- To improve the knowledge and skills of healthcare and other relevant professionals on the health and wellbeing needs of MSM and LGBT people in order to improve the design, delivery and uptake of services and interventions.
- To support a minimum of 160 MSM and 40 LGBT people each year to address psychosocial issues related to their sexual or gender identify (e.g. managing risk, coping with stigma and discrimination, coming out and healthy sex life)
- To provide a service that needs to be accessible, appropriate and sensitive to the needs of all service users. No-one should be excluded or experience particular difficulty in accessing and effectively using our services due to their age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, Race/ethnicity, religion or belief, sex or sexual orientation

**Lead Area**

Lanarkshire BBV Prevention and Care Network  
Terence Higgins Trust Scotland (Commissioned Service)

Link to Local and National Priorities: This will link with the context and evidence for setting this outcome which will include national and local evidence base, local delivery plans, Scottish Government priorities, HEAT targets, Health Strategy etc.

The Scottish Government: Commission on the Future Delivery of Public Services/The Christie Report

<http://www.gov.scot/resource/doc/352649/0118638.pdf>

The Scottish Government Sexual Health and BBV Framework Update 2015 – 2020

<http://www.gov.scot/Resource/0048/00484414.pdf>

The Scottish Government: Sexual Health and BBV Framework Phase One 2011 – 2015

<http://www.gov.scot/Resource/Doc/356286/0120395.pdf>

The Scottish Government: HIV Prevention Needs Assessment for men who have sex with men

<http://www.gov.scot/Topics/Health/Services/Sexual-Health/HIVMSMNeeds>

Public Health England: HIV in England 2014 Report.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/401662/2014\\_PHE\\_HIV\\_annual\\_report\\_draft\\_Final\\_07-01-2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401662/2014_PHE_HIV_annual_report_draft_Final_07-01-2015.pdf)

Public Health England: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/339041/MSM\\_Initial\\_Findings\\_GW2014194.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339041/MSM_Initial_Findings_GW2014194.pdf)

The Lanarkshire BBV Prevention Strategy 2015 – 2020

NHS Lanarkshire, Glasgow Caledonian University and Terrence Higgins Trust: MSM, social media and sexual health 2013.

<https://www.gcu.ac.uk/iahr/researchthemesandareas/publichealth/sexualhealthandbloodborneviruses/keyprojectsandexpertise/>

**Equality Outcome 5: The Syrian Refugee Resettlement communities will experience easier and more informed access to services within Lanarkshire through:**

- Increased awareness of social care provision
- The delivery of informed and sensitive healthcare

If working in partnership outline which organisation this outcome is for.

|                     |                                     |                             |                                     |                             |                                     |
|---------------------|-------------------------------------|-----------------------------|-------------------------------------|-----------------------------|-------------------------------------|
| <b>NHS</b>          | <input checked="" type="checkbox"/> | <b>Local Authority</b>      | <input checked="" type="checkbox"/> | <b>H&amp;SC Partnership</b> | <input checked="" type="checkbox"/> |
| <b>Third Sector</b> | <input checked="" type="checkbox"/> | <b>College / University</b> | <input checked="" type="checkbox"/> | <b>Other</b>                | <input type="checkbox"/>            |

**Please state:**

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**General Duty**

**The aspects of the General Duty met:**

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance Equality between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

**Protected Characteristic covered: Age, Disability, Marriage and Civil Partnership, Race and Sex**

**Context and Evidence:**

Migrant crisis as termed by some media and political groups poses one of the greatest threats to the well established institutions. In recent times the migration of a large number of people from war ravaged areas of the Middle East and African countries has brought out the need to first accord them a particular status, "Migrants or Refugees". The kind of provisions that are provided to such people is hence divided into two categories on the basis of their status, the two being:

**Refugee:** Refugees have special protections under law, such as safety from deportation to the country where they face persecution; protection of basic human rights without racial or religious discrimination, or of national origin; access to fair and efficient asylum procedures etc, as defined under the 1951 refugee convention of the UNHCR and its 1967 protocol.

**Migrant:** They do not enjoy any protection under the international law and therefore countries are at their own liberty to deal with them under their own immigration laws and processes.



