



NHS Lanarkshire Progress Report 2019
Covering:

- Equality Mainstreaming
- Equality Outcomes
- Workforce
- Workforce Data



Image from the BSL National Plan 2017 - 2023

Accessibility

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1. Introduction

The Equalities agenda continues to be a significant area of on-going improvement and development for NHS Lanarkshire, post publication of a range of documentation in 2017, which set out our commitment and direction of work for the next four years. 2017/18 was spent supporting the embedding of the work into our core business as well as progressing some bespoke areas.

In this two-year update report we highlight the progress being made to embed equalities throughout the organisation. Going beyond our legal requirements is a clear statement of our intent to deliver services that reflect and respond to the needs of all the communities we serve within NHS Lanarkshire.

It should be noted that the content of the report highlights progress up to and including 31 January 2019 to allow for our internal governance processes prior to publication in April 2019.

Creating a culture of equality and diversity is the responsibility of everyone in our organisation and we are striving to make this a reality. We are committed to ensuring patients, carers, families and staff are treated with dignity and respect, no matter their protected characteristics, and recognise the contribution of all staff, which is supportive, fair and free from discrimination. We aim to provide the best care and treatment we can, within the resources available to us, while ensuring everyone working in NHS Lanarkshire are trained and skilled for their job to deliver a safe and efficient, person centred service.

A significant focus in 2019- 21 will be in continuing to mainstream equality into the work we do as well as ensuring we achieve our equality outcomes.

2. Mainstreaming

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. In simple terms it means integrating equality into the day-to-day working of NHS Lanarkshire, taking equality into account in the way we exercise our functions. In other words, equality should be part of everything we do.

On 5 April 2011 the Equality Act 2010 introduced a new public sector equality duty (also known as the General Equality Duty) which requires public authorities, in the exercise of their functions, to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act;
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3. About Us

NHS Lanarkshire is the third largest health board in Scotland. We serve a population of 655,000 across rural and urban communities in Lanarkshire. Situated in the heart of Scotland, Lanarkshire has the second largest populated region in Scotland with a working age population of 425,000 (and total population of 642,300) over 896 square miles. Scattered in a diverse mixture of urban, rural and isolated settlements it covers urban towns including Motherwell, Hamilton, Airdrie, Rutherglen, the new town of East Kilbride and the market town of Lanark, as well as smaller towns, villages and agricultural areas.

We employ around 12,000 staff working in communities, health centres, clinics and offices and at our three district general hospitals – University Hospital Hairmyres, University Hospital Monklands and University Hospital Wishaw. Each of these hospitals has an accident and emergency (A&E) department and provides a range of specialist medical and surgical services. Maternity services are based at Wishaw General Hospital. We are committed to delivering high quality, innovative health and social care that is person-centered. Our aim is that everyone is able to live longer, healthier lives at home, or in a homely setting

4. NHS Lanarkshire's Commitments

In the NHS Lanarkshire's Equality Strategy 2017-2021 we set out a range of activities that we believed would help us meet our commitment to the equalities agenda and our legal equality duties over the next four years. See link for 2017 publications: <http://www.nhslanarkshire.org.uk/About/equality-and-diversity>

What this report includes

This report sets out information pertaining to our staff and patients' covering the period April 2017 – March 2019 with the report published as required by April 2019 and includes:

Where we have met our general and specific duties. The core areas committed to were:

- 4.1 Strategy, Leadership and Governance
- 4.2 Communications
- 4.3 Community Engagement
- 4.4 Health Inequalities
- 4.5 Developing the Workforce
- 4.6 Accessing Services

This report highlights areas of activity and examples of progress and practice to date in these areas. Additional Reports attached to this publication evidence:

- Progress made towards achieving Equality Outcomes published in 2017
- Employee information together with details of the progress made in gathering and using the information to better meet the duty
- Workforce Equalities Data
- Gender Pay/Occupational Segregation Information

4.1 Strategy, Leadership and Governance

What has been done in the last two years?

In 2017 the NHS Lanarkshire Equality Strategy and Equality Outcomes were approved and published by the Board as a way to communicate and show commitment to the organisation's vision and goals for equalities.

Thereafter an annual implementation plan was created and actions taken to ensure practical steps were taken towards those goals. To support and oversee this a;

- A steering group of lead officers from across the organisation meets regularly to track progress and inform and promote the on-going equalities agenda.
- Reports have been provided at six monthly intervals to the Staff Governance Committee, the Healthcare Quality Assurance and Improvement Committee and latterly the new Public Health and Primary Care Committee so that Board members have awareness of progress, challenges and any new work.

Two key strands support the Board's leadership of equalities further:

- the opportunity for on-going learning for Board members and senior staff in relation to equalities and
- ensuring key strategies and policies are equality impact assessed

In terms of impact assessment for key documents a number of approaches are in place:

- cover papers indicate where these have been completed for committee or the board
- all policies must have an assessment completed before publication and a system is set up to deliver this
- specific assessments are completed for major projects.

What difference have these made?

In terms of the difference these actions have made we have a good overview at all times of work in progress across the organisation towards the common goal of furthering equalities. The steering group is well established and benefits from clear reporting routes for governance.

