NHS
Lambeth
Clinical Commissioning Group

Equality in NHS Lambeth

Annual Public Sector Equality Duty Compliance Report

January 2014

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Introduction

Welcome to the third NHS Lambeth annual Public Sector Equality Duty (PSED) compliance report. This is where we update you on the work we have been doing to promote equality in health and health services for the people of Lambeth. NHS Lambeth, along with its partners, is committed to promoting equality and the participation of excluded and vulnerable populations in public life, to promoting good relations between people of different backgrounds, and to eliminating unlawful discrimination. This is a continuing process and we welcome comments and suggestions about how to improve.

Our overall goal is to embed equality and human rights into everything we do. In particular NHS Lambeth wishes to adhere to a human rights approach in the way it commissions healthcare ensuring we give due regard to the FREDA principles:

F – freedom
R – respect
E – equality
D – dignity
A – autonomy

Much changed in the structure of the NHS during 2013. The new NHS Lambeth Clinical Commissioning Group (CCG) was authorised in January 2013 and at the end of March the Lambeth Primary Care Trust will be dissolved. Lambeth CCG continues to commission a range of health services for Lambeth residents whilst some services are now commissioned by others, including NHS England, Lambeth Council and, or Public Health England. Lambeth Council is now responsible for commissioning a range of health and well-being services and this is described in the Lambeth Health and Well Being Strategy (https://www.lambeth.gov.uk/moderngov/documents/s56046/05b%20Cooperative%20HW%20Strategy.pdf). Lambeth CCG works closely with Lambeth Council and other key stakeholders through the Lambeth Health and Well Being Board to ensure collectively that we maintain our focus on promoting and equality and human rights and ensure the principles and values remain at the forefront of our work.

1. The Equality Act 2010

The Equality Act 2010 came into force in October 2010. It replaces earlier anti-discrimination laws with one act, which is intended to simplify things. Part of the Act is the Public Sector Equality Duty (PSED) which applies to all public bodies and organisations providing public services. The General Duty requires all public bodies to have due regard to the need to:

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

The act outlines nine characteristics that are protected for the purposes of the PSED (see box below).

Categories protected under the Equality Act (2010)

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex (gender)
- sexual orientation
- marriage or civil partnership

There are also specific duties which require all public bodies to publish evidence of compliance with the PSED as least annually. It also requires that a set of one or more Equality Objectives are agreed and published at least every four years, the first ones having been published in April 2012.

NHS Lambeth Equality Objectives published first in 2012 are published here http://www.selondon.nhs.uk/your_local_nhs/lambeth/about_us/equality_and_diversity Information published by NHS Lambeth on equality for 2012 may be found on the same page alongside the human resources report published on behalf of all south east London PCTs by NHS South East London.

2. Equality Delivery System2 (EDS2)

The Equality Delivery System2 (EDS)[1] is an optional approach to support the NHS to deliver on the Public Sector Equality Duty for patients, the public and staff. It builds on the Equality Delivery System that was launched in 2011. NHS Lambeth used the EDS1 approach in describing what it had delivered on equality in 2012. We intend to use the EDS2 approach when refreshing our equalities objectives as part of developing our new five year strategic plan over the next few months.

The EDS2 recommends focus on the same 4 main outcome areas set out in EDS1:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

[1] NHS Equality Delivery System

Each of the four main outcome areas have sub outcomes; eighteen in all.

3. Scope of this report

This report is a summary of some of the progress NHS Lambeth has made on equality during 2013 with a focus on the equality objectives published and agreed in our 2010 Strategic Plan. It does not cover all the work being done on equality and human rights by NHS Lambeth much less that being done by health services in Lambeth. Much of the information referred to in the document is already in the public domain. At the end of the report are some suggestions for further reading. Our first information report is structured differently to this one and you may find it useful to read them alongside one another.

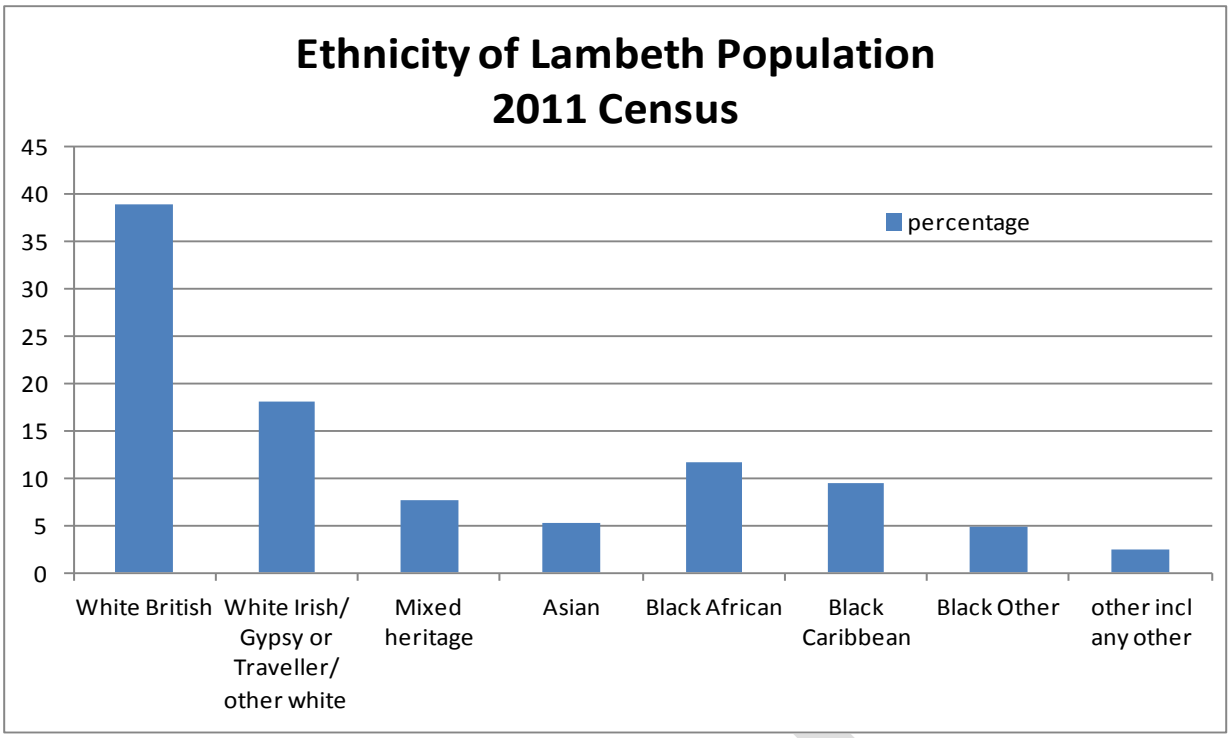
Promoting equality and human rights and reducing health inequalities is a continuous process, requiring regular review. This report is one stage in this process. We welcome comments and suggestions about how to improve. We work closely with Lambeth HealthWatch (http://www.healthwatchlambeth.org.uk/). HealthWatch is the independent network of local people and organisations created by the Department of Health in England to give everyone the chance to say what they think about their local health and social care service. They are very active on equality issues. Any Lambeth resident or organisation is welcome to join and get involved in improving services for Lambeth people.

4. About Lambeth

Lambeth is one of thirteen inner London boroughs. It is very densely populated. The preliminary 2011 census results estimate that 303,100 persons live in the borough. This is an increase of 10.9% since 2001 (273,400 persons) and we are expecting the population to grow by 9% over the next 10 years. About 385,000 people are registered with GPs in Lambeth (March 2012, Lambeth DataNet). Although this latter number includes people living in neighbouring boroughs who register with Lambeth GPs it also suggests that the census is an underestimate of the population resident in the borough.

The population is comparatively young and mobile. Two thirds of the population is under the age of 40 and 44% aged between 20 and 39 years old. It is estimated that as many as 20 percent of people move in and out of the borough each year, most of these people are in the 20 to 39 years age group.

Lambeth is hugely diverse in terms of people's ethnic and cultural background. Approximately 61% of the population is now non-white British (ONS Census, 2011). This includes long established populations from the Caribbean or Portugal, more recent migrants from new European Union countries, asylum seekers from all over the world but particularly the Middle East and Africa, and many highly qualified professionals from the EU and beyond who have moved to London to take up top jobs in academia, finance, or other areas.



Compared to other parts of the UK, including inner city areas, the population of Lambeth is one of the most deprived in the country (the 9th most deprived borough in London and the 29th most deprived in England). Its residents are more likely to experience poor health and greater need for health services. The gap in rates of early (premature) death between the least and the most healthy in the borough and the gap between our overall rate and that of the national rate is higher than the national average.[2]

5. Health in Lambeth

The health of the people of Lambeth has been extensively summarised in Annual Public Health Reports & Joint Strategic Needs Assessments over the ten year life of the PCT.

Over the last 4-5 years on the basis of this information on what is causing most ill health and early death in Lambeth the previous PCT and now the CCG has prioritised seven (previously six) health conditions or risk factors in its Strategic Plan. The priorities are summarised in the table on page 11 and in Appendix 4.

In terms of risk factors for ill health and early death: smoking, alcohol and healthy weight in children are what we focus on. In terms of diseases that cause the most ill health and early death to most people we are focused on achieving substantial changes in HIV, cardiovascular disease, diabetes and mental illness.

