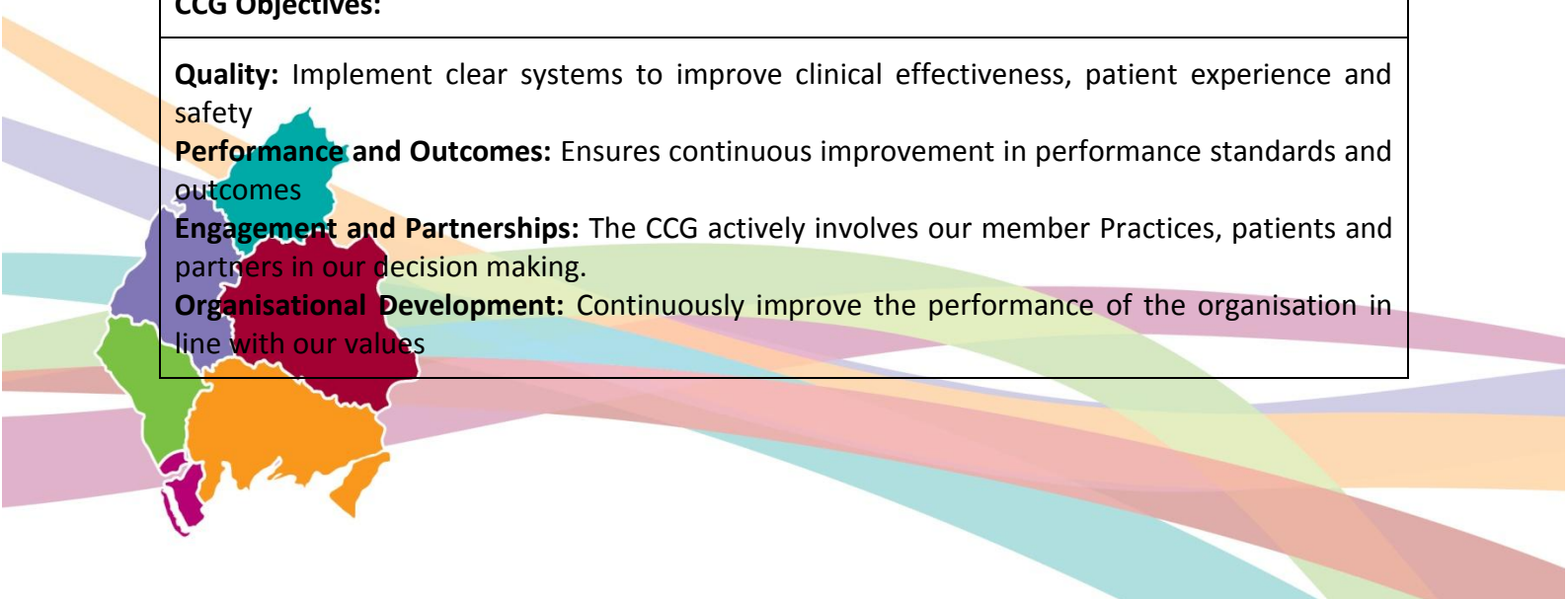


NHS Cumbria CCG Governing Body	Agenda Item
4 February 2015	8

Equality & Diversity Strategy

Purpose of Report:
<p>The purpose of this report is to inform the Governing Body on how the CCG is meeting the requirement of the Public Sector Equality Duty and how equality and diversity is embedded into the organisation.</p> <p>The report includes:</p> <ul style="list-style-type: none"> • 5 Year Plan • Equality Act • HR, Workforce and Contracting • Access to services • Progress on CCG Equality Objectives • Population Profile
Key Issues/Considerations:
<p>Publication of report is required by the end of January to meet Equality Legislation. The report will be on the website in draft until approved by the Governing Body.</p>
Recommendations:
<p>The Governing Body is asked to approve the report</p>
CCG Objectives:
<p>Quality: Implement clear systems to improve clinical effectiveness, patient experience and safety</p> <p>Performance and Outcomes: Ensures continuous improvement in performance standards and outcomes</p> <p>Engagement and Partnerships: The CCG actively involves our member Practices, patients and partners in our decision making.</p> <p>Organisational Development: Continuously improve the performance of the organisation in line with our values</p>



Statutory/Regulatory/Legal/NHS Constitution Implications
Equality Legislation and the Public Sector Equality Duty.
Assurance Framework:
N/A
Finance/Resource Implications:
N/A
Implications/Actions for Public and Patient Engagement:
<ol style="list-style-type: none"> 1. Ensuring people covered by the Protected Characteristics are involved in engagement activities 2. Ensuring access for those where English is not their first language 3. Use of accessible venues
Equality Impact Assessment:
N/A

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Date Report Written	January 2015

Equality Report

People who use commissioned services

2014-2015

Introduction

NHS Cumbria Clinical Commissioning Group (CCG) is responsible for commissioning health services to the 528,000 registered patients and visitors. The 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 six localities to understand their needs and how best to commission the most appropriate services to meet those needs.