The ethical issues concerning the host countries are largely:

- With a struggling economy, is it possible for countries in Europe to keep accepting a large influx of refugees? (North Lanarkshire has agreed to accept 120 individuals so far but this is likely to rise)
- With ultra conservative parties terming them as migrants, it presents a challenge to swing views in favor of refugees. But there is already an ingrained fear of loss of jobs and a mounting foreign exodus (as they see it) does not help.

The challenge here is not only in terms of names, but of effective handling of ethical & cultural concerns for the individual, families and communities:

**Cultural, social and political context:**

**Accessing Basic Resources and Specialised Services** is the biggest challenge for Syrian refugee women and children (girls in particular) due to their limited ability to leave the home without a male family member.

**Gender-based Violence** remains a private and sensitive issue that is largely addressed within the home setting. Specialised, confidential, and supportive services currently available to Syrian women and children survivors of GBV are not sufficient, and when such resources are available, Syrian refugees are very often unaware of them. While services still need to increase, the main issue remains building trust and reaching out to the communities.

**Child Protection** among Syrian refugees in Jordan was highlighted as an area of increasing concern, putting children at risk of abuse and exploitation.

**Actions:**

High level actions planned to deliver this outcome

- Commission a third sector service to lead on the training and development of our health and social care staff to approach and deal with ethically & culturally sensitive situations in support of the Syrian refugee they support.

**Measures/Indicators:**

- The Mental Health Foundation (MHF) has received targeted funding from the Scottish Government to carry out community capacity building/mapping around what has been helpful, unhelpful or missing from the Syrian refugee view point since their arrival in North and South Lanarkshire.
- The MHF intend to carry out peer to peer interviews scripted to ensure the correct areas are covered and the output useful to service facilitators.
- NHS Lanarkshire (NHSL) and North Lanarkshire Council (NLC) have also commissioned a piece of research aimed at identifying what has worked, not worked but could with some changes and won't work even with changes to inform our decision making in the future (two new groups will arrive in March 2017)

**Lead Area: NHS Lanarkshire – REFUGEE Team, North Lanarkshire Council and Freedom From Torture (Scotland)**

**What will we be doing?**

Freedom from Torture (FfT) is a human rights organisation that exists to enable survivors of torture and organised violence to engage in a healing process to assert their own human dignity and worth.

- FfT Scotland is developing a multidimensional rehabilitation service for and with survivors of torture in Scotland and members of host communities
- “Healing Neighbourhoods” is an integration of broad-based, low-intensity psychosocial work, and specialised high-intensity interventions. In this interactive workshop, participants will explore environmental and external factors that affect integration, rehabilitation and trauma recovery.
- They will discuss the importance of empowerment and building social connections from a strength-based approach, and how FfT Scotland is aiming to do this through asset-based community development and meaningful participation

**Who with?**

Community Development Workers at Freedom from Torture (formally known as Medical Foundation for the Care of Victims of Torture) working to support rehabilitation and integration of torture survivors in Scotland through an integrated clinical and community-based programme, “Healing Neighbourhoods”.

**What will we be doing?**

We have/will run interactive workshops discussing electives, delving into different aspects of an elective abroad. Delegates will gain an understanding of how culture impacts on healthcare and why it is important to be aware of these, particularly when experiencing different environments first hand. Participants will reflect on the impact that elective placements abroad have on the host and the refugee, as well as the importance of cultural awareness.

**Link to Local and National Priorities:** This will link with the context and evidence for setting this outcome which will include national and local evidence base, local delivery plans, Scottish Government priorities, HEAT targets, Health Strategy etc.

**Equality Outcome 6: A holistic approach to be taken to support NHS Lanarkshire staff that live and work with mental health related conditions, to return to work after absences from work.**

By applying a psycho-social model, staff will be supported:

- To explore a range of the contributing factors that affect their mental health and wellbeing at personal, professional and environment levels
- To design supportive techniques/interventions to manage their current condition
- To look at practical solutions to address any factors that are adversely impacting on their overall wellbeing

If working in partnership outline which organisation this outcome is for.

|                     |                                     |                             |                          |                             |                          |
|---------------------|-------------------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
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Please state:

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**General Duty: Outline which of the three aims of the public sector equality duty is covered. All 3 aims are covered:**

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance Equality between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

**Protected characteristics:** Age, Disability, Race, Sex and Sexual Orientation

**Context and Evidence:**

Health inequalities and inequalities in general, are of major concern to the Scottish Government, local authorities and Health & Social Care Partnerships. The Christie Commission (2011)<sup>2</sup> was clear that public service organisations need to work in partnership to prioritise prevention, reduce inequalities and promote equality.