[2]For more information on the population of Lambeth please see the Joint Strategic Needs Assessment http://www.selondon.nhs.uk/your_local_nhs/lambeth/your_health/joint_strategic_needs_assessment E.g. updated summaries http://www.selondon.nhs.uk/documents/3305.pdf&http://www.selondon.nhs.uk/documents/3307.pdf

There have been many successes and improvements in health in Lambeth. To mention just a few examples; the teenage pregnancy rate has fallen by 42% since 2003, the life expectancy of both males and females is rising towards the national average and most respondents in residents surveys rate their health as good or very good.

6. NHS Lambeth Equality Strategy

NHS Lambeth approved its Equality Strategy 2012-14 in September 2012[3]. The Strategy sets out our commitments to promote equality and human rights across all the activities of the previous PCT and now CCG and the overall mission which is to improve the health and reduce health inequalities of Lambeth people and to commission the highest quality health services on their behalf.

The Equalities Strategy and objectives will be refreshed as part of the development of the CCG 5 year plan and will draw on the outcomes of the BIG Lambeth Health debate that the CCG led during the summer of 2012.

7. NHS Lambeth's commitment to equality

Although there has been substantial progress in both health and access to health services during the life of the PCT and CCG, the range of economic, social, ethnic and cultural diversity remains a major factor for the NHS when seeking to promote equality and eliminate discrimination in health and health services. Commissioning and providing services that meet people's needs remains a challenge and has some implications for the CCG in the future;

- To achieve a healthier Lambeth the NHS must actively promote fairness in all services and health promoting activities
- Specific actions are needed to engage communities that do not necessarily come forward either for services or to contribute to service improvements
- The trust and confidence of all communities has to be earned
- Staff need to be skilled, informed and confident to promote equality and equity and challenge discrimination effectively where it occurs
- To ensure a highly talented workforce NHS Lambeth has to commission services which employ people from all communities and backgrounds
- Active partnership working is necessary to promote equality and to challenge discrimination
- Demonstrating and assuring progress has to be open and transparent

In other words promoting equality and fairness in health and in services requires specific and continuing actions and focus as an integral element of commissioning, provision, employment, partnership and in leadership.

[3] NHS Lambeth Equality Strategy 2012-14. Available on request

NHS Lambeth has a strong track record in equality and human rights, developing and building on innovative services to meet the diverse health needs of the population. The three boroughs refugee and homeless persons teams, health promotion initiatives targeting gay men and men who have sex with men, outreach to promote health including sexual health to African communities and ground breaking and successful work with teenagers (boys and girls from different communities) to reduce teenage conceptions are a few of the really pioneering work done in the area.

Over 10 years Primary Care has also pioneered demographic data collection (e.g. ethnicity, language, religion, caring responsibilities) such that Lambeth now has amongst the most comprehensive recording of this type of information of any area in the country and even in Europe. The information has been used extensively to identify variations in access to treatment across the borough and to work with GPs on improving care. It has been instrumental in developing, taking action and monitoring progress against some of our equality objectives.

Needs assessment work on health inequalities has guided commissioning decisions and priority setting and many general practices have worked consistently over years with underserved communities to ensure they get access to the services they need.

NHS Lambeth has worked extensively with its partners, especially local providers of services, Lambeth Council and the voluntary and community sector, to promote equitable access to services and high quality of care for all and to take on board and respond to the views and experiences of the public.

Lambeth Primary Care Trust produced its Race Equality Scheme in 2003 and launched its Equality Scheme in early 2008. The PCT was an active member of the Department of Health Race for Health Programme for several years. In June 2012 NHS Lambeth CCG was chosen as one of 20 NHS organisations in England to be part of the Department of Health sponsored Stonewall Health Champions programme. This programme is to support organisations to be more effective at promoting equality for lesbian, gay and bisexual (LGB) people. Lambeth CCG continues to promote health champions across a number of areas.

8. Next steps in 2014

In April 2012, we published a set of 7 equality objectives (see next page), each relating to one of our strategic priority areas. The equality objectives were decided on using the information available on what illness and risk factors are affecting most people and which groups are most affected, and discussing these points with stakeholders to agree an initial way forward.

The intention is to review, report on and update our equality objectives annually in conjunction with partners and stakeholders especially patients, the public and people from different equality groups. We will publish the evidence we have on progress against the objectives and work with stakeholders to agree a set of 'grades' that summarise performance. These are set out in the NHS Equality Delivery System as follows

Excelling
Achieving
Developing
Undeveloped

This year (2014) the review, engagement and grading work will take place from February to May. We will work with stakeholders to achieve this and agree our EDS grading's for the year and our focus for equality for the remainder of 2013-14. We intend to complete this work alongside the development of a new five year strategic plan. This will ensure that the equalities objectives are core to everything we do. It will also allow us to refresh the equalities objectives ensuring that we continue to focus on those areas where we can have the most impact.

During 2015-16 we propose a more in depth review to refresh the equality objectives as required by legislation.

NHS Lambeth Equality Objectives 2012-15

Equality goal

Men will live 17 months longer and women 7 months longer; and the gap in life expectancy between most and least deprived will be reduced by 2 months

Equality objectives

Serious mental illness

To improve the physical health of people known to have mental health problems especially people with severe mental illness (SMI) as measured by

- the proportion who smoke aiming to reduce the numbers who smoke and narrow the gap between people with SMI (44.2% known to be smokers according to GP records) and the general adult population of Lambeth (23% smokers)
- (in people with SMI and diabetes) improving diabetic control from the beyond the Lambeth average (66% achieving good control as measured byHbA1C) towards that of the highest performing practices in Lambeth of 80% or above.

To increase access to talking therapy services to those people over 55 and who have long term conditions

To increase access to the memory service for people from ethnic minority communities

Cardio Vascular Disease

To improve control of high blood pressure (defined as less than 150/90) in Lambeth, specifically to reduce the between practice variation by achieving measurable change in the poorest performing practices towards the Lambeth average of blood pressure controlled in at least 75% of people known to have hypertension, and to improve the quality of care for all.

Diabetes

To improve the detection and control of diabetes in Lambeth (as defined by achieving HbA1c of less than 8), specifically to reduce the between practice variation in control achieving measurable change in the poorest performing practices towards the Lambeth average of 66% of people known to have diabetes achieving good control and between different population groups focusing on some ethnic minority populations and people with mental health problems known to have increased prevalence, earlier onset and higher rates of complications.

HIV

To ensure the revised HIV treatment and support services are informed both by detailed evidence on which populations are experiencing the highest prevalence, the highest transmission rates and the highest social needs profile, and by a diverse Service User Reference Group (SURG) indicative of the different communities affected in Lambeth

Smoking

To enable all smokers to have equal opportunity to quit through the Lambeth stop smoking service focusing particularly on particularly on lower socio economic groups who are more likely to smoke

Childhood obesity

To reduce any inequality experienced by different population groups in their ability to benefit from the Childhood Obesity Programme and to promote equality and equity as a key element to successful delivery of the Programme overall

Alcohol

To promote equity of access to information on alcohol and safe drinking, and to alcohol misuse services for population groups at higher risk of alcohol related harm

10. A summary of progress in 2013

The NHS Lambeth equality objectives relate to our 7 strategic priority areas in the Strategic Plan[4]:

1. Cardiovascular disease
2. Diabetes
3. Childhood obesity
4. Mental health
5. Alcohol
6. Smoking
7. HIV

The overall goal of the organisation is in itself an equality goal to which all the other priorities and objectives contribute; to increase life expectancy in Lambeth towards the national average and narrow the gap between men and women in life expectancy.

Last year's Equalities Report was led by public health during October 2012 – January 2013 with input from lead commissioners showing what action had been taken in the intervening 9-12 months. During January to March 2013 NHS Lambeth engaged short term independent external support to undertake stakeholder engagement working with commissioners and public health. Their role was to get facilitate engagement events including running a larger event hosted by the CCG at which indicative 'grading's' were to be developed from feedback of individuals and local organisations. Agreeing a set of grades, as assessed by external stakeholders to sum up progress against equality objectives, is part of the framework set out in the NHS Equality Delivery System (EDS1 & 2). The aim is to enable a focus on outcomes for patients and the public. The grades are;

▲ Excelling – Purple
▲ Achieving – Green
▲ Developing – Amber
▲ Undeveloped – Red

The next section sets out our equality objectives, what has been happening during the year and an outline of next steps for 2014-15 including areas for discussion. There is more detail in some areas than in others because areas of work are at different stages.

At the end of this section there is also further information on work being done with specific equality groups; people with learning disability, children and young people and lesbian, gay, bisexual and transgender (LGBT) groups.

We intend to grade our progress on the 7 equalities objectives as we refresh the equalities objectives over the next few months as part of developing the 5 year plan. This process will include stakeholder engagement as before.

If you wish to be involved please contact: lamccg.mail@nhs.net

[4] NHS Lambeth Strategic Commissioning Plan 2010-11 to 2014-15
http://www.selondon.nhs.uk/index.php?assetId=2702&assetGroupId=2666

10.1 **Overall Equality Goal**

> "*To improve life expectancy in Lambeth, narrowing the within-Lambeth gap in premature death between men and women and reducing the gap in premature death between Lambeth and nationally; men will live 17 months longer and women 7 months longer and the gap in life expectancy between the most and least deprived will be reduced by 2 months*."

In 2000 the average life expectancy in Lambeth was 73 years for males and 79.4 for females.

Year on year we have made improvements. In 2011 the Lambeth life expectancies at birth was 77 years for males and 81.1 for females. In 2012 life expectancy for males had improved to 77.6 years and to 82.3 for females.