The Five Year Plan

The interim five year plan for the Cumbria Local Health Economy sets out how health and care organisations across the county will make sure Cumbria's population has the best possible chance to live healthy lives, but should they become ill or have an accident they will receive the high quality services they deserve.

The plan is intended to provide a clear:

- Direction of travel for healthcare in Cumbria
- Set of intentions to enable services to become clinically and financially sustainable
- Outline of engagement, including public and clinical engagement
- Description of how local organisations work together in governance terms
- Indication of the main interventions we will take forward to deliver our ambitions
- An initial indication of options for some services.

In the short term we need to take action to stabilise our services, to get back on track, in order to achieve:

- A reduction in the harm caused to people
- Momentum through credible steps towards financial balance
- Developing an open narrative for the public, which reduces anxiety, instils confidence and encourages participation.

Collectively, the organisations across Cumbria have made some important joint commitments, so that we can meet the challenges we face:

- We will be much more accountable, and ensure that we consistently and reliably **deliver the standards of care** that are already enjoyed across most of the country, and should be ours of right
- We will **stop spending other people's money**, and will return our local NHS system to sustainable financial balance
- We will embed **continuous service improvement** methods across our system, empowering front line clinicians and practitioners to drive their own improvement in the interests of patients and communities
- We will **work together much more flexibly**, including where necessary changing which organisation delivers services, where it is delivered, and how it is paid for

- We will always put the **interests of patients and the overall system first**, ahead of our own organisations interests and professional interests.

The Equality Act and Public Sector Duty

The Equality Act (2010)

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.

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.

Further information is available at www.gov.uk/equality-act-2010-guidance

Supporting Information

HR Equality & Diversity Policy

The CCG is committed to equality of opportunity for all employees and is committed to employment practices, policies and procedures which ensure that no employee, or potential employee, receives less favourable treatment on the grounds of gender, race, colour, ethnic or national origin, sexual orientation, marital status, religion or belief, age, trade union membership, disability, offending background, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or any other personal characteristic. Diversity will be viewed positively and, in recognising that everyone is different, the unique contribution that each individual's experience, knowledge and skills can make is valued equally.

Workforce Profile

NHS Cumbria CCG has less than a 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.

All staff undertake Equality and Diversity training as part of their mandatory training package.

Policies

All CCG policies are analysed as to their impact on equality and diversity.

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.

Equality Impact Analysis (EIA)

Guidance and support is available to all staff to undertake EIA's when commissioning or redesigning services.

DRAFT

Access to Services

The next section shows three tables showing the percentage breakdown of people by Age, Gender and ethnicity who have accessed the following services:

- Accident and Emergency (A&E)
- Elective admission (surgical or medical)
- Emergency admission (surgical or medical)
- Outpatients (First attendance)
- Outpatients (Follow up)
- Did not Attend

Age							
	Population	A&E	Elective	Emergency	Outpatients (First Attendances)	Outpatient Follow Up	Did Not Attend
0-14	15.1%	14.9%	3.3%	18.1%	9.0%	8.4%	10.4%
15-24	11.2%	15.5%	3.7%	7.8%	8.0%	6.7%	9.5%
25-64	51.9%	43.7%	46.8%	34.6%	49.0%	46.1%	50.4%
65-84	19.1%	19.4%	42.4%	28.3%	29.4%	33.7%	24.6%
85+	2.7%	6.4%	3.7%	11.3%	4.5%	5.2%	5.1%
Unknown	0.0%	0.1%	0.0%	0.0%	0.002%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%	100%

Gender							
	Population	A&E	Elective	Emergency	Outpatients (First Attendances)	Outpatient Follow Up	Did Not Attend
Male	49.7%	52.9%	50.3%	44.9%	42.8%	45.1%	44.6%
Female	50.3%	47.0%	49.6%	55.1%	57.2%	54.9%	55.4%
Unknown	NA	0.1%	0.04%	0.01%	0.004%	0.012%	0.003%
Total	100%	100%	100%	100%	100.0%	100.0%	100%

