

Inverclyde Community Health Partnership

Equality and Diversity Action Plan

2007 – 2010

1. Introduction

Inverclyde Community Health Partnership (CHP) was formally established on 1st June 2007. One of the first tasks of the CHP is to outline our actions in relation to equality and diversity, in line with the NHS Greater Glasgow and Clyde Equalities Scheme (2006 – 2009) and a range of national policies. The equalities plan should be read in conjunction with the CHP Development Plan 2008 – 2010.

1.2 Purpose of this Plan

The CHP is required under equalities legislation to produce an equality and diversity action plan for the period 2007 – 2010 by the end of December 2007. This action plan combines the three strands of race, disability and gender into one, addressing our obligations via the Race, Gender and Disability Equality Duties. In addition the plan addresses the equality issues of faith, sexuality and age. More information on the rationale behind these can be found by Reading the Full Equality Scheme at www.nhsggc.org.uk under 'publications library'. The recent Scottish Government Spending Review 2007 has allocated a national budget of £54million over three years (2007 – 2010) to be 'used to promote equality of opportunity and fair treatment for the wellbeing of people in Scotland'¹, further evidence that equality and diversity is of significance at all levels, with governmental backing for it to be taken seriously in mainstream activity across the public sector of which the NHS and Inverclyde CHP are a part.

1.3 Planning Context

1.3.1 Age

The total population of Inverclyde is 81,540². The age profile of the population at present is shown in the table below (table 1). Over time we will look to narrow these age brackets when reporting the age profile in line with better data being sourced.

Age bracket	Total Number (June 2006)	%age of total population (June 2006)	Projections 2024 Total Number	%age of total population (2024)
0 – 16	15492	19%	11000	15%
17 – 59	47293	58%	36374	51%
60 +	18754	23%	23817	33%

¹ Scottish Government Spending Review 2007; 107

² Inverclyde Council 2007

Population projections suggest that the number of 0 - 16 years olds will decrease by 29% by 2024 and the number of 65+ years older is predicted to increase by 27%. The population of Inverclyde is aging, in line with the rest of Scotland. We must therefore ensure that service redesign is age-sensitive and age-appropriate, to ensure that our aging population has the same opportunities as everyone else for positive outcomes.

1.3.2 Gender

On average, life expectancy in Inverclyde is 3 years less than the Scottish Average for men, and about one and a half years less than the Scottish Average for women. There are significant differences in life expectancy within Inverclyde too. For example, life expectancy in Greenock Town Centre is a full 8 years less than the Scottish Average for men, whilst in Greenock West life expectancy is actually 3 years above the Scottish average, showing a local difference of 11 years. Similar discrepancies can also be observed in female life expectancy, with a 6 years difference between Greenock town centre (3 years below the Scottish average) and Greenock West (3 years above the Scottish average of 79 years)³. The differential in life expectancy between men and women is in line with the national picture and there is little correlation between gender and life expectancy specific to Inverclyde that sets the area apart from the rest of Scotland.

