

20. TACKLING INEQUALITY POLICY FRAMEWORK

20.1 Analysis of Local Position

- 20.1.1 The CHP has a key role in addressing inequalities in health. Tackling economic and health inequalities is also a key strategic priority for Renfrewshire's Single Outcome Agreement 2009 – 2011. There is a commitment that Partners in Renfrewshire will implement the Single Equality Act 2009, to improve equality of opportunity and enable people to realise their potential, irrespective of gender, race, disability, religion, sexual orientation or age.
- 20.1.2 Through the Local Areas Committees, health improvement activity is targeted at the areas with lowest breast feeding rates, highest smoking levels, and mental health issues. The committees are developing community profiles and action plans to enable them to allocate funding on the basis of greatest need.
- 20.1.3 There has been an investment to work with staff on the culture of the organisation. This has been to support the development of the workforce to promote a non discriminatory working environment and a work force that have the skills to tackle inequality. Staff have also undertaken personal learning on equality and diversity. The CHP has worked to impact positively on the culture in our organisation.
- 20.1.4 We have held sessions for staff on equalities and discrimination experienced by service users in the primary care setting. Patients can present with a range of problems which affect their health which the routine primary care services are unable to resolve. A solution, in Renfrewshire, has been to develop and link a number of services close to the primary care setting for example financial advice, employability and condition management.
- 20.1.5 To identify gaps in our service we have promoted the use of Equality Impact Assessments (EQIAs) by holding information workshops for staff. This has resulted in an increased number of services undertaking EQIAs. A number of EQIAs have now been completed, particularly in areas of service redesign; Podiatry, Older Adults Mental Health team, and Mental Health. Further EQIAs will continue to be programmed into work areas over the next 3 years. Further details are provided in other chapters of this plan.
- 20.1.6 There are a number of examples where the service model has been adapted to suit the needs of the community. In smoking cessation, the core service has been expanded to provide one to one support to house bound patients. We also provide smoking cessation support to hard to reach clients. Again with breastfeeding we target our support in the more deprived areas using a community led approach. This approach has been successful in showing small improvements in the breast feeding rates in these areas. The introduction of the children and family teams provides an opportunity to tailor these services to local need.
- 20.1.7 The CHP contributes financially to a Renfrewshire Community Health Initiative based in Foxbar to deliver, on our behalf, a community led health programme. The community initiative focuses on early engagement of health issues with disadvantaged groups and is a conduit to other services.

20.1.8 We are now in the second year of Employability and Health Programme set up to assist those who are not in work as a result of ill health; improve their work and training opportunities. To date there has been 211 referrals with the majority describing themselves as having a mental health condition. We have provided frontline CHP staff the opportunity to gain more information on employability to assist them to feel competent at raising employability issues with their patients. Frontline staff are beginning to refer their patients for employability and financial advice.

20.1.9 A number of strands of work have been established in relation to Gender Based Violence:

- Local Gender Based Violence Action plan produced;
- Plans are advanced to introduce 'sensitive enquiry' within community nursing services;
- A multi-agency partnership established as part of Safer and Stronger Renfrewshire;
- A comprehensive GBV staff training programme developed in partnership with the Renfrewshire part of the Clyde Training Consortium.

There is a strong partnership to support GBV in Renfrewshire through the Community Planning structures.

20.1.10 Renfrewshire launched a Homeless Partnership in September 2009. A new strategy has been produced for the period 2010-2015, and takes account of changes in legislation, local and national policy and trends in homelessness. The CHP has produced a Health & Homeless 2010/2011 action plan to reduce the risk of unequal health outcomes for this group. The George Street Service, re-launched in 2009, now focuses on prevention, support and direct access to health services for homeless people.

20.1.11 The CHP has established a positive relationship with the community and this has been evident with the community's involvement with the Renfrew Health & Social Work Centre; with issues such as access and transport being raised and addressed. We have also had formal engagement with BME community, through the community planning process, with the main areas of concern being access to primary medical services.

20.2 Numeric Analysis

20.2.1 It is estimated 32,273 people in Renfrewshire live in areas classified as being health deprived. Many health inequalities, such as smoking, breastfeeding and oral health are socially patterned by areas or by social-economic status. Ill health also contributes to the ability to work and income deprivation.

20.2.2 Renfrewshire community health and wellbeing profiles show marked differences in the smoking rate between the most and least deprived areas. In Ferguslie the rate is 45.1% and Houston it is 13.4%. Individuals who experience health and social inequality have the lowest quit rates within most smoking cessation groups.

20.2.3 The number of Domestic Abuse incidents reported to the police in 2008/2009 was 2097. This is believed to be an underestimate as many incidents are not reported. One in 4 women will experience domestic abuse from a partner in her lifetime and 2 women are killed every week in the UK by their current or former partner.

20.2.4 The homelessness applications in Renfrewshire, in 2008/2009, were 1277 an increase of 196 from the previous year. The majority of applicants (56%) were aged between 26 and 59 years. Of the 42% aged 25 years and under, 34% were in the 18 to 25 age group and 8% were 16 to 17 years. The main reasons for homelessness are being asked to leave current accommodation and relationship breakdown.

