

**EAST DUNBARTONSHIRE
HEALTH & SOCIAL CARE PARTNERSHIP**

**EQUALITY & DIVERSITY MAINSTREAM REPORT
AND OUTCOMES**

2017 to 2021

FOREWORD

East Dunbartonshire Council (EDC) Adult Social Care Services and NHS Greater Glasgow and Clyde (GG & C) Adult Health Services integrated in September 2015 as a new corporate body. Known as East Dunbartonshire Health and Social Care Partnership (HSCP), it has undergone some significant changes: namely, the retirement of, and recent recruitment of a new HSCP Chief Officer in December 2016; and the integration of Social Work Children and Criminal Justice Services and NHS Community Children's Services into the HSCP in September 2016.

In East Dunbartonshire HSCP's Equality and Diversity Mainstreaming Position Statement (2016/17), the first of its kind for our Partnership, we set out the HSCP's expectations. It showed our commitment to delivering services that are fair for all and how we intend to uphold our equality and diversity responsibilities.

This Mainstream Report for 2017 - 2021 provides us with the opportunity to finalise our expectations, planned measures and activities which will work towards the HSCP achieving its outcomes over the next four years.

We are committed to ensuring that equality and diversity considerations are part and parcel of health and social care planning and activities within the HSCP and we use this platform to evidence how our aspirations are beginning to become a reality in East Dunbartonshire. We are pleased with and welcome the continued engagement with our public service user network which involves service users and carers from a variety of groups and the engagement of staff in preparing this first report.

Susan Manion

Chief Officer

East Dunbartonshire Health and Social Care Partnership

1. INTRODUCTION

- 1.1** This Equality and Diversity Mainstreaming report updates the HSCP's initial Mainstreaming Position Statement for 2016/2017. It will provide an opportunity to finalise the identified outcomes, activities and performance measures for the next four years but also gives the ability to update on some progress that has already been made in helping to meet statutory requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2. EAST DUNBARTONSHIRE HSCP – MAINSTREAMING RESPONSIBILITIES

- 2.1** The general equality duty (Equality Act 2010) requires public authorities, in the exercise of their functions, to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010;
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not;
 - Foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics referred to are:

- Age
- Disability
- Ethnicity
- Gender Re-assignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion or Belief
- Sex

- 2.2** Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public authorities in Scotland have a legal requirement to meet specific duties:

- Report on the mainstreaming equality duty;
- Publish equality outcomes and report progress;
- Assess and review policies and practices;
- Gather and use employee information;
- Use information on members or board members gathered by the Scottish Ministers;
- Publish gender pay gap information;
- Publish statement on equal pay;
- Consider award criteria and conditions in relation to public procurement;
- Publish in a manner that is accessible;
- Assess and review policies and practices;
- Gather and use employee information.

- 2.3** The purpose of this section of the document is to describe how the HSCP is going to mainstream this work within its core functions. The functions of the HSCP are:

