

Equality and Diversity: *working in partnership for fair access to health*

The Scottish Executive's vision is for a just and inclusive Scotland. The commitment to this vision is laid out in the Partnership Agreements for Scotland – first in 1999 and then in *A Partnership for a better Scotland: Partnership Agreement* (2003). This is also reflected in key Scottish Executive policy documents relating to the delivery of public services, the promotion of equal opportunities and the building of strong communities.

The Social Justice Strategy (1999), through which the Executive moved forward on tackling poverty and disadvantage, has led to *Closing the Opportunity Gap* (2004) which contains, among others, targets for improving access to quality services for the most disadvantaged groups and reducing health inequalities by increasing the rate of improvement for heart disease and cancer in the most deprived communities. Targets also ensure that children and young people experiencing disadvantage receive integrated health, care and education support.

The Equality Strategy (2000) underpins the commitment to mainstream issues of equality in all the policies and strategies developed throughout the Scottish Executive's programmes and related public bodies, ensuring that services are delivered with equity and fairness.

In this context, the NHS in Scotland has undertaken to:

- Provide services which are accessible to all people within the community
- Provide clear, meaningful information about services in ways that are accessible and meet diverse needs
- Work with partners in consulting with all sections of the community on service needs and provision
- Monitor take-up and evaluate services to ensure they do not discriminate or exclude

It should also be noted that the NHS in Scotland is a major employer and that the commitments made in the Equality Strategy apply equally to NHS recruitment, training and retention policies and practices.

Since 2000, the Health Planning and Quality Division at the Scottish Executive Health Department (SEHD) have been developing a strategic approach to the development of policy and guidance for the NHS and SEHD on equality, diversity and human rights. A key driver for this work was the need to comply with the *Race Relations Amendment Act* (2000), which in part led to the creation of the National Resource Centre for Ethnic Minority Health (NRCEMH) and the ensuing *Fair for All* (2002) guidance on developing culturally competent services.

The Health White Paper, *Partnership for Care* (2003) committed the NHS to extending the principles set out in *Fair for All* to ensure that health services 'recognise and respond sensitively to the individual needs, background and circumstances of people's lives'. The *NHS Reform (Scotland) Act* (2004) requires

NHS Boards, including Special Health Boards, to encourage equal opportunities and in particular the observance of the equal opportunity requirements.

To assist with these requirements the SEHD has developed strategic partnerships with Scotland's three equality Commissions – the Commission for Racial Equality (CRE), the Disability Rights Commission (DRC) and the Equal Opportunities Commission (EOC) - , NHS Boards, the voluntary sector, members of the public and the Scottish Executive's *Equality Unit*, to develop *Fair for All – the Wider Challenge*, an integrated equality and diversity approach for SEHD and NHS Scotland which builds on the work of the various equality initiatives.

At the same time, *Informing Engaging and Consulting the Public in Developing Health and Community Care Policies and Services* (2004) provides guidance on securing meaningful involvement by all groups in society as health services in Scotland change, adapt and develop.

At the same time, national *Standards for Community Engagement* (2005) developed by Communities Scotland have been adopted, providing guidance on securing meaningful dialogue and involvement by all groups in society as public services in Scotland change, adapt and develop.

The SEHD has now broadened its focus on race and ethnicity to develop a framework addressing the needs of all major equality groups in Scotland. As a tool to support the developing Equality and Diversity approach contained in *Fair for All – the Wider Challenge*, the *Equality and Diversity Impact Assessment Toolkit* (2005) has been designed to help NHS managers and practitioners to assess, monitor and update their policies and services to meet the requirements of the Equality and Diversity legislative and policy framework. This process is called Equality Impact Assessment (EQIA). The equality groups identified are:

- Black and Minority Ethnic Communities, including Gypsy/Travellers, Refugees, Asylum Seekers
- Children and Young People
- Disabled People
- Older People
- Religious /Faith Groups
- The Lesbian, Gay, Bisexual and Transgender Community (LGBT)
- Women and Men

The involvement of the voluntary and community sector is integral to the success of the equality and diversity agenda for health, for the following reasons:

- Many community and voluntary sector groups and organisations work with or represent equality groups
- These groups and organisations are in a key position to act as advocates for fairness in health and related services provision
- Many community and voluntary sector groups deliver services targeted at equality groups, either independently or in partnership with the NHS and local authorities

- Legislation and policy confirm the partnership role of the voluntary and community sector in the newly configured NHS, where Community Health partnerships (CHPs) are now the local units of health improvement and health care
- Individual organisations within the community and voluntary sector are in a key position to assist NHS managers with service development appropriate for the maintenance of the equality and diversity agenda
- At the same time, in developing service level agreements and working partnerships with the NHS, the voluntary and community sector will be required to work to common sets of parameters to ensure that equality and diversity requirements are being met
- Through involvement in the new Public Partnership Fora (PPFs) and Local Advisory Councils (LACs) of the Scottish Health Council (SHC), people from all the equality groups should be able to monitor and feed back on the performance of local NHS services in relation to EQIA. The community and voluntary sector will assist this process.
- Voluntary and community organisations representing equality groups and communities are in a key position to give advice on the requirements of EQIA to local authority services which impact on health improvement e.g. housing, education/learning, transport
- Voluntary and community sector groups and organisations can provide, from their close involvement with and extensive experience of the needs of equality and diversity groups, training for NHS and other statutory sector personnel. This has been happening for some time now