In terms of impact assessments we are able to evidence that these are completed for significant changes and in support of policy development.

How will outcomes be sustained?

We will continue to meet as a steering group, to track progress and to report as agreed through governance route.

We will continue to promote the importance of impact assessment in relation to strategy development, policy, service development and change. We will continue to offer support to managers and staff in completing impact assessments.

What challenges remain?

In terms of impact assessment we have less evidence of this being in place for more ad hoc changes and developments across the wider organisation.

What next?

- In the coming two years we will be looking to review our process and paperwork for impact assessment, searching for an online and easier to complete approach for managers and staff to use.
- We will continue our equalities learning opportunities looking for ways to keep board members up-to-date, including briefings and signposting to key documents.

4.2 Communications

What has been done in the last two years

A major service change consultation on the replacement or refurbishment of University Hospital Monklands was held in 2018. NHS Lanarkshire produced an easy read version of the consultation document and a BSL consultation video. These were available on the consultation website:

www.monklands.scot.nhs.uk . BSL interpreters were provided at all public consultation meetings and a consultation meeting was held with the NHS Lanarkshire Public Reference Forum which includes representatives from the deaf community, Lanarkshire Ethnic Minority Group and Lanarkshire Disability Engagement Group.

NHS Lanarkshire has introduced subtitling of videos shared on its social media and website such as a recent campaign on weaning:

<https://www.nhslanarkshire.scot.nhs.uk/services/infant-nutrition/weaning/>

Work has been taking place to update NHS Lanarkshire's communications strategy. The strategy is due to be considered by the NHS Lanarkshire Board in March 2019.

What difference have these made?

NHS Lanarkshire's public consultation meetings on University Hospital Monklands were attended by 637 people with several attended by members of the deaf community. Feedback from the consultation included specific consideration of deaf-friendly design aspects such as fire alarms suitable for people who are deaf. The web pages received 12,583 page views (10,358 unique visitors) during the consultation period.

How will outcomes be sustained?

Learning and feedback from the Monklands consultation will be incorporated into future stakeholder engagement.

What challenges remain?

The challenge is around ensuring that communications needs are identified and reflected within an inclusive communication plan, when developing any campaign or engagement communications with service users, carers, partners and NHS Lanarkshire staff.

What next? Anticipated actions for next 2 years

Further development of the NHS Lanarkshire communications model to ensure stakeholder characteristics are considered in all campaigns. Increased number of BSL videos promoted on social media and the NHS Lanarkshire website on a range of health topics.

4.3 Community Engagement

What has been done in the last two years?

NHS Lanarkshire Public Reference Forum has continued to meet quarterly and have been engaged by colleagues on topics of interest:

- What matters to you? Day – led to Wayfinding survey
- Lanarkshire Quality Strategy – feedback considered and incorporated into Strategy
- Improving communication in Emergency Departments – Short life working group developed information resources

What difference have these made?

Wayfinding survey – Easy read questionnaire developed with over 7,000 distributed to people attending outpatient appointments at acute hospitals.



Edit

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Recommendations: recruit volunteers in “meet & greet” roles and review hospital signage and appointment letters. Voluntary services have developed a role description and processed through Staff Side; recruitment underway. Changes to appointment letters undertaken / underway by various departments; short life working group being established at University Hospital Hairmyres and signage under consideration by the Monklands Refurbishment Replacement Project Group.

Lanarkshire Quality Strategy – the Director of Quality engaged the group before finalising the strategy for endorsement by the NHS Lanarkshire Healthcare Quality Assurance and Improvement Committee.



Lanarkshire Quality
Strategy 2018-23_Fir

Improving communication – members of the Forum including partners from the deaf community participated in a short-life working group to develop visual resources to improve communication about attendance to Emergency departments. This work was heralded as good practice by Healthcare Improvement Scotland and shared nationally at a person-centred care learning event.



How will outcomes be sustained?

Feedback from people accessing our services will continue to be reviewed, considered and acted upon to evaluate changes and whether they have been sustained

What challenges remain?

Forum membership currently has a broad range of representation with the exception of children and young people. We are currently considering how we engage with young people and children and how we evidence that

What next? Anticipated actions for next 2 years

The Forum will continue to meet regularly and now has regular attendance from NHS Lanarkshire Board members

What has been done in the last two years?

The BSL National Plan 2017 – 2023

The BSL National Plan 2017 - 2023 was published on 24 October 2017. It is framed under ten long-term goals which were co-produced with BSL users across Scotland.

NHS Lanarkshire in partnership created a Shared BSL Plan for Lanarkshire, which reflected those same long-term goals.

It sets out the actions we will take from 2018 – 2024 and how we will:-

- Improve communication and access to services for people who use BSL in Lanarkshire; and
- Promote the use of and understanding of BSL across our areas of authority.



