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A) Summary of the Cambridgeshire Community Services Equality Assurance Report

The Cambridgeshire Community Services NHS Trust Equality Assurance Report explains how the Trust is advancing equality of opportunity, tackling discrimination and fostering good relationships between different community groups. It also covers what the Trust is doing to support equality of opportunity within its workforce.

The Trust’s approach to its Public Sector Equality Duties (PSED) has been, and continues, to be developed in collaboration with our workforce, our external partners and stakeholders from the statutory, voluntary and community sectors. The governance structures that are in place reflect this. Further, as required by the Strategic Health Authority: NHS Midlands and East (SHA), the Trust is implementing the NHS Equality Delivery System as the framework that lies behind this requirement.

This report is compiled in accordance with the requirements identified by the SHA. It gives a summary report of the Trust’s current compliance with its PSED. To date, the Trust has collated evidence of its approach to its PSED, both for the services it provides to the public and for the workforce.

The evidence was presented to the Cambridgeshire & Peterborough Grading Panel on 12th January 2012 and their feedback will contribute to the development of the Trust’s Equality Objectives. The Panel’s view is that the Trust has made progress in developing its approach to all elements of equality and in some areas the Trust is achieving the required standards. However, the Trust recognises that there is still much to do if service users and staff are to experience true equality of access and experience, regardless of any of the Protected Characteristics groups. Please note that as the Trust provides services for two commissioning areas, the same process will be followed in the second, Luton, however, the panel date is still to be confirmed.

The Trust intends to publish its agreed way forward, including the Equality Objectives, as a full Equality strategy by 6th April 2012; this document will supersede its previous strategy, the Single Equality Scheme, 2009 – 2011.

The Strategy will be published on the public web site in due course.

B) Equality and the Cambridgeshire Community Services NHS Trust Workforce

The Trust’s Workforce data is published on the Trust website. This contains such information as the numbers of staff in post, leavers, recruitment, disciplinary and grievance cases, promotions and learning and development. It contains analysis of age, gender, disability, sexual orientation, religious beliefs and ethnicity.

The workforce data is collected via a range of systems, including information collected at application, on recruitment, at application for training, at application for promotion, and at access to some policies/ procedures and benefits.
Analysis of the data identifies no significant gaps or trends. This scrutiny does and will continue on a quarterly basis through existing mechanisms. The Trust is mindful however, that it needs to further develop its monitoring and scrutiny to ensure data is collected for all Protected Characteristics and that the outcome of this work is published accordingly.

C) Equality performance monitoring

As well as the workforce data described above, the Trust asks each individual service user or their carer for details about their age, gender and ethnicity. At present, other protected characteristics are collected where applicable to specific services e.g. maternity/parenthood for the health visiting services. The Trust is mindful of its need to further develop its monitoring systems to ensure data is collected for all the Protected Characteristics and ensure that this data is then analysed and acted on in order to reduce health inequalities. In addition, the Trust will ensure that this information will be published as required.

D) 2012 Public Sector Equality Duties Objectives

By April 6th 2012, the Trust will publish its Equality Objectives for the period 2012-2016.

The Trust must submit its evidence against the criteria for the Equality Delivery System to scrutiny within its two commissioned areas, Cambridgeshire & Peterborough and Luton. A unified organisational approach was adopted. Therefore the Trust’s evidence demonstrated a corporate approach in terms of its systems and processes. In addition examples were given which were spread across the organisation which demonstrated not only good practice, but also the differences in terms of population need and therefore service delivery.

Cambridgeshire & Peterborough: the EDS Grading Panel for this area took place on 12th January 2012. There was robust scrutiny of the evidence presented. The valuable feedback gained will contribute directly to our objective setting.

Luton: the same evidence will be presented to the Luton EDS Grading Panel. The date of this panel is yet to be confirmed.

To date, feedback from engagement events, questionnaires and the Equality Delivery System Grading Panel have identified several factors which will be used to develop Equality Objectives:

1) Expand the Trust equality monitoring systems to ensure data is collected for all Protected Characteristics for service users and the workforce;
   a. Ensure that this data is analysed and acted upon to contribute to the reduction of health inequalities.

2) Improve and develop the Trust’s engagement with patients, service users and the wider community;
   a. Ensure that the result of this engagement leads to the fostering of good relations and also information gained is acted upon to contribute to the reduction of health inequalities.
3) Further develop and embed equality and diversity awareness and improvement in all aspects of the Trust’s approach and business.