This means that since 2000 we have improved life expectancy for males in Lambeth by 4.6 years and 2.9 years for women. This is a significant achievement! Using 2011 as the baseline for our equality goal above we have seen an improvement in life expectancy for males of just over 7 months and 2.2 years for females. This means that we have already achieved our goal of women living 7 months longer and have been significant headway on achieving 17moths for men.

The gap between the male/female life expectancies in Lambeth has also been closing. In 2000 the gap was 6.4 years; in 2011 it was 3.4 years. In 2012 the gap widened to 4.7years due to the significant improvement in female life expectancy. There also continues to be a life expectancy gap within Lambeth between the most deprived and least deprived areas. In 2011 males in the most deprived areas live 5.3 years less and females 3.8 years less, on average, than those in the least deprived areas. In 2012 the gap for males improved to 5.1 years less, whilst the gap remained the same for women at 3.8 years less.

Life expectancy is a high level objective which is a product of all the work that we do in Lambeth, combined. Progress is as much a measure of how well Lambeth partners are doing more broadly as it is of the influence of the NHS although health care makes a significant contribution to reducing inequalities. As the main drivers of premature death are the risks that are more prevalent in lower socioeconomic groups (e.g. unemployment, low income, poor housing, lack of autonomy & wellbeing all tend to increase risk of being a smoker, eating a poor diet, not having access to information about health, and barriers to accessing services etc.), one of the main ways to tackle the inequalities in health is the inequalities in society. This is a very substantial challenge for local partnerships especially in areas such as Lambeth. In this setting however it is nevertheless possible to ensure that there are opportunities for all people to improve their health and that there are appropriate and accessible health services for the population in all its diversity.

The role of NHS Lambeth is to work with partners as far as possible on how to influence the socioeconomic inequality but its main focus is in relation to how it achieves good treatment and control of long term conditions (LTCs) such as cardiovascular diseases, diabetes, mental illness and HIV and works with other commissions to ensure health

interventions that target the main health problems such as reducing smoking rates to improving outcomes in cardiovascular disease and diabetes, promoting healthy eating, exercise and healthy weight; improving early detection and treatment of disease such as HIV. There are also many other areas such as promoting early identification and treatment of cancer, through awareness campaigns and breast, cervical and bowel cancer screening programmes.

10.2**Cardiovascular Disease**

Equality objective:

> *"To improve control of high blood pressure (defined as less than 150/90) in Lambeth, specifically to reduce the between practice variation by achieving measurable change in the poorest performing practices towards the Lambeth average of blood pressure controlled in at least 75% of people known to have hypertension, and to improve the quality of care for all"*

Cardiovascular disease (CVD) is the main cause of death in the UK, causing about 147 300 deaths in England in 2010. In Lambeth CVD deaths were 25% of all deaths in 2010. Within this heart disease was commonest cause of death (1 in 19 deaths).

34,000 (9% of the population) people in Lambeth are known to their GP with high blood pressure (hypertension) but it is estimated that the true figure is nearer to 23% representing a significant underestimate of the problem. Hypertension is a major risk factor for heart disease and stroke so it is important to identify and control with treatment, exercise and weight management. Over 5100 people are known to have heart disease (1.4%) in Lambeth but this is also thought to be a significant underestimate.

High blood pressure and equality – what we know

In Lambeth the proportion of deaths from cardiovascular disease in the under 75's has halved since 1995[5], however it remains significantly higher than that of England. A contributing factor is that Lambeth still has a significantly higher proportion of the population that smoke than the rest of England.

Between equality groups there is significant variation in cardiovascular health. High blood pressure is more common, more severe and has an earlier onset in black Africans than in white British people. Cardiovascular disease is significantly more common in men than women. For high blood pressure however, detection rates are much higher in women than in men (women are twice as likely to have their high blood pressure detected than men, regardless of ethnicity). The highest detection rates in Lambeth are in women aged 45-54 and are lowest in men aged 25-34 years.

What action have we taken?

NHS Lambeth Public Health worked with GPs to carry out a detailed equity profile looking at control of high blood pressure in each GP practice. The first standard used was that

[5] South East Public Health Observatory: Cardiovascular Disease PCT Health Profile Lambeth 2012

there should be a current blood pressure record (within 9 months) for 90% of people known to have high blood pressure.

The equity profile work found that 87% of known hypertensive patients had a current blood pressure record. Those who did not have a current record were more likely to:

- Be young <65yrs
- Be male
- Be from a black or minority ethnic group
- Have raised cholesterol

We also found that people with hypertension and severe mental illness were more likely to be seen than those without suggesting that this group whose health is known to be worse than the average are being followed up by primary care in Lambeth.

The second standard was to that 80% of people with high blood pressure should have it controlled to a level of 150/90 (i.e. a normal measure). This was found to be true for 78% of people with high blood pressure known to their GP. Those who had poorer control were more likely to:

- Be young<65yrs
- Be male
- Be Black Caribbean or Black African
- Have other risk factors for cardiovascular disease including smoking, raised cholesterol, unhealthy weight

The main issues identified were that blood pressure monitoring and control are worse for people younger than 65, for males and for black and minority ethnic groups.

Progress made in 2013

The equity profiles completed in 2011 provided excellent information about which groups have unmet needs in terms of their high blood pressure. Following that audit each general practice received their own report of the equity audit to allow them to identify who they need to target for blood pressure checks and control. This work was updated again in 2012 with an equity profile at patient level completed with practice reports followed by a targeted audit that included an improvement plan. Additionally, NHS Lambeth commissioned a new cardiovascular community service from August 2012 which aimed to reduce between practice differences in cardiovascular disease management across Lambeth.

In 2011 when the equity profile work was completed across 51 practices in Lambeth (1 missing) the total % of patients on the blood pressure register with their blood pressure controlled to 150/90 ranged from 58.1% in some practices to 83.6% in others, a difference of 25.5%.[6]

[6] Data from NHSIC 2011/12

In 2012 this improved to a range of 66.3% to 82.8% indicating much better detection and control of blood pressure and significantly reducing the variation in practices with a difference reduced to 16.5%.[7]

What next– considerations for the future

Practices will be asked to re-audit in 2014 and continue to take forward their improvement plans.

Management of Long Term Conditions (LTC) including CVD will be part of the new Primary Care Incentive Scheme that aims to further reduce variation across primary care and improve patient outcomes. The LTC Development programme provides funding for some practice based virtual clinics.

There are still gaps in knowledge about some equality groups and it may be important to collect additional information e.g. sexual orientation and religion. Further discussions with stakeholders about any issues and questions about equality would be useful.

10.3 **Diabetes**

Equality objective:

> *"Improve the detection and control of diabetes in Lambeth (as defined by achieving HbA1c of less than 8), specifically to reduce the between practice variation in control achieving measurable change in the poorest performing practices towards the Lambeth average of 66% of people known to have diabetes achieving good control and between different population groups focusing on some ethnic minority populations and people with mental health problems known to have increased prevalence, earlier onset and higher rates of complications."*

In Lambeth about 12,800 people are known to their GP to have diabetes. However as for hypertension this is an underestimate as national figures suggest that there are about 1880 people with undiagnosed diabetes. In 2009-10 73.4% of Lambeth diabetic patients were well controlled (as measured by HbA1C (a blood sugar marker) less than 8%) compared to the England average of 77.4%[8].

Equality and diabetes – what we know

Diabetes does not affect all groups equally; people living in the 20% most deprived neighbourhoods in England are 56% more likely to have diabetes than those living in the least deprived areas. It is known that people from Asian and black ethnic groups are more likely to have diabetes and tend to develop the condition at younger ages.

[7] Data from NHSIC 2012/13

[8] Yorkshire and Humber Public Health Observatory: Diabetes Community Health Profile, NHS Lambeth

Across England people with diabetes are twice as likely as people without the condition to die between the ages of 20 and 79 years. It is estimated that in 2005 in NHS Lambeth there were 138 deaths in this group that would have been avoided if people with diabetes had the same rate of death as people without the condition.

In Lambeth, people in socioeconomically deprived groups, people with severe and enduring mental illness or with learning disabilities are less likely to access detection and treatment services. Diabetes management also has to take account of people's different levels of knowledge, their tastes including the cuisine they are used to and its importance in their life and culture and their religious practices which can all have an impact on dietary habits.

What action have we taken?

An equity profile was conducted of all GP practices to identify how consistent was diabetes control between different groups and different practices so as to plan action to reduce any inequalities.

We found that people with poorer Diabetes control were more likely:

- To be young (<65 years)
- To have type 1 Diabetes rather than type 2
- To have had diabetes for >4 years.
- To have other risk factors for cardiovascular disease, for example smoking, high cholesterol, and unhealthy weight; than those with better control.

The standard used was to have a current (within 15 months) record of blood sugar control for 90% of diabetic people. We found that this was the case for 87% of type 1 diabetics and 94% of type 2 diabetics[9]. Lambeth GPs are therefore meeting the standard for type 2 diabetics but not type 1. Diabetic people without a current record of blood sugar control were more likely:

- To be male
- To have had diabetes for >4years
- To have raised cholesterol and raised blood pressure.

People with severe mental illness and epilepsy were very slightly more likely not to have a current blood sugar control record. However, people with depression and learning disability were more likely to have a current record. Ethnic group and deprivation were not found to have an effect on diabetes control.