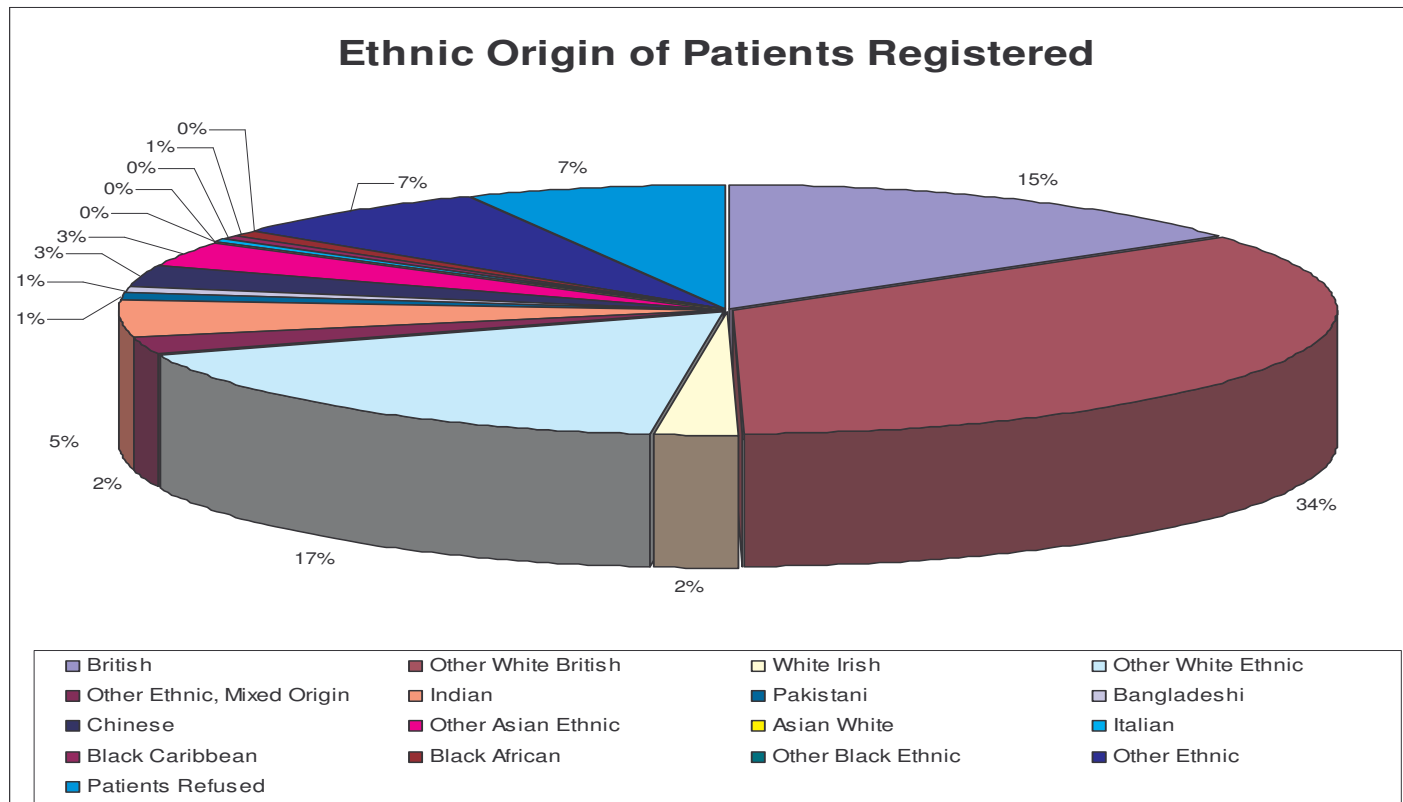
Figures for gender based violence in Inverclyde suggested that there may be an underreporting and under recording of the problem. Between 2004 and 2006 a total of 309 cases of domestic violence were recorded⁴. This is 56% below the Scottish average. The problem is considered locally to be more acute and more detailed information is required. We will work across all CHP service areas, and with Community Planning Partners, to identify a clearer understanding of the levels of gender based violence. From this we will work to ensure appropriate supports are in place to minimise the problem and its consequences.

