

# Equality Report

People who use commissioned services

2013 - 14



## Introduction

NHS Cumbria Clinical Commissioning Group (CCG) is responsible for commissioning health services to the 528,000 registered patients and visitors who come to the county for holidays and business.

NHS Cumbria CCG is committed to making sure that equality and diversity is a priority when planning and commissioning local health care. To do this we work closely with our localities to understand their needs and how best to commission the most appropriate services to meet those needs.

In partnership with other organisations NHS Cumbria CCG is part of Cumbria Equality Consortium Agreement with three third sector delivery partners covering Black and Minority Ethnic (BME), Lesbian Gay Bisexual and Transgender (LGBT) and Disability Networks who undertake agreed projects with their networks on behalf of the CCG and other partner organisations.

### 1. Diversity profile of Cumbria

#### Population

Cumbria is the second least densely populated county in England with a population of 499,900. The county has an 'ageing' population which is driven by in-migration of people aged 45 and over and out-migration of younger adults.

The table below summarises the diversity profile of Cumbria.

	Allerdale	Barrow	Carlisle	Copeland	Eden	S.Lakes	Cumbria	England and Wales
Population	96,422	69,087	107,524	70,603	52,564	103,658	499,858	56.07M
% Males	49.1	49.5	48.8	50.2	49.5	48.7	50.8	50.8
% Females	50.9	50.5	51.2	49.8	50.5	51.3	50.8	50.8
% BME	2.4	2.9	5.0	2.7	3.0	4.4	3.5	19.5
% Christian	75.4	70.7	69.1	78.9	70.7	68.1	71.9	59.3
% non-Christian	0.7	0.89	1.21	0.88	0.92	1.15	0.97	8.38
% No Religion	17.3	22.1	22.9	14.4	20.7	23.1	20.3	25.1
% Lesbian Gay Bisexual	5	3	3	3	2	1	3	n/a
% Disabled	20.8	24.7	19.2	21.4	18	18.8	20.3	17.9
% Disabled - working age	27.1	30.4	15	21.5	19.5	20	21.9	n/a
% 65+	20.8	18.8	18.5	18.9	21.9	24.2	20.6	16.4

More population and information briefings on the diversity profile of Cumbria following the 2011 Census can be found on the [Cumbria Intelligence Observatory website](#).

### 3. The Equality Act and Public Sector Equality Duty

#### **The Equality Act (2010) and Protected Characteristics**

The Equality Act, which came into force in April 2011, replaces existing anti-discrimination laws with a single act. It aims to help public authorities avoid discriminatory practices and integrate equality into their core business.

There are nine protected characteristics recognised by the Equality Act:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Ethnicity
- Religion and belief
- Gender
- Sexual orientation

#### **The Public Sector Equality Duty**

Section 149 of the Equality Act places an additional set of requirements upon public bodies, known as the Public Sector Equality Duty. This is made up of a general equality duty which is supported by specific duties.

The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The specific duty requires public authorities to publish annually information on the effects of their services and employment on people who share a protected characteristic. The public sector Equality Duty also requires public authorities to have set Equality objectives in 2012, and to report on progress by 2016.

#### **What the general equality duty requires on information**

Although there is no explicit legal requirement to collect and use equality information across the protected characteristics, in order to have due regard to the aims of the general equality duty, public authorities must understand the impact of their policies and practices on people with protected characteristics.

### **What the specific duties require on information**

Public authorities covered by the specific duties must publish information relating to people who share a relevant protected characteristic who are:

- its employees (for authorities with more than 150 staff)
- people affected by its policies and practices (for example, patients).

## **4. Supporting Information**

### **Workforce Profile**

NHS Cumbria CCG has under 150 employees and while some data is collected as part of HR process it is not included in this document because small numbers would make it identifiable information.

Equality and Diversity training is included as part of our mandatory training package.

### **Policies**

All CCG policies have an Equality Impact Assessment an example is included in Appendix 1.

### **Contracting**

All NHS standard contracts include Service Condition 13 (SC13) Equity of Access, Equality and Non-Discrimination which applies to all providers. The extract from the NHS contract is below:

#### **SC13 Equity of Access, Equality and Non-Discrimination**

13.1 The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other non-medical characteristics, except as permitted by the Law.

13.2 The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.

13.3 In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010 and section 6 of the Human Rights Act 1998. If the Provider is not a public authority for the purposes of those sections it must comply with them as if it were.

