NHS Greater Glasgow & Clyde
Equality Scheme 2010/13
Second Monitoring Report – June 2012

1. Introduction

The Equality Scheme 2010/13 is NHSGGC'S second three year Scheme. It was compiled on the basis of a review of the first scheme, undertaken by the Corporate Inequalities Team, and an assessment of progress made by the organisation in eliminating discrimination and promoting equalities. Following the precedent of the first Scheme, it integrates all aspects of the equalities legislation. This is in line with the Equality Act 2010 and applies to all the protected characteristics covered by the Act. It also includes actions designed to address socioeconomic inequality.

Public organisations are required by law to report on their progress in meeting equalities legislation. This is the second annual report for the Equality Scheme 2010 /13.

2. Aims and structure of the Monitoring Report

This monitoring report builds on last years report and has three main aims. Firstly, it will consider the ongoing development of the approach that NHSGGC takes to meet both its legislative requirements and its duty of care to a diverse population. Secondly it will report on the second year's progress against the outcomes indicated in the Equality Scheme Action Plan. Lastly, it will consider the rate of this progress and identify where further attention needs to be paid for the final year of the current Scheme. New Specific Duties associated with the application of the Equality 2010 in Scotland will be considered as part of this section.

The information used for assessing progress has been derived from data accumulated from:

- NHSGGC performance reporting
- NHSGGC Development Plans and planning updates
- Staff Governance reports
- Reporting for specific inequalities policies and programmes.
- A 5 year Stock Take of organisational progress against the 10 Goals for an Inequalities Sensitive Health Service

Short case studies of good practice are available as further illustrations of progress.

The report has been prepared by the Head of Inequalities and Corporate Planning in conjunction with members of the Corporate Inequalities Team (CIT).

3.   Addressing Inequalities and discrimination as core business

NHSGGC now has an ongoing commitment to improving incrementally the way that core business addresses inequalities and discrimination. Although our approach pre-dates it, this is in line with the requirements to mainstream the aims of the Equality Act 2010. This section provides an update on our mainstreaming progress for 2011/12.

3.1 Policy, planning and performance

Consideration of NHSGGC policy and planning documentation makes if clear that the context has now been set for embedding the tackling of discrimination and inequality into NHSGGC business. It is included in our statement of purpose, and the policy direction has been set in the Tackling Inequality policy framework and its requirements in relation to legislative compliance can now be tracked through into Development Plans and subsequent performance management processes.

Our Facing the Future Together initiative has been introduced during 2011/12. It 'represents a fresh look at how we support each other to do our jobs, provide an even better service to patients and communities, and improve how people feel about NHS Greater Glasgow & Clyde as a place to work,' also makes it explicit that tackling inequalities is key to supporting 'our patients' and as a consequence, is an important component of leadership behaviours.

A self assessment survey asked four sets of staff – Directors, Heads of Planning, Heads of Service/General Managers and nursing staff in mental health, women's and children's acute services, Accident and Emergency and health visiting – about their awareness of inequalities related infrastructure . Table 1 shows the level of awareness amongst respondents of the Tackling Inequalities Policy, the Equality Scheme as well as a specific policy designed to improve the availability and use of accessible information.

Table 1: Awareness of inequalities policy

Policy	Directors	Planners	Heads	Practitioners
NHSGGC Tackling Inequalities Policy	100%	81.8%	94.1%	71.8%
NHSGGC Equality Scheme	**90.9%**	**90.9%**	**94.1%**	**53.4%**
Accessible Information Policy	90.9%	90.9%	82.4%	45.3%

In 11/12, the following performance measures were introduced as part of Organisation Performance Reviews: Numbers of quality assured EQIAs published; EQIAs of cost savings plans, Improvements in the collection of disaggregated data, Numbers of requests for accessible information, measures to show engagement from a diverse community.

3.2 Developing exemplars to support system change

Last year, it was reported that one of the ways of ensuring coordination and consistency across a complex system such as NHSGGC was the introduction of exemplars. The exemplar established in West Glasgow CHCP to embed an inequalities sensitive approach, including implementation of the Equality Scheme, into all planning processes and service delivery has now being applied within the context of the North West sector of Glasgow CHP.

In the course of 2011/12, the exemplar has raised the profile of the issue across the staff team, reinforced it as a priority and has influenced practice (eg influencing the methodology for deploying health visiting staff within NW; developing locality health profiles and health improvement models that highlight the variances in health outcomes across communities; and seeking to influence the system-wide approaches to address hospital DNAs).