³ Inverclyde Draft Community Health Profile 2007

⁴ Inverclyde Draft Community Health Profile 2007

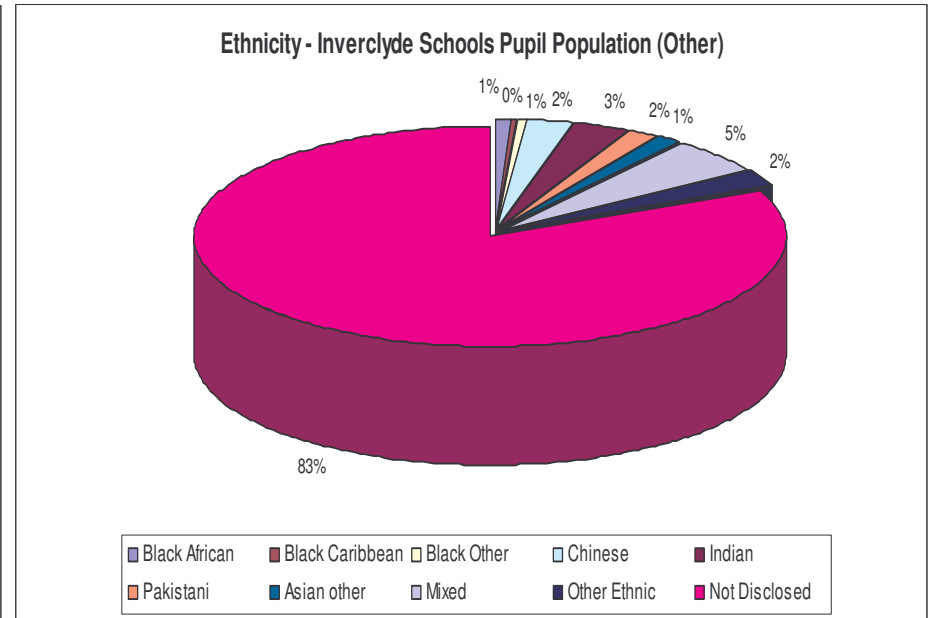
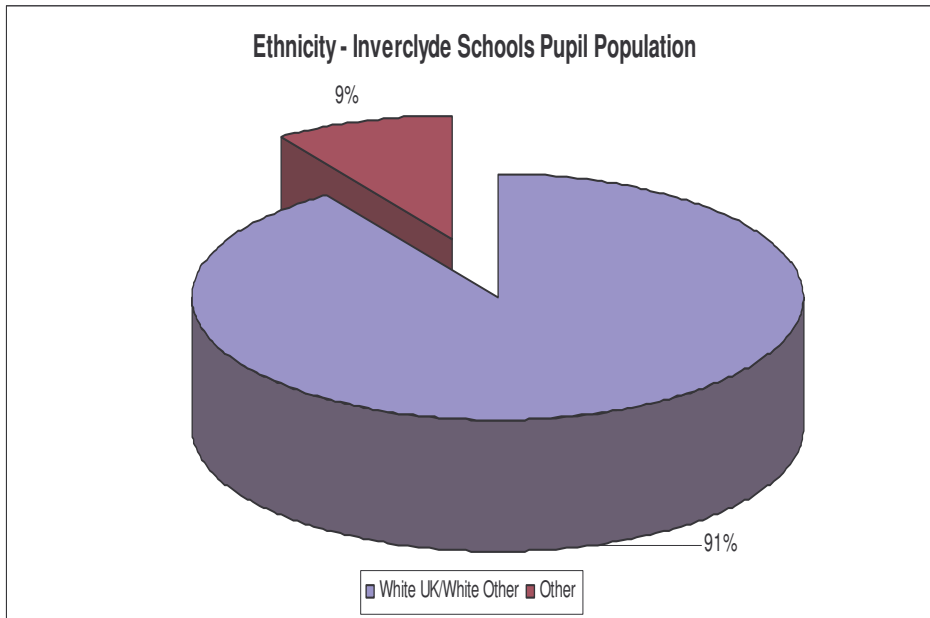
1.3.3 Ethnicity / Race

Inverclyde has a significantly lower instance of ethnic diversity than other areas than Scotland. The number of people from ethnicity minority groups registered as resident in Inverclyde (0.9% of the local population) is 56% below the Scottish average⁵. The following chart gives a picture of the ethnic diversity of Inverclyde based on the ethnic background of our GP practice populations. 80% (3223) of people registered with our GP practices considered themselves 'White Scottish' the chart below shows the breakdown of the other 20% of the sample (as 100%). We will work to explore the significance of the 18% of respondents who refused to declare their ethnic origin to ensure we understand the reasons behind this.



⁵ Draft Community health Profile – Inverclyde, 2007

Chart two shows the ethnic diversity of our school populations in Inverclyde. This information can give some indication of the ethnic backgrounds of family groups, allowing for assumptions to be made regarding the ethnicity of the wider population. As above, most respondents considered themselves to be 'White UK' or 'White other' (91%), the chart on the right gives the breakdown of the other 9% of respondents. We will work with partners and across all services to ensure that the needs of these smaller ethnic groups are not overlooked when we design services and train our staff etc. We will also work to ensure that the data gathered is as robust as possible to aid analysis, learning and action.



1.3.4 Disability

By 'disability' we mean physical or mental impairment which has a substantial and long term adverse affect on an individual's ability to carry our normal day to day activities. This includes physical disability, visual and hearing impairment, learning disability, stroke survivors and those who have brain injury. In addition disability relates to the principle that one is not disabled by any specific impairment or condition but by physical barriers encountered, problems created by the way services are organised and by the attitude and awareness of the people who provide these services⁶.

