

# Annual Equality Publication January 2013 (Workforce and Service Delivery)



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## Introduction

In October 2010, the Equality Act 2010 came into effect. Prior to this time there had been over 100 pieces of legislation covers equalities protections and – with them – three associated public duties for race, gender and disability.

The Equality Act 2010 brought with it a new, legal, public sector equality duty (PSED) requiring public bodies to declare their compliance with the duty on an annual basis. This means that NHS Salford including NHS Salford CCG must show compliance with both the general and specific duties of the PSED. This includes:

For the general duty, showing how we have due regard to the need to:

- **Eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Equality Act 2010
- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it
- **Foster good relations** between people who share a protected characteristic and people who do not share it.

Protected characteristics – in the context of the PSED – are defined as:

- 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 (male & female)
- Sexual orientation

It also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

The duty requires organisations to collect information in relation to workforce and service delivery and identify any areas for improvement. This is essential to enable us to target resources where they will make the most difference.

Publication of this information is required to allow transparency and enable stakeholders to judge progress for themselves. This report contains NHS Salford's monitoring information for 2012/13.

## Contents

	<b>Page</b>
<b>Chapter 1. Population Profile</b>	<b>4</b>
Table 1. Diversity profile for Salford	5
<b>Chapter 2. Workforce</b>	<b>6</b>
2.1. Ethnicity	6
2.2. Age	6
2.3. Gender	7
2.3.1. Gender and pay band	7
2.4. Disability	8
2.5. Religion	8
2.6. Sexual Orientation	9
2.7. Marriage/Civil Partnership and Gender Reassignment	9
2.8. Employee Relations	9
2.9. Workforce Summary	10
<b>Chapter 3. Service Delivery</b>	<b>11</b>
3.1. NHS Salford Engagement	11
Table 2. Summary of Engagement Activity in 2012 with protected groups.	11
3.1.2. Equality and Diversity Advisory Group	11
3.1.3. Health and Social Care Partnership Boards	12
3.1.4. NHS Salford's Citizen and Patient Panel	12
<i>Panel members by age</i>	13
<i>Panel members by gender</i>	13
<i>Panel members by disability</i>	13
<i>Panel members by ethnicity, religion and sexual orientation</i>	14
3.2. Service access and experience	15
3.2.1. Complaints and Enquiries	15
3.2.2. GP Services	16
3.2.3. Citizen and Patient Panel Survey	16
3.2.4. Survey findings	16
3.2.5. Targeted Initiatives	16
<i>Commissioning</i>	17
<i>Public Health and Health Improvement</i>	17
3.2.6. Service Delivery Summary	18
<b>Chapter 4. Provider Organisations</b>	
4.1. Salford Royal Hospitals NHS Trust	19
4.2. Greater Manchester West Mental Health NHS Foundation Trust	19
<b>Chapter 5. Conclusions</b>	<b>20</b>
Appendix A	21
Appendix B	23

## Chapter 1. Population profile

Salford is situated across the River Irwell from Manchester and spreads over an area of 37 square miles. Most of Salford is green open space, and generations have chosen to live and raise their families in the city they love. Life expectancy for people who live in Salford is less than in the rest of England and Wales. Salford's men die on average three years earlier and women die just less than three years earlier, compared to the national average. The reasons for this are varied and include social factors such as high deprivation rates, high unemployment and poor housing in particular areas. Lifestyle issues also contribute materially to premature mortality, particularly smoking rates, drinking alcohol to harmful effect, poor diet, lack of exercise and physical activity.

The population of Salford contains a rich diversity of communities that adds to the vibrancy of our city. National evidence suggests that people from protected groups experience poorer health, access to services and patient experience. To enable us to understand if this is the case for Salford it is necessary to examine local data where it is available to identify areas for improvement.

Local data in relation to workforce, patient experience and engagement has been compared with Salford's profile to enable us to see if there are any potential inequalities and to identify areas for improvement.

Table 1 provides an overview of Salford's population using available data. It should be noted that disaggregated 2011 census data for Salford will be made available in 2013 therefore the following is subject to change.