More specific work streams have included:-

- **Inequalities Sensitive Practice (ISP) work with GPs.** Work has taken place with 3 GP practices within NW to develop ISP around specific topics of importance to each practice. This work has included preparatory survey work with practice staff to gauge awareness of equality related issues, tailored training sessions for practice staff on communication support, as well as advice on plan, do, study, act (PDSA) techniques

- **ISP work with Rehabilitation Service:** Work has been taken place with NW's rehabilitation team to raise awareness of ISP and review what additional support may be required to embed this more within day-to-day practice. Similarly to above, staff were surveyed to form a baseline Again, the intention will be to develop descriptors of good practice. This work involves the piloting of an awareness raising tool-kit for staff.

- **Gender Based Violence:** NW Health Visiting, school nursing staff, sexual health, and addictions have participated in sensitive inquiry training.

- **Equalities Self Assessment:** Heads of Service and their teams completed a self assessment tool comprised of a range of indicators aligned to the main goals set out within NHSGGC's Equality Scheme.

- **Learning & Education:** 24 NW staff piloted a range of e-Modules, aimed at providing both an overview of generic equality issues as well as issues relevant to particular equality groups.

- **Organisational and Leadership Development:** Development sessions have been held with frontline managers over the course of the year, some with the objective of linking ISP with the core priorities of the Sector and others focusing explicitly on inequalities and the actions that can be taken to help make services more accessible and person-centred. This work, along with a number of the above workstreams, has been supported by the Corporate Inequalities Team.

Other examples of exemplar activity across NHSGGC include:

- Systematic approach to inequalities within Mental Health Services
- Piloting of an approach to embed inequalities sensitive practice into health and community care services (within Renfrewshire)
- Development of inequalities sensitive rehabilitation services in Glasgow

3.3 Tools for change

To support a mainstreaming approach, existing tools which enable the system to build capacity on tackling inequality within services have been improved and further disseminated across NHSGGC during 2011 -12. Further developments include:

- Establishment of Interpreting Bank with 250 Interpreters covering 59 languages

- A training programme for lead reviewers undertaking Equality Impact Assessments as part of the revised process introduced in 2010 – 11

- Comprehensive EQIA database available on the Performance Management intranet site to enable improved monitoring of progress and quality assurance

- Production of 14 E-Learning modules on Inequalities sensitive Practice, Learning Disability Awareness, Visual Impairment Awareness, Disability, Sex, Ethnicity, Age, Sexual Orientation, Gender-based Violence, Transgender and Health Care implication, Accessible Information, Working with Interpreters, Social Class and Marginalised Groups

- 37 items of patient information available on the Accessible Information portal for use by staff

- Key Components and Competencies guidance on ISP to assist front line staff and their managers to use NHSGGC's Knowledge and Skills Framework

- The Equalities Toolkit for staff includes training information, language resources, disability tip cards and a gender-based violence service directory. It is available both electronically, via the Equalities in Health website, or in hard copy. A total of 144 toolkits have been distributed to services throughout the system.

- Launch of the tackling homophobia campaign aimed at staff, in the first instance. Central to the campaign was the creation of a dedicated portal, hosted on the NHSGGC web site. Staff members were invited to pledge their support by hitting a button, sending in photos of themselves with the campaign placard and providing messages of support. So far, approximately 800 pledges have been made, with almost 300 photos appearing on the campaign web site. A good practice guide has been distributed and staff event arranged.

- Awareness raised of the forthcoming ban on age discrimination within public services and consideration of action required to ensure readiness for when the ban comes into effect.

- The [Equalities in Health website](#) now complies to the highest levels of accessibility and adherence to equalities' policies, legislation and focus. The home page has been revised to reflect the key equalities themes and to provide a cleaner, more user-friendly format. The equalities groups have been amended to reflect 2010 legislation and the introduction of protected characteristics. The monthly average of unique visitors is now 1600.

