

Board of Directors : November 2015

Item : 13

Title : Equalities Monitoring of Clinical Services

Summary:

This paper is presented to the Board for discussion. It contains a review and analysis of data collected on the relevant protected characteristics of those using our clinical services and some examples of our approach to addressing equality and diversity issues in our clinical services. This report will be made publicly available on our website.

In line with our Equalities Annual Plan priorities for 2015-6, we are currently engaged in a project to review the data on protected characteristics which we routinely collect across the Trust. We wish to improve the consistency of data collection across the Trust and to ensure that it is collected in forms which are compatible with NHS guidance so that we can clearly benchmark externally and internally. We are reviewing which data needs to be collected in order to monitor equitable access, to monitor the effectiveness of interventions aimed at improving access and to examine any differences in patient satisfaction across groups of patients.

This report focuses on the following areas:

- Patient / User Experience
- Equality

For : Noting

From : Louise Lyon, Director of Quality and Patient Experience; AFS

2014/15 Equalities Report: Clinical Services

Introduction

In line with our Equalities Annual Plan priorities for 2015-6, we are currently engaged in a project to review the data on protected characteristics which we routinely collect across the Trust.

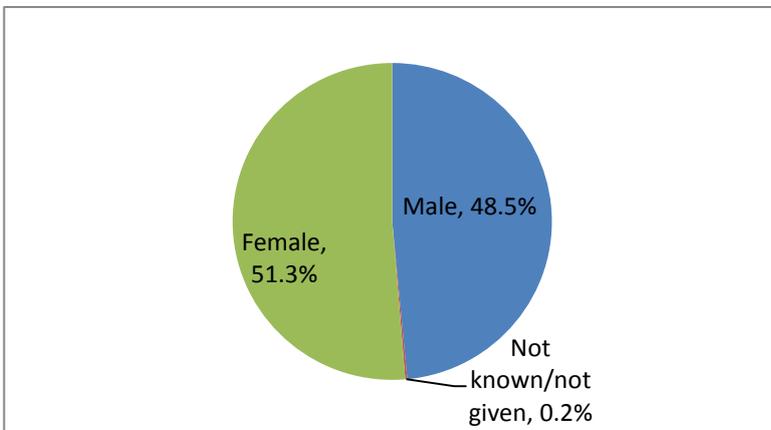
We wish to improve the consistency of data collection across the Trust and to ensure that it is collected in forms which are compatible with NHS guidance so that we can clearly benchmark externally and internally.

We are reviewing which data needs to be collected in order to monitor equitable access, to monitor the effectiveness of interventions aimed at improving access and to examine any differences in patient satisfaction across groups of patients.

This report gives first the statistics for 2014/15; and then a narrative on the Trust's approach to ensuring equality of access and treatment, with examples of the work already done in this area and our further action plans.

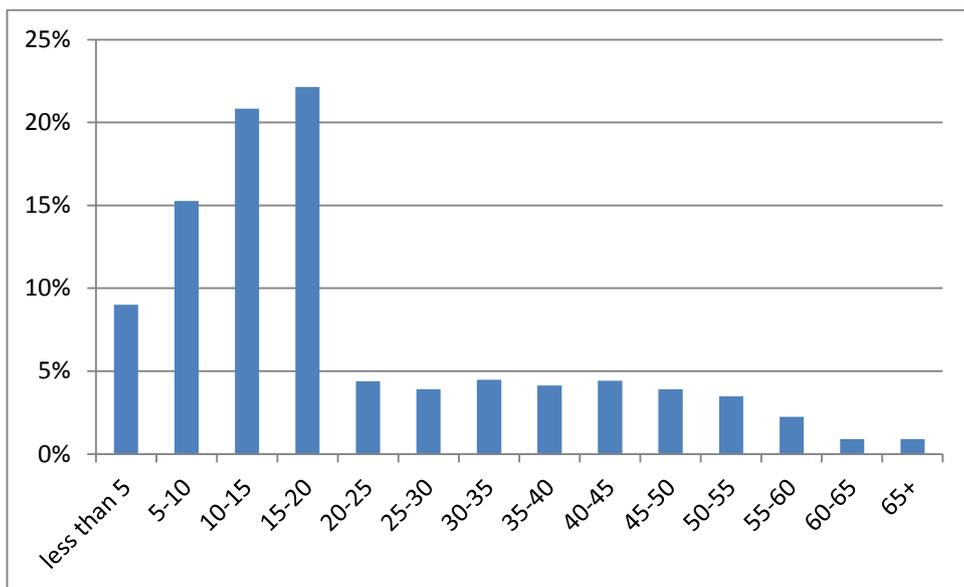
Gender

48.5% of patients seen by the Trust in 2014/15 were male; 51.3% female; and 0.2% not known or not given.