**BSL Shared Plan for
Lanarkshire 2018-20**

A requirement of the BSL (Scotland) Act is that the local plan should mirror the National Plan. To ensure developing a shared BSL Plan was the best approach, NHS Lanarkshire, North and South Councils brought together four local organisations who represent Deaf and Deafblind people and invited them to work with us in partnership. Those organisations are:

- Deaf Services Lanarkshire
- Lanarkshire Deaf Club
- Deafblind Scotland
- Deaf Equality Accessibility Forum (South Lanarkshire)

This partnership became Lanarkshire BSL Steering Group and it determined that by working together to develop a Lanarkshire wide BSL Plan we would:

- have the expertise of BSL users when engaging with the wider BSL community
- reduce consultation fatigue as we would be consulting with the same people
- Maximise the availability of BSL interpreters and Deafblind guide communicators as this is a finite resource.
- share experiences across authorities to promote best practice; and most importantly
- Put in place a BSL Plan, co-produced with Deaf and Deafblind BSL users, ensuring it is meaningful and accessible.

One of the main tasks of the BSL Steering Group was to consider the ambitions and long term goals of the National Plan within a local context, it agreed a draft Plan and from May to September 2018 developed a programme of consultation and engagement with the BSL community and other stakeholders.

- Community events were organised where BSL users could discuss the main themes of the draft Plan – Early Years, Education, Health and Social Care, Family Life and Employment and Training. These discussions were led by Deaf facilitators and in all over 150 Deaf and Deafblind BSL users participated.
- Our draft Plan was uploaded onto our websites in BSL and in English along with an on-line questionnaire and people were invited to comment. The questionnaire resulted in 20 individual comments.
- Within our own organisations we sought the views of employees who would have a part to play in ensuring the Plan is progressed.

As well as the information gathered from this programme of events we have also taken into account evidence and information gathered from work undertaken with the BSL community over the past few years including:

- Raising awareness about mental health
- Exploring BSL users experiences of accessing our services
- Raising awareness amongst our employees of the needs of BSL users
- Making our websites more accessible; and
- Working on the See Hear framework.



BSL Shared Plan for
Lanarkshire 2018-20

What difference have these made?

The plan has raised the profile of BSL in Lanarkshire and ensure that BSL users have good access to NHS Lanarkshire services. While it is divided into sections related to long term goals for Scotland, it shows how these will work in a NHS Lanarkshire context.

- Improve access to our information and services for BSL users, including making our website more accessible to BSL users by including BSL videos and highlighting BSL accessible ways to get in touch
- Highlighted areas where further development and support is required for BSL users
- Promote a better understanding of BSL awareness in regards to service users and carer's needs within NHS Lanarkshire staff and partners
- Ensure BSL users are represented on NHS Public Reference Forums, involved in the major community consultation on any new builds or strategic decisions.

How will outcomes be sustained?

- Working in partnership with the Deaf and Deafblind communities to ensure they are supported to inform and advise on services
- Working in partnership with Health and Social Care North Lanarkshire, South Lanarkshire Health and Social Care Partnership, third sector partners and the Lanarkshire BSL community to develop appropriate plans to meet the aims of the plan
- Continue to deliver outreach community based services for member of the Deaf and Deafblind communities
- Continue monitoring of actions and deliverables agreed within the plan through the BSL Steering Group.

What challenges remain?

- Increasing staff knowledge and skills on the needs of BSL users
- Delivering in a intersectional way across a number of organisations
- Continue to improve access to our information and services for BSL users, including making our website more accessible to BSL users by including BSL videos and highlighting BSL accessible ways to get in touch
- Continue to identify areas where further development and support is required for BSL users
- Continue to ensure BSL users are represented on NHS Public Reference Forums, involved in the major community consultation on any new builds or strategic decisions.

What next?

- Ensuring the BSL Plan is making a difference to the lives of BSL users in Lanarkshire requires ongoing engagement with the BSL community
- Ensure that NHS Lanarkshires Mental Health strategy incorporates the needs of the Deaf and Deafblind communities
- Ensure that psychological therapies can be offered on a fair and equal basis to BSL users.
- Deliver on key areas identified for Health to deliver on
- Provide Public Protection information in BSL
- Take steps to improve access to information about active health provision, local sports facilities and sporting opportunities.
- Consider the needs of BSL users in any local work to tackle social isolation.
- Furthermore the implementation of the Plan will be the subject of regular reports to NHS Lanarkshires Board

What has been done in the last two years?

Spiritual Care and Wellbeing

The Head of Service for Spiritual Care and Wellbeing has attended a number of meetings with groups of ministers/priests/belief group representatives to explore ways of building bridges that would ensure that people being discharged from hospital or having experienced a bereavement, may be sign-posted to local support mechanisms that may help them recover.

We also hosted our first interfaith week event in November 2018 to look at the similarities of life experiences across the various Faith Communities. The theme for 2018 was “Connecting Generations”, and the event heard from a number of young people who shared about what it’s like to live in Scotland in 2018 and continue to be part of a Faith Community.

What difference have these made?

The Faith specific meetings have helped build a relationship of trust and mutual respect. There is an interest in supporting our development projects e.g. The Lanarkshire Listening Service; No one dies alone, and the Bereavement Care Service.

The interfaith event again built on good relationships with the Faith Communities, and also allowed a chance to talk about how the Spiritual Care and Wellbeing Services can assist them and members of their Faith Community when they were in hospital or facing difficulties relating to their health.

