Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors

14th September 2011

(BDA/11/085)

The New Public Sector Equality Duties Consultation update 2011/2012

Status:	A Paper for Information
History:	

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Board of Directors Meeting

14th September 2011

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The New Public Sector Equality Duties 2011/2012 Update

1.0 Introduction

1.1 This paper sets out the principles that have informed the approach taken for the 3 month consultation with the public, patients and staff that will inform the development of Trust equalities objectives 2011/12.

1.2 This paper also includes the short consultation document and questions that will be used. The formal consultation will last between October-December 2011.

2.0 Principles

2.1 Finding evidence to set equality objectives could be done by only analysing health inequalities data and studies. There are existing health inequalities and inequities faced by groups within the local population that are easily identifiable and well documented. Local health inequalities, as set out in appendix 2 provide a useful benchmark. However, to develop meaningful and outcome orientated objectives the Trust must also understand the practical and real concerns of staff, patient and the public.

2.2 To develop outcome orientated objective, the consultation and engagement exercise will:

- Place a greater emphasis on gathering the views and experiences of patients and staff within different settings, where people will feel more comfortable readily sharing what good quality health care means to them.
- Capture individual and diverse experiences and stories by recognising that no individual is only defined by their ethnicity, age, gender etc.
- Proactively seek the views of groups who are least heard and vulnerable.

2.3 Across the Trust there are a significant number of drivers to sustain and make improvements in quality to both patient care and for our staff. The development of equality objectives should support the achievement of existing Trust priorities and will be directly aligned too the Trust Quality Strategy and NHS Outcome Framework. The principles that will underpin the Trust's Quality Strategy are:

Principle 1

*We will be the UK leader in reducing avoidable patient death or harm, and rank 'no.1' for in-patient experience across London**

Principle 2

We will demonstrate explicit board leadership, drive and commitment to patient safety and patient experience, placing it as the number one priority for patients and staff within GSTT.

Principle 3

We recognise the enormous benefits of community integration, and will ensure our safety and experience systems follow the patient's journey at all times.

Principle 4

We will ensure every member of staff is aware of their individual role and valuable contribution in achieving our quality objectives, aligning where possible to our Values Based Behaviours.

Principle 5

Care will be consistent and delivered with dignity and compassion, respecting the diverse and complex needs of many across our local community.

2.4 The equalities consultation questions designed to seek improvements in patient care will contribute to principles set out in the Quality strategy, with particular attention to principle 5.

2.5 The engagement and consultation will make best use of existing workstreams and where possible input directly into ongoing programmes of activity. There are a number of sub-groups and forums within the Trust that can contribute to the consultation. A small example of groups include:

- Improving Outpatient Experience
- Improving Inpatient experience
- Trust Joint Staff Committee – Equalities/staff survey action plan
- Trust Access steering group
- HR policy sub group
- Learning disabilities action group
- Nursing and Midwifery committee

2.6 The consultation will also pay due regard to the Trust's responsibilities to promote equality as an employer and how to ensure there is inclusive leadership at every level in the organisation. This will require engagement with staff on workforce issues.

2.7 The consultation and engagement exercise will recognise the importance of engagement with patients and the local community as a means to innovate and seek improvement.

2.8 Our local population is amongst the most diverse in the world. The benefits of that richness are seen within the patient profile and amongst our workforce. However, there are particular groups within the local population who suffer

from complex needs and multiple disadvantages who use Trust services regularly. Their voices and view will be actively sought during the engagement and consultation events. Those groups include:

- Homeless people
- Asylum seekers/failed asylum seekers
- People with complex drug problems

2.9 The Trust has a diverse and large workforce with huge reserves of knowledge, experience and understanding. For example, certain clinical specialities predominantly work with a particular population group, and understand how to make reasonable adjustments or understand cultural sensitivities. The engagement and consultation exercise must utilise the knowledge and experience of the workforce. Many of the answers to drive improvements and reduce inequalities will be found by engaging with staff. The engagement and consultation exercise will also seek to identify where there should be better cross fertilisation of expertise and knowledge within the workforce.

3.0 Consultation

3.1 The consultation will take account of the legislative equality strands, but will also consider individual needs of people with multiple identities. This is why the consultation and engagement period will need to be flexible in its approach. The diversity of our patients is reflected by the composition of local interest groups, who will have particular areas of interest and expertise. This should be recognised and utilised during the consultation.

