SUBMISSION FROM NHS SHETLAND

We would wish to point out that all of our work on the equalities agenda we have done in partnership with not only our public sector colleagues in Shetland Islands Council but with the third and voluntary sectors as we truly believe in a person centre and individual approach. Whilst our response do not purely relate directly to Gypsy/Travellers I hope that it provides you with a flavour of the work that we are and continue to undertake around minority and hard to reach groups.

Shetland has very limited local groups that identify themselves as from a particular community. In many areas such as LGBT and ethnic minority groups we have found it of huge benefit to link with organisations external to Shetland to provide us with insight and valuable resources where we have limited experience or expertise. We are partners with Stonewall and the Black Leadership Network nationally to ensure that our policies and the ways in which we do things do not discriminate but encourage and value diversity.

The health board has had very limited contact with individuals identifying themselves from a gypsy/traveller community. Our demographic profile taken from our various public participation and engagement mechanisms and our current and previous census information advises us that there is no such known group identifying themselves in this way residing either temporarily or permanently within the Shetland Isles.

The Shetland Isles profile over the last 40 years has seen a shift with a significant proportion of ‘incomers’ now residing in the isles initially through their links with the fishing, oil or public sector roles expansion. From our engagement with our population we have identified that we have no migrants that recognise themselves as being gypsy/traveller with our biggest influx over recent years being from members of the community who hail from Baltic countries such as Poland/Lithuania and Russia. Where we have recognised need we have ensured that our provision of services match that need.

For example through our Community nursing colleagues we identified that there was a perceived difficulty for our polish community in understanding our pre birth information from direct translation of our existing literature. We worked with our local community to ensure that ‘Ready, Steady Baby’ was not only available in polish but understood by the expectant mothers.

In 2008 through our Community Planning network and our colleagues in Environmental Health we were aware of a small population of gypsy travellers who had come to the isle and set up an encampment of around 25 Travellers at ‘Brindister Loch’. Public Health along with Environmental Health visited the encampment to understand their situation and needs. At that time we were advised that they intended to stay for around a fortnight. However, as part of our duties we notified them of where to find services such as GP, Education, Social Work, and Housing. We also ensured the visit of a health visitor to understand if there was any children’s health issues and liaised with our GPs and GP Practice Manager to ensure that they were aware that there may be some additional clinics required in the short term to support the needs of this small community.

This shows how our existing networks work to liaise around all of the services that incomers to the isles may need or require.

We have engaged with our colleagues in the education department to reach members of our community where English is not their first language to ensure that we have the right mechanisms in place to support their needs to access health. This has included interpretation, communication aids, appropriate leaflets and mechanisms for appropriate chaperoning.
We do carry out Health Needs Assessments as part of our continuous service delivery models to again ensure that what we have in place meets the needs of our populations, with Health Promotion conducting assessments in areas of Shetland such as Firth and Mossbank which are not only more isolated but we would consider suffer from deprivation and indeed are the locations where most temporary housing stocks lie. This assessment identified no members of the gypsy traveller community. Our Community Planning Board work together to develop solutions that support people’s access to services e.g. transport.

Our equalities Strategy has the Board’s aims clearly defined:

<table>
<thead>
<tr>
<th>Our Patients:</th>
<th>Our Leaders:</th>
<th>Our Staff:</th>
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<tbody>
<tr>
<td>Should expect nothing but the best</td>
<td>Will be champions of diversity</td>
<td>Recognise that diversity within the Board brings benefits to all</td>
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<tr>
<td>Will receive culturally appropriate healthcare of the highest quality, with cognisance of their requirements and needs in its delivery</td>
<td>Will create a workforce that is valued and which will reflect our ever changing community</td>
<td>Appreciate the importance of living with the values of inclusiveness and openness by taking responsibility for own actions, underpinned by the principles contained within the Staff Governance Standard</td>
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<td>Will be partners with the Board in discussing from inception about how diversity and equality issues affect their health and healthcare</td>
<td>Ensure that they and all our staff (including all contractor and third party deliverers of care) receive appropriate training and education on equality and diversity and how it impacts within specific areas/roles for staff</td>
<td>Will undertake and understand how they as individuals, their teams, their departments all have a role to play in mainstreaming equality and diversity in all its forms and in its widest sense.</td>
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<td>Will be provided with information in the most understandable way and have the use of advocacy, interpretation and translation services.</td>
<td>Embed diversity in all our activities and accountability arrangements</td>
<td>Understand the need for co-operative working and mutual respect across the Board and with partner agencies</td>
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<td>Are appreciated for their feedback and complaints, as any learning’s from these will be used to enhance/improve the quality of services provided</td>
<td>Consult our staff, patients and partner agencies, including voluntary agencies, on diversity plans that support the delivery of an inclusive society</td>
<td>Treat all with dignity and respect, expecting the same in return, knowing that they are empowered and will be supported in challenging any inappropriate behaviour.</td>
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I hope that this provides you with some assurances that we are a Health Board that is of a size and has the scope to deal with patients and groups truly as individuals.

Lorraine Hall
Director of Human Resources and Support Services
NHS Shetland
13 July 2012

1. The Community Development Department at Shetland Islands Council have developed a Community profile of every area of Shetland – there has been no identification of any group classifying themselves as gyps/traveller
2. Health Improvement conducted a Smoking Cessation programme that capture ethnicity data – there was no identification of any group classifying themselves as gypsy/traveller
3. Fairer Shetland - The aim of this partnership is to reduce poverty, deprivation and social exclusion in Shetland.
4. The Shetland Community Directory is an on line database that provides a single point of reference for anyone seeking contact details and basis information on any of the diverse range of community groups and services in Shetland.