- Dissemination of regular updates via the Equalities in Health website on understanding discrimination, policies and procedures, good practice that has been put in place. E-news updates are sent to 850 equalities champions and managers for cascading to their staff

The survey of staff also investigated awareness of staff about the tools to support effective practice. The findings are presented below:

Table 2: Awareness of tools for change

Tool	Directors	Planners	Heads	Practitioners
Equality website	72.7%	77.3%	76.5%	36.3%
Equality e-modules	63.6%	68.2%	82.4%	65.3%
Interpreting service	100%	90.9%	82.4%	84.1%
Inequalities Sensitive Practice	90.9%	81.8%	52.9%	25.9%
CIT E-newsletter	63.6%	45.5%	35.3%	8.6%

4. Overview of progress against the Equality Scheme 2010-13 Action Plan

The annual update for the Equality Scheme 2010 -13 Action Plan indicates that NHSGGC is meeting most of its year 2 milestones for 2011 -12.

A complete update on progress is available in the next section of this report but key outcomes achieved over the course of the year which have helped NHSGGC meet the requirements of the Public Sector Duty are:

- Further increase in the numbers of the NHSGGC population for which there is knowledge about their ethnicity.

- Further improved consultation with people with protected characteristics by establishing an Equalities Health Reference Group and Health Equalities Network

- Further decrease in the likelihood of discrimination as the result of poor communication by the introduction of the Interpreting Service and availability of accessible information

- Further decrease in the potential for discrimination in 61 additional frontline services as the result of the EQIA process, making 204 in total

- Further improvement in the awareness of staff of their role in tackling discrimination as the result of 5360 members of staff using e-learning modules and other training

- Enhanced likelihood of good relations between protected characteristics by launching the anti-homophobia campaign

- Enhanced likelihood of improving the health of women as the result of support to alleviate their poverty and the identification of their experience of gender based violence

- Enhanced likelihood that the needs of faith groups will be met at the end of life as the result of the EQIA of the Death and Bereavement Policies

- Sufficient data collected from HR Equality Monitoring of staff to assess the representativeness of the workforce

These outcomes show that there has been progress against 2 of the 5 priorities identified in the previous Monitoring Report, namely,

- Patient information in relation to all protected characteristics is collected and made available,
- Individual members of staff are adequately assessed for awareness of their legal responsibilities

A comprehensive review of representativeness of the workforce in line with the known diversity of the general population has been undertaken and an improvement plan is in place for 2012/13.

Improvement plans still need to be put in place for the remaining two priorities: significant new programmes relating to access are non-discriminatory and individual members of staff are adequately assessed for awareness of their legal responsibilities. An EQIA of the Referral Management Policy is however planned for 2012/13 which will ensure that known variations in access to Outpatient appointments are potentially addressed.

5.   Challenges for 2012 - 13 and Implications of Equality Act Special Duties

One of the findings of the Inequalities survey of staff knowledge and action is that despite intensive communication programmes and enhanced availability of training programmes aimed at improving knowledge and awareness of equalities legislation and the associated competencies, there is still not full awareness across the workforce. The Corporate Inequalities Team will continue to develop its communication activity and more emphasis will be put on supporting managers to ensuring that each member of the workforce is aware of the implications of the Equality Act 2010. This is the main priority in addition to meeting the expected outcomes for the 3rd year of the Equality Scheme 2010/13.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 now confers the following specific duties on public bodies as follows:

- Duty to report progress on mainstreaming the equality duty
- Duty to publish equality outcomes and report progress
- Duty to assess and review policies and practices

- Duty to gather and use employee information
- Duty to publish gender pay gap information
- Duty to publish statements on equal pay
- Duty consider award criteria and conditions in relation to public procurement
- Duty to publish in a manner that is accessible

The way that NHSGGC currently organises its activity in relation to compliance with the general duty for the Equality Act 2010 already meets many of the requirements of the specific duties. It is anticipated that during 2012/13 further emphasis will be placed on defining outcomes and that plans to produce and publish statements on equal pay will be put in place.

Sue Laughlin,
Head of Inequality and Corporate Planning,
May 2012

Part 2: Progress in 2011/12 against the Equality Scheme Action Plan

Goal 1: Knows and understands the inequalities and discrimination faced by its patients and populations		
What we are going to do	**Progress**	**Comments on Progress**
Develop and implement a plan to improve the collection and analysis of disaggregated patient data on disability, gender, race, sexual orientation, age, social class/socio-economic status and religion and belief	The Acute Services Patient Management System is being updated to collect more equalities fields and the computerised systems in Mental Health Services collect the majority of equalities data but costs are prohibitive for all fields.

In community settings, the Single Shared Assessment (SSA) incorporates all protected characteristics and enquires about financial inclusion and employability. The SSA has been implemented in RES services within 4 CHPs since August 2011 and in MHS within one CHP.