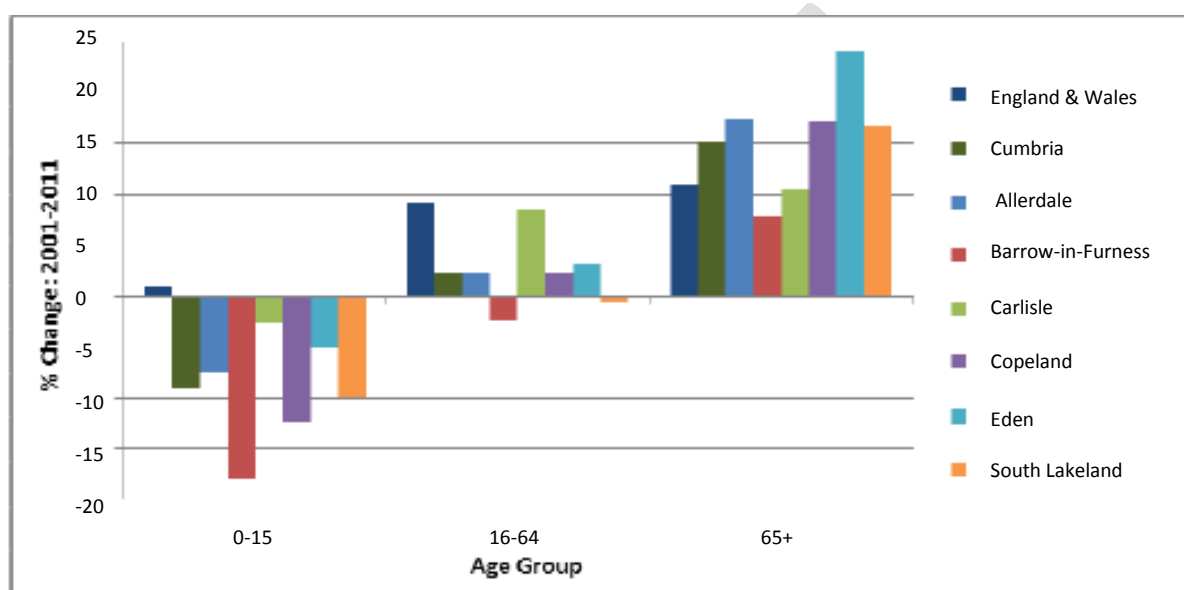
13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan or plans setting out how it will comply with its obligations under Service Condition 13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this Service Condition.

## 5. Changing Population

A key priority for NHS Cumbria CCG is improving care to respond to the challenges of an ageing population.

A much larger and older population will create a greater demand for personal health and social care at a time when there are fewer people of working age to provide it. Older people living longer will also mean a qualitatively different level of need. For example, unless action is taken now, over the next 20 years Cumbria will see an estimated:

- 82% increase in dementia.
- 60% increase in hospital admissions for stroke.



Source: 2011 Census, Office for National Statistics

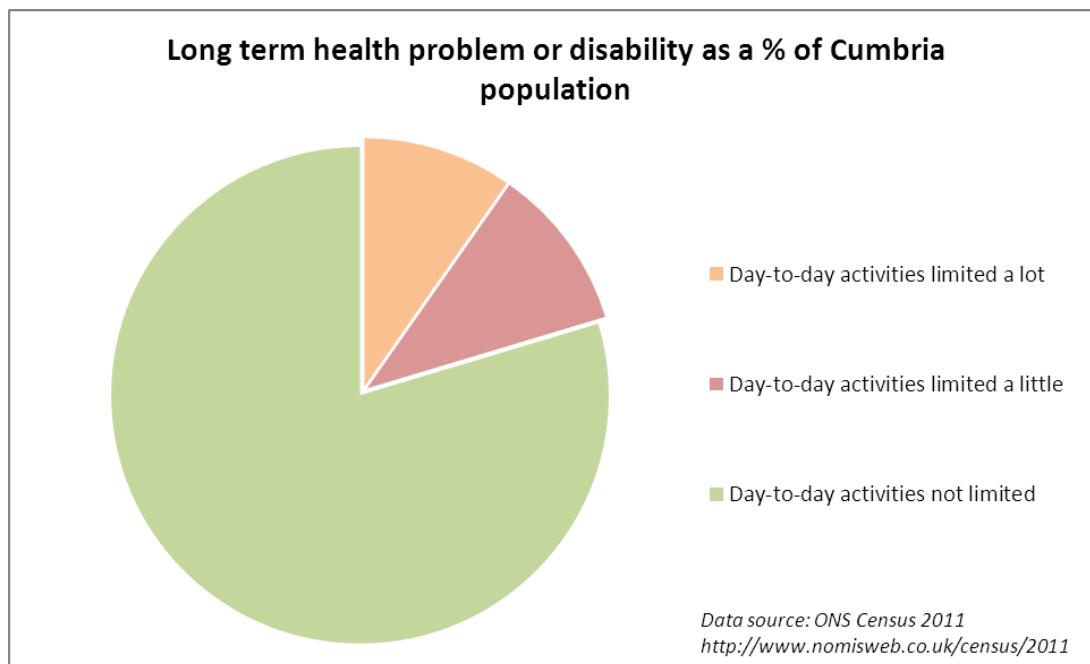
The above chart shows how the numbers of residents within each broad age group have changed proportionally between Census Day 2001 and Census Day 2011, for England & Wales, Cumbria and districts. These changes suggest that Cumbria has an older population profile than England & Wales and that this population is 'ageing' at a faster rate than the population nationally.