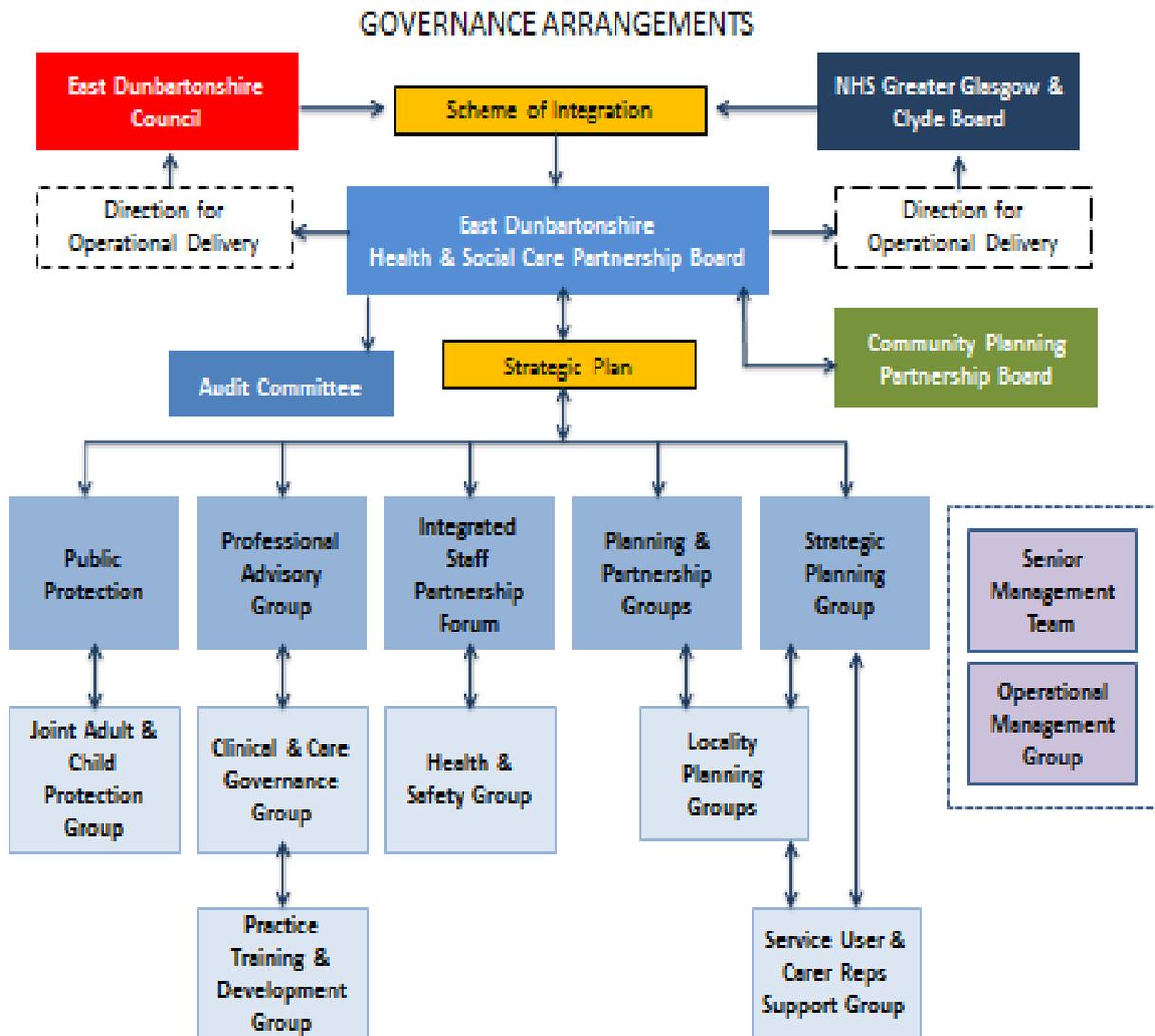
- Improving the quality and consistency of services for patients, service users, carers and their families;

- Providing seamless, joined up and quality health and social care services where people are cared for in their own homes or in a homely setting where it is safe to do so;
- Ensuring that resources are used effectively to deliver services that meet the increasing number of people with long term conditions and often complex needs, many of whom are older people.

3. LEADERSHIP AND GOVERNANCE

3.1 The Chief Officer for the HSCP has ultimate accountability for ensuring equality legislation is upheld and that policies, procedures and services are developed and delivered while meeting the general and specific duties. This responsibility is delegated to the Head of Strategy, Planning and Health Improvement.