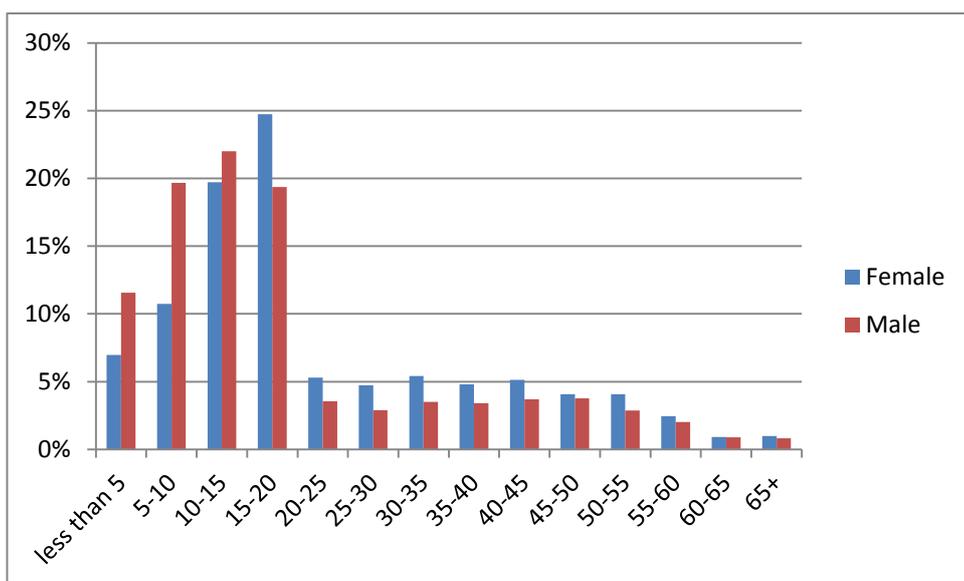


Age

The age at referral for the patients seen by the Trust in 2014/15 is shown in the chart below:



The age profiles for male and female patients are slightly different, and are shown in the chart below.



Disability

Information on disability was only stated by 22% of the patients seen in 2014/15. The Trust plans to review this incompleteness, as we regard this information as relevant to a high quality service delivery.

	Yes	No	Not stated
Learning disability	0.3%	21.5%	78.2%
Physical disability	0.7%	21.1%	78.2%

Gender reassignment

We do not currently ask for this data but we are exploring ways of doing so which are appropriate to our services.

Marital status and civil partnership

We decided that this data was not sufficiently relevant to our offering clinical services, and it is therefore not routinely requested.

Religion

This data is collected in some services but is not routinely collected across the Trust. As part of our review process, we will explore whether we should roll out routine collection of this data across our services.

Pregnancy and maternity

We do not collect this data as it is not relevant to service delivery.

Sexual orientation

At present this is only collected routinely in one of our services. The Management Team have approved our plan to collect this data for all adult patients now that our new CareNotes system is in place.

Ethnicity

Comparators

The proportions of ethnic groups vary significantly across the country and across London: e.g. Black groups make up 3.4% of the population of England; 13.3% in London; 8.2% in Camden; and 18.8% in both Haringey and Brent.

There are also some significant age differences: White groups account for 59.8% of the total London population, but only 46.6% of the London population under 18 (in 2011).

Since the catchment areas and ages for our services vary significantly, a single comparator such as the London population will not be the most appropriate; though it is used here as the best approximation if we wish to take all our services together.

Clinical services	Comparator
Camden CAMHS	Camden under 18s in 2011.
CAMHS Complex Needs	Under 18s in 2011. Weighted average (in proportion to their activity levels) of the 3 boroughs from which our patients mainly come, Barnet, Haringey and Islington.
Adolescent and Young Adults	Aged 12 to 20 in 2011. Weighted average (in proportion to their activity levels) of the 5 boroughs from which our patients mainly come, Camden, Barnet, Haringey, Islington and Westminster.
Gender Identity Development	England under 18s in 2011.
Adult Complex Needs	21 – 69s in 2011. Weighted average (in proportion to activity levels) of the 6 boroughs/counties from which our patients mainly come, Camden, Hertfordshire, Westminster, Haringey, Barnet and Islington.
Portman Clinic	21 – 69s in 2011. Weighted average (in proportion to activity levels) of the 5 boroughs/counties from which the largest numbers of our patients come, Camden, Barnet, Haringey, Islington and Hertfordshire.
City and Hackney Primary Care Psychotherapy Consultation	City and Hackney 21 – 69s in 2011.
Total of all clinical services	London total population in 2011. As noted above, this is not a very good comparator.