For example, NICE defines adults who are disadvantaged and at high risk of premature deaths as:

- Those on a low income (or who are members of a low-income family): 3 in 10 households are headed by a routine or manual worker.
- Those on benefits: almost 2 in 10 Lambeth/Southwark adults depend on benefits.
- Those living in public or social housing.
- Some members of black and minority ethnic groups.
- Those with a mental health problem.
- Those with a learning disability.
- Those who are institutionalised (including those serving a custodial sentence).
- Those who are homeless: in 2008 there were an estimated 1,037 households who were homeless (in Lambeth alone) or living in temporary accommodation.

3.2 To be flexible, the consultations and engagement exercise will be undertaken using a number of different mediums and approaches. These will include:

- Online – intranet/internet led consultation
- Focus groups with key stakeholders
- Interviews with identified leads in key stakeholders

- Open staff event (in partnership with StaffSide)
- Visits from Trust staff into community settings
- Roundtables with professional interests

3.3 Below is an example of groups and forum where there will be direct engagement and consultation:

- African health forum
- Learning disabilities service users
- Larger national charities within Southwark and Lambeth
- MENCAP
- Stonewall
- Refugee Council
- Afiaya Trust
- Southwark & Lambeth CVS and associated third sector organisations
- Southwark & Lambeth LiNK
- Council of Governors – Trust membership
- GSFTH workforce
- GP consortia – Clinically led-commissioning
- Roundtable with statutory and third sector local partners - Socioeconomic and wider determinants of poor health
- Carers association
- Patients
- Trust Workforce
- Special Educational Needs schools
- Statutory partners
- Commissioning Cluster PCT – Especially public health
- Local authority – social care

Appendix 1

Draft consultation document

All public bodies have a requirement to set equalities objectives next year that will drive improvements in patient care and staff experience for all. To be able to set the best objectives, we need to hear your views.

At Guy's and St Thomas' Foundation Trust, we are set within one of the most diverse communities in the world. This is reflected in the profile of our patients and workforce. That diversity brings many benefits, but there are still inequalities that do affect the quality of a patient's care or the experience of staff.

We want to hear your views because:

- this is not about writing a strategy or designing a new process. Your experiences will help us to outcomes that will drive improvement that we will measure and publish.

- we can learn from you how to reduce inequalities and better utilise the benefits that diverse experiences and backgrounds bring

- it is sometimes easy to categorise people as only a 'health condition' or an 'equality group'. Two Caribbean males with a disability can obviously have very different needs. We want to hear diverse experiences and suggestions to support us to offer more personalised care.

- we know some groups do suffer from greater health inequalities, have difficulty accessing services or are under represented in certain professional groups.

- By listening to your ideas and experiences, we better understand how factors like income, housing or education also play a role in widening inequalities.

- you will also help us to achieve principle five in our Trust Quality Strategy 2012/13. We want to ensure '*Care will be consistent and delivered with dignity and compassion, respecting the diverse and complex needs of many across our local community'*

The equalities legislation asks us to consider whether public services meet the needs of people regardless of their

- Ethnicity
- Race
- Gender
- Age
- Religion/belief
- sexual orientation
- or if they have a disability.

But people can also have very specific needs that depend on other factors, such as where they live. Or trouble with reading or writing that don't fit neatly into a category under equalities legislation. They are worth considering if we want to set equalities objectives that help us to offer personalised care and to show that staff are valued.

For example:

- Understanding the needs of teenage mothers
- Supporting adults with caring responsibilities for both children and parents
- Ensuring dignity and respect for older gay men and women;

Please take this into consideration when you share your thoughts and ideas.

5. We want to make sure that we offer every patient safe and effective care, irrespective of their background.

How can we ensure you or a particular group are given safe and effective care? You might want to consider how we can improve:

- Access
- Communication and information
- How staff can better understand and respond to your needs
- personalised care

What are your top 5 priorities? What do you want the Trust to set as an outcome that can be measured with results published each year?

2. We want to ensure that patients receive a positive experience of the care, regardless of their background. How can we make sure that patients have a positive

experience at the Trust, both within the hospital and in the community? You might want to consider how we can improve:

- Access to care
- How we can improve communication and information
- How staff can better understand and respond to your needs
- What does personalised care mean for you

What are your top 5 priorities? What do you want the Trust to set as an outcome that can be measured with results published each year?

3. We want to have an inclusive workforce and leadership, where staff feel valued, empowered and respected regardless of their background. What are the current challenges and how can we make improvements. You may want to consider:

- Progression

- Opportunities
- Organisational change
- Behaviours

What are your top 5 priorities? What do you want the Trust to set as an outcome that can be measured with results published each year?

4. Are there staff groups who would welcome a discussion and visit? If there are, please let us know.

5. Are there any community groups or charities that you would want someone from the Trust to visit? If there are, please let us know.

