

NHS WESTERN ISLES EQUALITY OUTCOMES 2021-25

Equality Outcome 1 Get Heard Scotland anti-poverty initiative implementation in the Western Isles	
Evidence	
<p>Before the pandemic, more than 1 million people were living in poverty in Scotland, including around 250,000 children. In Scotland as a whole, 68% of children in poverty live in a household where at least one person works.</p> <p>The Get Heard Scotland (GHS) programme, which is co-ordinated through Poverty Alliance Scotland, actively gathers views on how best to address poverty in Scotland and provides individuals and communities with an opportunity to influence policy through discussion relating to issues in their communities.</p> <p>The core aims of GHS for the period 2021-24 are:</p> <ul style="list-style-type: none"> • To develop a community generated body of evidence on the impact of poverty in Scotland. • To support the development of processes and approaches to allow the greater participation of people with experience of poverty in contributing to policy at the local level. • To contribute to the development of anti-poverty policy at the national level. <p>Data indicates communities in the Western Isles have been adversely affected in terms of increased risks of poverty in a manner significantly disproportionate to the actual Covid-19 virus in the community. At a local level tackling child poverty and mitigating the impact of poverty on families has been central in the initial multi-agency response to the pandemic. This has included:</p> <ul style="list-style-type: none"> • Ensuring the most vulnerable children have been supported through emergency childcare and free school meals; • New mechanisms to deliver food in communities; • The provision of energy, money and welfare rights advice to families by providing access to crisis grants and information on the replacement of essential white goods for the home. <p>Source of Scotland-wide data: Poverty and Income Inequality in Scotland 2017-21, Scottish Government 2021.</p>	
<p>Relevant General Equality Duty Aim:</p> <ul style="list-style-type: none"> • Advance equality of opportunity between persons who share a relevant characteristic and persons who do not 	<p>Protected Characteristic(s) covered</p> <p>Socio-economic</p>
<p>Activities for accomplishing this Outcome:</p> <p>Information gathered from individual or group interviews/workshops by the NHSWI Health Promotion Team will be recorded on feedback forms, which are used to capture evidence and these will be forwarded to Poverty Alliance Scotland, who will compile a subsequent report. A number of methods will be used to gather evidence, including:</p> <ul style="list-style-type: none"> • Use of the Mentimeter tool. This is an interactive live question and answer polling software for stakeholder engagement, which links up with smartphones • Individual face-to-face interviews • Telephone interviews and • Survey Monkey 	<p>How we will measure success:</p> <p>Data will be incorporated into the Outer Hebrides CPP Anti-Poverty strategy, with the yearly Child Action Plan report incorporated into the document. The partner agencies – NHS Western Isles, Comhairle nan Eilean Siar Social Work & Education, WI Citizens Advice Bureau, Third Sector, Police & Fire Scotland amongst others - will subsequently report on their work and record subsequent changes.</p> <p>All the information will be collated by the Poverty Alliance and fed back to the Scottish Government.</p>