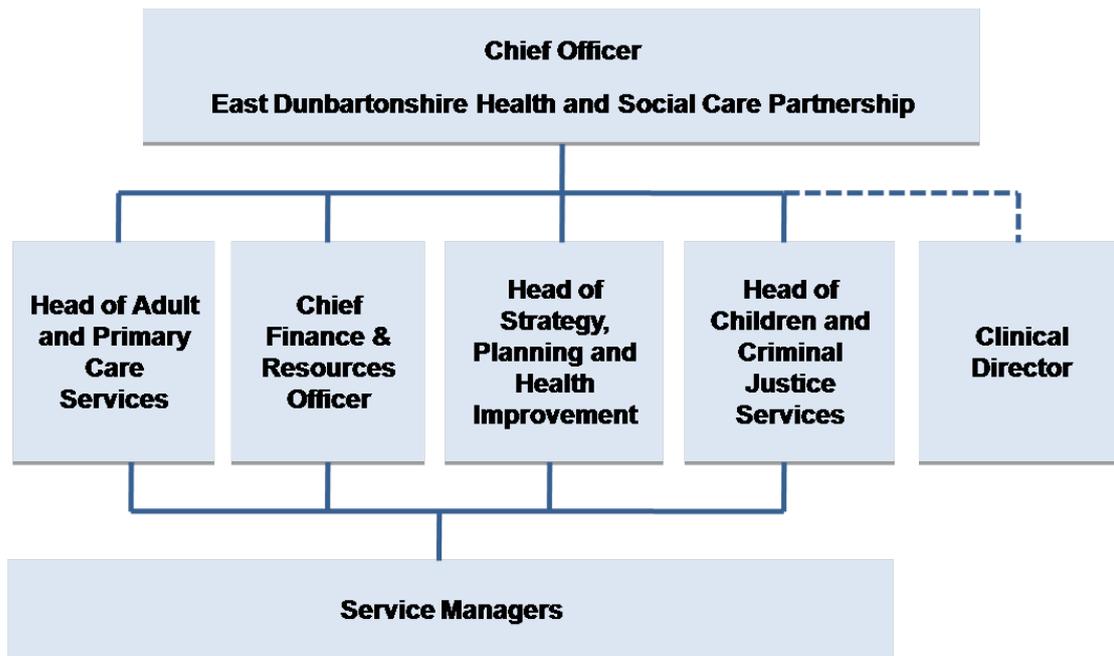
3.2 All policy development and equality related activities within the HSCP will be reported to the Care and Clinical Governance Group and East Dunbartonshire Health and Social Care Partnership Board (HSCP Board). The HSCP's range of governance arrangements are shown in the diagram below:



3.3 The HSCP has, within its Mainstream Position Statement, reported on its intended outcomes and proposed performance measures. Progress will be monitored by the Operational Management Group. East Dunbartonshire HSCP will scrutinise progress which will be articulated within the Strategic Plan Annual Report. The HSCP will continue to report its progress against the Equality Act 2010 and produce new outcomes in 2021

4. EAST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

4.1 Organisational Structure



4.2 Integrated Joint Boards (IJBs) are the legal entities responsible for delivering an Equalities and Mainstreaming Report and Equality Outcomes relating to their functions. The IJBs provide governance for the Health and Social Care Partnerships.

Since September 2015 East Dunbartonshire HSCP has had the lead responsibility for effective health care and health improvement of adults and children, and responsibility for ensuring the safety and support, and positive outcomes for East Dunbartonshire’s most vulnerable adults, including those with disability, those with mental disorder, those with community care needs and those in need of care and protection.

4.3 In September 2016, the HSCP formally took over the responsibility for Social Work Children and Family Services, Social Work Criminal Justice Services and NHS Children’s Services, which includes the discharging of statutory responsibilities in relation to the protection of vulnerable children and young people at risk of harm. All these activities involve close interaction and liaison with other public bodies including Police Scotland and Education as well as a range of other key services.

4.4 The HSCP manages a range of adults and community care services across health and social care as well as children and families; children’s health and criminal justice services. Full details can be found in East Dunbartonshire HSCP’s Scheme of Integration of which copies can be requested from East Dunbartonshire HSCP.