Your ideas, thoughts and suggestions will not only help us to set Trust wide equalities objectives that are published publicly in April 2012. We will make sure that good ideas or calls for action are picked up by the most appropriate team or person

Appendix 2

Equality and equity Health profiles and demographics in Lambeth/Southwark

Demography

Lambeth

Lambeth is an inner London borough comprising 21 wards located in six town centres, North Lambeth, Stockwell, Clapham, Brixton, Streatham and Norwood. The Office for National Statistics (ONS) estimates the resident population in Lambeth in 2007 at 273,249 (mid-year estimates) compared to the Greater London Authority (GLA) estimates of 286,893 for 2008. The General Practice registered population in March 2009 was 352,762. This significant difference in population predictions needs to be taken into account when analysing health inequalities.

Lambeth is one of the most densely populated boroughs in the country with a rapidly growing population. The GLA estimates the resident population in Lambeth will increase by over 15% to 327,000 by 2030. Southwark Southwark's population is expected to continue to grow over the next two decades. The Office for National Statistics (ONS) projects that by 2029 Southwark's population will be 294,200, a 12 percent increase, some 1,300 people per year.

The Greater London Authority (GLA) PLP (Post London Plan) predicts much greater growth with a Southwark 2029 population in the range 360,200 – 373,400. The PLP predicted growth (between 35% and 39%) is some three times the ONS estimate and represents an average annual increase of around 4,000 people.

In 2006, there were 269,000 Southwark residents, just over half of whom male (50.7%). Figure 2.2 compares the age and sex distribution of Southwark's population with that of England and Wales.

Age

Southwark has a young population with four in five people aged under 50 years against two thirds in the national population. Southwark has proportionately higher numbers under the age of ten and aged 20 to 50.

Lambeth's population is a young population, with 45% in the age group 20 - 39 years compared with 36% in London for the same age group.

Ethnicity

A third of patients registered with a GP in Lambeth are White British and one quarter is from black ethnic minority groups. Over half of the registered patients speak English and the next most common languages spoken are Portuguese (3 - 5%), Spanish and French.

Southwark has a diverse, multi-ethnic population with just over half of the population (52.2%) describing themselves as White British – a much lower percentage than is found in London or England and Wales. Consequentially, compared to England & Wales (2.3%) and London (10.9%), a higher percentage of Southwark's population is Black (25.9%) The largest minority ethnic groups in Southwark are Black African (16.1%) and Black- Caribbean (8%). The Asian population in Southwark is comparable to that of England & Wales, a third of the all-London average.

Migration and population movements

Migration movements in Lambeth both international and inter-regional are at the centre of demographic changes. Between 2005 - 07 both inflow and outflow from London have risen. The overall population turnover in Lambeth represents 27% of the local population.

Short term migrants defined as “migrants coming to Lambeth for a duration of 1 month to 12 months” were estimated at 17,770 for 2007 representing 7% of the Lambeth population (lower than the average of 9% for Inner London).
Southwark

From International Passenger Surveys, ONS estimated a net international migration gain in Southwark of 5,200 between 2005 and 2006. This figure included 110 migrants to the Republic of Ireland, an additional 120 asylum seekers and an additional 690 visitor switchers (short-term visitors, extending their stay beyond 12 months).

There are other sources of data. ONS hold data of GP patient registrations at postcode level. Between 2005 and 2006, 9,900 people previously living outside the UK registered with a Southwark GP (called „Flag 4" records held by NHAIS). Department for Work and Pensions (DWP) records show that in 2006 and 2007, 9,700 non-UK nationals living in Southwark registered for a National Insurance number.

Social and Economic profile of Lambeth
Southwark In the most recent IMD (2007, using 2005 data) Southwark borough ranked 26 against 354 local authority districts within England, and ranked 9 within London"s 33 boroughs. Four years earlier Southwark was ranked 17 nationally; and 6 within London. Therefore on this measure, on London and national rankings, Southwark is showing an improvement. IMD values for LSOAs show that Walworth, Camberwell Green, Peckham, Rotherhithe, South Bermondsey, Livesey, and The Lane and Nunhead wards are within the most deprived ten percent in England. They are located in East Southwark. In 2007 on average, full time working men in Southwark earned £576 per week, less than the London average (£596), by contrast women in Southwark earned £27 more than the London average of £506. Southwark’s employment rate is below that of England, in 2005/06 two-thirds of Southwark’s working age population were employed compared to around three quarters for England. In May 2007, just over 32,000 Southwark working-age residents claimed one or more Department for Work and Pensions (DWP) benefits. Incapacity Benefits made up the largest proportion of this total, followed by Lone Parents and Jobseekers Allowance (JSA). As a proportion of the resident working age population, 16.9 percent of the Southwark working age population claimed one or more benefits, several percent above the average rates for London and Great Britain. Lambeth

The employment rate in Lambeth has remained lower than London and England for the past 3 years reaching 69.4% in early 2009 compared to 70.5% for London and 74.5% for the rest of England. Lambeth has the lowest level of employment amongst the London boroughs.