Progress in 2013

An equity profile at patient level was completed in 2011 and the results informed the work of the Diabetes Modernisation Initiative. This led to targeted work with practices performing poorly in both blood sugar control and cardiovascular disease control in people with diabetes. However, QOF data at practice level suggests that Diabetes blood

[9] Type 1 diabetes requires insulin and most frequently starts in childhood. Type 2 diabetes is more likely to be controlled by diet and tablets and usually starts in late adulthood.

sugar control worsened overall in Lambeth between 2011/12 & 2012/13 but that variation across practices has reduced.

The worsening position on diabetes could be reflective of the worsening picture nationally on diabetes and the reduction in variation across practices is a significant improvement. This work will continue into 2014.

A primary care clinician education programme took place during 2012-13. This involved education across a range of community health care professionals and aims to reduce variation in care across Lambeth. Practices were set measurable goals for equity and equality.

What next - considerations for the future

From the equity audit it is clear that one aspect will be to review how well services are meeting the needs of younger people with diabetes. The aim will be to repeat the equity profiles to monitor progress and to analysis the 2013/14 data when available.

There are other gaps in our knowledge around equality groups and we want to develop how best to collect better information in the future e.g. on sexual orientation and religion. Discussion with stakeholders, especially patients, is also essential to identify and address equality issues and questions

10.4 **Childhood Obesity**[10]

Equality objective:

> "*To reduce any inequality experienced by different population groups in their ability to benefit from the Childhood Obesity Programme and to promote equality and equity as a key element to successful delivery of the programme overall*"

There are 66 000 people under 20 years in Lambeth. The 2012-13 National Child Measurement Programme (NCMP) results for Lambeth show that 11.25% of children in Reception year and 24.2% of Year 6 children were obese. These are higher rates of obesity than that of England or the rest of London, although over the last 5 years, there seems to be a narrowing of the gap between Lambeth and the England average. It is estimated that 50% of children in Lambeth are inactive (a risk factor for obesity). Evidence suggests weight problems in childhood can continue into adulthood and this is important because it is a risk factor for diseases such as diabetes, high blood pressure, heart disease and some cancers.

[10]Overweight and obesity are terms that refer to excess body fat (usually in relation to a person's height). The most common method of measuring obesity is the Body Mass Index (BMI) which is calculated by dividing a person's weight measurement (kilograms) by the square of their height (in metres).

Equality and childhood obesity – what we know

Nationally prevalence of obesity is higher in some ethnic minority groups. The 2012-13 NCMP results showed obesity rates were significantly higher than the national average for children in both Reception and Year 6 school years in the ethnic groups 'Black and Black British', 'Asian or Asian British', Any Other Ethnic Group' and in 'Mixed' i.e. populations identifying themselves to be of mixed heritage.

The 2004 Health Survey for England showed that women of black African, black Caribbean and of Pakistani origin had the highest levels of obesity. For children, black African boys and girls had the highest obesity rates followed by black Caribbean and Bangladeshi children.

In Lambeth, 84% of school age children are from ethnic minority populations and 34% of Lambeth's children live in poverty compared to the national average of 22%. These factors are assumed to be highly relevant to the high levels of obesity in Lambeth compared with the national average.

The reasons why ethnic minorities are at higher risk of obesity are complex although one reason is that minority populations are also more likely to be in low income households. Local evidence also suggests that barriers, such as cultural attitudes towards acceptable forms of dress, may exist for some females from certain faiths which can inhibit their participation in particular types of physical activity. The research conducted in preparation for the Change4Life marketing campaign in ethnic minority communities suggested that maintaining cultural values and religious norms had a significant impact on diet and activity for a lot of people. The continuation of traditional gender roles meant that boys were more likely to have greater freedom to take part in activities out of the home, while girls were more likely to be expected to stay at home with their parents.

What action have we taken?

The Lambeth Childhood Obesity programme is developmental, hence monitoring of the initiatives is a key part of the work and relevant learning is used to further shape services.

Baby Friendly Initiative (BFI) – To support the BFI, a breastfeeding needs assessment is being conducted. This will provide analysis of breastfeeding data and stakeholder (parents, health & non-health practitioners) views to help better understand if there are particular groups that are less likely to sustain breastfeeding and why. Recommendations will include necessary actions required to enable the achievement of the next stage of the BFI as well as evidence based actions to promote sustained breastfeeding and address any health inequalities that may have been identified.

Early Years – In addition to nutrition and Level 1 healthy weight training offered to early years practitioners (including voluntary sector and child-minder's); food workers provide support to families. The support include practical help with shopping on a budget and cook and eat sessions, the cook and eat sessions are run in such a way as to address the cultural diversity in relation to food.

Level 1 Lambeth Healthy Weight training – Feedback from training is obtained through participants' reflective logs. These highlight enablers and barriers to addressing childhood obesity in practice. Learning from this is further fed into the content of the training to ensure that it is tailored to address the diverse local needs.

Healthy Weight Promotion in Schools – To complement the training offered to primary school staff and governors, we have worked with schools to develop a range of resources.
Specialist Healthy Weight School Nurse – The role of the specialist school nurse has continued to develop, prioritising the more vulnerable families and engaging with schools and parents

Level 2 Weight Management - In response to the increase in Portuguese speaking families accessing the service, specific interpreting support has been put in place. A pilot has been conducted running a programme for a specific school to see if this would increase access.

Level 3 Weight Management –Many of the children and their families have complex needs and are referred via the specialist school nurse who provides them with motivational support to access the service. In addition to focusing on eating habits, physical activity and weight issues, several underlying related causes or perpetuators of weight gain are identified and addressed appropriately either directly within the service or through referral/multidisciplinary working with relevant services.

Progress in 2013

The Lambeth Childhood Obesity Programme implementation of UNICEF Community Baby Friendly Initiative (BFI) stage 1 has been achieved and we are working towards stage 2 which involves the assessment of staff knowledge and skills. Lambeth was highly commended for quality of the documents submitted and in particular for the multi-disciplinary approach that has been taken to the implementation of the BFI in Lambeth. UNICEF UK BFI has recommended a set of actions for NHS Lambeth and the Children Centres in order to be able achieve the necessary requirements to achieve stage 2. The recommendations include:

- Staff education, including the establishment of regular audits
- Information for pregnant women and new mothers- including targeted antenatal intervention and careful auditing of the process and outcomes of the interventions

UNICEF UK also advised Lambeth on the benefits of appointing a Breastfeeding Co-ordinator. In December 2013, a Breastfeeding Co-ordinator was appointed

The Lambeth Healthy Weight Training and Capacity building (Early Years staff, Healthy Weight Promoting Schools and health and non-health professionals) support is offered across the borough and it is delivered to a range of health care and non-health care professionals. In 2013, 94 health and non-health practitioners received the Level 1 Lambeth Healthy Weight training. The training includes the aspects of equality which relate to obesity for example, religion, and ethnicity, socio-economic and cultural

practices. Findings from the evaluation done in 2012 and feedback from the reflective logs of participants continue to inform the content of the training.

Healthy Weight Promotion in Schools – Training has been offered to over half of primary schools in Lambeth. Bespoke resources to support schools have been developed on a virtual learning environment online. These resources are linked to the curriculum and can be used for a range of subjects including maths and French. The resources also provide tools and links to support schools to promoting a healthy weight for the whole school.

Specialist Healthy Weight School Nurse – In 2013, the specialist school nurse proactively followed up over 500 children identified through the National Child Measurement Programme to be at risk of obesity. This was done by sending out of making letters and phone calls after the general NCMP results letters were sent to parents. In addition to identification and assessment by the specialist school nurse, families are provided with advice and /or referred to the most appropriate services and their progress followed up. The school nurse also works with schools and acts as an expert adviser to practitioners on childhood obesity related issues.

Level 2 weight management – 9 programmes were run in 2013, each programme is able to accommodate up to 15 children plus their parents. Data so far suggests that a similar proportion of boys (51%) and girls (49%) access the service. There are more "BME" families than "white" families attending the sessions and this is in line with what we would expect in relation to the local demography and levels of childhood obesity which tend to be higher in certain BME groups. Children from single parent household are also well represented in the service. Data so far do not show any significant differences for different groups in outcomes from the service.

Level 3 weight management – Referrals to the service have risen from 36 in year one (Jan 2012 – Jan 2013) to 57 as of September 2013. Several of the families using this service are from BME backgrounds, often with some form of disability and/or complex family structures, hence it appears that the service is reaching some of the most disadvantaged families in the borough

Demographic and outcome information continue to be obtained through the quarterly monitoring with providers. The approach taken in Lambeth to address childhood obesity has been hailed as an example of good practice at the European Forum For Evidence Based Prevention, where we were awarded 2nd prize. Lambeth was also invited to speak at an obesity and nutrition national conference organised by Public Health England in November 2013.

What next - considerations for the future

The Lambeth Childhood Obesity Programme continues to be refined from the learning obtained through the quarter monitoring and as national and international evidence and good practice emerge. An event to share interim local learning from the programme is being planned for 2014. An evaluation of the whole programme will be conducted and this will help inform future commissioning priorities to address childhood obesity in Lambeth.

10.5 Mental Health

Mental ill health is the biggest cause of years of life lost to disability in the western world (WHO).The cost of mental health problems to the economy in England has recently been estimated at £105 billion. Mental illness is also a leading contributor to premature death in people with other long term conditions such as diabetes and cardiovascular disease.

National estimates from large surveys[11] suggest that at any one time 16.2% adults (over 15 years old) have symptoms of common mental disorder (CMD – anxiety, depression, panic attacks, obsessive compulsive disorder etc.). In 2011 this works out at an average of 41,700 people in Lambeth although this could be between 30,000 and over 50,000. About half of these are severe enough to warrant treatment (such as talking therapy or medication). In Lambeth over 25,500 adults (8.3% of GP registered adults) are known to their GP as having depression suggesting that the overall figure for CMD is higher.