5. EMPLOYEE INFORMATION AND TRAINING

- 5.1** The equality duties legislated to report on employee information does not pertain to the HSCP. All employees working within the HSCP continue to be employed by two public authorities: NHS GG & C and EDC. Those two bodies will include reference to these staff within their own Equalities Progress Reports.

Where employee development and training is linked to the HSCP's equality duties progression, this will be reported this as achievements and intended outcomes.

- 5.2** Over the last year social work staff employed by EDC, have had the opportunity to access a number of training and information awareness courses. These include: Corporate Induction (which incorporates Equality and Diversity); Child Protection and Disability; Autism Awareness and Advanced Autism (multi-agency including health staff); and Visual Impairment Awareness (multi-agency including health staff).

A number of NHS GG & C employees within East Dunbartonshire HSCP have had the opportunity to undertake e-learning modules over the last year which includes the following subject matter: Introduction to Equality and Diversity; Visual Impairment; Sex and Gender; Gender Based Violence; Transgender; Marginalised Groups; Ethnicity; Accessible Information; Deaf Awareness; Social Classification; Disability; Working with Interpreters; Sexual Orientation; Inequalities Sensitive Practice and Age.

6. MEETING OUR CORE FUNCTIONS WITHIN OUR MAINSTREAMING RESPONSIBILITIES

6.1 Equality Impact Assessments

The HSCP has adopted NHS GG & C's Policy Development Framework and Equality Impact Assessment (EQIA) Tools. The HSCP is committed to integrating equality into its business and to ensure that equality features within its day to day operations. There are dedicated equalities leads within each of the services. These lead officers will be responsible for following the policy development framework and EQIA when developing new or significant updates to policies, plans, programmes or strategies related to their service.

The EQIA template and database which is hosted on the NHS GG & C website will allow the lead officers to consider how any changes or developments within their service will affect those service users in the protected groups. The template also encourages the author to consider and research evidence, both of a local and national nature, to support the information contained within the EQIA.

6.2 Policies and Procedures

Public bodies have a legislative duty to produce relevant policies and procedures related to their activities. The HSCP has recently adapted and harmonised a number of NHS GG & C and EDC's policies which will form a suite of HSCP Policies which will be made available to staff. These include: Complaints Procedures; Freedom of Information and Publication of Scheme. Work will continue on harmonising the remainder of the policies: Health and Safety; MSP/MP Enquiries Protocol; and Records Management Plan.

Work has also been undertaken for the HSCP to adopt the following policies and protocols:

- Accessible Information Policy: detailing alternative communication methods that the HSCP can provide in relation to its information and services;
- Equality and Diversity Mainstreaming Position Statement: setting out the HSCP's commitment to the principles of equality, diversity and human rights;
- Domestic Abuse Policy: detailing the HSCP's position in addressing domestic abuse.

7. HSCP'S EQUALITY OUTCOMES AND PERFORMANCE MEASURES

East Dunbartonshire HSCP's proposed Equality Outcomes and Performance Measures were intimated in the Equality and Diversity Mainstreaming Position Statement 2016/17. In this, the HSCP's first mainstreaming report, we now confirm these outcomes and performance measures, but also report on some progress that has already been made in the interim year.

Equality Duty: Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act
Equality Outcome 1: Barriers to HSCP services are removed for people with relevant protected characteristics.
Protected Characteristics Covered: All
Activities: 1.1 Meet and deliver the HSCP requirements for communication support, utilising the EDC Accessible Information Policy and NHS GG&C Clear to All interpreting and communication support policy guidelines. 1.2 Engage with HSCP service users and particularly those with a disability to assess accessibility and work with EDC and NHS GGC to make all reasonable adjustments to Health and Social Care Services.
Performance Measures: 1.1.a Update and disseminate the two constituent policies to the workforce and measure compliance through planned audits of service user and employee feedback on: systems (website, outward facing documents, patient/service user information). 1.1.b Monitor of NHS GG&C and EDC reports to the HSCP about Interpretation Services to gauge service user satisfaction. 1.2.a Complete one facilities/one service review per year and deliver associated improvement plans.
Progress: A. The HSCP recently developed a Self Directed Support (SDS) leaflet aimed at Young People. This leaflet helps young people to understand what the benefits of SDS options are for their relatives who have an illness or disability or for someone they are caring for. In order to ensure that the leaflet content and design would be appropriate for the readership, the SDS Lead Officer worked with the Young Carers Group who were integral to the final design and content.