This type of event provides an opportunity to address racism and sectarianism in a safe space through good networking alongside educational resources.

How will outcomes be sustained?

We will look to expand these events year on year and reach a wider cross section of the community.

What challenges remain?

Ensuring inclusion of the new and diverse Faith groups within Lanarkshire

What next? Anticipated actions for next 2 years

We will continue to seek opportunities to meet in faith and belief specific groups as they provide a good opportunity for us to hear directly about issues/concerns of each faith and belief community.

What has been done in the last two years

Complaints:

Implementation of the revised model Complaints Handling Procedure (CHP) was endorsed by NHS Lanarkshire's Corporate Management Team on 20th March 2017, with national implementation from the 1st April 2017.

A substantive Complaints Manager/ Quality Assurance Programme Manager for Complaints commenced in post on 25th April 2018. He has completed an initial assessment of NHS Lanarkshire's complaints process, primarily adopting the Scottish Public Service Ombudsman's Improvement Framework and their best practice information. It was anticipated that this work would identify both areas of good practice and improvements.

What difference have these made?

Application of the CHP supports achievement of the Scottish Public Services Ombudsman Complaint Handling Principles - an effective complaint handling procedure that is user-focused, accessible, simple and timely, thorough, proportionate, consistent, objective, impartial and fair. The CHP seeks early resolution and recognises that analysis of complaint outcomes should drive improvement.

For Referencing:

<http://www.valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/principles.pdf>

How will outcomes be sustained?

- Quality Assurance processes will monitor developments.
- A Quality Improvement project will be undertaken to embed a post complaint satisfaction process.
- Work is also being undertaken to enable further more detailed analysis of complaint information.
- To contribute to organisational learning from complaints.

What challenges remain?

The SPSO routinely review complaint handling in line with the requirements of the model Complaint Handling Procedure (CHP), implemented from 1st April 2017. As identified in their annual 2017-2018 letter to the Chief Executive, received in August 2018, they found just over 22% of the cases that they closed across all jurisdictions, included one or more complaints handling failings. The three key areas likely to fail to meet the CHP requirements were recorded as:

- a) Identifying fully each issue being complained about and providing an accurate, proportionate and evidence-based decision for each complaint.
- b) Communicating clearly with the complainant and managing their expectations in respect to the complaints process and likely outcomes.
- c) In respect of timescales at stage 2 of the model CHP, keeping the complainant updated where timescales will not be met.

Remedial recommendations to reduce the future likelihood of these occurring within NHS Lanarkshire have been included in this Initial Complaints Procedure Review.

What next? Anticipated actions for next 2 years

The NHS Lanarkshire Person-Centred Care Plan 2018-2023 includes priorities in relation to the application of the national model Complaints Handling Procedure:

2018-2019

We will continue to embed the national model Complaints Handling Procedure, initially assessing the efficiency and effectiveness of our arrangements against the Scottish Public Service Ombudsman's (SPSO) Improvement Framework.

2019-2020

We will continue to implement developments identified from the Improvement Framework exercise, and further embedding areas of good practice.

2020-2023

We will evaluate changes and improvements made as a result of the changes in our management of complaints.

We have given our strategic commitment and outlined our ambition of ensuring that our complaint handling processes are robust and based on best practice.

4.4 Health Inequalities

What has been done in the last two years?

1. Lanarkshire Domestic Abuse Response

Lanarkshire Domestic Abuse Response was a Big Lottery-funded programme led by NHS Lanarkshire and involving partners including NHS Lanarkshire EVA Services, Airdrie and Hamilton CABx, Police Scotland and Healthy Valleys.

The initiative ran for three years, with a budget of around £700,000, and ended in November 2017.

Through a partnership approach, it aimed to offer a seamless service to women experiencing domestic abuse according to a three-stage model in responding to trauma: safety and stabilisation; therapy; reconnection. LDAR reported to Big Lottery at the end of the funding term that it had fully met its outcomes.

2. Lanarkshire Green Health Partnership

A new Lanarkshire Green Health Partnership was established in March 2018 to develop and deliver a programme of activity to improve the use of the outdoors as an asset for the prevention of ill health and promotion of health and wellbeing. This is part of a national Scottish Government programme called Our Natural Health.

Prior to the establishment of this new partnership a case was prepared for submission to Scottish Natural Heritage outlining why Lanarkshire should be one of 4 national partnership demonstration sites. This case was won and funding was awarded which has enabled the recruitment of a Green Health Manager, a Green Volunteer Development Officer and the delivery of an NHS estate growing initiative for people with mental ill health and other forms of disability.

3. Health and Homelessness

In the last 2 years the steering group has sought and been granted funding through the Scottish Government Screening Inequalities Fund to pilot an innovative extension of the sexual health service to offer outreach services for sexual health and cancer screening to people affected by homelessness. Staff have been recruited and are building relationships with staff across housing and homelessness organisations and are improving access to cancer screening and sexual health services to people affected by homelessness.

There has been a health needs assessment of children and young people affected by homelessness carried out which is due to report by the end of January.