Ethnicity							
	Population *	A&E	Elective	Emergency	Outpatients (First Attendances)	Outpatient Follow Up	Did Not Attend
White	98.5%	91.6%	88.9%	91.1%	81.2%	83.9%	91.6%
Asian or Asian British	0.8%	0.3%	0.3%	0.6%	0.3%	0.3%	0.3%
Black or Black British	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.2%
Mixed	0.5%	0.3%	0.1%	0.3%	0.2%	0.2%	0.3%
Other Ethnic Groups	0.1%	0.4%	0.3%	0.3%	0.2%	0.2%	0.4%
Not stated	NA	7.2%	10.4%	7.7%	17.9%	15.3%	7.2%
Total	100%	100%	100%	100%	100%	100%	100%

* taken from 2011 Census

Number of admissions in relation to Diabetes by Ethnic Origin

Elective (In Patient & Day Case)			Non Elective		
	Total number	Percentage		Total number	Percentage
White	10803	92.37%	White	7359	94.69%
Not stated	855	7.31%	Not stated	348	4.48%
Asian or Asian British	14	0.12%	Asian or Asian British	38	0.49%
Other Ethnic Groups	9	0.08%	Other Ethnic Groups	9	0.12%
Black or Black British	7	0.06%	Black or Black British	11	0.14%
Mixed	7	0.06%	Mixed	7	0.09%
	11695			7772	

Equality Objectives

NHS Cumbria CCG's Equality & Diversity Objectives

To improve the equality performance of this organisation, making it part of mainstream business for the Board and all staff; and help partner NHS organisations to meet the evidential requirements of the Equality Act, especially the public sector equality duty, and the statutory duty to consult and involve patients and communities and other local interests (NHS Act 2006 and Equality Act 2010).

Equality Objectives

Objective	Action	Outcomes
To ensure equality is everyone's business	Ensure that all staff are aware that equality is everyone's business and everyone is expected to help meet the CCG's Equality Objectives	Commitment to equality and diversity within the organisation from all staff at all levels. All staff across the CCG will receive E&D training and understand local E&D issues.
To improve health and wellbeing of the local community	Achieve improvements in overall health by clinical effectiveness, patient safety and patient experience for all through quality monitoring of commissioned services	Services and care pathways are designed or re-designed and contractually monitored so they meet the needs of patients, carers and local communities. Patient safety outcomes are improving across all protected characteristic groups with the active participation of patient groups.
To deliver services that improve patient experience	Continual improvement of access to services Consultation and Engagement with a wide range of stakeholders about issues likely to have an impact on users of services.	Commissioned services will continue to promote equality of opportunity Act on information received from engagement activities and patient feedback Improved collection of patient experience data

Progress

[Cumbria Patients website.](#)

This website gives people the opportunity to comment on their recent patient experience. It is also an opportunity for patients to see comments on a particular service. It was launched on September 23, 2014 at Penrith Hospital and has the full support of all health providers in Cumbria.

The site, commissioned by NHS Cumbria Clinical Commissioning Group (CCG), provides an invaluable resource for patients and health practitioners. The Cumbria website allows patients to leave comments and rank their experience with a simple five star rating. All comments and ratings will be posted for anyone to review and read.

Patients of all ages can leave their comments whether they have visited their GP or had a spell in hospital. Children across the county have been using the system for six months and have recorded their experiences widely.

[Health and Wellbeing Passport](#)

The Health and Wellbeing passport is a two sided document that folds down to the size of a credit card and is an aide for people who need help or support with communicating. It includes information around three key themes:

- Things you must know about me
- Things that are important to me
- My likes and dislikes

Over the last 12 months we have been testing this with a range of people with communication issues; overall the feedback has been very positive.

The passports are available for anyone and are currently being promoted within the NHS to staff.

[Access to Translation Services](#)

The CCG website uses Google Translate which enables anyone accessing the website to translate the information to around 90 languages, plus a 'Browse Aloud' option.

Anyone accessing NHS services can also access a translation service either via telephone or face to face. British Sign Language (BSL) translation services for deaf people are by far the biggest use of this service in Cumbria.

With that in mind we are currently working in partnership with a third sector organisation to look at how we can improve access for the deaf community. This will include BSL video clips on our website, providing key information e.g. Complaints procedure. As well as piloting video link access for translation services during consultations with GP's. Some practices in Cumbria are also piloting a text message service to book appointments and order repeat prescriptions.