Workshops at the Voluntary Health Scotland Conference – *Equality and Diversity: working in partnership for fair access to health* (27th September 2005) address issues of fairness in health services as they affect four of the equality groups and identify ways in which the voluntary sector can assist with the agenda:

1 Black and Minority Ethnic Communities, including Gypsy/Travellers, Refugees, Asylum Seekers

Minority ethnic groups formed 2.01% of the Scottish population in 2001, with the largest minority ethnic groups being of Pakistani and of White Irish origin. The population is distributed unevenly across Scotland, with the greatest numbers being in Glasgow and the other major cities. Increasingly there are local concentrations of groups of asylum seekers and migrant workers.

The Race Relations (Amendment) Act (2000) includes the general duty to eliminate racism, promote race equality and promote equality of opportunity and good relations between persons of different racial groups.

The National Resource Centre for Ethnic Minority Health (NRCEMH), set up in 2002, supports NHS Boards in meeting the legislation laid down in the *Race Relations (Amendment) Act* 2000 and the expectations of *Fair for All* (2001). The mission of NRCEMH is to help ensure a quality health service that addresses the concerns of marginalised minority ethnic communities and promotes sensitive

and culturally competent services based on anti-discriminatory policy and practice.

Race Equality Schemes and associated Action Plans seek to ensure that race equality and equality is integral to the functioning of NHS Boards. Progress on these is being assessed, with the general aim of understanding the nature of overt and institutional racism within the NHS in order to take action to eradicate it.

2 Children and Young People

In Scotland there are approximately 1 million children under the age of 16. With some of the highest rates of relative child poverty in the developed world, one third of babies in Scotland are born into poverty, making them 12 times more likely to die in their first year of life. Many children experience additional discrimination and exclusion on account of their ethnicity or disability.

Children's health is closely linked to children's rights. The 1989 *UN Convention on the Rights of the Child* clarifies the legal obligations of governments in relation to equity of provision for children and young people and supports the child's right to non-discrimination and to the best attainable standard of health possible and fair access to health care. *The Children (Scotland) Act 1995* was informed by the UN Convention and sets out the key rights of children in Scotland.

Since 2004, The Commissioner for Children & Young People in Scotland in Scotland has safeguarded the rights of children and young people and promoted best practice by service providers

The Planning and Priorities Guidelines issued to the NHS in Scotland for 1999-2002 directs efforts towards improving children's health and tackling inequalities. The Guidelines emphasise the importance of partnership working. The SEHD is taking forward an integrated action framework for children and young people's health and every NHS Board Health Board in Scotland now has a lead Commissioner and a lead Director for Children's Services.

3 Disabled People

Over 1 million people in Scotland have a limiting long-term illness or disability – about 1 in 5 of the population.

The *Disability Discrimination Act (DDA) (1995)* rules that it is unlawful to treat disabled people less favourably than others because of their disability. The Act also requires employers and service providers to make reasonable adjustments for disabled people, such as providing extra help or making changes in services; and making reasonable adjustments to premises to overcome barriers to access, including physical, service and information barriers. Wider access issues for those who have sensory impairment and learning disabilities must be addressed.

The Scottish Disability Equality Forum works for social inclusion in Scotland through the removal of barriers and the promotion of equal access for people affected by disability.

Fair for All – Disability (2005) is a strategic partnership between the SEHD and the Disability Rights Commission (DRC) to support NHS Scotland in developing and providing services that do not discriminate against disabled people as service users – it is part of the SEHD's wider *Equality and Diversity* strategy and specifically focuses on part III of the DDA 1995 – 'access to goods, services and facilities'.

4 The Lesbian, Gay, Bisexual and Transgender Community (LGBT)

The Scottish Executive estimates that 5 – 7% of the population identifies itself as LGBT. Scotland's LGBT Community is at significant potential risk in terms of their physical, psychological and emotional health. This may often be due to the impact of prejudice and discrimination. People who are LGBT can also experience discrimination and difficulty in accessing appropriate services.

Following discussion with the LGBT Community, *The Inclusion Project* (LGBT Health Project) was established in 2002 as a partnership between the SEHD/NHS and Stonewall Scotland to assess the extent to which the NHS was meeting the health needs of the Community. Demonstration work in 5 NHS Board areas, highlighting good practice, has led to the development of *Good LGBT practice in the NHS* (2005) guidance for the NHS.

The Project is currently working to support NHS development of inclusive policy and work practice, including consultation with communities and the LGBT voluntary sector.

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