Despite the relatively high level of skills available in the borough, there are also high proportions of economically inactive people living here, and among those adults seeking jobs, 21% have no qualifications.

Lambeth records 25% of users of community mental health services in employment from 2006-07 data, compared to the London value of 14.6% and an England average of 20%.

Unemployment is becoming more common as measured by the Job Seekers Allowance (JSA) claimant count. There were 9901 claimants in March 2009 compared to 7,216 a year before.

The proportion of resident working age people who claim Job Seekers Allowance is higher in Lambeth than in London or Great Britain (5% compared to 4%).

Unemployment affects mainly those with low or no qualifications.

Fifteen percent of working age people received out of work benefits in 2008. This figure includes the main out-of-work client group categories: unemployed people on Jobseekers Allowance, Lone Parents on Income Support, Incapacity Benefits customers, and others on income-related benefits.

One in twenty Lambeth residents lives in fuel poverty spending over 10% of their income to maintain a warm home (Source: State of the Borough).

Almost 2 in 10 Lambeth adults depend on benefits.

One in 3 children in Lambeth lives in a family on key benefits compared to 24% in London.

More children live „in care" in Lambeth than across the capital and the rest of the country (110 per 10,000 children under 18 were Looked After, compared to 70 in London and 55 in England).

Almost 4 in 10 secondary school pupils are eligible for free school meals, the fifth highest proportion in England.

Educational Attainment

Lambeth

Lambeth GCSE results have been improving steadily and between 1996 and 2006, the gap between Lambeth students and those in England gaining 5 or more A - C grades reduced from a 20 percentage point lag to just percentage points behind the national average score.

The achievement gap between pupils eligible for free school meals and their peers at GCSE level was 12% in 2007. The achievement gap at Key Stage between children who are eligible for free school meals and those who are not, is less than is recorded across London and England

Southwark

In 2005/06 at least 30% of pupils in all Southwark schools achieved five or more GCSE grades A*–C in 2005/06, a higher rate than England. However, there is still some way to go to improve grades at Key Stage 3 to reach targets in English, Maths and Science.

Compared to the rest of Great Britain more Southwark residents have higher qualifications (36.5%). There are more people in the borough with no qualifications – a third more than both the London and Great Britain average.

Infant Mortality

A national review of infant mortality (DoH 2007) showed that rates tended to be higher in Local authority areas with the worst health and deprivation indicators (e.g.

Spearhead local authorities) babies of mothers born outside the UK (e.g. Pakistan, Africa or the Caribbean) babies of mothers aged under 20 years (60% higher than the rate for mothers aged (20 to 39) Both Lambeth and Southwark demographic profiles reflect these characteristics.

Premature Mortality from CVD and the Risk Factors
Lambeth

In Lambeth in 2007 there were 453 deaths caused by CVD. Over half of these deaths were in men (51.6%). Overall 4 in 10 CVD deaths occur in under 75 years old (37.2%).

Death from all circulatory diseases in under 75 years old population is more likely in Lambeth than in England, even after adjusting for difference in age structure.

It is also more common in women than men, while it is the same for men and women in England.

Southwark

The mortality rate for CVD is higher than the national average and rates are particularly high in some parts of Southwark

One in ten of adults in Southwark have diagnosed hypertension

Only half of the expected patients are diagnosed

Prevalence is highest in Peckham and Camberwell PBC group, which has the highest proportion of black ethnic groups and highest deprivation.

The age adjusted prevalence for CHD is low, indicating under detection of the condition.

Some of the individual level factors which affect the risk of premature deaths from CVD cannot be changed: increasing age, male sex, heredity including race. Risk factors relating to equality and equity

Tobacco consumption - smokers are 2 - 4 time more at risk of CVD than non smokers - and high level of alcohol consumption.

• High cholesterol.
• High blood pressure.
• Physical inactivity.
• Overweight or obesity.
• Diabetes mellitus – especially if poorly controlled.

These factors are themselves influenced by the place the person has in society, her/his socioeconomic status and access to primary care services. Ethnic minority populations may not be aware or understand the way services work in the NHS.