As computerisation issues remain a barrier to some equalities data collection, specialities are being supported to do snapshot audits of who accesses their services.

Rates of recording ethnicity information for SMR00 data improved from 44.7% to 59% and rate is 55% for SMR01 (both meeting targets of less 10% unknown recorded). Recording in SMRO4 for ethnicity is 79%.

63 medical records staff including health records managers and clerical officers been trained this year across NHSGGC, but mainly in Acute Services. It was aimed to train 200 staff but there were delays in the Patient Management system roll | In line with year 2 milestones. |

	out to Clyde sites. All 63 evaluation forms were returned from this training. 45 staff stated a positive change in confidence (13 already agreed this was an important issue & 5 did not).	
Analyse the disaggregated data to identify demographic/health patterns for use in planning processes	Clear evidence from NHSGGC planning frameworks that equalities data is used - Acute services frameworks states evidence will be gathered to ascertain whether the inequalities gap between deprived and non deprived populations accessing secondary care services is reduced.

The Adult Mental Health planning framework states that a number of specific actions on use of equalities data (e.g. HEAT target for psychological therapies to be analysed by gender & deprivations alongside increased impetus on ethnicity collection in Primary Care Mental Health Teams, collection of disaggregated data on carers; and patient experience initiatives should ensure that different experiences of equality groups are taken into account).

Child and Maternal Health framework: service design is targeted at vulnerable women and their families to reduce the health inequalities gap between deprived and non deprived populations.

An analysis of ethnicity data as part of the Keep Well Anticipatory Care programme highlighted lower uptake by BME population and a pilot in South and West Glasgow is in place for South Asian patients | In line with year 2 milestone. |

Goal 2: Engages with those experiencing inequality and discrimination		
What we are going to do	**Progress**	**Comments on Progress**
Increase the level of engagement with individuals and groups who can identify with the issue of discrimination associated with race, disability, gender, sexual orientation, faith and social class/ socio-economic, age	Public Involvement Officers Group has been instrumental in development of guidelines and strategies for how PPFs collect equality data regarding their membership and continues to explore ways of increasing diversity within these groups. Establishment of Equalities Health Reference Group for individual participation and Health Equality Network comprising currently 37 organisations serving the needs of protected characteristics. The group and the network will focus on considering corporate policies and plans 8 Focus groups were held with 80 users of services from 8 language groups as part of consultation on establishment of new Interpreting Service.	In line with year 2 milestone Further evidence of representative involvement in PPFs required
Goal 3: Knows that people's experience of inequality affects the health choices they make		
What we are going to do	**Progress**	**Comments on Progress**
Ensure Health Improvement delivery takes account of the needs of equality groups	The Health Improvement framework makes it clear that the top priority for improving health is tackling inequalities, with a specific focus on narrowing the gap. Several topic areas such as smoking cessation, healthy weight and Keep Well include specific inclusion of equality issues and sensitised,	In line with year 1 milestone Further evidence is required to demonstrate what different

	targeted approaches.	approaches have been introduced following EQIA
	Access to core Health Improvement Services through Keepwell and Patient Education programmes through CDM programmes are currently being monitored.	
	A number of additional areas utilize local benchmarking to develop sensitised approaches such as the comparison of service user profiles against population profiles within Patient Information Centres or local needs assessments with South Asian and Roma communities on smoking. Where known differences in service experience or utilization for groups with protected characteristics exist targeted programmes are evident such as the promotion of cancer screening programmes using data from ISD to determine attendance rates and completion among harder to reach groups (primarily deprivation, ethnicity and gender impact). The HI team are developing a targeted approach to promoting cancer awareness and early diagnosis locally in line with the Detect Cancer Early Programme for Breast, Bowel & Lung Cancer.	
	Equality impact assessments have been undertaken in several Health Improvement programmes: Health Shop, Community Youth Health Services, Smoke Free Services and Diabetes patient education.	
	A Patient Health Improvement Record has been developed for Forensic patients. This ensures that health improvement needs are met for a marginalised group. Demographic data in relation to protected characteristics is collected to monitor equality of uptake.	