About 4,500 adults are known by their GP to have severe mental illness (SMI – mainly psychotic disorders; schizophrenia and bipolar disorder). This is higher than would be expected from national figures.

In the most recent year for which information is available over 3,000 children received services from child and adolescent mental health services.

Equality and mental ill health – What we know

People's risk of mental ill health is increased by socio economic deprivation and unemployment, and a history of emotional neglect and abuse in childhood. Substance misuse also plays a part. In Lambeth there are higher rates of homeless households and unemployment, poorer average rates of education, higher rates of violent crime and relatively high rates of looked after children all of which contribute to a higher risk of mental ill health.

Depression is more common in people with a long term physical health conditions and some black and minority ethnic groups have disproportionately more diabetes, coronary heart disease, stroke etc. which puts them at greater risk of depression. Some ethnic minority populations are more likely to be socio-economically deprived which also increases their risk of severe mental illness.

Older people with poor physical health and who are in lower socio-economic quintiles are more likely to be depressed. Common mental disorders are highest among men of 25-54 years and in women of 45-54 years. Twice as many women as men report having symptoms of common mental disorders but men in the lowest income bracket were 3 times more likely to have a common mental disorder than those in the highest income households.

Some studies suggest the risk of depression and anxiety is 1.5 times higher in lesbian, gay, bisexual and transgendered (LGBT) populations and they are at increased risk of

[11] The most recent of these is the ONS Adult Psychiatric Morbidity Survey (APMS) In England 2007. This is a household survey published in 2009. http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/mental-health-surveys/adult-psychiatric-morbidity-in-england-2007-results-of-a-household-survey

self-harm and suicide attempts. This could be related to the alienation and discrimination experienced by these groups in childhood, at school and as adults. Problem drinking may be higher amongst LGBT people for the same reasons. HIV is considered to be a long term condition and so has associated mental health implications. The added burden of stigma and discrimination of the disease is also an important factor.

People with disabilities may be affected more by mental ill health; approximately 40% of deaf children have mental health problems compared with 25% of hearing children.

The equality objectives for mental illness referred to three separate important areas; physical health of people with SMI, Memory Services (for people with dementia) and Talking Therapies Services for people with CMD.

10.5.1 Physical health of people with severe mental illness

Equality objective:

> *"To improve the physical health of people known to have mental health problems especially people with severe mental illness (SMI) as measured by*
> - *the proportion who smoke, aiming to reduce the numbers who smoke and narrow the gap between people with SMI and the general adult population of Lambeth*
> - *improving diabetic control in people with diabetes and mental illness from beyond the Lambeth average towards that of the highest performing practices in Lambeth of 80% or above."*

What action have we taken - Physical health of people with mental illness

A physical health CQUIN was introduced in the 2013/14 contract. There is a higher physical morbidity and mortality among service users with severe mental illness and links to cardiovascular disease and metabolic conditions.

As part of the physical health checks the following tests were identified as being crucial in the early diagnosis of long term conditions: HBAiC, Glucose, Lipids, Blood pressure, ECG and weight on admission. These tests are to be undertaken for new admissions and for those in patients who have been taking anti-psychotic medication in an inpatient setting for at least 4 months.

Progress in 2013

SLaM achieved both targets at Quarter 2 for new admissions (66%). The target was 40%. For inpatients on antipsychotic medication they achieved 83%. The quarter 2 target was 60%.

What next – considerations for the future

The intention at this stage is to extend the current physical health CQUIN to 2014/15 with an increased number of inpatients receiving the PH checks. This still needs to be negotiated with SLaM but it is recognized by all parties as being a critical component to the effective delivery of care and needs to be embedded into everyday practice.

Equality in severe mental illness and smoking – what we know

People with mental ill health are twice as likely as the general population to also have a long term physical condition or a disability.

People with mental ill health are more likely to be smokers, so increasing their risk of cardiovascular and respiratory disease. In early 2011, 44% of people with severe mental illness smoked compared with 23% of the general adult population of Lambeth.

What action have we taken?

NHS Lambeth has included in the 2013/14 contract a target for staff that have been in SLaM for over 6 months to have undertaken smoking cessation level 1 training. The target is 33% and this has been exceeded at Quarter 1 (56%) and Quarter 2 (58%). This quality target carries a sanction if not achieved.

A DataNet audit was also completed to look in more detail at people with SMI who smoke and have other long term conditions:

- To establish a baseline using primary care information and agree improvement objectives
- To agree actions for the Lambeth Living Well Collaborative members & liaise with the Stop Smoking Service on enabling easy access
- To work actively with GPs, community health services and the voluntary sector to increase physical activity, improve information for people and enable easy access to help and support

Progress in 2013

In March 2011 out of 4,225 people on the SMI register 1,868 (44.2%) were known to be smokers according to GP records and 614 (14.5%) were recorded as ex-smokers.

In January 2013: out of 4,346 people on the SMI register 1,883 (43.3%) were recorded as smokers and 737 (17%) were recorded as ex-smokers.

In November 2013 out of 5,180 patients on the SMI register between 31/03/13 to 31/10/13 2,073 (40.02%) were recorded as smokers[12] and 56 people recorded as having moved from being a smoker to being a non-smoker in this period.

This encouraging trend shows an increasing number of people with SMI giving up smoking. There is however still a significant gap between the rates of people with SMI that smoke and the 21% of the general population.

Encouragingly however there are roughly equal proportions of ex-smokers in both populations suggesting that those with mental illness maybe giving up in proportion with the general population.

[12] excluding Sandmere Road practice

What next – considerations for the future

More work could be done with GPs to identify those who smoke on the SMI and target stop smoking services towards them. Also discussions with stakeholders about any issues and questions about equality should be had.

Linking the work in primary care on diabetes and cardiovascular disease to ensure people with SMI benefit to an equal extent in efforts to monitor and improve control of these LTCs.

10.5.2 Talking Therapies

Equality Objective:

> *"To increase access to talking therapy services to those people over 55 and who have long term conditions"*

Equality and Talking Therapies – What we know

After the first year of operation of the new Improving Access to Psychological Therapies (IAPT) services in 2009-10 an audit by Public Health identified that fewer older adults and men were being referred to the new services. Whereas 10% of the population was >65 years this age group represented less than 2% of referrals to IAPT services. This was a concern as older people are more likely to have long term physical conditions and to be depressed. Older people in Lambeth are also more likely to be first generation immigrants and less likely to be fluent English speakers which may prove a barrier to accessing Talking Therapies.

People with long term physical conditions do not necessarily have their mental health problems identified by staff and so are not always referred to services. People also felt that lack of knowledge about mental health problems and services, language barriers, lack of acknowledgement of cultural and religious background and previous poor experiences were barriers to accessing services.

The audit also showed that access for ethnic minorities was also less good than for the general population.

What action have we taken?

During the course of the first three years of operation a number of initiatives were pursued by the provider (SLaM) on the request of NHS Lambeth including working with Fanon Care to do outreach to BME communities. This was effective at increasing the number of self-referrals to the service.

During 2011-12 the initial contract was due for review and it was decided to take the opportunity to standardise access to all talking therapies services whether counselling (psychodynamic) or Cognitive Behavioural Therapy (CBT) approaches provided in primary care, SLaM and, or the voluntary sector.

Progress in 2013

The service has been working on the two priority areas of people with long term conditions (LTC) and people over 55 years of age. In the 1st quarter of year 1 of the contract, baselines were established from which CUIN targets were set.

Priority area	Baseline	Target	Progress at Q3
LTC	257	1000	613
Over 55 years	148	300	220

It is expected that the service will achieve the CQUIN targets by the end of the 1st year. Priorities for the 2nd year of the contract are being developed by the Stakeholder Board and based on findings from the 6 month review.

Talking Therapies 6 month evaluation

The 6 month evaluation was successfully completed and the main equality characteristic raised was around improving access for people who do not speak English. The Talking Therapies Stakeholder Board has reviewed all the recommendations from the findings of the evaluation including aspects such as communication and integrated working, which support the equalities agenda.

The stakeholder Board has developed an outline plan to tackle the equalities priorities for the next year. The key elements of this plan are:

- Continue to recruit therapy staff who can speak other languages. The main language required is Spanish
- Provide clear, front-facing information on how to access the service if you do not speak English
- The multi-ethnic counselling service will continue to triage non-English speakers
- The service is exploring how to obtain videos about the service produced in other languages
- In terms of post treatment support, processes will be amended to emphasise to people that exist from treatment will be structured and supported by the person's therapists. The service will establish route to more social inclusion opportunities such as 'Connect and Do'
- Closer liaison with other agencies such as St Michael's Fellowship, the L Early Intervention Service (LEIPS), Black Mental health Commission etc.

What next – considerations for the future

The provider has a number of actions required of them by NHS Lambeth to demonstrate they are making progress on equality so it will be important to take stock of these e.g. the proportion of older people with long term conditions accessing the service to assess any potential barriers.

Other activities to reduce stigma and lack of information on mental ill health and available help will also be important especially to consider which communities need specific approaches.

