

Equality Data Summary

NHS Trafford

Introduction

NHS Trafford presents the following equality data summary in order to provide an overview of how we are responding to the Equality Duty, requiring the primary care trust (PCT) to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives.

The Equality Act 2010 Specific Duty requires public bodies to:

- Publish information to show their compliance with the Equality Duty, at least annually; for its employees and other persons affected by its policies and practices.
- Set and publish equality objective, at least every four years.

The PCT presents the data summary to demonstrate compliance with the General Duty:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Equality Performance Improvement Toolkit

As a PCT we have used the NW regional framework Equality Performance Improvement Toolkit (EPIT) for consistent measurement of our status for equality outcomes. EPIT is a SHA standard and a comprehensive health equality check. When we carried out our second EPIT appraisal in July 2011 we found the PCT to be a developing organisation using data sources such as Census data from Trafford Council, Office for National Statistics mid term population data, GP practice registered patient list information, hospital activity data form Acute Hospital Trusts (Trafford, South Manchester and Central Manchester), Trafford Provider Trust and mental health providers (Greater Manchester West and Manchester Mental Health). The PCT also monitors patients using NHS Complaints Process and the PALS service.

For NHS Trafford's EDHR performance in 2010 using the [EPIT](#) process, follow the links for:

- [EPIT consolidated PCT](#) scores

- [EPIT consolidated Provider](#) partner scores.

Further information can be obtained at <http://www.epit.northwest.nhs.uk/>

Equality Delivery System

The Equality Delivery System (EDS) is the new national NHS tool for improving EDHR it replaces the regional EPIT tool and was launched in October 2011. NHS Trafford has signed up to and is working with local providers and Trafford Clinical Commissioning Consortia to ensure a consistent and sustainable approach to deliver the 4 goals and 18 outcomes of the EDS.

The EDS 4 goals:

1. Better Health Outcomes for all
2. Improved patient access & experience
3. Empowered, engaged & well supported staff
4. Inclusive leadership at all levels

We intend to use the EDS to encapsulate our learning around equality data to support the continued improvement of Trafford equality data analysis and usage through the NHS reform. The biggest contribution we can make in the first instance in NHS GM is to embody the best of the accumulated expertise and best practice from all 10 PCTs across the GM Cluster and their 12 provider Trust partners. We wish to use this collective EDHR expertise and influence to shape, embedded and develop Clinical Commissioning Groups (CCGs) and Health and Well Being Boards (HWBBs) in order to ensure best practice and full compliance with both General and Specific Duties.

Trafford will publish its EDS audit grade and improvement objectives and action plan in April 2012.

Joint Strategic Needs Assessments (JSNA)/ Info Trafford

NHS Trafford is leading and supporting the development of the new JSNA. This new document will be electronic and allow for constant updates of EDHR data which is a considerable improvement. The new electronic format is a work in progress and has included in the development stage an analysis of the best available evidence of EDHR and the protected characteristic groups (PCGs), local, regional and national. Gaps in EDHR and PCGs data will be resolved as part of the JSNA improvement. The JSNA can be found at <http://www.infotrafford.org.uk/jsna>

Info Trafford is a new web based data observatory being developed that will hold information about the communities of Trafford including the JSNA. NHS Trafford and Trafford Council are working to ensure that EDHR data is included to allow a single point of access to local, regional and national EDHR data. It is our intention that the data be accessible and easily understood by policy makers and the general public, and provide an overview of both qualitative (e.g. statistics) and quantitative (e.g. engagement) information about the PCGs in the Trafford area. A single locality of EDHR data will also support the development of equality objectives, for existing and the newly emerging health organisations and structures.

<http://www.infotrafford.org.uk/>

Engagement

From the work undertaken in the EPIT and EDS tools Trafford PCT recognises that improvement in our engagement working is necessary. All formal engagement undertaken by the PCT considers all the PCGs issues when possible. We aspire to have engagement processes that are sustained, informed and meaningful for PCT staff and for the PCGs of Trafford. We have been working with Trafford Council and Trafford Partnership to enhance existing EDHR engagement structures which has led to the development of Diverse Communities Group to the Diverse Communities Board. NHS Trafford is a member of the board and will be working to support the board's continual development and alignment with the new health structures such as the Health and Well being Board. The Diverse Communities Board is intended to be a single point of access to a large proportion of PCGs and act as a conduit to groups that may be perceived as hard to reach. We work to ensure that all our engagement is inclusive and fully representative of PCGs and vulnerable groups in the Trafford area.

Patients, members of the public and community groups are engaged with on an ongoing basis to ensure that they are able to have their say about local health services.

'A new health deal for Trafford' is the project that is working to review and redesign local hospital and wider health services, and local people are being enabled to give their views as part of this process through dedicated listening events, at meetings, in community groups, via online surveys, telephone polls, or simply by contacting the PCT's engagement team directly.