Goal 4:	Removes obstacles to services and health information caused by inequality	
What we are going to do	**Progress**	**Comments on Progress**
Continue to address unlawful discrimination	61 new quality assured EQIAs published on the Equalities website, of which 35 have been undertaken by Acute Services, 20 from CH(C)Ps including mental health services, 4 from Tier 4 Mental Health Services and 2 from Oral Health	In line with year 2 milestone.
Meet the communication support and language needs of our service users	NHSGGC launched a new in house spoken language Interpreting Service in October 2011 This service places over 250 spoken language interpreters across NHSGGC service to ensure a barrier free service for our patients whose first language is not English. Since the launch of the new service we have delivered 16,141 appointments with spoken language interpreters across 59 languages. To ensure the service is meeting the needs of our patients a picture based monitoring card has been developed to be used with all patients after each interpreter supported appointment. The patient will be able to fill in the card independently. In addition we are setting up a staff feedback system though Staffnet.	In line with year 2 milestone.
Make public and patient information accessible to all	Accessible Information Policy (AIP) has been communicated to staff via AIP leads throughout the system following training	In line with year 2 milestone.

	to ensure a consistent approach. Acute services patient letters have been rationalised and a set of template letters have been uploaded onto the electronic directory. A draft Signage Policy has been developed as an adjunct to the Accessible Information Policy. The Signage Policy aims to work towards consistency and highlights the need for each site strategy to be based on common principles and guidance which will be used across the Board area. Work is underway in conjunction with RNIB to promote improved way finding and a pilot is being implemented in Gartnaval Hospital Over 2011 / 2 reporting period we have published 37 resources in accessible formats.	Further work to be undertaken to develop an in house resource to produce words and picture information
Deliver a programme for further improving disabled access across NHSGGC facilities	An audit tool has been developed to assess compliance of estate with the accessibility needs of disabled people. The tool allows a consistent approach to access audits whilst taking account of the views and experiences of disabled people. Once the audit has been carried out in NHSGGC, Facilities staff work with disabled people to create a list of priority actions to be undertaken to improve NHSGGC Estate. 6 audits have been complete in 2011/12. Development of a set of Best Practice Guidelines and Action Plan on hearing impairment in conjunction with service users and Action on Hearing Loss (AOHL), Scotland Deaf	In line with year 2 milestone.

	Connections and Deafblind Scotland. This is for all staff to help improve communication for patients, visitors, carers and other key stakeholders with sensory impairment.	
	Pilot of implementation of communication protocol for disabled patients with speech and language difficulties commenced	
Identify more explicitly the differential needs of women and men	The Gender – based violence programme explicitly addresses the needs of female and male abuse survivors – see Goal 5	Partially in line with year 2 milestone.
	Sexual Health Services assessment is designed to focus on the specific needs of women and men	Gender audit to be completed
	Assessment of Do Not Attends (DNAs) by sex has been undertaken	
Identify more explicitly the differential needs across the lifespan	Assessment of provision of mental health services for older people undertaken as compared with adult services. Inequity identified and improvement plan being formulated	In line with year 2 milestone.

Goal 5: Uses an understanding of inequality and discrimination when devising and delivering treatment and care

What we are going to do	Progress	Comments on Progress
Ensure policy and planning frameworks are developed that take account of inequalities	Tackling Inequalities Policy Framework updated and utilised in relation to planning frameworks for Acute, Primary care and Mental Health Services, Addictions, Long Term Conditions, Cancer, Sexual Health, Women and Children,	In line with year 2 milestone.

	Older People.	
Services will assess and manage patients experiences of inequality and discrimination in line with priorities for service development	7 additional service policies have been subject to EQIA – Relationships and Sexual Wellbeing, Alcohol Problems Clinic Operational policy, Death and Bereavement Policies, Transition from Children's to Adult Services Policy, Care of Young People Policy, Smokefree Care Placements Policy for Looked After Children	In line with year 2 milestone.
The Inequalities Sensitive Practice Action Plan will be implemented	A further 784 staff have been trained in routine enquiry on gender based violence as compared with 2010 – 11 and 986 staff have successfully complete the e-module Pilot on implementation of sensitive enquiry in Mental Health Services has commenced 120 practice staff have been trained on equalities as part of Keep Well – Anticipatory Care programme Baseline of knowledge, awareness and competence in relation to racial harassment, elder abuse, homophobic bullying and gender based violence has been carried out with 116 staff in Rehabilitation services within Glasgow and Renfrewshire The Healthier Wealthier Children programme aimed at addressing child and family poverty by making financial inclusion advice available to equality groups has made 3853 referrals. 17% were from the BME community	In line with year 2 milestone