The figures below give a comparison of the numbers of live births in Cumbria from 2007 to 2012 which shows a recent drop compared to a rise in England and Wales as a whole.

	Year	Cumbria	Allerdale D.C.	Barrow-in-Furness D.C.	Carlisle D.C.	Copeland D.C.	Eden D.C.	South Lakeland D.C.	England & Wales
<b>Number of Live Births</b>	2007	4,998	1,001	796	1,123	736	455	891	690,013
	2008	5,118	983	815	1,229	747	472	876	708,711
	2009	5,080	983	763	1,255	715	478	886	706,248
	2010	5,068	1,012	742	1,275	745	452	842	723,165
	2011	5,033	941	712	1,310	771	426	873	723,913
	2012	4,996	940	762	1,222	804	442	826	729,674

D.C = District Council

The chart below shows the proportion of the Cumbrian population who stated, in the 2011 Census, that their day to day activities were limited in some way due to disability or a long term health condition.



The table below gives an indication of the number of households in Cumbria where language might be a barrier to residents accessing health services without the use of translation services.

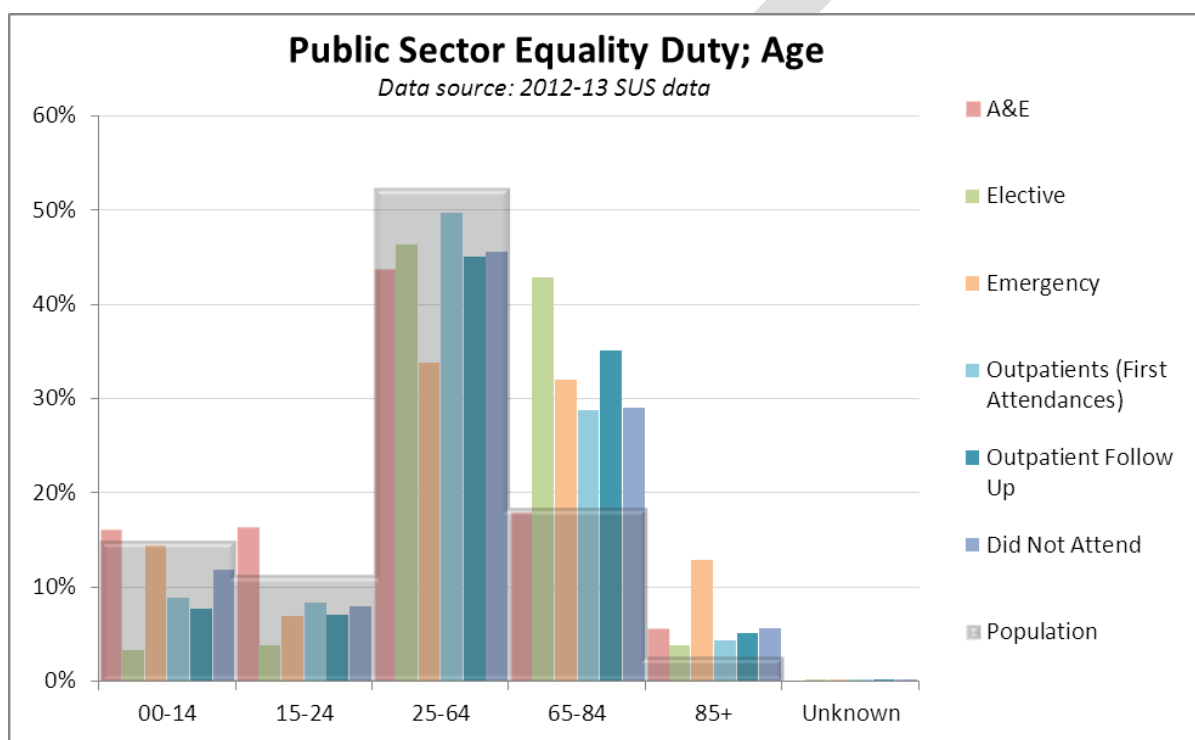
<b>Households in Cumbria</b>	<b>222,042</b>	<b>100%</b>
Households with all people over 16 have English as a main language	<b>217,742</b>	98.1%
Households with at least one but not all over 16 with English as main language	<b>1,965</b>	0.9%
Households with no one over 16 but at least one aged 3 to 15 with English as main language	<b>217</b>	0.1%
Households with no one with English as a main language	<b>2,118</b>	1%