- B. The Community Mental Health Team work closely with a Peer Support Worker who provides a service user perspective when they are developing leaflets and letters. More recently the Peer Support Worker provided a service user perspective on a new income maximisation leaflet that has been introduced.
- C. The staff at Ferndale Children’s Home has been working with young people who are looked after and accommodated to update the leaflets about their services. This provides information of a suitable nature which can be reassuring for new children entering the service during a transition which can be confusing and anxious.
- D. The Primary Care Mental Health Team undertook a review of their service which resulted in changes relating to accessibility of the service including the introduction of evening appointments and home visits to service users who have disabilities which affect their presence in a clinic environment.
- E. The Joint Learning Disability Team, during a recent EQIA of their service, introduced a door entry system to the clinic which will benefit their service users

Future Actions:

- A. Develop a generic survey that will take place on an annual basis across all services within health and social care in East Dunbartonshire, including consultation with service users and carers regarding its content, design and methodology.
- B. The Care at Home service is currently developing updated information leaflets regarding their Community Alarm and Sheltered Housing Services. This will involve consultation with their service users and sheltered housing tenants.
- C. Activity related to interpreting services utilised by EDC and NHS GG & C staff working within the HSCP will be monitored by those respective public bodies and reported to the HSCP annually.
- D. The HSCP will be undertaking, over the next two years, a full service review of its Learning Disability and Mental Health Services.
- E. EQIAs will be completed in relation to the refurbishment project for the Kirkintilloch Health and Social Care Centre.
- F. An Accessibility Assessment, involving the Service User and Carer Group, will be undertaken in relation to the Kirkintilloch Health and Care Centre Refurbishment Programme.

Equality Duty:

Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act

Equality Outcome 2:

Age discrimination in services is removed.

Protected Characteristics Covered: Age

Activities:

- 2.1 Review services to ensure that they are based on biological rather than chronological access unless objectively justified.

Performance Measures:

2.1.a Audit services where there is existing chronological inclusion/exclusion criteria and apply objective justification assessment for each.

Progress:

- A. Larkfield Community Mental Health team (CMHT) and the Woodlands Centre are currently in the process of developing pathways to ensure that patient transfers to Older Adult Services are as smooth as possible. A multi-disciplinary working group has been established to address this and look at how best to manage new referrals, transfers of care and appropriateness of joint working with identified cases. The group will also link in with in-patient services/medics to ensure that if the person requires admission that the most appropriate area is identified for them. This is being progressed further in February 2017.
- B. Service users are transferred to other teams based on changes to their assessed needs and primary disability. Service users are allocated to the most appropriate teams within social work.
- C. The development of a pilot Intermediate Care Project has been objectively justified to include only those adults aged 65 years and over. This decision was based on intermediate care research, statistics and is also related to the Care Inspectorate registration of the nursing home facility where the intermediate care unit is house.

Future Actions:

- A. Review the Social Work Services Eligibility Criteria.
- B. Woodlands Centre have identified a service gap for those customer diagnosed with Young Onset Dementia. A pilot is currently being designed to offer service users a 'Living Well' that will run simultaneously with a Carers' Group. The groups will be evaluated and will inform ongoing service provision.
- C. The Podiatry Service will shortly be undertaking local stakeholder engagements in consideration of a service re-organisation. The role of the HSCP will be to advice and support the podiatry Service in the planning of these engagement events.