Cumbria's Population

Population Health and Inequalities

Cumbria's overall performance in a range of health and wellbeing indicators disguises significant inequalities in health outcomes. There is a 19.5 year gap between the wards with the highest and lowest life expectancies in the county, with life expectancy in some areas 8.4 years below the national average. Health outcomes in North Cumbria are poorest in Copeland and Carlisle whereas Eden and South Lakes have high levels of health and wellbeing. With the exception of Eden, all districts have problems around alcohol misuse. Poor mental health is also an issue for the county with incidences of neuroses, self-harm and suicide higher than those nationally.

Deprivation is particularly severe in the urban areas of Barrow and West Cumbria. 15.4% of children in the county live in poverty, below the national average of 21.3%, however in one ward in Copeland the percentage of children living in poverty rises to 49.2%. Although deprivation is most prevalent in Cumbria's urban areas there are also hidden pockets of deprivation in some of the county's most rural communities.

Population Profile

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.

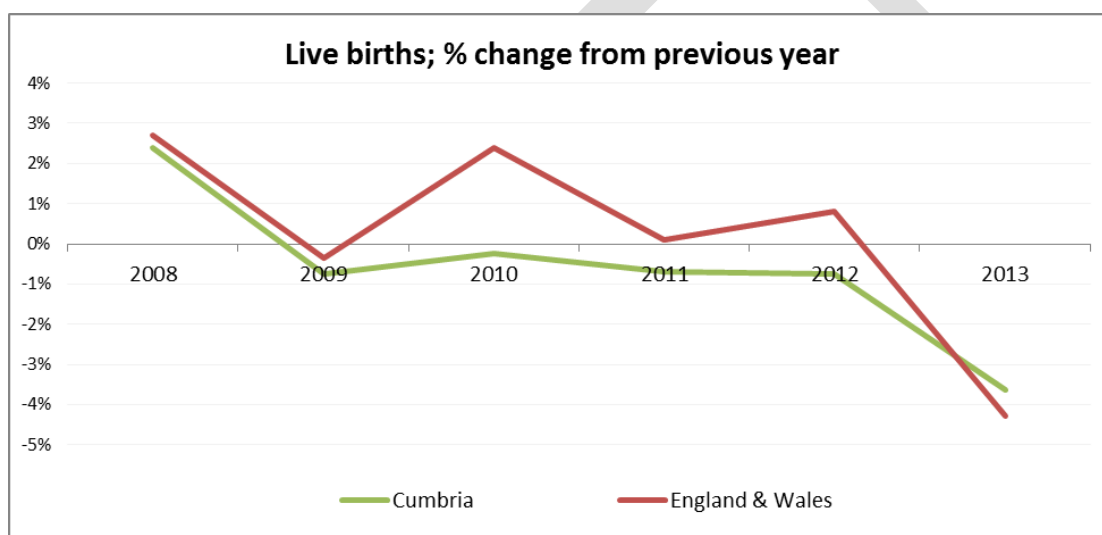
Usual Resident Population at Census Day 2011 by Broad Age Group

	No. Persons	% Persons		
	All Ages	0 – 15 years	16 – 64 years	65 + years
England & Wales	56,075,912	18.9	64.7	16.4
Cumbria	499,858	16.7	62.7	20.6
Allerdale	96,422	16.9	62.4	20.8
Barrow in Furness	69,087	17.8	63.5	18.8
Carlisle	107,524	17.2	64.3	18.5
Copeland	70,603	17.0	64.1	18.9
Eden	52,564	16.3	61.7	21.9
South Lakeland	103,658	15.3	60.4	24.2

Source: 2011 Census, Office for National Statistics

Birth Statistics 2007 - 2013

	Year	Cumbria	Allerdale	Barrow-in-Furness	Carlisle	Copeland	Eden	South Lakeland	England & Wales
Live Births	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
	2013	4,814	879	759	1,180	752	447	797	698,512