NHS staff have been working with third sector organisation Y People to design Psychologically Informed Environments (PIE) training to be delivered across relevant staff and agencies that support people affected by homelessness. A counselling psychologist has been recruited to assist NHS staff to embed the principles of PIE across services in pilot areas.

4 Miscellaneous



D Health
Improvement Activity

What difference have these made?

1. Lanarkshire Domestic Abuse Response

The hard data suggests it made a significant difference to women across Lanarkshire in terms of financial gain (over half a million pounds generated); reaching women who might otherwise have fallen through the net; and supporting a level of recovery which had not been anticipated.

The soft outcomes met suggest that women who received LDAR's support across the various elements felt more confident, more able to tolerate clinical touch, were coping better, made more rational decisions, were less stressed, were able to imagine 'a good life' and were moving into education, volunteering and employment.

All these elements contributed to improving the quality of women's journey.

Overall, projects involved experienced fewer cancellations and drop-out because they had the budget to be proactive and to work around the needs of the women.

The success of the programme is attributed to a committed partnership; specialist staff; funding for a bespoke service; a trauma-sensitive approach; and responsive, wraparound and expedited services.

This contrasts with the direction of travel in public services which is to provide universal services in order to meet service user need generically.



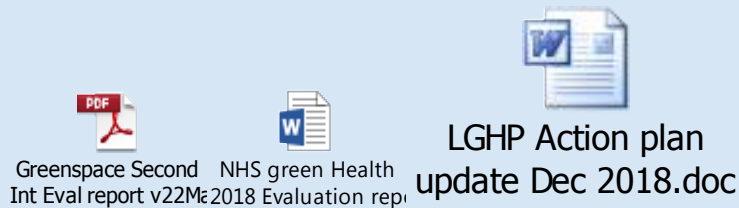
Evaluation of LDAR
March 2018 SH final r

2. Lanarkshire Green Health Partnership

Prior to the new LGHP another partnership existed and had evaluated the impact of delivery of work in 2017 (see attached). This demonstrated an increase in awareness of green health opportunities and joint working between partners, as well as increased use of green space for health activity,

in particular through Get Walking Lanarkshire, one of the programmes. Get walking Lanarkshire has had particular success in getting older people with multiple conditions walking and social connected thus increasing physical activity and reducing loneliness and social isolation.

With the national programme the partnership was reviewed and membership altered. An action plan has been developed with a logic model and evaluation framework. The evaluation of the growing project 1 year on has show great benefit to participants (see attached).



3. Health and Homelessness

All of these developments are in the early stages of delivery. The screening and sexual health service has already seen more than 50 patients for a variety of sexual health and screening services. These services may not have been as easily accessible for the target population without the project. Monitoring and evaluation is in place but it is too early to describe outcomes.

Recommendations will be made as part of the health needs assessment. The report and recommendations will be taken through the appropriate governance committees to accelerate change.

How will outcomes be sustained?

1. Lanarkshire Domestic Abuse Response

The learning from this initiative has informed changes to mainstream services to enable more appropriate support for people living with or fleeing domestic abuse.

The complimentary therapies element has secured additional funding to continue and is also training beneficiaries to become volunteers.

2. Lanarkshire Green Health Partnership

Funding is available for a further 2 years and the partnership will continue to oversee and drive this work. It is hoped that this will provide sufficient investment to make firm connections between the environmental and health sectors and embed this into mainstream practice.

3. Health and Homelessness

Sustainability is part of each action plan, however, it will be difficult to sustain the sexual health and screening outreach without additional funding.

The PIE training will incorporate a trainer for trainers model to enable sustainable delivery following the delivery of the first 10 sessions commissioned to Y People.

What challenges remain?

1. Lanarkshire Domestic Abuse Response

Continued funding for the complimentary therapies element.

Capacity within mainstream welfare advice and gender-based violence service to provide the very specific and intensive support often required by domestic abuse survivors.

2. Lanarkshire Green Health Partnership

Many health and social care practitioners are unaware of the benefits of and opportunities for service users to get active outdoors and so critical consciousness raising regarding this agenda is crucial get services sign-posting and referring.

3. Health and Homelessness

The health and homelessness action plan has a large number of actions on it and many will be challenging with limited resources. Of the actions outlined in this plan further work needs to be progressed to:

- Introduce routine enquiry on housing provision for NHS and social work staff.
- Ensure parents of children who present as homeless have access to a varied menu of parenting support.

Explore the routes between acute and primary care based health services and housing services for those with complex housing needs

What next? Anticipated actions for next 2 years

1. Lanarkshire Domestic Abuse Response

Monitor, review and develop the complimentary therapies service for survivors of domestic abuse and seek funding when required.

Look for opportunities to increase support for survivors through the financial inclusion, statutory and third sectors.

2. Lanarkshire Green Health Partnership

- Continue delivery the action plan.

- Development of a Green Health Volunteer Framework for Lanarkshire.
- Develop test of change that connect the two sectors for the benefit of health and wellbeing.

3. Health and Homelessness

We will further develop and evaluate the work described above. In addition, we will build on the work progressing on a gap analysis for services supporting vulnerable pregnant women at risk of homelessness.