What we are going to do	Progress	Comments on Progress
The Transgender Policy will be implemented	80 % of relevant EQIAs evidenced awareness and understanding of the needs of transgender patients	In line with year 2 milestone.
Review of single sex accommodation	162 wards have been audited and only 1 – Acute Receiving – remains as a Mixed Sex Ward	Complete

Goal 6:   Uses its core budget and staff resources differently to tackle inequality

What we are going to do	Progress	Comments on Progress
Ensure that there is no disproportionate effects on different inequality groups as the result of financial decisions	Rapid Impact Assessment of Cost Savings programmes completed and risk areas identified. Full EQIAs completed where required	In line with year 2 milestone.

Goal 7:   Has a workforce which represents our diverse population and addresses their needs

What we are going to do	Progress	Comments on Progress
Improve the availability of disaggregated staff information	Disaggregated data now available for the NHSGGC workforce together with annual increase as follows: Age – 100%, gender – 100%, disability – 99.9%, race/ethnicity – 69.7% (5% annual increase), belief – 53.7% (7.5% increase) sexual orientation – 47.6% (8.3% increase).	In line with year 2 milestone.
Address remaining barriers to recruitment and retention	For last available data, 7.59% of those applicants disclosing a disability received a job offer as compared with 17.51% of non-disabled applicants. Whilst this is an improvement for	Partially in line with year 2 milestone.

	2011/12, further work on this is being put in place Variable success achieving job offer by age, ethnicity, faith.	More consideration required in relation to all protected characteristics.
Enhance the ability of staff policies to meet the needs of equality groups	EQIA of staff policies complete.	In line with year 2 milestone.
Meet any existing pay gap between women and men	Equal Pay statement produced.	In line with year 2 milestone.
Enable staff from equality groups to feed back their views to the organisation	Anti homophobia campaign has enabled staff to	Partially in line with year 1 milestone. Further action required on feed back mechanisms.

Goal 8:Creates a workforce which has the skills to tackle inequality and create a non-discriminatory working environment

What we are going to do	Progress	Comments on Progress
All staff will be aware of their legal responsibilities and how to address inequalities issues	**Numbers of Staff trained** Equality Impact Assessment: **93** Gender Based Violence (GBV): **1114** Core Programme- Equality and Diversity: **2513** Corporate Induction: **1475** Gender Based Violence (e-learning): **986**	In line with year 2 milestone.

	Foundation Management (Equality and Diversity): **36** TOTAL: **5360** A specialist **SharePoint Equality and Diversity resource** created for trainers which includes: • Information on each protected characteristic of the Equality Act (2010) • Access to case studies, quizzes and a range of DVD resources including tutor notes; • Policies relating to Equality and Diversity, e.g. Transgender Policy, Mixed Sex Policy; **Access to Learning Plan** specifically developed to support and encourage non traditional learners (NtL) to access learning opportunities across the organisation.	
Promotion of positive attitudes for all equalities groups	Anti – homophobia campaign – Take a Stand – has now been launched Over 1000 Staff support pledges/photographs	In line with year 2 mile stone.

Goal 9: Spends the money being invested in buildings, goods and services in a way which tackles poverty and discrimination

What we are going to do	Progress	Comments on Progress
Align Corporate Social	Equality and Diversity Procurement Guidance drafted by the	In line with year 2

Responsibility activity to the Equality Scheme aims	procurement team as part of their Ethical Procurement Policy.	milestone.

Goal 10: Works with partners to reduce inequality caused by income, social class, gender, race, disability, age and sexual orientation in order to reduce health inequality		
What we are going to do	**Progress**	**Comments on Progress**
Align Equality Scheme activity with Community Planning partners. Contribute to SOA activity on the Solidarity Golden Rule - To Improve Social Equity- which aims to increase overall income and the proportion of income earned by the three lowest income deciles as a group by 2017.	Glasgow Community Planning Equality Group report on current issues for LGBT people published, part funded by NHSGGC. Approximately 170 LGBT individuals took part. Programme to develop 50 Modern Apprenticeships (16-24 year olds) across GGC in 2012-13. Glasgow Child Poverty work now forms part of the City's Overcoming Poverty Strategy involving a wide range of partners. Child poverty is gendered and the action plan activity will be equality proofed. Recession indicators published on Corporate Policy and Planning Microsite.	In line with year 2 milestone.