All these figures are comparators. For various reasons, notably the potential for variation in illness and need between ethnic groups, they should not necessarily be viewed as targets.

Patient numbers

The percentages of patients for each service, and for the Trust overall, are given in the two pages of the Appendix.

As shown at the foot of each table, the data is incomplete. Action is currently in hand to address the difficulties experienced in collecting ethnicity for some patients. This is believed to be partly caused by features of our previous patient record system, now replaced. We are confident of substantially increasing our collection rates, though it is expected that some patients will not wish to provide this information.

Though incomplete, the data gives a high sample to allow comparisons with the populations served. In general, there is a good degree of correlation. More specifically:

- a) White groups are generally represented in similar proportions to the population. Main exceptions: White British are over-represented in Adolescent, Adult and Portman. White Other are over-represented in City and Hackney PCPCS. In CAMHS Complex Needs, White British are under-represented and White Other are over-represented.
- b) Mixed groups are over-represented in several services. (This seems to be especially in "Other Mixed" but there could be scope for confusion here over the exact description given.)
- c) Black groups overall are generally represented in similar proportions to the population, though with some variation both over and under. Black Africans are more significantly under-represented in several services, however, with Black Caribbean sometimes over-represented.
- d) Asian groups are significantly under-represented in all services; though the proportion in Camden CAMHS is high, but still lower than the comparator.

Equality and Diversity

Our approach in our clinical services

Our clinical services span a wide range of geographical areas with varying demographics and levels of need. We work with children, young people families and adults and therefore provide services across the life span, tailoring our services to the needs of our service users according to their stage of life.

We aim to identify hard to reach communities through analysis of data and intelligence from a variety of sources including the third sector, local authorities, CCGs, Public Health and Joint Strategic Needs Assessments.

Having identified hard to reach communities, we look for organisations or staff who work with these communities and members of the community itself who can provide more information about their needs and how best to engage the community

Where we can identify partners to work with, we will co-produce a service model or project, develop appropriate information, pilot the intervention and refine on the basis of feedback.

We provide interpreters where service users indicate they are needed. We provide information in a range of formats and languages. We enquire about access requirements before first appointments and can offer appointments in wheelchair accessible buildings with disabled lavatory facilities. We have an induction loop system for those with hearing problems and ensure our buildings are DDA compliant.

Examples of our approach to addressing equality and diversity in practice.

This is not an exhaustive report on our approach but gives some examples from a range of services

1 The Child and Family Refugee Team is a specialist team within CAMHS. We offer multi-disciplinary interventions, based on our experience, service user feedback and knowledge of research, to children and families from Refugee and asylum seeking communities to improve their emotional and mental health.

We are good at engaging hard to reach families through outreach projects and community interventions, and through the work of our three community mental health practitioners in the team who share language and culture with two of the biggest refugee communities in Camden. We co-lead groups with Somali and Congolese communities to produce leaflets in an extensive range of languages including Farsi and Pashto .

Feedback from service users included ““having leaflets in our languages helps understand what we they are offering and builds trust. It shows the Trust is respectful and interested in being our culture.”

Work with these communities led to the training and employment of people from these communities as CAMHS workers.

We also work closely with interpreters and cultural advocates. Our outreach projects have included narrative groups for children and their parents in schools, youth clubs and sports centres (Arsenal in the Community); parenting skills groups; and mental health awareness raising sessions. In addition, we use our specialist expertise to improve the knowledge, capacity and competence of other health and social care staff in their work with children and families from refugee communities through consultation and training.

2 In our City and Hackney Primary Care Psychotherapy Consultation Service we have set up specific projects to cater for ‘hard to reach’ or BME groups . These projects are embedded within the service’s local delivery model. They include the Horticultural Therapy Group (for Turkish speakers) and Community Photography Group. The aim was to develop therapeutic interventions tailored to the needs of those less likely to engage with more ‘traditional’ psychotherapeutic approaches. Through this and other measures BME groups are ‘over-represented’ in our City and Hackney service, when compared to the ethnic make -up of the area. This service won the Royal College Psychiatric Team of the year and British Medical Journal Mental health Team of the Year 2015. In our new Camden Team Around the Practice Service, a primary care based service for adults, we are seeking to appoint a Sylheti speaking clinician as the Sylheti speaking community has been identified as a hard to reach group. We are also

making links with Irish voluntary sector bodies in order to increase our reach with the Irish community in Camden as they have been identified as a group in need.