Around 18% of the working age population (9,000 people) of Inverclyde have a limiting long term illness compared to the Scottish average of 15%. It is estimated that a total of 849 people in Inverclyde are registered as blind or partially sighted, 76% of whom are over 65 (47% of those are registered as blind). According to social work activity data for the year 2006/2007 there are approximately 48 profoundly deaf people in Inverclyde. A total of 164 people throughout 2006/2007 were allocated to the hearing impairment worker within Inverclyde Social Work services⁷. Around 1.6% of the population of Inverclyde have a mild to moderate learning disability, approximately 0.4% have a severe learning disability⁸.

From a total school roll of 11135 young people in Inverclyde 205 young people are assessed as disabled, equating to approximately 1.9% of the Inverclyde schools population. A greater number of young people identified themselves as being disabled with no external verification⁹.

We are therefore committed to ensuring that our staff are sensitive to the communication and service needs of disabled people, and that our services are designed to ensure that disabled people can access the levels of service they require for the best possible health outcomes. In addition action is required to ensure that disabled people in our area find services to be responsive to their needs, going beyond addressing access issues.

We will utilise the NHS Greater Glasgow and Clyde Communication Support and Language plan to ensure that the communication needs of all our potential and actual service users are addressed. This will take on the issues related to disability considered above, but also acknowledge the needs of those for whom English is not their first language.

⁶ Inverclyde Council Draft Disability Equality Scheme 2006 - 2009

⁷ Inverclyde Council draft Disability Equality Scheme 2006 - 2009

⁸ Ibid

⁹ Inverclyde Council Education services

1.3.5 Faith

The following table gives the breakdown of faith/religion of the population of Inverclyde as per the 2001 Scottish Census results and according to the religion chosen by each respondent at the time of completing the census return (April 2001)¹⁰.

Religious grouping	Number
None	11339
Church of Scotland	32184
Roman Catholic	30133
Other Christian	4479
Buddhist	55
Hindu	49
Jewish	11
Muslim	148
Sikh	83
Another religion	249
Not answered	5473
	84240

We will work to ensure that, whenever possible, we meet the faith needs of our population. For example, we will make every possible effort to provide a same sex worker where faith requires this, and to respect holy days when planning public engagement events, meetings appointments etc. In line with work to address the requirements of the Disability Discrimination Act we will also consider requirements for culturally sensitive facilities to ensure appropriate space is provided for particular faith issues such as bathing.

1.3.6 Sexuality

The Sexuality of people in Inverclyde is not routinely collected and no information is available at the time of writing this plan. We will work across our services and with partners to determine where it is possible and appropriate to collect this information. This information will help us ensure that services are planned appropriately for these communities within Inverclyde, and ensure people are not disadvantaged in terms of their health as a result of their sexuality.

¹⁰ Scotland's Census 2001

1.3.7

In the CHP Initial development Plan 2007 – 2008 we clearly stated that Inverclyde CHP would address the equalities agenda via the production of our Equalities Plan. The actions stated were:

D2 Ensure that all sectors of Inverclyde's Communities have fair access to health services, and that individuals are not disadvantaged on the grounds of race, gender, disability, faith, sexual orientation, age, socioeconomic status or any other index.

ACTION – Develop and Equalities Plan that supports non –discriminatory approach to all aspects of service design and delivery.

D3/4 Ensure the CHP Action and resource allocations is based on optimal intelligence of local arrangements.

ACTION – Develop core data set of population health, inequalities and service delivery performance.

In moving these issues forward the CHP Development Plan 2008 – 2010 further acknowledges the importance for equality and diversity to be a mainstream activity and consideration for all CHP staff across all CHP practices and business. We are working across the system to ensure that awareness and respect for equalities and diversity is a core value regardless of role, function or position in the CHP.

1.4 Performance and Review

Performance against the action plan below will be monitored annually. Incremental success measures may be set for individual actions and will be monitored accordingly. The CHP Equality Scheme and Diversity Plan will be reviewed in totality and republished in 2010, in line with the CHP Development Plan. This plan will also be reviewed in line with the current NHS GG&C Equalities Scheme's cessation in 2009, at which another iteration will come into effect and will be responded to by Inverclyde CHP.