10.5.3 **Memory Services**

Equality objective:

> *"To increase access to the memory service for people from ethnic minority communities"*

In Lambeth there are 22,900 people over the age of 65, 8% of the resident population. This is a smaller proportion of older people than the rest of London or England.[13]There are over 1000 people in Lambeth with dementia and it is the 9th highest cause of death in the borough – 1 in 98 people die because of Dementia. The Memory Service in Lambeth is for anyone with suspected or diagnosed memory loss referred by their GP. The aim is to promote case finding in general practice and enable holistic care and support to be put in place for people with dementia to improve their quality of life and to reduce the risk of someone presenting in crisis perhaps because of an accident or the illness of their main carer.

Equality and dementia in Lambeth – what we know

In Lambeth there are a higher proportion of BME groups than other parts of England. Ethnic minorities are 1/3 more likely to develop vascular dementia than the white population. Ethnic minorities should therefore be accessing memory services in line with this increased risk.

Local research also suggested that people over the age of 85 were less likely to be referred for assessment than those aged 65-84. As dementia risk increases with age this also suggests inequity of access.

What action have we taken?

NHS Lambeth, the Alzheimer's society and Clinical Network Leads for Dementia held an awareness raising event with BME group leaders in December 2012. The event aimed to raise awareness on Dementia and access to the Memory Service.

The clinical lead for dementia work with GPs to promote learning about detection and management dementia and to make them aware of referring people aged >85 to memory services.

Require the Memory service to collect equalities data to assure that the service is accessible to the population groups we would expect to see represented.

[13] National End of Life Care Intelligence Network: National End of Life Care Profiles for Primary Care Trusts, Lambeth 2012

What progress has been made in 2013?

As of Quarter 3 2013/14 the Southwark and Lambeth Memory Service had received 245 referrals, of these 73 (29.7%) are recorded as from an ethnic minority community. Unfortunately the baseline data (Quarter 4 of 2012/13) is not considered valid as 67% of patient's ethnicity was not recorded. However the recording of ethnicity has improved significantly and of the 245 referrals made in this year the 'not recorded' figure has dropped to 64 / 26.1%.

In Lambeth the over 65 year old population is 73% white, 19% black and 8% of another ethnic origin. Where we have recorded ethnicity for patients using the service we know that the black population is over represented when compared to its population percentage.

For the over 65 year old referrals in 2012/13:

- 60% were of white ethnicity
- 33% black (82% Caribbean, 17% African, 1% other)
- 7% of another ethnic origin (77% Indian, 7.7% Pakistani, 7.7% Chinese, 7.7% other).[14]

This has risen from 2011/12 figures of:

- 65% white
- 26% black (84% Caribbean & 16% African)
- 9% other BME (30% Indian, 23% Pakistani, 8% Bangladeshi, 39% other)

The rise in BME groups accessing memory services may be due to The Alzheimer's Society and commissioners working with BME groups across Lambeth to raise awareness of dementia symptoms, to reduce stigma and promote the diagnostic pathway via GPs.

What next – considerations for the future

10.6 **Alcohol**

Equality objective:

> **"***To promote equity of access to information and to alcohol misuse services for population groups at higher risk of alcohol related harm"*

In Lambeth there are an estimated 55,000 people who drink more alcohol than national recommendations. This is 20% of the resident population; higher than the level of excess drinking in London and the rest of England. An estimated 1 in 10 children in Lambeth abuse alcohol and this is on the increase in adolescents.[15] The rates of alcohol related

[14] SLAM data from 2012/13

[15] Child and Maternal Health Observatory: Child Health Profile, Lambeth 2012

violent crimes, alcohol related sex offences and alcohol related deaths are worse in Lambeth than the rest of England.[16] The rate of alcohol related hospital admissions has been increasing since 2003. However, Lambeth has significantly lower rates of under 18s hospital admissions due to alcohol, than England.

Equality and Alcohol in Lambeth – what we know

There are 680 people in contact with alcohol treatment in Lambeth, a service for those dependent on alcohol as their primary drug. The following equality issues around alcohol are known:

- Males abuse alcohol more than females
- Alcohol deaths are higher in older men than women
- There are certain vulnerable groups of people who are at greater risk of alcohol problems. These include:
    - Homeless people
    - People with dual diagnosis (mental illness and alcohol)
    - People with learning disabilities
    - People from Eastern Europe
    - Female sex workers

Young people are also not presenting to alcohol misuse services in line with the assessed need.

What action have we taken?

In order to promote equity of access to alcohol misuse services, a programme of training in 'brief interventions' has been implemented across acute, community and mental health services. Identification and Brief Advice (IBA) is a tool for staff to use to identify if a person has a potential alcohol problem and to motivate them to do something about it.

NHS Lambeth also wished to improve the capacity of alcohol treatment services to effectively intervene with people who are higher risk drinkers (defined as more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females) or who are alcohol dependent.

Development of a communication strategy is underway using targeted resources & materials to raise awareness amongst particular groups who are at higher or increasing risk of alcohol dependence for instance amongst men who have sex with men.

Progress in 2013

We have continued to commissioned training for health visitors and other community and primary care staff including community pharmacists and sexual health staff to conduct brief interventions.

Further reporting of IBA activity across settings including CQUIN targets have been met.

[16] Local Alcohol Profiles for England: Lambeth, 2012

1 year evaluations of ABT & LEIPS completed and Phase 1 of the social marketing report completed. This has identified the four main groups who drink alcohol in the Borough. In January we are undertaking more detailed focus groups with approximately 40 individuals from these population segments to better understand how we can tailor alcohol interventions to meet their needs and reduce alcohol related harm in the local population.

What next – considerations for the future

Further training in IBA with more frontline staff is planned. The social marketing project will be reviewed in February. Publishing equality data around alcohol misuse services access could be considered and discussion with stakeholders about any equality issues will be important.

The social marketing should help to identify if some populations have particular needs. This could be complemented with some PPI with voluntary groups & specific communities

There could be some work to improve recording through the DES and use this to assess potential inequalities

10.7 **Smoking**

Equality objective:

> *"To enable all smokers to have equal opportunity to quit through the Lambeth stop smoking service focusing particularly on lower socio economic groups who are more likely to smoke."*

In 2007, the number of adult smokers in Lambeth was significantly worse than the London average. However since then we have markedly reduced this gap and in 2010 our numbers were statistically similar to that of the rest of England. In 2012 there was a further reduction although there remain an estimated 60,000 or more smokers in Lambeth (20.1% of the resident population). It is thought that 3% of children in Lambeth smoke and or use drugs and in people over 60 years, the prevalence of smoking has increased from 12% in 2007 to 14.3% in 2009. The number of smoking related deaths in Lambeth remains higher than that of England. [17]

Equality and smoking in Lambeth – what we know

Smoking is the biggest cause of premature death in Lambeth. Smokers are more likely to be men than women and are more likely to be in lower socio-economic quintiles. With smoking prevalence in routine and manual groups at 29.8%. People with severe mental illness are twice as likely to smoke than the general population, and it is thought that LGBT populations are also more likely to smoke.

Smoking is still common in pregnancy; 4.6% (230) of Lambeth pregnant mothers smoke until delivery. [17]

[17] London Health Observatory: Local Tobacco Control Profiles for England, March 2013

Since 2005 onwards NHS Lambeth led by Public Health has undertaken a large amount of work to assess the Stop Smoking Services (SSS) in Lambeth and to ensure that our population is accessing the services in line with needs. In 2005 fewer people from black and minority ethnic populations were accessing SSS than expected. There were also fewer males and less usage from those living in deprived areas. The health equity audit was repeated in 2009 and some progress was noted; there was more equitable access for black and minority ethnic groups, for men and for those living in more deprived areas. However this report found that services were still not attracting young smokers well.

What action have we taken?

The recording of socio-economic status was included as a performance indicator in the service level agreement with providers.

The rapid Stop Smoking Service Health Equity Audit (HEA) was completed. It looked at relevant data between March 2010 and March 2012. Analyses showed that over this period, both male and female smokers were equally likely to access the service and set a quit date and that almost half of these were from the most deprived wards, which is an improvement from the previous HEA. However successful quitters were more likely to be older, white British, employed and from the less deprived wards.

To address some of the health inequalities, the specialist stop smoking service ran community based services and provided outreach services at faith and workplace venues.

Progress in 2013

There is currently no data to report progress on smoking cessation targeting at lower socio economic group. A standardised template is used in GP and pharmacy and should allow identification of users and targeting of populations. Pharmacies through the Healthy Living Pharmacy programme are insuring every contact counts and engaging more through their Healthy Living Champions.

Outreach stop smoking services continue to be delivered in community venues and home visits are offered to pregnant smokers and mothers with very young children.

What next – considerations for the future

The HEA highlighted the variation in data quality across providers. Minimum standards to improve data quality should be included in service level agreements.

Smoking is the single largest preventable cause of health inequalities. It is important that a more targeted approach is adopted to assist smokers who are more likely to be addicted to nicotine and hence may find it more difficult to give up. These would include some of the groups identified by the HEA as well as smokers on the vascular disease and the serious mental illness registers. In addition it is imperative that to effectively reduce smoking prevalence and address health inequalities a comprehensive tobacco control approach must be taken. Smoking cessation services must therefore be considered as part of wider tobacco control measures.