4. Miscellaneous



D Health
Improvement Activity

What has been done in the last two years

Area of work: Financial Inclusion

1. Co-located Advice Services on NHSL Premises

Specialist Welfare Advice Services are now delivered in partnership with both Local Authorities within Nine Health Centres in North and South Lanarkshire in some of our most deprived areas. These services in Airdrie, Coatbridge, Wishaw, Hamilton, Blantyre, Larkhall, Carluke, Douglas and Rutherglen take referrals/sign-posts from GPs and other health professionals and are well utilised. These services provide support and assistance with a range of money worries including benefits, debt, employment support and housing.

2. Health Visiting Financial Inclusion Pathway

In partnership Health Visitors have developed a routine enquiry approach to raising the issue of money worries (financial wellbeing) with service users at all key health contact points. This was tested using an improvement science approach within one team of Health Visitors in South Lanarkshire and was an extension of the Telephone Advice Line established between maternity services and Money Matters Advice Service.

The Health Visiting Financial Inclusion pathway has now been rolled out to all 10 Health Visiting teams in South Lanarkshire. The change package has been shared with North Lanarkshire and a three month pilot commenced within the Coatbridge Health Visiting Team in November 2018.

3. Advice in Mind

The Advice in Mind Project focuses on the delivery of a holistic support service to people affected by and at risk of mental health conditions in the Lanarkshire area. The service offers early intervention for people with mental health conditions, so that solutions for their issues can be found and crises

can be averted. The project receives referrals from NHS professionals, CABx and other organisations as well as self-referrals from clients. The project provides information, advice, advocacy, representation, referral services and facilitation on claiming appropriate welfare benefits, money management, financial planning and debt prevention. Peer Support Workers offer practical assistance during the medical assessments, housing meetings and case conferences, which is invaluable for this client group.

What difference have these made?

1. Co-located Advice Services on NHSL Premises

These services have made a huge difference to the lives of people who are experiencing financial insecurity and poverty physically, mentally and socially. We have case studies (see example below) outlining the changes this support has made to service beneficiaries as well as statistical information on the income this has generated for people.

For example, advice services in Airdrie, Coatbridge and Wishaw between 1st April 2017 and 31st March 2018 seen a total of 492 individuals, an increase of 124 compared to the previous year. The additional income generated for patients by the three services combined between 1st April 2017– 31st March 2018 was £432,793.

The Rutherglen Primary Care Centre welfare advice service during 17/18 saw a total of 127 clients with 346 enquiries who were assisted with an overall collective financial gain of £185,965.14. This is an increase of 188% on the previous year.



CAB return for Q1
2018-19 as submitte



RPCC Leaflet2.doc



RPCC update report
October 2018 GL.doc

2. Health Visiting Financial Inclusion Pathway

In the period from April –August 2018 there has been 155 Health Visitor referrals, an increase of 39% in the same period last year and 233 Midwifery referrals, a 55% increase in the same period last year.

The latest figures on the percentage of families engaging after referral with the Money Matters Telephone Advice Line is 89% of Health Visitor referrals and 85% from Midwifery. A sample of 20 parents within the Blantyre team where the model was tested evidenced a financial gain of over £100,000.

In the Coatbridge pilot, since starting in mid-November 2018, there have been 135 referrals to the welfare advice service.



Flash Report Child
Poverty Financial Inc

3. Advice in Mind

The case studies and annual report attached demonstrate that this project has made a big difference to people who are vulnerable to the negative impact of welfare reform and austerity due to mental ill health or poor wellbeing.



ExternaltoNHSL FW
URGENT Uk Governr

How will outcomes be sustained?

1. Co-located Advice Services on NHSL Premises

Due to the success of these services we have been able to secure ongoing funding from various sources e.g. Integrated Care Fund. We require to report to Scottish Government on our local plans which respond to the National Outcome Focussed NHS Welfare Reform Plan which includes this work.

2. Health Visiting Financial Inclusion Pathway

Funding is being sought in South Lanarkshire as part of a European bid and work is underway to explore the addition of routine enquiry fields to assist with data collection for routine enquiry within electronic patient records.

There are robust arrangements in place for monitoring and performance reporting and if referrals drop this will be explored by the partnership steering group to ensure compliance with agreed processes.

There is now a Financial Inclusion Referral Pathways Action Plan for Scotland which supports this work and we require reporting on our progress. It is also supported by the Child Poverty Action Reports required from the South Lanarkshire Community Planning Partnership under the new legislation.

3. Advice in Mind

The project is currently being evaluated and the leaning will inform existing mainstream services as well as any applications for ongoing funding.

This initiative trains beneficiaries to become volunteers and so some degree of sustainability is possible through volunteer capacity.

What challenges remain?

1. Co-located Advice Services on NHSL Premises

- Securing recurring funding in a financially challenging time is difficult.
- Securing funding to add new locations to the current provision is very challenging.

2. Health Visiting Financial Inclusion Pathway

- Securing recurring funding.
- Inclusion of data capture fields within electronic records as there may be changes in data capture systems going forward.