E) Key Health Inequalities which will be addressed in 2012/2013 (including Protected Characteristic Areas)

Protected Characteristic areas can be identified throughout these key health inequalities. No group is excluded. The Joint Strategic Needs Assessments from which these inequalities are identified are divided by age, but this is a convenient division rather than to imply that other protected characteristics are excluded. It should be noted that where a health inequality appears to be greater for a specific group this is shown in the description given.

The key health inequalities that will be addressed in 2012 -2013 are:

Cambridgeshire:

- **Children & Young people**
  - Unhealthy weight children (Reception to Year 6): all areas but particularly Fenland and East Cambridgeshire for Reception classes; (age)
  - Teenage conceptions – in particular Fenland and Huntingdonshire; (age)
  - Emergency admissions to hospital in Fenland and Huntingdonshire;
  - Child mortality from accidents – Cambridgeshire’s rate is higher than the England average. (age)

- **Adults:**
  - Continue to contribute to improving life expectancy;
  - Continue to contribute to improving the health of people who experience significant poverty;
  - Where indicated, contribute to the reduction of mental ill health in adults of working age, specific geographical areas e.g. Fenland, specific population groups: Homeless, Travellers and prison populations, migrant workers and black and minority ethnic communities. (includes race and ethnicity)
  - Contribute to reducing health inequalities for Gypsies and Travellers (specific race and ethnicity)


Luton:

- **Adults:** (all Protected Characteristics)
  - Contribute to the improvement in life expectancy;
  - Contribute to reduction in respiratory diseases;
o Contribute to the reduction in premature cancers;

o Increase the number of people presenting for help and support of drug and alcohol behaviours;

o Contribute to care of people with dementia, particularly in the BME communities; (race and ethnicity)

o Reduction of diabetes prevalence in the BME communities. (race and ethnicity)

- Children and young people: (all Protected Characteristics)

  o Contribute to reducing child poverty and its impact on ill health;

  o Care of children living with chronic illness, special needs and where appropriate to mental health problems; (disability)

  o Contribute to care of children with pre-school conduct and behaviour problems where appropriate;

  o Contribute to reducing infant mortality;

  o Contribute to reducing perinatal mortality;

  o Contribution to reducing prevalence of obesity;

  o Contribution where appropriate to children aged 5 – 10 years old with mental health disorders; (age)

  o Contribution to safeguarding of children;

  o Contribute to care of young people with drug and alcohol issues;

  o Contribute to improving physical activity in children and young people.

(Source: Luton JSNA 2011: http://www.luton.gov.uk)

Peterborough:

Please note:

a) The most recently published 2007 Joint Strategic Needs Assessment for Peterborough forms the basis of this section.

b) The Trust is commissioned to deliver adult health care only. Therefore this is reflected in the Key Health Inequalities listed below.

- Contribute to reducing the health inequalities of the homeless community in Peterborough, specifically noting those aged between 16 -24 years old; (age)
- Contribute to the reduction in the prevalence of obesity in the adult population; (age)

- Contribute to the reduction of smoking-related conditions; (age)

- Contribute to a reduction in illicit drug use
  - Age-related for 16-24 years old;
  - Gender related: Men reported higher levels of lifetime, past year and past month, use of any illicit drugs and Class A drugs compared to women in 2005/06; (gender)
  - Unemployed respondents reported higher levels of cocaine powder use in the previous year (5.0%), more than double compared to either those in employment (2.4%) or those who were economically inactive (2.2%).

- Contribute to reduction in domestic violence (age and gender);

- Contribute in reduction to the drinking of alcohol that impact on health and well-being (age and gender);

- Contribute to the improvement of health care for the elderly with particular reference to dementia (age);

- Contribute to support given to carers of people from all age groups (all Protected Characteristics);

- Contribute to the improvement of life expectancy (age, gender);

- Contribute to the treatment and control of Tuberculosis (TB) (Race, ethnicity);

- Contribute to the reduction in obesity (all Protected Characteristics).

(Source: Peterborough JSNA 2007: http://www.peterborough.nhs.uk/)

F) Good practice in relation to the implementation of the Equality Delivery System

The Trust has implemented an Equality Delivery System Steering Group, with Executive leadership and organisation-wide leads for HR and Operations supported by a Project Manager and Communications Support. A project plan is in place which supports regional and national timeframes for implementation.

As a result of its new duties under the Equality Act, the Trust has and is expanding how it engages with all its stakeholders.

a) Patient and stakeholder engagement:
The Trust’s approach to patient and public engagement is to use existing mechanisms as well as develop new ones where necessary. The Trust recognises that this is an area that requires further focus and development.

For the implementation of the EDS framework:

- 500+ service users were invited to give their views about key concerns relating to equality. At the same time, the Trust invited them to provide it with equality data so that the Trust can cross-analyse where there are gaps or evidence of best practice.