Equality Duty:

Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act

Equality Outcome 3:

The risk of homelessness amongst vulnerable individuals is reduced.

Protected Characteristics Covered: All**Activities:**

- 3.1 EDC and NHS GG & C employees are trained to use homelessness risk assessment tools and address need more effectively.

Performance Measures:

- 3.1.a Determine baseline of staff equipped to use the Homelessness Risk Assessment Tool to determine improvements on baseline.

Progress:

- A. The development of a Homelessness Risk Assessment has been raised with team managers within the HSCP's health and social care teams.

Future Actions:

- A. Audit all Health and Social Care Services Teams to establish whether areas of homelessness are addressed within current assessment tools
- B. Raise awareness of the Homelessness Risk Assessment Tool within all health and social care services
- C. Consider the benefits of raising awareness of this tool with third sector Service Providers.
- D. Consider ways of predicting possible future homelessness status for service users with a learning disability who live with older carers.

Equality Duty:

Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act

Equality Outcome 4:

A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.

Protected Characteristics Covered: All**Activities:**

- 4.1 Further develop methods to meaningfully engage with people who have protected characteristics and those socially and economically disadvantaged.
- 4.2 Engage service users and carers to implement the engagement model as approved by East Dunbartonshire HSCP.

Performance Measures:

- 4.1.a Audit representation of service users in involvement of HSCP strategic planning.
- 4.1.b Monitor participation of service users in equalities learning.
- 4.1.c Establish systematic process to demonstrate involvement of people living in areas of multiple deprivation.
- 4.2.a Engagement model is implemented and participation standards complied with.

Progress:

- A. The Care at Home Service has consulted with home care service users to establish their wishes regarding levels of consultation that they wish to be involved in, and preferences for receiving information.
- B. Development of a SDS leaflet for young people engaged with the Young Carers Group regarding design and content.
- C. Ferndale Children's unit have engaged young people and their parents/guardians regarding the redesign of their leaflets.

- D. There is a service user and carer representation in all groups associated within the structure of the HSCP including the HSCP Board, Strategic Planning Group and Locality Planning Groups.
- E. There is a support group for service user and carer representatives who provide assistance, information and advice regarding agendas and supporting papers prior to attending meetings. An Induction Pack is in development and training needs assessment for these representatives is being undertaken.

Future Actions:

- A. Consideration of the Community Engagement Officer running workshops to rollout the engagement model and participation standards to HSCP staff involved in consultation and engagement.
- B. Explore consideration of the Community Engagement Officer liaising with all service user groups to bring a wider voice to consultation and engagement including further development of the service user and carer public network.

Equality Duty:

Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.

Equality Outcome 5:

East Dunbartonshire Council and NHS GGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.

Protected Characteristics Covered: ALL

Activities:

- 5.1 Workforce learning and development plans reflect staff needs in terms of increased knowledge and understanding.
- 5.2 Equality Impact Assessment is further developed as an online tool; training delivered to managers/lead reviewers and the process is embedded in practice.

Performance Measures:

- 5.1.a Respective corporate inductions (with equality learning components) are undertaken by all HSCP staff.
- 5.1.b Increased opportunities for shared learning where appropriate for HSCP staff.
- 5.1.c Audit staff self-reported equality L&E need (via staff surveys) and uptake of learning.
- 5.2.a HSCP Lead Reviewers embed and quality assure EQIAs of policies, plans and service developments (recording on GGC e-system).

Progress:

- A. Health staff has access to and utilise the NHS Knowledge and Skills Framework which includes a variety of e-modules relating to equalities, diversity and protected characteristics.
- B. New Council and NHS staff undertakes their respective Corporate Inductions which includes components relating to equality and diversity.