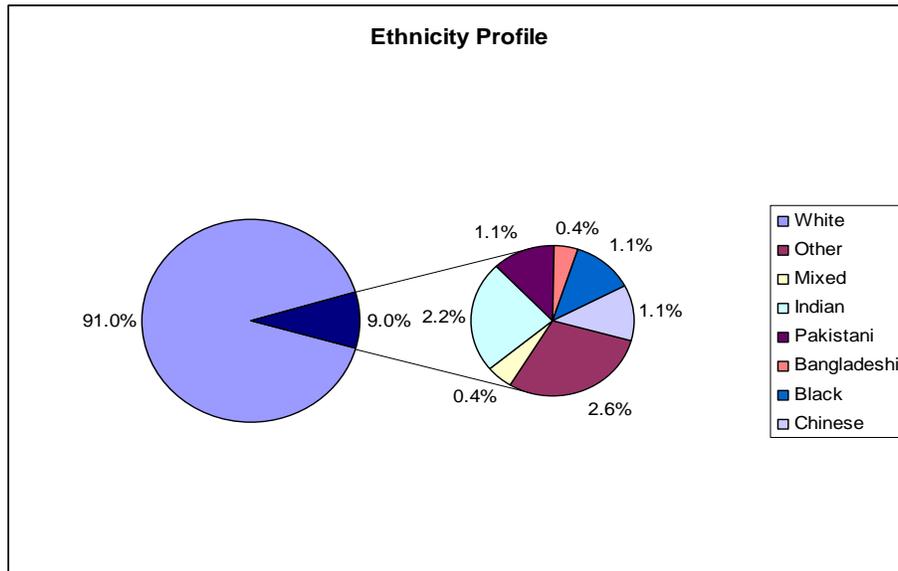
**Table 1. Diversity profile for Salford**

<b>Total population</b>	Salford has a population of 233,900 residents identified in the 2011 census.
<b>Deprivation</b>	Salford is the 15 <sup>th</sup> most deprived Local Authority (out of 354) in England.  Almost 54% of Salford's residents are living in the wards which are amongst the 25% most deprived in England.
<b>Life Expectancy</b>	Life expectancy for people who live in Salford is less than in the rest of England and Wales. The reasons for this are varied and include social factors such as the high deprivation.
<b>Gender</b>	In 2005 Salford had an almost even split of 50/50 between men and women residing in the area.
<b>Age</b>	According to the 2011 census data, the largest age band for Salford is 25-29 followed by 20-24 (male and female).  67% of Salford's population is in the working age group, whilst 19% are classed as children and 14% are of a pensionable age (now classed as 65 and above for both men and women) as of 2011.
<b>Disability</b>	23% of the population has a long term condition which reflects the national data estimates of 1 in 5 of the adult population.  30% of Salford's population has a long standing illness or disability as recorded by NHS Salford Public Health Lifestyle Survey 2007.
<b>Ethnicity</b>	According to the ONS 2009 mid year estimates, Salford's ethnic population has risen to 13.5% compared to 12.3% in 2007.  Longstanding communities in the city include the Yemeni, Bangladeshi and Pakistani communities in Eccles and the Orthodox Jewish community in East Salford.
<b>Religion</b>	According to 2001 census data:- <ul style="list-style-type: none"> <li>• Salford has a Christian population of 77%</li> <li>• 11% identify themselves as having no religion</li> <li>• 2.4% identify as Jewish</li> <li>• 1.2% identify as Muslims</li> <li>• All other religions make up less than 1% of the population</li> </ul> <p>There are a number of well established ethnic minority communities in the city such as the Orthodox Jewish community in east Salford, which at approximately 10,000 people has grown to become the second largest community of its kind in the UK. .</p>
<b>Sexual Orientation</b>	The Lesbian and Gay Foundation, Manchester estimates that around 9% of the population of Greater Manchester are lesbian, gay or bisexual with a significant proportion living in Salford.
<b>Gender Reassignment</b>	According to research carried out by the Gender Identity and Education Research Society (GIREs) in 2007 there was estimated to be 3.0 per 100,000 people aged over 15 in the UK presenting for treatment for gender dysphoria.