Equality Outcome 2	
The physical health of those with mental health problems or with a learning disability is addressed, in order to make parity of esteem a reality	
Evidence	
<p><i>Disabled people are more likely to engage in two or more health risk behaviours such as smoking or harmful drinking than non-disabled people</i></p> <p><i>A smaller proportion of disabled people meet physical activity recommendations through activities such as walking and cycling than non-disabled people</i></p> <p><i>People with severe mental illnesses are less likely to receive many other forms of preventative care, such as routine cancer screening</i></p> <p><i>Almost two thirds of both disabled and non-disabled people are clinically overweight</i></p> <p><i>Smoking rates among people with a mental health condition are three times higher than among the general population</i></p> <p><i>Research exploring the user perspective revealed that professionals often fail to view service users holistically, despite the link between mental and physical health. Service users viewed losing weight as the single most important motivator for attending lifestyle interventions. They identified the importance of peer and staff support and building relationships. Service users also valued the environment, context and the role and characteristics of the health care professional delivering key lifestyle interventions.</i></p> <p>Sources: Scottish Health Survey and Household Survey, the King's Fund and the Royal College of Nursing</p>	
<p>Relevant General Equality Duty Aim: Advance equality of opportunity between persons who share a relevant characteristic and persons who do not</p>	<p>Protected Characteristic(s) covered DISABILITY</p>
<p>Activities for accomplishing this Outcome:</p> <ul style="list-style-type: none"> • Increased referral in primary care to NHS smoking cessation and weight loss support and to both NHS & Third Sector service activity and exercise schemes, such as Paths To Health and Chest, Heart and Stroke Scotland • All community mental health teams to have access to a physical health liaison service, providing easy access to advice and treatment from GPs and others, including for people not registered with a GP. These can utilise measures such as the Lester Cardiometabolic Tool and the Bradford Mental Health Physical Assessment Tool. • Inclusive Communication expertise available to key supporters to facilitate improved health literacy and the making of more informed choices on the part of individuals. • Build a case for expanding the hours of the Mental Health Occupational Therapist, so that levels of patient functional independence and activity confidence grow. • Highlight the human rights approach to care around patient dignity and welfare to NHSWI staff in training activities 	<p>How we will measure success:</p> <ul style="list-style-type: none"> • Improved patient feedback such as through the What Matters To Me survey • Increased uptake of physical health screening

Equality Outcome 3
The usage and status of Gaelic within NHS Western Isles will be healthy

Evidence

The Western Isles contains the highest percentage of Gaelic use among its population in Scotland by a significant margin, compared to any other local authority area. The 2011 Census showed that 61.1% of people aged three or over in the area had some sort of Gaelic language ability, which is much larger than the Scottish national average figure of 1.7%.

However, the findings of social survey research which came out in 2020 suggested that the health of the language in these island Gaelic heartland communities was now in crisis, and that the decline of its use within families and among teenagers in the up to now traditional vernacular communities implied that the social use and transmission of Gaelic was at the point of collapse. In their conclusions, the researchers called for a shift away from national institutional policies to more community-based efforts.

It has been widely acknowledged that a fragile language, such as described in this research, will not survive without a strong economic infrastructure of employment to buttress it. NHS Western Isles is the second largest employer in the area, with over 1,000 employees. A staff survey undertaken in 2010 showed that 65% of the nurses in the Western Isles Hospital spoke it – the highest Gaelic speaking workforce in Scotland by far. However this figure has declined in recent years.

As families of Gaelic-speaking patients in receipt of care comment extensively, the role of spoken Gaelic on the part of staff plays a vital part in the sense of well-being and security of these patients. This is where not just retaining our native speakers within the workforce, but schemes which provide fully-funded places at Gaelic language classes for NHSWI staff who wish to learn basic phrases, are of critical importance.

Sources: Bòrd na Gàidhlig, the University of the Highlands and Islands, SOILLSE Gaelic Research Network and NHS Western Isles patient feedback

<p>Relevant General Equality Duty Aim: The elimination of discrimination Advance equality of opportunity between those who share a Protected Characteristic and those who do not</p>	<p>Protected Characteristic(s) covered RACE, by paying regard to Linguistic Diversity</p>
<p>Activities for accomplishing this Outcome:</p> <ul style="list-style-type: none"> • NHS Western Isles refurbished second Gaelic Language Plan, within the development targets of the National Plan for Gaelic, will mobilise support and understanding as to the integral role of Gaelic within Person Centred Care • Links to be made to both the Gaelic and careers advice/guidance curriculum in our secondary education units and the Gaelic-speaking pupils therein, for the consideration of using Gaelic skills within an NHS career • Additional key health information & Public Health and Health Promotion messages, to be available in Gaelic and to be widely visible to the public. NHSWI partnerships with the national NHS Boards of Public Health Scotland, NHS 24 & NHS Education for Scotland, and with Scotland's Royal Colleges, to be strengthened for this purpose. 	<p>How we will measure success:</p> <ul style="list-style-type: none"> • An increase in those NHSWI staff enlisting for the ÙLPAN funded Gaelic course at Lewis Castle College UHI • An increase in the number of Gaelic health information materials available. This can be deployed across different formats, such as the imaginative Gaelic mental health support chatbot for smartphone use currently in development.