3 Religious groups

Within some religious groups, people feel stigmatised in approaching mental health services. Our services seek to de-stigmatise people experiencing mental health problems and to make contact with religion based groups. For example, in Hackney we have good links with Bikur Cholim, an orthodox Jewish care centre; we have linked with the Muslim Youth Helpline, based in Swiss Cottage, learning from them about the need for faith sensitive services.

4 Learning disabilities

We draw on learning from our work with People First to ensure our services are more accessible and appropriate to people with learning disabilities, for example by using pictures in literature when appropriate. We offer a Life span service which offers a dedicated service for people with learning disabilities and autism across the life span

5 Sexual orientation

We are a Stonewall Health Champion and benefitted last year from their Department of Health funded consultation to us to improve access and appropriate provision for lesbian, gay, bisexual and trans communities. We recognise that there are high rates of mental health problems amongst LGBT people. Over the year 2014-5, training in addressing the health care needs of LGBT people was offered to staff and we plan to arrange further training opportunities.

On Stonewall's advice, we will start to routinely ask people about their sexual orientation in 2015-6 in order to assess whether or not LGBT people are accessing our services. Locally we have fostered links with the LGBT community through linking with a local LGBT youth club. We offer a service for adoptive parents in same sex couples.

6 Deprived communities

We are aware that areas of higher mental health need match areas of greatest deprivation. We undertook a study of our Camden patients and as reported in the Trust's Quality Report for 2010/11, this showed that 53% of patients came from the 40% most deprived section of the borough's population; and only 29% from the 40% least deprived.

Appendix

<u>percentages of those for whom the ethnicity information was collected</u>	Camden CAMHS		Other CAMHS		Adolescent		Gender Identity	
	Patients 2014/15	Census Comparator						
White: English/Welsh/Scottish/Northern Irish/British	35.5%	35.7%	31.5%	36.6%	55.4%	36.7%	85.9%	74.5%
White: Irish	1.3%	1.0%	1.0%	0.9%	1.3%	1.1%	2.0%	0.3%
White: Gypsy or Irish Traveller	0.1%	0.1%	0.2%	0.2%	0.0%	0.1%	0.0%	0.2%
White: Other White	13.9%	12.9%	19.5%	14.2%	17.1%	13.0%	4.0%	3.6%
Total : White	50.8%	49.7%	52.3%	51.8%	73.7%	50.8%	91.9%	78.6%
Mixed/multiple ethnic groups: White and Black Caribbean	4.6%	3.0%	5.9%	3.6%	1.8%	2.8%	1.6%	1.8%
Mixed/multiple ethnic groups: White and Black African	2.1%	1.8%	1.6%	2.1%	0.8%	1.6%	0.2%	0.8%
Mixed/multiple ethnic groups: White and Asian	2.2%	4.6%	2.3%	3.2%	2.0%	2.5%	0.9%	1.5%
Mixed/multiple ethnic groups: Other Mixed	7.9%	3.8%	7.9%	3.6%	5.6%	2.6%	1.4%	1.1%
Total : Mixed/multiple ethnic groups	16.9%	13.1%	17.7%	12.5%	10.2%	9.5%	4.2%	5.2%
Asian/Asian British: Indian	0.4%	1.3%	1.5%	2.9%	1.0%	3.7%	0.3%	2.6%
Asian/Asian British: Pakistani	0.5%	0.6%	0.4%	1.2%	0.8%	1.2%	0.2%	3.6%
Asian/Asian British: Bangladeshi	9.2%	12.4%	1.2%	2.2%	1.8%	4.6%	0.0%	1.5%
Asian/Asian British: Chinese	0.9%	0.9%	0.4%	1.2%	1.8%	3.3%	0.5%	0.5%
Asian/Asian British: Other Asian	3.2%	2.7%	1.2%	4.3%	1.8%	4.4%	0.4%	1.8%
Total : Asian/Asian British	14.1%	17.9%	4.8%	11.7%	7.1%	17.2%	1.4%	10.0%
Black/African/Caribbean/Black British: African	8.0%	8.9%	5.6%	10.8%	2.3%	9.4%	0.3%	2.9%
Black/African/Caribbean/Black British: Caribbean	2.4%	3.2%	11.2%	4.1%	3.6%	3.4%	1.0%	1.0%
Black/African/Caribbean/Black British: Other Black	2.8%	3.3%	3.4%	4.0%	0.8%	3.2%	0.8%	1.0%
Total : Black/African/Caribbean/Black British	13.2%	15.4%	20.3%	18.8%	6.6%	16.0%	2.0%	4.9%
Other ethnic group: Arab	0.3%	1.9%	0.0%	1.6%	0.3%	2.8%	0.0%	0.6%
Other ethnic group: Any other ethnic group	4.8%	2.0%	5.0%	3.6%	2.0%	3.6%	0.6%	0.7%
Total : Other ethnic group	5.0%	3.8%	5.0%	5.2%	2.3%	6.4%	0.6%	1.3%
Totals (with ethnicity info collected)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Client refused or unable to choose	2.5%		2.4%		4.0%		0.1%	
Not requested or other null codes	27.1%		40.6%		37.7%		34.7%	
Total not collected	29.6%		43.0%		41.8%		34.8%	