## Chapter 2. Workforce

NHS Salford monitors the profile of its workforce to understand if there are any potential inequalities and to inform its annual equality actions. Below is a summary of NHS Salford's workforce between April and July 2012.

### 2.1. Ethnicity

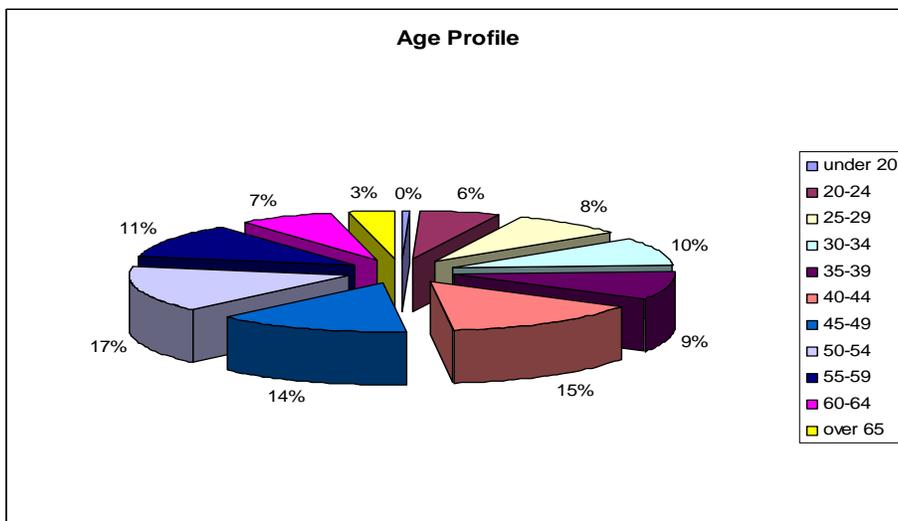


NHS Salford currently has 41 members of staff from an ethnic minority background, out of a total headcount of 463. Ethnicity profiles for five staff are not complete. This equates to 9% of the known ethnicity profile of staff. ONS estimates in 2010 indicate 13.5% ethnic minority population in Salford.

**The ethnicity profile is not representative of Salford's population.**



### 2.2. Age



Age Distribution										
Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Over 65
2	27	39	44	42	70	66	72	53	32	16

In 2011, the largest age band for Salford is 25-29 (male and female).

The largest age band for NHS Salford is between 50 and 54.

**The workforce is not representative of Salford's younger age groups**



### 2.3. Gender

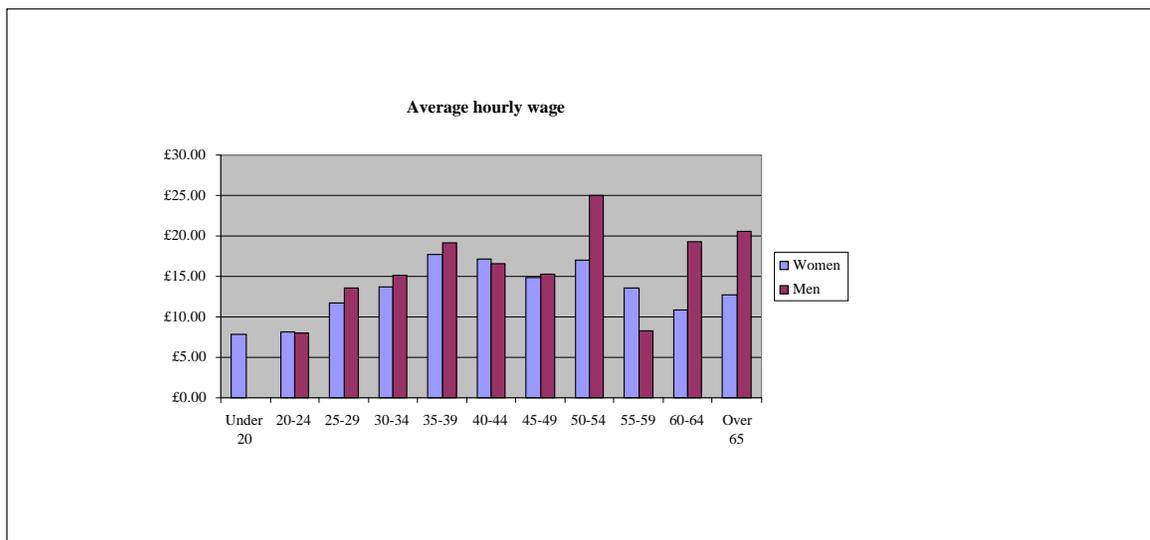
Gender		
Female	332	71.71%
Male	131	28.29%