A disproportional percentage of females suffer mental health issues in the workplace often arising from discrimination or bullying/harassment issues. Twenty percent of all mental health related absences in NHSL are “Work Related”; of these 20% almost 65% are “relationship” issues. Many issues are also related to “Carer” responsibilities and often within a single parent household.

Mental Health related absence is increasing across all sectors in the UK at an alarming rate (50% of unemployed on welfare state mental health causation). In 2016/16 Stress accounted for 37% of all work related absence and 45% of all working days lost due to ill health (<http://www.hse.gov.uk/STATISTICS/causdis/stress/stress.pdf>)

Females have statistically significant higher incidence of mental health at work issues than their male counterparts.

Case Management is an effective, proven method of supporting individuals in developing coping strategies and engaging in activities to enhance their health, wellbeing and employability.

Our service has been commissioned by multiple local authorities, Scottish Government and DWP to support individuals in gaining and sustaining work for the past 10 years.

**Actions: Please list high level actions planned to deliver this outcome**

- Every staff member reporting absent with a mental health related absence is offered the opportunity to engage at days 1, 3 and 10 of their absence
- Where support is not accepted at this early stage, but the absence continues, employees are offered a further opportunity to engage during their occupational health assessment
- All consenting referrals are contacted within 2 working days of referral and offered more information regarding the support available and provided with an appointment date and time for their initial assessment.
- Assessments are fully conducted within 5 working days from the date of original referral
- The assessment is designed to support the employee to explore their current circumstances including areas such as:
  - Physical health and pain
  - Mental and emotional wellbeing
  - Current circumstances including but not limited to:
    - Workplace barriers
    - Waiting Medical treatment
    - Relationship / Family problems
    - Caring Responsibilities
    - Social Isolation

- Housing difficulties
  - Money worries
  - Lack of sufficient language skills
  - Lack of basic skills
  - Loss of confidence / motivation
  - Bereavement
  - Unhelpful beliefs
  - Legal Issues
- Utilising the findings of the assessment, the Case Manager supports and guides the employee to design a collaborative action plan which provides information on prioritised goals, actions required to progress towards goals and details of the resources / interventions that are appropriate and useful in reaching goals
  - The employee owns their own action plan and is encouraged to gain / regain control of their situation, thus having a positive impact on their mental health
  - Assessment is followed up by 4 review calls to encourage progress and adapt the plan to changing needs
  - Validated clinical assessment tools are utilized pre and post Case Management intervention to evidence the efficacy of support

**Measures/Indicators:**

- To support circa 200 employees (90% female) per annum recover from acute mental health related absence
- Reducing clinical measures of mental ill health to within “normal limits”
- Reduce Anxiety levels on average by 30%
- Reduce depression levels by 30%
- Encourage self-perception early return to work in 70% of population.
- To improve general health perception by one third using accredited clinical tools

**Lead Area: Include which organisation, department; service has been assigned as the lead for this outcome.**

- Salus are the delivery body of this integrated enhancement to existing Occupational Health services
- Utilising the EASY service, Occupational Health staff, the Pulse and staff briefings to reach the widest ranging staff population
- Working in partnership with HR and Union support to promote the benefits of engagement

**Link to Local and National Priorities:** This will link with the context and evidence for setting this outcome which will include national and local evidence base, local delivery plans, Scottish Government priorities, HEAT targets, Health Strategy etc.

**Scottish Government: Everyone Matters: 2020 Vision; Workforce Framework; Implementation Plan.**

**DWP Health, Work & Disability 2017- Green Paper**

**Scottish Government: Health Works Strategy:**  
**<http://www.gov.scot/Topics/Health/Healthy-Living/Health-Work/Strategy>**

**Mental Health Strategy for Scotland 2012-2015 (under review):**  
**<http://www.gov.scot/Publications/2012/08/9714>**

**Mental Health (Scotland) Act 2015: <http://www.gov.scot/Topics/Health/Services/Mental-Health/Law>**

**NHSL Health Care Strategy - Mental Health & Learning Disability (MH&LD) Strategy**

**NHSL Stress & Mental Wellbeing Policy**