10.8 **HIV and Sexual Health**

Equality objective:

> *"To ensure the revised HIV treatment and support services are informed both by detailed evidence on which populations are experiencing the highest prevalence, the highest transmission rates* and the highest social needs profile*, and by a diverse Service User Reference Group (SURG) indicative of the different communities affected in Lambeth"*

In 2012 there were about 96,000 people in the UK known to be living with HIV, an increase from 2010. The rates are highest in men who have sex with men (MSM) and in the black African population. In Lambeth we have the highest rates of HIV in the country. 14 in 1,000 people in Lambeth are HIV positive whereas in the rest of England the average is 2 per 1,000.[18]NHS Lambeth has acted on this information over several years to promote early HIV testing to prevent late diagnoses and to maximise early treatment potential. This has had positive benefits; in Lambeth uptake of HIV tests in Genito-urinary Medicine (GUM) clinics is higher than across England and there are significantly lower rates of late HIV diagnoses in Lambeth than seen nationally.[18]

Lambeth has the highest rates of sexually transmitted infections (STI) in the country; 2,621 infections per 100,000 people compared with 792 per 100,000 across England. This is likely to be partly a product of our extensive testing, which are higher than across England.

Equality and HIV in Lambeth – what we know

There are two main population groups where HIV infection rates are high in Lambeth, Southwark and Lewisham, these are:

- men who have sex with men
- some black African populations through sex between men and women

However, other smaller population groups are affected by HIV and it is important to address the wide variety of needs when commissioning services.

Other equality issues that are relevant to people with HIV and may affect their treatment and care are:

- Wider determinants of health such as area of residence and socio-economic status – important in terms of access to services
- Gender ; HIV is more prevalent in men but vertical transmission (transmission between pregnant mother and baby) is also important
- Sexual orientation - HIV is more common in MSM
- Age - young people are more likely to have more sexual partners than older people putting themselves at increased risk of transmission. However there is also

[18] South West Public Health Observatory: Sexual Health Balanced Scorecard, Lambeth PCT, 2012

an increase in STI infection rates in people over 40yrs. People are living longer because of the improvements in HIV treatment. Older people with HIV are also more at risk of developing age related conditions
- Substance & alcohol misuse is linked with HIV transmission e.g. it increases the risk of unprotected and casual sex and there is risk of transmission from sharing injecting equipment

There continues to be stigma and discrimination against people with HIV both in communities and in public services. Some populations may have problems with access to mainstream health services (GPs, dentists etc.) including where there are immigration status issues. These groups can be particularly vulnerable.

What action have we taken?

The Service User Reference Group has met regularly throughout the year; the last meeting was on 9th December 2013. Issues discussed included Mildmay provision (Inpatient and Day patient provision for PLWHIV) and service user feedback regarding the service was obtained and is being used as part of the ongoing review of this provision.

The HIV Care and Support Steering Group met quarterly; the last meeting was on 10th December.

CASCAID (mental health services for PLWHIV) funding has been reduced by 30%, with a cohort of patients being successfully re-directed to mainstream mental health services. The 30% saved will be re-invested to train IAPT and other staff to be able to provide services for PLWHIV and to invest in expanding HIV testing further.

South London HIV Partnership were given notice by Lambeth Council and all services within the partnership will be contracted locally by LSL from 2014/15 onwards.

Progress in 2013

The commissioning of HIV care and support services has transferred to London Borough of Lambeth. HIV screening is included in the PMS contract. HIV care and support services were reviewed in 2012 at which point detailed equalities analysis was undertaken; no new services are being delivered though work is to commence in 2014 on the development of the structured education programme which the review recommended together with development of other services such as Peer Support services.

What next – considerations for the future

- Peer Support re-tender in 2014/15
- Peer Support tender engagement day to be held and will aim to represent the key groups affected and also where gaps have been identified e.g. Eastern European populations / Young People
- To ensure gaps in representation in SURG are addressed and invited to attend the group
- Equity equality impact screening of big new contracts
- Ensure activity data allows for monitoring equity of access to services

11. **Specific Equality Groups**

This section looks specifically at three equality groups that are of particular concern in Lambeth and where there is some development work happening.

11.1 Learning Disabilities

In the UK there are over 1 million people with learning disabilities. In Lambeth GP records suggest that over 1,000 adults are known to have learning disabilities or 0.28% of the population. Most of this group are aged between 30-49 years and nearly half live with a parent.

This detection rate is significantly lower than the rest of London or England as national estimates would suggest that Lambeth could expect over 5000 people aged 18-64 to have learning disabilities. From other sources in Lambeth; 470 older people are known to learning disability services which would tend to confirm that GP records are an underestimate.

On the basis of those known to primary care an estimated 130 people have Down's Syndrome.

There are 1194 children with learning difficulties known to services. 182 have severe learning difficulties. 543 children have a diagnosis of Autistic spectrum disorder

Equality and learning disabilities in Lambeth – What we know

In the UK, people with learning disabilities die on average 25 years earlier than those without learning disability. People with learning disabilities in Lambeth are mostly white British, followed by black African, followed by black Caribbean.

There are some health problems which affect those with learning disability more than those without. People in Lambeth with learning disability are more likely to have a long term condition such as epilepsy, chronic obstructive pulmonary disease (COPD), diabetes, heart disease including high blood pressure or serious mental illness. 41% of the Lambeth population with learning disability reports a psychiatric problem.

In Lambeth we have a significantly higher rate of autistic spectrum disorders in children than the rest of the UK. This figure is difficult to interpret as it could mean that services are more likely to identify people with or as having autistic spectrum disorders.

Lambeth does also have a significantly worse rate for GP annual health checks for people with learning disability compared with the rest of the UK (30% vs. 50%)

Admission rates for psychiatric and non-psychiatric ambulatory care conditions in people with LD in Lambeth are higher than the England average although this could also in part be related to whether someone is recognised and recorded as having an LD when they are admitted.

What action have we taken?

In Lambeth GPs maintain a learning disability register in their practice. This allows them to target the group for prevention and treatment including inviting them for an annual health check. NHS Lambeth uses some of this information (anonymised) to monitor the overall health of people with learning disability including the extent of any health inequalities so as to guide how best to support GPs in their work.

In 2012, Guy's & St Thomas's NHS Trust appointed a learning disabilities clinical nurse specialist (CNS) to work across both their hospital sites to ensure open and easy access to health care services for people with learning disabilities. The CNS will also work strategically with health care professionals, managers and commissioners to:

- Ensure people with learning disabilities have full and appropriate access to healthcare in hospital
- Liaise with all relevant parties to obtain information and plan effectively for hospital visits and to ensure effective discharge planning.
- Act as an expert in the field of learning disabilities providing appropriate training and advice to all hospital staff.
- Play a central role in adult safeguarding cases involving a person with a learning disability and to liaise with both the hospital and social services safeguarding leads.

Progress in 2013

11.2 Children and Young People

There are over 66,000 people aged less than 20 years (23% of the resident population) and 22,000 under 5's in Lambeth. It is thought that 10% of children in Lambeth misuse alcohol and 3% smoke and/or take drugs.[15] There are 1194 children with learning disabilities, 182 of these severe. There are also 543 children with autistic spectrum disorder and over 3000 with mental health issues who access to Child and Adolescent Mental Health Services (CAMHS).

Equality and Children and young people in Lambeth – what we know

6 in 10 of the Lambeth population aged 0-9 and 63% of young people ages 10-19yrs are from black and minority ethnic groups. 34% of children and young people live in poverty compared to 22% in England. Lambeth has higher rates of Chlamydia in young people than the England average (although we test far more extensively than most other parts of the country so this could be misleading). Although under 18 conception rates have reduced dramatically since an all-time high in 2003, the rates still remain high compared with the London average of 37 conceptions per 1,000 girls aged 13-17. There is variation within Lambeth areas in under 18 conception rates and this may be mostly linked to deprivation.

High rates of under 18 conceptions are associated with poorer sexual health. Lambeth has higher rates of sexually transmitted infections than seen nationally (although again

there is a high level of testing). Risk factors associated with higher rates of under 18 conceptions are some black and minority ethnic groups, people who misuse substances and alcohol, people excluded from or who are underperforming at school, looked after children and people in lower income households.

What action have we taken?

With the knowledge of the inequalities, Sexual Health commissioners and public health staff worked in close partnership with Lambeth Council and a range of partners including schools, youth offending teams, GPs, hospital services etc. to tailor services to people with the greatest need. The condom distribution scheme is closely monitored to ensure consistent coverage of Lambeth with easy access points for free condoms throughout the borough especially in areas of high teenage pregnancy rates.

The high proportion of black and minority ethnic children and young people in Lambeth necessitates a sensitive and targeted approach to understand and address the needs of this group which in itself is diverse. This includes ensuring that e.g. language and knowledge barriers do not prevent access and that boys and girls are engaged appropriately and effectively.

Progress in 2013

11.3 Lesbian, gay, bisexual and trans-sexual/gender groups

Public health and sexual health commissioners led a large needs assessment of MSM and substance abuse in 2011-12 in response to increasing concerns about risk taking behaviour in MSM including both substance abuse and sexual behaviour.

Important findings included that MSM are more likely to use recreational drugs and be poly-drug users than the general population. Use of dangerous recreational drugs is increasing including use of GHB/GBL, mephedrone and crystal methamphetamine. These drugs are also often used to facilitate sex which may impact on sexual heath. MSM are one of the highest risk groups for HIV**,** Hepatitis C and LGV (Lymphogranuloma venereum), and cases of LGV have increased in Lambeth since 2008.

It was identified that there are only limited services working in Lambeth to address the specific needs of MSM. There is a need for training staff in sexual health services to be able to offer recreational drug use interventions due to links between drug use and sex. Sexual orientation is not currently recorded by most health services therefore it is difficult to ascertain the range of health needs of LGBT patients and to target work appropriately.

As a result of this piece of work NHS Lambeth has made a number of recommendations encompassing data collection, staff training, promotion and awareness work and recommendations for health services. This work will continue into 2014.