AWAZ (BME Network) have undertaken two surveys relating to access to GP services, one for the Carlisle area and one for West Cumbria. There are plans for a similar report covering South Lakeland and Furness later this year.

## 6. Access to Services

The following data provides information relating to the protected characteristics of Age, Gender and Ethnicity of patients in Cumbria accessing hospital services, using 'Secondary User Service (SUS) data. The data covers the areas of:

- Accident & Emergency (A&E)
- Elective
- Emergency
- Outpatient first attendance
- Outpatient follow up
- Did not attend



The figures below show a breakdown of the same information for male and female over the same areas, followed by Ethnicity for areas where the data is available.

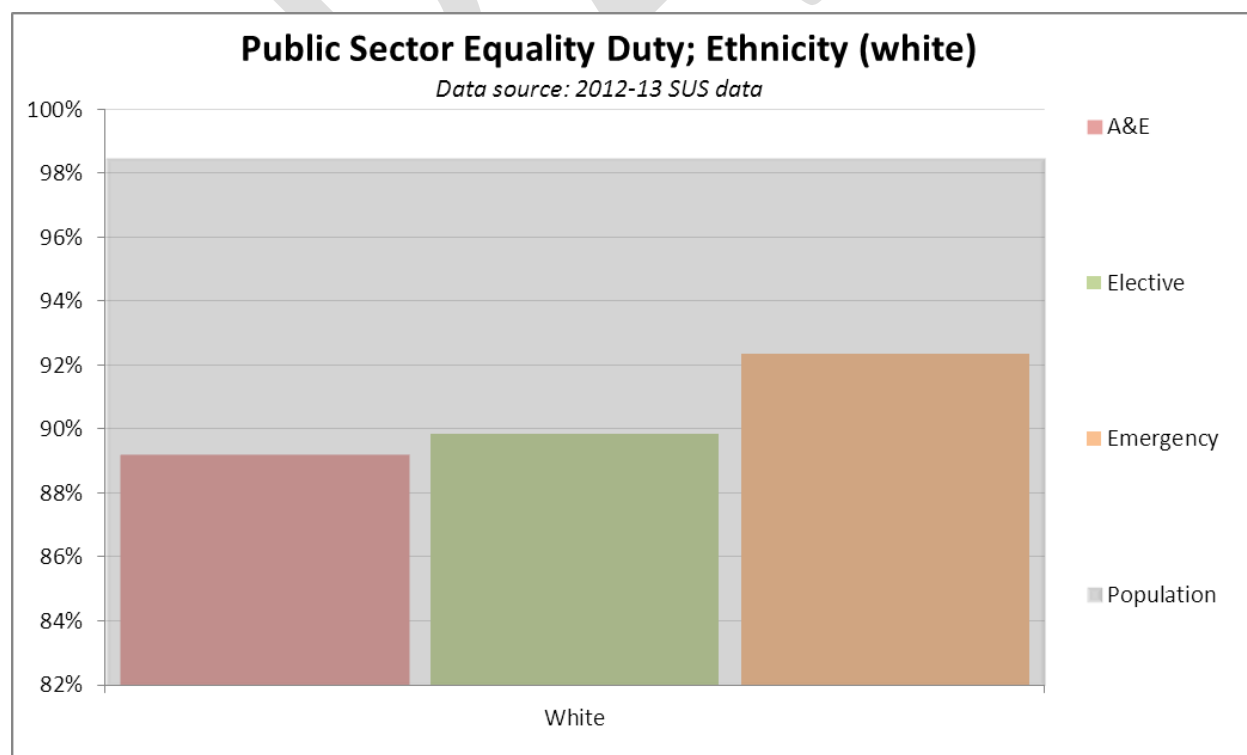
Gender							
	Population	A&E	Elective	Emergency	Outpatients (First Attendances)	Outpatient Follow Up	Did Not Attend
<b>Male</b>	49.9%	52.3%	50.9%	48.7%	42.57%	44.90%	43.9%
<b>Female</b>	50.1%	47.6%	49.1%	51.3%	57.42%	55.09%	56.1%
<b>Not stated/ Unknown</b>		0.1%	0.02%	0.01%	0.004%	0.002%	0.002%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Data source: 2012-13 SUS data