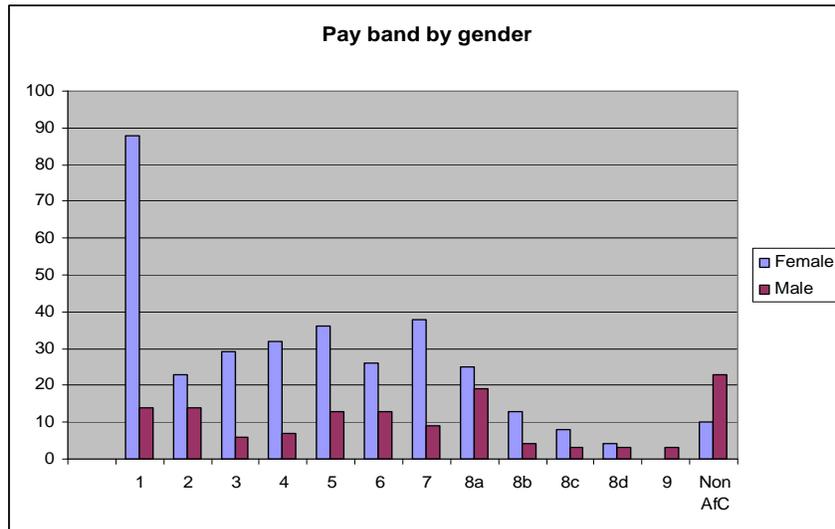
This table shows that overall 28% of the workforce is male and 72% of the workforce is female. The gender profile is not representative of Salford's population but is fairly typical of an NHS organisation.

**Not representative (but typical of NHS nationally)**



#### 2.3.1. Gender and pay band





The charts in indicate a potential inequality in gender and pay. ↓

### 2.4. Disability

Disability	Count	Percentage
Yes	14	3.02%
No	248	53.56%
Not Declared	201	43.41%

There is a significant gap in data around disability. Although some progress has been made and systems are now able to capture disability status more work will need to be done to encourage staff to declare a disability.

At present there is no clear picture for Disability ↔

### 2.5. Religion

Religion	Count	Percentage
Christianity	115	25%
Atheism	22	5%
Islam	6	1%
Other	23	5%
None	0	0.00%
Undefined	199	43%
I do not wish to declare	98	21%

'Other' as well as a category of its own also includes Hinduism, Judaism & Sikhism as they represent too low a figure to avoid individuals being identified.

There is a gap in data around religion i.e. 43% undefined and 21% do not wish to declare. Although this has decreased since 2011/12 improvements in data collection still need to be made.

At present there is no clear picture for religion ↔

## 2.6. Sexual Orientation

Sexual Orientation	463	
Heterosexual	190	41%
Lesbian	2	0.43%
Gay	2	0.43%
Bisexual	0	0.00%
Undefined	199	43%
I do not wish to declare	70	15%

There is a gap in data around sexual orientation i.e. 43% undefined. Although some progress has been made and systems are now able to capture sexual orientation more work will need to be done to capture accurate data.

**At present there is no clear picture for Sexual Orientation**



## 2.7. Marriage/Civil Partnership and Gender Reassignment

This data has not been routinely collected by NHS Salford and therefore there is no clear picture.

**At present there is no clear picture for Marriage/Civil Partnership and Gender Reassignment.**



## 2.8. Employee Relations

Employee Relations cases are defined as:

- Disciplinary
- Grievances
- Performance
- Bullying and Harassment
- Appeals against Dismissal

Between April 2012 and December 2012, there were no employee relation cases.