12**. Discussion and conclusion**

This report updates on the progress we made in 2012 on meeting out equalities objectives.

It highlights a number of areas where significant improvements have been made, but also illustrates those areas where we still have much to do. It is also clear that a number of the key areas till have gaps in information.

The commissioning of many health interventions has now transferred from the CCG to other partners including Lambeth Council and NHS England. It has become increasingly important that collectively we have a shared vision and implementation strategy on health and Well Being across Lambeth overseen by the Health and Well Being board.

A number of services were reviewed and a number of positive changes made. This demonstrates the importance of review and learning and demonstrates real changes for better can be made.

The work with practices on variation on identification and control of long term conditions shows what can be done directly with clinicians to improve their practice for everyone. This work continues into 2014. This and the health equity audits done on the stop smoking services demonstrate the importance of using data intelligently to drive change and the benefit of capacity to analyse, interpret and apply findings to promote equality.

One obvious tool for commissioners to use in their work to promote equality is the NHS Standard Contract. Appendix 3 shows a key table from the equality impact assessment of the NHS Standard Contract showing where the opportunities lie for highlighting equality considerations together with the option of specifying local equality monitoring[19]. This however is complemented by the skill set highlighted in the brief period when World Class Commissioning was introduced; analytical skills for needs assessment, evaluation and application of evidence, and commissioning and procurement skills which include the ability to network, engage and build capacity of stakeholders to contribute effectively to the commissioning process in its widest sense. To this one must add explicit commitment from seniors in the organisation to carry through findings and commitments.

A gap identified during the preparation for CCG authorisation on the lack of regular and continuing engagement on equality with stakeholders was reviewed and an Equalities Engagement and Communications Group established which provides opportunities to work with a wider range of stakeholders on commissioning and service improvement. As part of developing the new 5 year strategy and considered the equalities objectives going forward we will be hosting a system wide event on equalities in the coming months.

[19]Equality Impact Assessment of the NHS Standard Contract
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132123.pdf

Appendix 1.
Further Information

For information on Lambeth, its population and health needs, here are some suggestions for further reading:

Annual Public Health Report –
http://www.selondon.nhs.uk/index.php?assetId=2687&assetGroupId=2666
Joint Strategic Needs Assessment –
http://www.selondon.nhs.uk/your_local_nhs/lambeth/your_health/joint_strategic_needs_assessment
Strategic Plan –
http://www.selondon.nhs.uk/index.php?assetId=2702&assetGroupId=2666
Lambeth Council –http://www.lambeth.gov.uk/home.htm
Lambeth first –http://www.lambethfirst.org.uk/
Lambeth CCG –http://www.lambethccg.nhs.uk/
Network of public health observatories –http://www.apho.org.uk/

Below are some further suggestions for more detailed reading about some of the areas covered in this document:

Learning disability –http://www.improvinghealthandlives.org.uk/publications
Children and Young people –http://www.lambethfirst.org.uk/theme-partnerships/cypsp
Smoking –http://www.nhs.uk/lambeth/smoking/Pages/Stopsmokingservices.aspx
Office of National Statistics –http://www.ons.gov.uk/ons/index.html
Diabetes – http://www.londondiabetes.nhs.uk/about-us/lambeth-and-southwark-diabetes-network.aspx
Mental Health – http://www.slam-iapt.nhs.uk/section.php?id=19
Older people http://www.lambethfirst.org.uk/positiveageing
http://www.lambethfirst.org.uk/older_peoples_partnership/

For further information on equality in Lambeth:

Lambeth Council Equality and Diversity page –
http://www.lambeth.gov.uk/Services/CommunityLiving/EqualityDiversity/index.htm
Equality Evidence 2012 –
http://www.selondon.nhs.uk/index.php?assetId=2705&assetGroupId=2666
NHS Lambeth Equality and Diversity page –
http://www.selondon.nhs.uk/your_local_nhs/lambeth/about_us/equality_and_diversity
Lambeth LINk Website –http://www.lambethlink.org.uk/
Equality Objectives 2012 –
http://www.selondon.nhs.uk/index.php?assetId=2706&assetGroupId=2666

Appendix 2. Jargon Buster/Acronym Translation

This is a brief explanation of some of the more technical or abbreviated terms in this document.

BME	Black and minority ethnic
Cardiovascular	Relating to the heart and circulation
CCG	Clinical commissioning group
Common Mental Disorder	Mental illnesses commonly found such as depression, anxiety, Obsessive Compulsive Disorder, Panic
CQUIN	Commissioning for Quality and Innovation
DH	Department of Health
Diabetes	A condition characterised by an inability of the body to maintain blood sugar in normal ranges
GUM	Genito-Urinary Medicine (mainly services for sexually transmitted infections including HIV)
HbA1C	A blood test used in diabetic patients to monitor long term blood sugar control
Hypertension	High blood pressure
IBA	Identification and Brief Advice
Ischaemic Heart Disease	Conditions in which the blood supply to the heart is reduced e.g. angina
JSNA	Joint strategic needs assessment
LGBT	Lesbian Gay Bisexual Transgender/sexual
LTC	Long term condition
MSM	Men who have sex with men
PCT	Primary Care Trust
PH	Public health
Prevalence	The total number of cases of a disease in a given population at a specific time.
PSED	Public sector Equality Act
SMI	Severe mental illness – most commonly schizophrenia and bipolar disorder
<	Less than
>	More than

Appendix 3. Methods & opportunities to promote equality & human rights in mainstream commissioning

Although NHS Lambeth seeks to influence and promote equality and human rights across all its activities as a partner, employer and commissioner, as its core role is to commission health services on behalf of the Lambeth population this is also the main method that NHS Lambeth has at its disposal to promote equality and human rights.

The box outlines the intended impact of the standard NHS contract on equality and is taken from the equality analysis done by the Department of Health on the NHS Standard Contract for 2012-13.

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

The Contract and the supporting guidance highlight equality issues and refer to specific requirements, which will provide assurance that commissioners and providers are taking account of equality. They represent an instrument, which underpins the delivery of key policy requirements by mandating that providers supply monthly monitoring reports to the commissioners. DH monitors compliance with the contract through SHAs and if evidence suggests that any protected group is adversely affected, then PCTs, with support from their SHA are responsible for resolving this.

The contract requires providers to have regard for the NHS Constitution, including two key NHS principles. For example:

You have the right to be treated with dignity and respect, in accordance with your human rights.

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.[22]

Providers are also contractually required to act at all times in the best interests of patients. They are not able to refuse to provide or discontinue services without appropriate reasons. If they do decide to stop providing a service they are responsible for ensuring the commissioner is aware so that they can make alternative arrangements.

Providers who identify a patient or group of patients other than those to whom they are providing services, may have an unmet health or social care need, are required to notify the commissioner. The commissioner would need to assess what action should be taken to address this unmet need.

From a performance management perspective, the contract can result in remedial action plans being produced or in certain circumstances, withholding of funding by commissioners if concerns (including from an equality perspective) remain unaddressed.

The 2012/13 Contract will bring the four acute, ambulance, community and mental health and learning disabilities into a single contract.

The Contract is flexible to ensure it meets the needs of the NHS service users in an equal and fair manner.

It is creates a framework so encourage equality in providing high quality services for all providers and all service types.

More details available
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131988

Providers are required to comply with all nationally required data reporting. This currently includes ethnicity, age and gender. All providers are also required to enable and support patient engagement and feedback. In addition Section B 14.2 point 4 of the standard contract provides for local variation to equality monitoring. This is where NHS Lambeth has the opportunity to improve data collection and monitoring of equality and to require providers to ensure they have insight into the needs and experiences of patients across the equality protected groups.

Appendix 4. NHS Lambeth Strategic Vision and Goals (Taken from NHS Lambeth Strategic Plan 2010-11 – 2014-15)

NHS Lambeth Strategic Vision and Goals

Mission

To improve the health and reduce health inequalities of Lambeth people and to commission the highest quality health services on their behalf.

Vision

Health: Men will live 17 months longer and women 7 months longer; and the gap in life expectancy between most and least deprived will be reduced by 2 months
Access: Comprehensive, round the clock access to integrated pathway based care, general and specialist; delivered through neighbourhood networks
Affordability: A thriving, financially viable health economy delivering safe, effective, high quality care.
Cutting edge: Local services grounded in world class research, innovation and clinical education; in partnership with Kings Health Partners

Health goals	**Serious mental illness** Enable 1000 people with people with serious mental illness to move on from secondary care by accessing a new asset / recovery based service offer.	**Cardio Vascular Disease** Improve hypertension control of 1000 more people in Lambeth	**Diabetes** Help 5000 more people with diabetes bring their blood sugar under control	**HIV** Halve the proportion of Lambeth residents diagnosed very late with HIV (<200 CD4 cells/mm3)	**Smoking** Help over 12500 more people in Lambeth quit smoking	**Childhood obesity** Help 900 more children overcome or avoid obesity; and help over 10000 children maintain a healthy weight	**Alcohol** Increase the number of frontline staff who have received training in screening and brief intervention for alcohol misuse
Outcomes 2010-15 as reviewed	**98% users in CPA with HONOS**	**76% of people with hypertension with BP <=150/90**	**74.5% for HbA1c <8**	**26% (2009) to 13% (by 2015)**	**1062 smoking quitters per 100,000**	**22.3% Year 6 obesity prevalence in children**	**90% of the identified frontline staff have received training in screening and brief intervention for alcohol misuse**

Life expectancy **Health Inequalities** **Patient experience**