- 1400+ Foundation Trust members were also invited to give their views about key concerns relating to equality in a similar way.

- The questionnaire has also been published on the Trust public website and a FREEPOST address provided for sending the responses to the Trust.

- The Trust website has been updated with information regarding the Trust’s commitment to equality which will be demonstrated through implementation of the new NHS Equality Delivery System. This approach will include invitations to upcoming Equality Delivery System engagement events.

- Foundation Trust members were invited to the EDS Grading Panel on the 12th January 2012 in Cambridgeshire.

All responses are being collated and analysed. The feedback will be used to develop the detail of the Equality Objectives.

During February 2012, the Trust has been invited to local LINks and Patient Involvement Groups to discuss its equality work. Feedback from discussions will further inform how the Trust achieves its Equality Objectives. In future months, the Trust plans to contact community groups and stakeholders with a questionnaire and offer of a presentation to consult on the creation of the Equality Objectives.

The Equality Strategy will detail how the Trust will embed the EDS and the plans for future Trust engagement events.

Workforce engagement

- The Trust intranet has been updated with information regarding the Trust’s commitment to Equality Delivery System. It includes open invitations for staff to upcoming engagement events.

- Staff-side and members of the Trust Equality Network were invited to the EDS Grading Panel on 12th January 2012.

- Presentations to the Executive / Senior Management and Leadership teams are planned for 17th January 2012 to consult on the development of the draft objectives.
G) Governance arrangements for the monitoring and grading of the Equality Delivery System (Equality Delivery System) goals and objectives

H) Workforce and community engagement structures for the monitoring and grading of the Equality Delivery System (Equality Delivery System) goals and objectives

a) Workforce: the workforce governance structure is outlined in section G. Engagement is undertaken via discussion at the staff consultative forum, and members of Staff-side and the Equality Network for the Trust (across Cambridgeshire, Peterborough and Luton) were invited to the EDS Grading Event on 12\textsuperscript{th} January 2012.
b) Community Engagement structure: Cambridgeshire & Peterborough

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Community Engagement

Cambridgeshire & Peterborough

NHS Cambridgeshire
Cambridgeshire Community
Other NHS provider
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b) Community Engagement structure: Luton

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Luton Community Interest Group

Luton Equality Delivery System Implementation Group

NHS Luton
Cambridgeshire Community Services NHS Trust -Luton
Other NHS provider organisations e.g. Luton & Dunstable Hospital
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I) Risk areas to the delivery of the Trust’s Equality Assurance and objectives.

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<th>Risk to Delivery of the Trust’s Equality Assurance and objectives</th>
<th>Proposed Resolution/Action</th>
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| That communication and engagement activities around the equality agenda are not sufficient, due to competing priorities, to demonstrate genuine engagement and/or produce enough data to determine the Trust’s priority objectives. | • Communication:  
  o Both internet and intranet updated with information published regarding the Trust’s commitment to Equality Delivery System.  
  o Awareness-raising presentations to the Executive / Senior Management and Leadership teams planned for 17th January 2012.  
  o Staff-side and Foundation Trust members invited to Grading Panel on the 12th January 2012.  
  o Initial messages cascaded to all staff via internal communication cascade with managers required to ‘translate and cascade’ to all staff. Regular messages will be incorporated into the Trust’s internal communication mechanisms  
  • Engagement:  
  o Patient views gathered via equality and diversity surveys – 500+ patients contacted in Luton in November 2011.  
  o The views of 1400+ Foundation Trust members invited via equality and diversity surveys in December 2011 / January 2012  
  o Presentation to local LINks and Patient Involvement Groups planned for January/February 2012 to seek their engagement in setting priorities.  
  o A long-term communication and engagement strategy in development, embedding Equality Delivery System and equality in |
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<th>The risk that competing priorities and pressures will detract focus from equality assurance.</th>
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<td>The board and executives have stated their commitment to the achievement of the Trust’s Public Sector Equality Duties and implementation of the Equality Delivery System.</td>
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<td>o The EDS Steering Group has been commissioned and implemented. The Executive lead (Chief Nurse) in conjunction with organisation-wide leads for HR and Operations are leading the implementation of EDS. A Project Manager has actively supported the work of the steering group.</td>
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<td>o Clear governance and reporting structures are in place to ensure achievement of the Trust’s Public Sector Equality Duties and delivery on the Equality Delivery System.</td>
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<td>o An Equality Strategy, under development (January 2012), will ensure that the importance of equality and diversity is further embedded in all aspects of Trust business, both for workforce and service delivery.</td>
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