Seldom heard groups who have been specifically targeted for this project include:

- Asian men
- Carers
- People with mental health issues
- Parents and young families

The organisation works closely with neighbourhood forums and local partnership groups to ensure that communities in various geographical areas across the borough have an equal say, and special interest groups are also closely linked to engagement work at the PCT, such as: the Maternity Services Liaison Committee, Patient User Partnership (cancer), Trafford Local Involvement Network (LINK).

NHS Trafford has undertaken work to also ensure that members of the public and patients are at the forefront of commissioning decisions and have developed ways in which public representation is available in key areas of decision making.

This includes patient representatives sitting on clinical panels to review and redesign care pathways and services as part of the integrated care services strategy. A prioritisation panel that helps assess business cases in order to make decisions about commissioning, re-commissioning or de-commissioning services has public representatives as part of its membership.

Public Health Data

The two main data sources used by the NHS Trafford Public Health team are the JSNA, and InfoTrafford. There is also a new [PH Outcomes framework](#) which has very recently been published, and lists all the sources of data that will be used in the future.

The fundamental issue with measuring differences in outcomes between the EDHR protected characteristics groups and the general population are:

1. The group status being actually recorded (for example, ethnicity, sexual orientation etc) when the data is being collected.
2. The data should be available for disaggregation at the relevant level (for example, ward) to identify local health inequalities by the different groups.

For example, many of the sources listed below will not routinely record ethnicity, and only a very small minority will record sexual orientation. Therefore, no matter how good/ accurate/ comprehensive etc the data is, it is not always possible to measure differences between different groups and the general population.

Data sources

Mortality: ONS -mortality data based on the death registry system

Morbidity:

HES: Hospital Episode Statistics (may have a new name now)

GP registers

HPA surveillance systems (notifiable infectious diseases including HIV)

Screening programmes activity

Service activity & associated data (varying degrees of data quality, usually quite basic)

PH observatories (atlas tools, local health profiles etc)

Wider determinants:

National Child measurement programme

Birth registries / maternity data

Census information (unemployment, benefits, housing etc)

Ad hoc surveys

Local surveys

Demographics (age, gender, post code etc): census

Info Trafford is a good source for most census related data

Areas for improvement:

-Coding within service activity (ethnicity, sexuality etc) for example: 'Gypsy Roma & Traveller' is hardly ever recorded as an ethnicity, which makes it very difficult to measure differences/inequalities etc

-Recording E&D group status in at least one data collection system (for example GP registration) + linking this system with all others

Or:

-Recording E&D group status routinely (in all or most data collection systems)

Focused Work BME Cancer

NHS Trafford is supporting the Cancer Outreach Project whereby the Voice of BME received NCAT funding for 1 year to assess access to cancer services for BME patients. This project ended in December 2011 and the recommendations and findings will be used to support improvement across the cancer pathway for black and ethnic minority patients in Trafford.

Equality Assessment Tools

The PCT recognise the importance of equality analysis as outlined by the Equality and Human Rights Commission in Vol.2 Equality Analysis and the equality duty: A guide for public authorities. In order to fulfil these guidance requirements and further demonstrate compliance with the Equality Duty the PCT has developed new Equality Assessments Tools and Guidance. These new tools will be launched in February 2012 and staff will be trained in their usage.

Commissioning Equality Analysis Tool

The PCT recognise the need to enhance and systematise EDHR principles and the Equality Duty requirements throughout the commissioning cycle. To support this work the PCT is piloting a commissioning equality analysis tool which provides a process and prompts to ensure commissioners consider and include EDHR PCGs issues. NHS Trafford is working collaboratively with the GM Cluster and has developed Greater Manchester Cluster EDHR contract specifications to support a more consistent Greater Manchester EDHR approach for commissioner and provider partner organisations.

Trafford's ED Action Plan

As a public sector organisation NHS Trafford has produced an EDHR action to ensure the organisation continues to improve, whilst working with the CCG and GM Cluster. Our overall strategic aim is to continue to enhance our working to enable a shift from a developing to an achieving organisation in the short term: ensuring we leave a fit for purpose EDHR legacy that meets the requirements of the Equality Duty and the new NHS landscape.

Employment Statistics

As part of our legal duty and commitment to the equalities agenda we have two years of workforce data analysis in line with equality legislation. The PCT has undertaken a recent poll of our workforce against the new protected characteristics groups. The latest workforce report on findings from this data will be available shortly.

Overall gaps and areas for improvement

NHS Trafford is committed to improving the quality and usage of equality data to support enhanced compliance with the Equality Duty. The areas of Race, Sexual Orientation and Disability continue to offer challenges. The PCT is committed to leading a GM Cluster Workstream to find effective responses to the challenge of equality data within the health system.