3. Advice in Mind

- Securing ongoing funding and sustaining support for volunteers.

How will outcomes be sustained?

1. Co-located Advice Services on NHSL Premises

- Actively contributing to discussions and planning via the Primary Care & Mental Health Transformation Agenda regarding the Community Link Worker model for Lanarkshire to facilitate the inclusion of a welfare advice element within this.

2. Health Visiting Financial Inclusion Pathway

- To look at the results of the 3 month pilot in North Lanarkshire and identify funding to roll the financial inclusion health visiting pathway out.
- A funding bid is being prepared for South Lanarkshire European Monies to assist in boosting Welfare Advice Officers capacity to respond and sustain a growing level of demand in South Lanarkshire.

3. Advice in Mind

- Complete the evaluation and agree from this the next steps in applying the learning or seeking further funding.

Developing the Workforce

Workforce

What has been done in the last two years?

<p>NHS Lanarkshire is committed to equal pay for work of equal value. 2018 marked achievement of Living Wage accreditation.</p>	<p>Agenda for Change job evaluation evidence.</p> <p>The first territorial Health Board to accredit with the Poverty Alliance.</p>	<p>Human Resources</p>
<p>NHS Lanarkshire policies and procedures are reviewed and update as part of a schedule of review.</p> <p>Promotion of existing and new policies and ensuring they are accessible to staff. Participation in the development of NHS Scotland workforce policies to improve consistency across employers.</p> <p>All policies reviewed, updated or written are Equality & Diversity Impact Assessed (EDIA)</p>	<p>Contemporary library of employment policies and procedures has been maintained.</p> <p>Publication of all HR policies to the internet in 2019 has enhanced access for all staff.</p> <p>Scheduled review of EDIA as an integral component of policy compilation and review</p>	<p>Human Resources</p>
<p>Improve the collection of data in relation to ethnicity, religion/belief, disability, gender and sexual orientation to have an accurate profile of our workforce in order to ensure our policies and procedures reflect the makeup of our staff communities.</p>	<p>Ensure staff are supported to understand the need to collect data, in an appropriate, sensitive and informative way</p> <p>Ensure the NHS national EESS system supports and facilitates the population of equalities data</p>	<p>Human Resources</p>

NHS Lanarkshire is the first Health Board to fully implement the electronic HR system and is a pilot for the new recruitment module "Job Train".

The introduction of the recruitment module will enhance the opportunity to capture equalities data.

What next? Anticipated actions for next 2 years

Continue work commenced.

4.6 Accessing Services

Knowledge Services: Staff within NHS Lanarkshire has a diversity of needs when it comes to communications in the written form, particularly for staff with Dyslexia. Knowledge Services have been working in a number of areas to ensure that our libraries become Dyslexia friendly, including formal recognition of this status with the British Dyslexia Association.

What has been done in the last two years?

We have worked with staff to develop the dyslexia packs to all NHSL libraries and have worked with communications to ensure the information is sent out to those working across Lanarkshire. We developed a poster that we displayed across the board and we have had positive feedback about this and the pack from staff. We are still pursuing the quality mark for dyslexia friendly organisations.

What difference have these made?

Staff have given verbal and written feedback about the changes and their appreciation for this recognition of dyslexia support. Packs have been requested at some sites. All knowledge service staff are aware of the support pack and can offer support and pack to anyone using the library who may need additional help.

How will outcomes be sustained?

We need to ensure that the pack and support that we have is kept high on the agenda of the team. This work is discussed at team meetings as staff change and how we want to refresh/develop our approach. We have seen that staff having personal experience in this area has led to higher use of the materials on that site and this is worth noting for future developments.

What challenges remain?

The Quality mark from the British Dyslexia Association is still to be finalised as this involves an organisational approach rather than an award that is just given to the library service. Loss of staffing has also meant that this work has had to be put on hold for the past 8-12 months and we will pick up again once the team is fully staffed.

What next?

Refreshing of resources around dyslexia as well as a communications plan to ensure staff new to the board are aware of the support there is available within libraries.

Knowledge Services: Embedding health literacy when developing our buildings, our signage, and letters for appointments and instructions for taking medicine, to support and lead to better patient/s and carers experiences when accessing our services. Discuss/develop proposal to look at signage through relevant teams

What has been done in the last two years?

We delivered small training sessions within the board to introduce this topic to a wider audience. We hoped that this work would be taken forward through a community pharmacist project but the work was not funded.

Along with the equality and diversity manager a paper on signage, and health literacy was delivered to the Monklands Replacement/Refurbishment Project (MRRP) Board for consideration. A smaller project within the wider area of health literacy is being pursued through the realistic medicine group for 2019/20.

What difference have these made?

Awareness raising among staff has been the main change with pockets being more aware of the resources but there hasn't been the opportunity, staffing or funding to pursue a test of change project so far. Training sessions are still offered to specific teams as requested and this will continue.

How will outcomes be sustained?

As above, training sessions will continue to be offered by the Knowledge Services Team and when staffing is optimised, we will look as a team to

develop further resources online for easy access through FirstPort. We also continue to influence the MRRP project and will pursue through that group as required

What challenges remain?