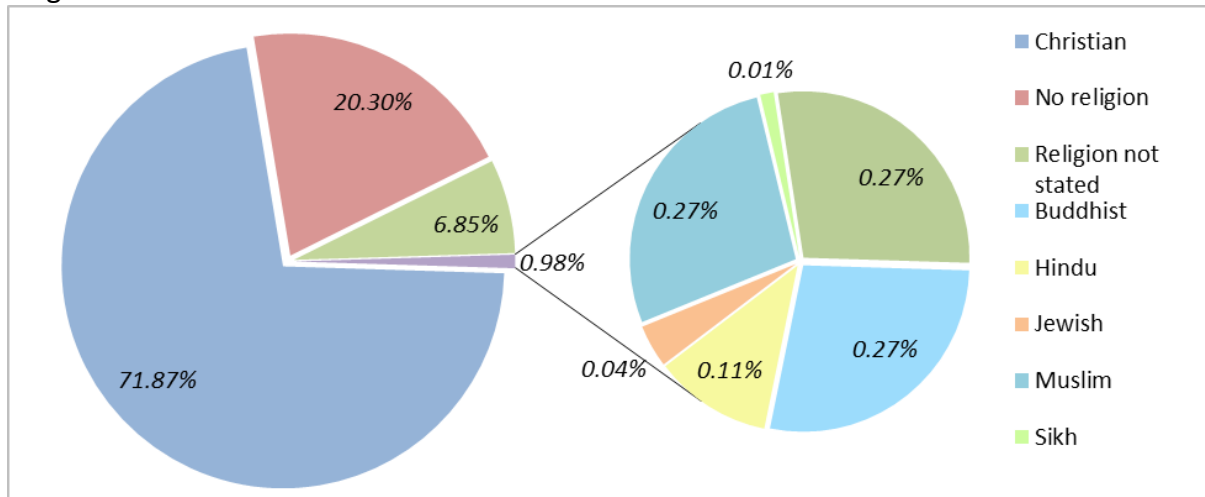
Projections show that by 2017 Cumbria will be the only county in England to have a decrease in population. By 2037 Cumbria's population is expected to decrease by approximately 5,900. Barrow-in-Furness, Copeland and Allerdale populations are expected to have the greatest decreases of all authorities nationally. While Eden, South Lakeland and Carlisle populations will show a slight increase.

The biggest decrease is expected to be in the 15 – 64 age range, while the only age range to increase in number is over 65.

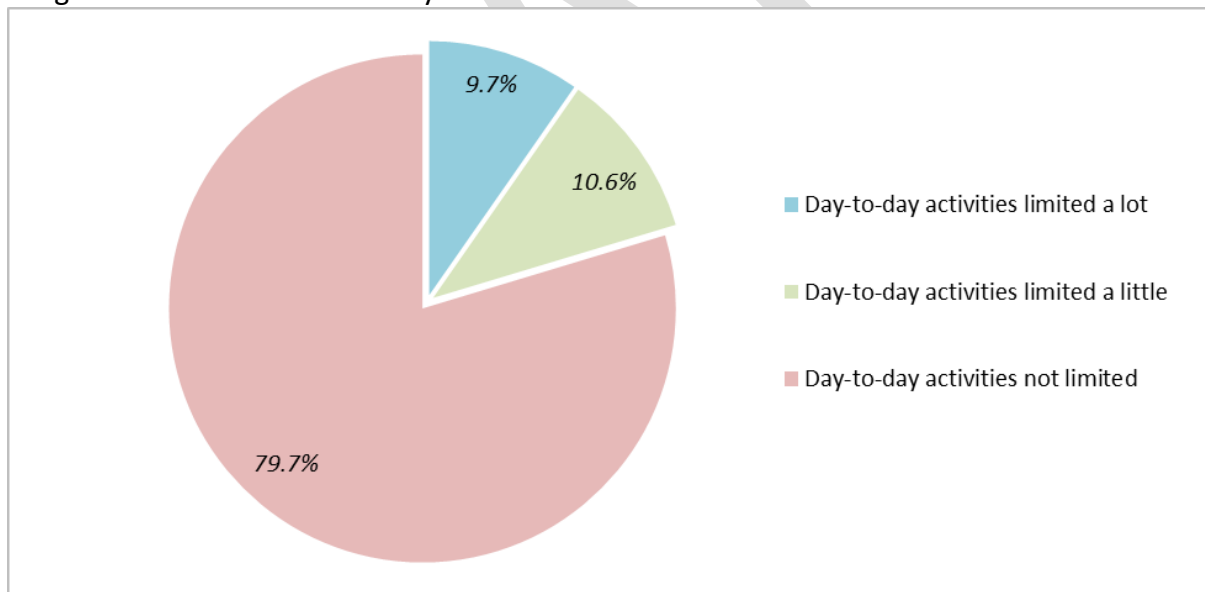
Additional Population Information

The diagrams below show a breakdown of the Cumbria population for religion and people with a disability or a long term condition:

Religion



Long Term condition or Disability



Further information on the population of Cumbria is available on the Cumbria Intelligence Observatory website. www.cumbriaobservatory.org.uk/Population/equality.asp

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