- C. Staff working within the HSCP have undertaken additional training including: visual impairment awareness, autism awareness, gender based violence and deaf awareness training.
- D. The care at home staff received dedicated training relating to Standards and Values.
- E. The HSCP is in the process of developing a set of organisational values and associated behaviours that will support and transform the HSCP's vision into reality. This has involved consultation with the Public, Service Users and Carers Network and the Professional Advisory Group.
- F. Some staff have been involved in the delivery of multi-agency training which has included: Adult Support and Protection; Autism Awareness; Self Directed Support and Applied Suicide Intervention Skills Training.
- G. Team learning and share sessions are undertaken regularly by health services within the HSCP.
- H. Staff engagement sessions in producing Equalities mainstream report and evidence to support practice.
- I. Nominated HSCP Equality Lead Reviewers have received training in relation to equalities and diversity and the completion of EQIAs.

Future Actions:

- A. Explore further opportunities for multi-agency training.
- B. Increase the opportunities for team learn and share sessions across all HSCP services.
- C. Monitor the completion of EQIAs via Greater Glasgow and Clyde Health Board Equalities Team.
- D. Work will continue to engage with and involve the workforce on the continued development of the visions, values and behaviours throughout 2017.

Equality Duty:

Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.

Equality Outcome 6:

The likelihood of people with different protected characteristics accessing service appointments is maximized.

Protected Characteristics Covered: ALL

Activities:

- 6.1 Review attendance and waiting times to identify barriers to access and develop improvement plans.
- 6.2 Set out mechanisms that enable service users and carers to have a voice in service planning and development.

Performance Measures:

- 6.1.a Attendance data analysed to identify patterns of service uptake and corresponding action plans put in place in forthcoming years to address deficits if applicable.
- 6.2.a HSCP services have robust equality proofed service user engagement

process in place for service planning and development.

Progress:

- A. Data is gathered to discuss 'waste/did not attend visits' for example, non-attendance at clinic appointments and non-engagement with alcohol and drugs services. This provides an opportunity to explore, analyse and action activities to address these issues.
- B. The Primary Care Mental Health Team undertook a review of their service which resulted in changes relating to accessibility of the service including the introduction of evening appointments and home visits to service users who have disabilities which affect their presence in a clinic environment.
- C. The Learning Disability Team monitor demographic information which is relevant to long term commissioning, planning and procurement of services for service users.
- D. Individual HSCP services embed mechanisms to elicit service user experiences including Addiction Services (via the Scottish Drugs Forum Quarterly Survey); rolling programme of 'How are we doing' questionnaires across health services; staff and service user feedback during reviews of commissioned and in-house support services and service user and carer feedback during social work reviews.
- E. East Dunbartonshire Alcohol and Drugs Service (EDADS) and East Dunbartonshire Alcohol and Drugs Partnership (ADP) receive information via the Scottish Drug Misuse Database (a national information source that records information on the misuse of drugs in Scotland). This provides the EDADS and ADP with the relevant information to monitor trends and targets and provide data to plan service development.
- F. East Dunbartonshire HSCP approved and is embedding the Engagement Model which has an incremental approach from information sharing to empowerment.

Future Actions:

- A. Primary and Community Mental Health Services to explore ways of engaging with reluctant potential service users.
- B. All services to explore recording of wait times for new referrals.
- C. All services to explore and report availability of providing appointments outwith Monday to Friday 9.00am to 5.00pm traditional model.
- D. Report on the work undertaken by the recently appointed HSCP Community Engagement Officer who will be supporting service user involvement.
- E. Analyse Accident and Emergency data in respect of SIMD (Scottish Index of Multiple Deprivation).
- F. Explore service user and carer consultation during the review of Learning Disability and Mental Health services.
- G. Develop generic service user feedback mechanisms across all HSCP services.

Equality Duty:

Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.

Equality Outcome 7:

Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.