NHSL Knowledge Services have made changes to signage where possible in the libraries but this is limited and needs expanded across other services where appropriate. We can provide some support and advice within the board as required. Knowledge Services, along with Equality and Diversity Manager have also given some initial advice to the team leading the Monklands redesign. The earlier this learning is embedded into the planning stage, the much greater chance of success. The challenge will be to ensure this learning and the potential actions we can take, compliments others areas of development in the wider rebuild of services and that changes made in one area reflect into other wider community areas where appropriate. Ideally, we should pursue a test of change with interested groups/team open to these ideas so that they can be tested and developed before any new build is complete.

What next?

Develop further links through MRRP Project. Further develop training sessions to be delivered in house and to partners as required. Link with Realistic Medicine team to see if any interest in this topic can be pursued

5. NHS Lanarkshire's Equality Outcomes

Equality Outcome 1: To reduce the number of children born with Fetal 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

Annual report on progress March 2019:

The overall aim is for more families and professionals to have an awareness of FASD and diagnostic and treatment pathways are developed and tested.

In 2018-2019 the focus has been on developing a variety of learning materials for health, education, local authority and the 3rd sector. This has included delivering awareness raising briefing session and e-learning modules. In addition we have met with our Licensing Authorities/Licence Holders and Public Patient Forum to review materials to highlight the no alcohol no risk message. The Licence Holders are keen to support raising awareness and have agreed to display posters in their premises.



NHS Lanarkshire
Equality Outcome 1:

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.

Lead: Jill Madden/Heather Craig

Annual report on progress March 2019:

The Keep Well service is an effective primary prevention model to reduce cardiovascular disease (CVD). In Lanarkshire all adult Carers are entitled to attend a Keep Well Health Check. The health check is designed to identify those who may be at risk of developing cardio-vascular disease, but it also looks to address the wider determinants of health and gives the Carer an opportunity to discuss any other health concerns that may be important to them which may impact on their physical, emotional or social wellbeing.



NHS Lanarkshire
Equality Outcome 2:

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

Annual report on progress March 2019:

Focus groups are ongoing with members of Speak Out Advocacy and People First Advocacy who have learning disabilities and live in Lanarkshire. Health topics/resources discussed and agreed development priorities. All resources developed are available on www.healthlanarkshire.co.uk website. In addition hard copies are distributed at carer's events, lifestyle centres, advocacy services, PAMIS, and community support teams across Lanarkshire. NHS Lanarkshire staff are advised via the weekly staff brief, when resources available and learning disability services across Scotland are advised via the Scottish Learning Disability Nursing Network.



NHS Lanarkshire
Equality Outcome 3

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.

Annual report on progress March 2019

Terrence Higgins Trust (THT) Scotland is currently funded to provide a Lesbian Gay Bisexual, Transgender and Intersex (LGBTI) service throughout Lanarkshire WTE 0.2 and Men who have Sex with Men (MSM) service WTE 0.8

The LGBTI and MSM service aims to increase awareness, support and facilitates capacity building through strategic, structured approaches namely one-to-one support, training/capacity building, events/outreach and resource development and distribution



NHS Lanarkshire
Equality Outcome 4.

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

The Syrian resettlement programme is now complete. All desired outcomes have been met and the Syrian population is now integrated within their local communities. The purpose of this report is to provide a final update on progress with the Syrian Resettlement Programme in Coatbridge.

The resettlement is measured using the 'Indicators of Integration' approach and the key indicators are: Housing, Education, Health, Employment and Social Connections.



NHS Lanarkshire
Equality Outcome 5

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 ant factors that are adversely impacting their overall wellbeing

Annual report on progress March 2019:

Salus Case Management Mental Health Support Service aims to assist NHS Lanarkshire employees to better manage their Mental Health. Referral to the service is offered to employees who are absent from work as a consequence of mental health issues. From the outcomes detailed in the progress update, it would appear that the objectives set have been achieved.



NHS Lanarkshire
Equality Outcome 6

6. Workforce Data

6.1 The NHS Lanarkshire Workforce Equality Monitoring Report (January – December 2018) report highlights the data that is currently available for equality monitoring in NHS Lanarkshire and where there are gaps in intelligence. Data has been sourced from January 2018 to December 2018.

<https://www.nhslanarkshire.scot.nhs.uk/download/workforce-equality-monitoring-report/>

6.2 Gender Pay Gap and Occupational Segregation by Gender, Ethnicity and Disability

For awareness, there has been a significant change within the Total Employments and Gender Pay Gap within Medical and Dental due to the move of Doctors and Dentists in training to NHS Greater Glasgow & Clyde and NES in August 2018.

<https://www.nhslanarkshire.scot.nhs.uk/download/gender-pay-gap/>

7. Conclusion

In this report we have given an overview of some of the work we have been doing over the last two years demonstrating that Equality is not an add-on, but an integral part of NHS Lanarkshire; we have evidenced the on-going commitment by the leadership and staff as advocates for change. We will continue to make systematic and targeted changes that make a real difference. The report identifies that there still needs to be more work done which will continue to inform our on-going work programme for 2019 – 2021.