<u>percentages of those for whom the ethnicity information was collected</u>	Adults		City and Hackney		Portman		Grand Total	
	Patients 2014/15	Census Comparator						
White: English/Welsh/Scottish/Northern Irish/British	51.0%	47.6%	40.9%	39.1%	63.7%	48.9%	48.1%	44.9%
White: Irish	2.4%	3.0%	3.1%	2.5%	1.8%	3.0%	1.7%	2.2%
White: Gypsy or Irish Traveller	0.0%	0.1%	0.3%	0.2%	0.0%	0.1%	0.1%	0.1%
White: Other White	22.3%	20.1%	24.6%	18.4%	12.2%	18.8%	15.3%	12.6%
Total : White	75.6%	70.7%	69.0%	60.2%	77.7%	70.8%	65.3%	59.8%
Mixed/multiple ethnic groups: White and Black Caribbean	1.5%	0.7%	2.5%	1.4%	1.1%	0.8%	3.3%	1.5%
Mixed/multiple ethnic groups: White and Black African	0.3%	0.6%	0.8%	0.9%	0.7%	0.6%	1.2%	0.8%
Mixed/multiple ethnic groups: White and Asian	1.1%	1.1%	0.8%	1.2%	1.4%	1.0%	1.7%	1.2%
Mixed/multiple ethnic groups: Other Mixed	2.6%	1.3%	2.7%	1.8%	3.2%	1.3%	5.4%	1.5%
Total : Mixed/multiple ethnic groups	5.6%	3.7%	6.7%	5.3%	6.5%	3.7%	11.5%	5.0%
Asian/Asian British: Indian	2.5%	3.4%	2.5%	2.9%	1.8%	4.0%	1.1%	6.6%
Asian/Asian British: Pakistani	0.6%	0.8%	0.8%	0.7%	1.4%	0.9%	0.5%	2.7%
Asian/Asian British: Bangladeshi	1.1%	2.7%	1.3%	1.9%	0.4%	2.0%	3.5%	2.7%
Asian/Asian British: Chinese	0.7%	2.5%	0.5%	1.6%	0.0%	2.3%	0.7%	1.5%
Asian/Asian British: Other Asian	2.4%	4.2%	0.5%	2.8%	1.1%	4.1%	1.8%	4.9%
Total : Asian/Asian British	7.2%	13.7%	5.5%	10.0%	4.7%	13.4%	7.6%	18.5%
Black/African/Caribbean/Black British: African	2.1%	4.3%	3.4%	10.0%	3.6%	4.8%	4.5%	7.0%
Black/African/Caribbean/Black British: Caribbean	3.8%	2.0%	7.7%	6.7%	4.3%	2.4%	4.6%	4.2%
Black/African/Caribbean/Black British: Other Black	1.1%	1.2%	2.7%	3.2%	2.2%	1.2%	2.4%	2.1%
Total : Black/African/Caribbean/Black British	7.0%	7.5%	13.8%	19.8%	10.1%	8.4%	11.5%	13.3%
Other ethnic group: Arab	0.6%	1.8%	0.0%	0.7%	0.0%	1.1%	0.2%	1.3%
Other ethnic group: Any other ethnic group	4.0%	2.6%	5.0%	4.0%	1.1%	2.7%	3.8%	2.1%
Total : Other ethnic group	4.6%	4.4%	5.0%	4.7%	1.1%	3.7%	4.1%	3.4%
Totals (with ethnicity info collected)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Client refused or unable to choose	12.3%		0.9%		0.9%		3.0%	
Not requested or other null codes	23.3%		48.7%		39.0%		34.0%	
Total not collected	35.6%		49.7%		39.8%		37.1%	