Premature Mortality from Cancer
Lambeth

In Lambeth there were 126.12 (2005 - 07) per 100,000 persons under 75 years old dying from cancer in 2005 - 07.

Overall there has been a 20% reduction in deaths from cancer in Lambeth (2005 - 07), with deaths for males reduced by 19% and for females by 20%.

Southwark

Incidence and mortality for lung cancer are significantly higher for Southwark compared with London and England

Mortality for prostate cancer is lower than London or England

Southwark has a higher incidence of cervical cancer compared with Lambeth and Lewisham. However when compared to other cancers the numbers are small – an average of 13 new cases per year. Risk factors relating to equality and equity

• Tobacco.
• Alcohol.
• Poor diet, lack of physical activity, or being overweight.
• Increasing age.
• Lack of cancer awareness.

Mental Illnesses

While mental illness is not a main cause of excess premature deaths in Lambeth, people with mental health problems are at high risk of CVD, diabetes and other physical health problems. Therefore, premature death in people with mental health problems is very likely.

GP records suggest about 4,000 people with severe mental illness (schizophrenia and bipolar disorder - SMI) are known to primary care in Lambeth. National research suggests about 0.5% adults may have SMI. Across the country this would vary widely. However, the figure from Lambeth GPs is about three times the national average.

National estimates suggest about 15.1% of adults over 15 years have symptoms of Common Mental Disorder at any one time. In Lambeth this equates to between 30, 000 to 53,000 people aged 16 – 74 years and at least another 1000 cases over 75 years at anyone time . About half of this group would benefit from some form of treatment such as talking therapy.

In Lambeth, similar to the national picture, deaths from suicide and possible self-inflicted injury have gradually decreased over the last 10 years. During 2004 - 2008 an average of 23 deaths a year were attributed to these causes in Lambeth (8.65/100,000 population; similar to the London average of 8.3/100,000). This is down from 33 deaths a year in 1995 - 97. Southwark

mild mental disorders affect approximately one in six adults in the population, accounting for one in four consultations with GPs

<ore severe but less common conditions such as schizophrenia, affect approximately one in a thousand people

Southwark has statistically significantly higher rates of hospital admissions under general psychiatry than the national average. Risk factors relating to equality and equity:

- Low income households.
- Socioeconomic deprivation, including long term unemployment.
- Gender and ethnicity depending on the type of mental health problems. For example in women all CMDs (except phobias) are more common amongst the Asian group.

Disability

18 percent of all adults nationwide have a physical or sensory disability and three percent have a severe disability. Locomotor disability is the most common. 23,600 people of working age are disabled in Southwark, almost 20,000 in terms of the Disability Discrimination Act There is a strong association between disability and poverty; only 30 percent of disabled
people are estimated to be employed. There is evidence that benefits designed to help people cope with their disabilities are under claimed.

The majority of people appear to manage their condition independently with the help of health care services and benefits. Council, health and social care services need to actively support this independence and shift towards more preventive strategies.

HIV

HIV continues to be a major public health problem. In 2007 the estimated UK number of people living with HIV was 77,400, with over a quarter (28%) being unaware of their infection. London accounts for half of diagnosed HIV infections (HPA 2008). Lambeth is by far the worst affected borough in the UK accounting for 9.7% of the London and 4.3% the UK caseload.
Risk factors include**:**

• Sexual behaviour (unprotected sexual intercourse, multiple, sexual partnerships) and concurrent sexually transmitted infections.
• Disadvantaged and marginalized population groups.
• Intravenous drug use.

Black African heterosexuals account for the second most affected group in Lambeth. Twelve percent of Lambeth's population is estimated to be of Black African ethnicity. Black African heterosexuals are particularly affected by poor health outcomes associated with late diagnosis; 40% of new diagnoses continue to be diagnosed late over recent years. While HIV infections among MSM are largely acquired within the UK, the majority of infections in heterosexuals are thought to be acquired abroad, largely in Sub-Saharan Africa.

Smoking

Nationally, one fifth of all UK deaths (112,000 per year) are caused by smoking: Lambeth and Southwark

Smoking in pregnancy is a major modifiable risk factor of low birth weight. Based on data collected from the local acute trusts, 5.7% (2007 / 2008) of pregnant women report to be a smoker at the time of delivery.

People with mental health problems are also more likely to smoke than the general population. The rate of smoking in people with schizophrenia is two to three times that in the general population (high number in Lambeth and Southwark*).*

There are large differences between ethnic groups and between men and women in different ethnic groups (even after adjusting for age structures).

The proportion of the smoking population declines with age both because people give up and because smokers die younger.