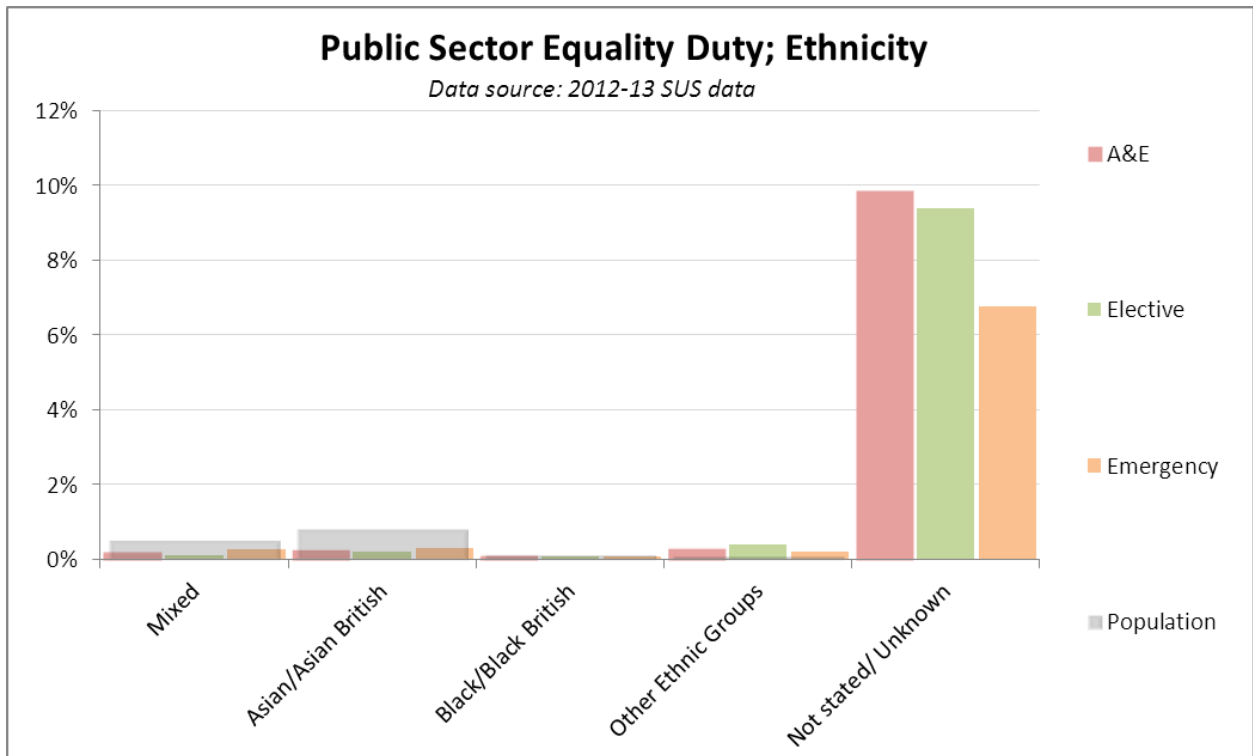
Unfortunately data relating to ethnicity was not available for Outpatients (first attendance), Follow ups, or did not attend.

The figures on the following chart have been separated into the following two charts, due to the large difference in the percentages.

Ethnicity							
	Population*	A&E	Elective	Emergency	Outpatients (First Attendances)	Outpatient Follow Up	Did Not Attend
White	98.5%	89.2%	89.8%	92.3%			
Mixed	0.5%	0.2%	0.1%	0.3%			
Asian/Asian British	0.8%	0.3%	0.2%	0.3%			
Black/Black British	0.1%	0.1%	0.1%	0.1%			
Other Ethnic Groups	0.1%	0.3%	0.4%	0.2%			
Not stated/Unknown		9.8%	9.4%	6.8%			
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>			







## 7. Future Plans

NHS Cumbria CCG is working in partnership with the Deaf Health Champions Project from Cumbria-Deaf Vision to identify useful information on health services in Cumbria. With a view to producing a number of British Sign Language (BSL) video clips for the CCG website.