20.2.5 The key findings for Renfrewshire from the Scottish Index of Multiple Deprivation 2009 are summarised below:

- Renfrewshire's relative position has worsened in SIMD 2009, compared to SIMD 2006. However, Renfrewshire's position in terms of population and number of datazones within the 15% threshold in SIMD 2009 remains better than in SIMD 2004.
- The SIMD 2009 shows Renfrewshire to have a population of 29,190 within the most deprived 15% in Scotland. This is an 11% increase from the SIMD 2006 in which Renfrewshire had a population of 26,321 within the most deprived 15%. This still compares well to the SIMD 2004 position, where a population of 32,450 lived within the most deprived 15% areas in Scotland.
- Renfrewshire has seen the third largest increase (2.4%) in the proportion of datazones within the Local Authority in the 15% most deprived.
- The Scottish Index of Multiple Deprivation 2009 shows an increase in the number of Renfrewshire datazones within the most deprived 15% in Scotland. In SIMD 2009, 41 (4.2%) of the 976 datazones in the 15% most deprived datazones in Scotland were found in Renfrewshire, compared to 36 (3.7%) in 2006 and 41 (4.2%) in 2004.
- Renfrewshire has the 2nd most deprived datazone in Scotland within the SIMD 2009 – this datazone in Ferguslie Park (S01005247) was ranked 1st (most deprived) in Scotland in SIMD 2006 and ranked 18th in SIMD 2004.
- The most deprived datazone on the SIMD 2009 income domain in Renfrewshire is S01005247 with a rank of 1. It can be found in the intermediate zone of Paisley Ferguslie, and the Scottish Parliament Constituency of Paisley North.
- The most deprived datazone on the SIMD 2009 health domain in Renfrewshire is S01005265 with a rank of 1. It can be found in the intermediate zone of Paisley Ferguslie, and the Scottish Parliament Constituency of Paisley North.
- The most deprived datazone on the SIMD 2009 employment domain in Renfrewshire is S01005247 with a rank of 5. It can be found in the intermediate zone of Paisley Ferguslie, and the Scottish Parliament Constituency of Paisley North.
- On the education domain in SIMD 2009, 27 (2.8%) of the 976 datazones in the 15% most deprived datazones in Scotland were found in Renfrewshire, compared to 23 (2.4%) in 2006 and 24 (2.5%) in 2004.
- The most deprived datazone on the SIMD 2009 education domain in

Renfrewshire is S01005247 with a rank of 4. It can be found in the intermediate zone of Paisley Ferguslie, and the Scottish Parliament Constituency of Paisley North.

- The SIMD 2009 also shows an increase in the number of Renfrewshire datazones within the most deprived 5% in Scotland. In SIMD 2009, 13 (4%) of the 325 datazones in the 5% most deprived datazones in Scotland were found in Renfrewshire, compared to 9 (2.8%) in 2006 and 8 (2.5%) in 2004.

20.3 Outcomes Table

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>We have reduced discrimination caused by social class, gender, disability, race, sexual orientation, age and faith across the 10 goals to meet the requirements of the equalities legislation.</p>	<p>Undertake EQIAs in rehabilitation and enablement, district nursing and PPF.</p> <p>Implement sensitive Routine Enquiry in the areas of health visiting and district nursing.</p>	<p>Number of EQIAs completed.</p> <p>Training of target staff groups complete.</p>
<p>We have an agreed, systematic approach to tackling the health gap</p>	<p>Use the results of the Young Person and Adult surveys to focus activities in areas of greatest need.</p> <p>Decisions on resource allocation will be assessed in relation to patient need.</p> <p>Employability and Health final phase to focus on work experience placements.</p> <p>Implement the financial inclusion activity for parents of pre five children</p> <p>Employability and Health programme to assist those who are not in work as a result of ill health and to increase referral from frontline health staff</p> <p>Consider findings and recommendations from 'Keep Well' pilot sites.</p> <p>Involve service users using existing mechanisms.</p> <p>Raise awareness of employability for health</p>	<p>Report through the Local Area Committees.</p> <p>Evidence of reallocation of resources in favour of deprived areas.</p> <p>Number of work experience placements provided</p> <p>Number of referrals to financial inclusion</p> <p>Numbers referrals from frontline health staff recorded.</p> <p>Adopt approach as appropriate.</p> <p>Use feedback to improve services.</p> <p>Number of referrals to employability recorded</p>

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	and wellbeing at community level using a social marketing approach.	
The needs of marginalised groups have been addressed to reduce their risk of unequal health outcomes.	<p>Develop smoking cessation work with Looked After and Accommodated Children.</p> <p>Maintain and deliver the Health and Homelessness Action Plan;</p> <ul style="list-style-type: none"> - Better access to sexual health services for young homeless people - Develop a programme of health improvement through the George Street Prevention Service - Publicise protocol for access to GP services - Raise awareness of homelessness and impact on health among CHP staff <p>Take action to reduce stigma and increase access to health services for marginalised groups in Renfrewshire</p>	<p>Report through Tobacco Alliance.</p> <p>Report on the indicator in plan.</p> <ul style="list-style-type: none"> - Services sensitive to the needs of young people who are homeless - Homeless can access information and activities on healthy lifestyles - Homeless individuals will know how to access GP services - Staff able to recognise those at risk of homelessness and direct them appropriately <p>Cross reference to Adult Mental Health Planning Framework.</p>

20.4 Finance and Workforce

- 20.4.1 All staff have a role to ensure they support vulnerable groups requiring our services.
- 20.4.2 We have assessed the impact of proposed savings on inequality in order that we do not adversely affect vulnerable people and those in inequality groups. This will be an on-going assessment as we face the financial challenges ahead.