Protected Characteristics Covered: ALL**Activities:**

- 7.1 Prioritised employee groups are trained and supported to carry out routine sensitive enquiry.
- 7.2 Work with Community Planning Partners through multi-agency groups to increase understanding and address poor health outcomes relating to gender-based violence, unemployment/underemployment and low levels of resilience.
- 7.3 Develop and deliver health & wellbeing interventions through PLACE approach.
- 7.4 Strengthen pathways and referrals to financial inclusion services and employability opportunities.

Performance Measures:

- 7.1.a Establish baseline in HSCP for staff numbers trained in routine sensitive enquiry.
- 7.1.b Identify and prioritise frontline staff to undertake training.
- 7.1.c Introduce sample audit to determine compliance.
- 7.2.a Evidence of health improvement policy, plans and interventions within the Local Outcome Improvement Plan as a result of multi-agency working.
- 7.3.a Evidence of contributions to the delivery of targeted interventions/services to meet the needs of areas experiencing higher levels of inequality (PLACE).
- 7.4.a Provide multi-agency training to raise awareness of referral pathways and collate and analyse uptake to determine gaps and improvement plan.

Progress:

- A. There is a mix of sensitive enquiry skills and approaches across health and social care services within the Partnership. These skills are embedded in other training programmes for example Responding to Trauma; Safer Lives; Adult Support and Protection; Child Protection.
- B. A multi-agency approach has been taken to developing consistent responses to tackling gender based violence. This has resulted in an Empowered Action Plan with a dedicated group of multi-agency officers overseeing the work and maintaining commitment to our '16 days of action' programme with associated training.
- C. The monitoring of routine sensitive enquiries has been embedded in the NHS Children and Families Teams.

Future Actions:

- A. Police Scotland, in partnership with East Dunbartonshire Council and the HSCP, is currently progressing a Multi-Agency Risk Assessment Conferencing (MARAC) Co-ordinator who will be taking forward multi-agency domestic abuse, stalking and honour violence (DASH) risk identification training. Domestic abuse risk identification training has also been planned during 2017 for Children and Families teams.
- B. Establish a baseline of delivered targeted health improvement interventions/services across PLACE communities.
- C. Establish a baseline of referrals to the local Citizens Advice Bureau in relation to financial inclusion services/welfare rights. This baseline will provide details including quarterly numbers of referrals; referrer team; geographical location of service users in order that we can determine gaps and develop improvement plans.

<p>Equality Duty: Foster Good relations between people who share a protected characteristic and those who do not.</p>
<p>Equality Outcome 8: Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.</p>
<p>Protected Characteristics Covered: ALL</p>
<p>Activities:</p> <ul style="list-style-type: none"> 8.1 Through commissioned services monitor participation levels for people with different characteristics. 8.2 Increase the understanding of the Public Service User & Carer Group (PSUCG) members about enhancing good relations between people who share a protected characteristic and those who do not.
<p>Performance Measures:</p> <ul style="list-style-type: none"> 8.1.a All third sector community engagement contracts will be equality proofed to ensure explicit reference to the need to engage with protected characteristic groups. 8.1.b Volunteers reflect the population profile/service user profile. 8.2.a Participants in HSCP PSUCG participate in equality training and increase their understanding of their responsibilities. 8.2.b Monitoring of disaggregated data in relation to community participation.
<p>Progress:</p> <ul style="list-style-type: none"> A. Community Engagement contracts with third sector organisations include embedded clauses referencing equality, diversity and protected characteristics. B. For those organisations that the HSCP commissions to work with volunteers, there are appropriate volunteer policies in place. C. Members of the HSCP's PSUCG have undertaken initial equalities training and will be involved in assessing their own membership in terms of equalities and diversity.

Future Actions:

- A. Undertake an audit of third sector contracts to determine inclusions/exclusions of protected characteristics.
- B. Undertake an audit of third sector organisations working with volunteers.
- C. Undertake a further training needs assessment for each PSUCG member.
- D. Review membership activity to include equality data fields to capture.