We are currently testing out a 'Health and Wellbeing Passport' with a number of groups covered by the Protected Characteristics. The passport contains relevant information about a person who might have difficulty in communicating details about themselves.

An example of the passport is attached in appendix 2.

## Appendix 1. Example of Equality Impact Assessment

**Title of the change proposal or policy:**

Absence Management

**Brief description of the proposal:**

To ensure that the policy amends are fit for purpose, that the policy is legally compliant, complies with NHSLA standards and takes account of best practice.

**Name(s) and role(s) of staff completing this assessment:**

**Date of assessment:**

**Please answer the following questions in relation to the proposed change:**

**Will it affect employees, customers, and/or the public? Please state which.**

Yes, it will affect all employees

**Is it a major change affecting how a service or policy is delivered or accessed?**

No

**Will it have an effect on how other organisations operate in terms of equality?**

No

**If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:**

Believe that the policy will have an effect on all staff including those with protected characteristics under the Equality Act.

**Please return a copy of the completed form to the Equality & Diversity Manager**

## Appendix 2. Health & Wellbeing Passport

### THINGS THAT ARE IMPORTANT TO ME

**IMPORTANT PEOPLE**  
Family, friends, key workers?

**LEVEL OF SUPPORT**  
Who needs to stay and how often?


**HOW I USE THE TOILET**  
eg. continence aids, getting to the toilet

**PERSONAL CARE**  
Dressing, washing and teeth cleaning support I need

### MY LIKES AND DISLIKES

**THINGS I LIKE**  
Things important to me that I enjoy and help me relax. Food and drink I like. Clothes and shoes I like to wear.

**THINGS I DON'T LIKE**  
Things that make me unhappy anxious or scared. Food and drink I don't like.




**Things you MUST KNOW about me**  
Things that are IMPORTANT to me  
My LIKES and DISLIKES

Please return this to me when I am discharged.


**MOVING AROUND**  
eg. posture in bed, walking aids and wheelchair  
Do I need help with moving around?

**SLEEPING**  
eg. sleep pattern/routine

**THINGS I LIKE could include:**  
Favourite music, TV programmes, favourite foods, activities, how I relax.



**THINGS I DON'T LIKE could include:**  
Things that worry me, food I don't like, ways I don't like being treated.

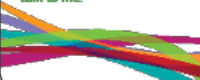


**NHS Cumbria Clinical Commissioning Group**

If I go to hospital this book needs to go with me.

This is essential reading for all hospital staff working with me. It gives important information about me.

This book should be kept at the end of my bed, with my notes, and used when you talk to me.



## THINGS YOU MUST KNOW ABOUT ME

My name is:

I like to be known as:

Type of home I live in:  
eg. supported living, family home

Who to contact for more information about me and any access issues:  
eg. deaf, non english speaking

My GP is:

Adverse drug reactions or allergies:

Filled in by:

Please sign here:

Date:

**EATING AND DRINKING**  
What help I need, and food allergies or intolerances?  
Does my food need to be cut up or liquidised? Is there a risk I may choke? Do I need special equipment? Do I need help filling in menus?

See also the likes and dislikes section

**PAIN**  
How I show I'm in pain and how to support me:

**HOW I TAKE MEDICATION**  
One tablet at a time, on a spoon, via a syringe?  
Do I need help to make sure I have swallowed?

**MY SIGHT AND HEARING**  
Any problems I have? Any aids I use?

**HOW TO SUPPORT ME IF**  
I'm anxious, worried or upset:

**BEHAVIOURS I HAVE**  
that may be challenging or cause risk:  
What you can do to support me with my behaviours- things that help me relax

**KEEPING ME SAFE**  
Do I wander? Could I fall out of bed?

**HOW TO SUPPORT ME WITH MEDICAL INTERVENTIONS:**  
Taking my temperature, blood pressure, blood test, giving injections

**OTHER VITAL INFORMATION**  
Eg. advance care directives and other allergies

**HOW I USUALLY AM**  
For example do I sleep lots, am I usually very quiet?

For more information contact:  
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[christine.harrison@cumbriaccg.nhs.uk](mailto:christine.harrison@cumbriaccg.nhs.uk)