## 2.9. Workforce Summary

- Workforce profiles within this report relate to data compiled for the period April 2012 – June 2012.
- Detailed analysis cannot be performed where gaps in data exist i.e. disability, religion and sexual orientation.
- The gender split for staff has not changed since the previous year's publication and this is reflective of similar NHS organisations e.g. a predominately female workforce.
- The gender and pay information highlights potential inequalities for women. However, further analysis is needed to understand this fully and therefore, no conclusions can be made. NHS Salford CCG will continue to monitor gender and pay following transition.
- This is the last report that NHS Salford will produce and therefore, no positive actions will be in place to improve workforce profiles or data for NHS Salford.
- Following staff transition, receiver organisations will continue the duty to monitor workforce and this will include NHS Salford Clinical Commissioning Group.
- In light of workforce transition an Equality Impact Assessment has been undertaken which includes improvement of staff profile data. This information will be used to NHS Salford.
- NHS Salford Clinical Commissioning Group will develop a baseline assessment of workforce for 2013/14.
- NHS Salford Clinical Commissioning Group will continue to monitor workforce data in the new organisation and identify areas for improvement.

## Chapter 3. Service Delivery

### 3.1. NHS Salford Engagement

NHS Salford is committed to engaging with protected groups as outlined in its Commissioning Strategy and Communications and Engagement Strategy. A summary of targeted engagement with protected groups is listed in table 2 below.

**Table 2. Summary of Engagement in 2012 with Protected Groups**

<b>Gender</b>	<b>Age</b>	<b>Religion</b>	<b>Ethnicity</b>
<ul style="list-style-type: none"> <li>√ Citizen and Patient Panel engagement</li> <li>√ Maternity Service User Listening Day</li> </ul>	<ul style="list-style-type: none"> <li>√ Young People's Drama workshops</li> <li>√ Citizen Panel meetings (working age and older people)</li> <li>√ Salford University Health Day (students)</li> <li>√ Equality Delivery System Stakeholder Verification</li> </ul>	<ul style="list-style-type: none"> <li>√ Faith and Ethnicity Health and Social Care Group</li> <li>√ Mental Health and BME Focus Group</li> <li>√ Jewish Community Needs Assessment</li> </ul>	<ul style="list-style-type: none"> <li>√ Faith and Ethnicity Health and Social Care Group</li> <li>√ Mental Health and BME Focus Group</li> </ul>
<b>Disability</b>	<b>Sexual Orientation</b>	<b>Transgender</b>	<b>Other (carers, homeless etc).</b>
<ul style="list-style-type: none"> <li>√ Equality Delivery System Stakeholder Verification</li> <li>√ Health Day for Learning Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>√ Equality Delivery System Stakeholder Verification</li> </ul>	<ul style="list-style-type: none"> <li>√ Equality Delivery System Stakeholder Verification</li> </ul>	<ul style="list-style-type: none"> <li>√ Equality Delivery System Stakeholder Verification</li> <li>√ Homeless Needs Assessment</li> </ul>

#### 3.1.2. Equality and Diversity Advisory Group

NHS Salford has a Faith and Ethnicity advisory group made up of members of the public and voluntary sector organisations who represent various faiths across the city. This group provides ongoing advice to NHS Salford in relation to commissioning and service delivery.

The group will evolve to become a virtual Equality and Diversity Advisory Group in March 2013.

### 3.1.3. Health and Social Care Partnership Boards

Joint Health and Social Care Partnership Boards are involved in decision making and include citizens and carers on their membership. In 2012 the following partnership boards were in operation.

- Independent Living
- Physical and Sensory Impairment
- Learning Difficulties
- Mental Health
- Older People

Salford's Partnership Board structure has been in place since 2001 and has grown and developed over the years to play a pivotal role in the delivery of National Service Frameworks for Older People, Mental Health, the delivery of the Valuing People Programme as well as Carers and Dementia Strategies. They have also led the development of many commissioning plans and wellbeing strategies as well as provided quality assurance via reporting frameworks and user/patient experience.

In 2013 a single Board will be developed which will bring together these client specific Partnership Boards and continue to involve users and carers in design and delivery of services and development of future strategies. This will continue to ensure our integrated commissioning plans take into account the needs of protected groups and their carers.

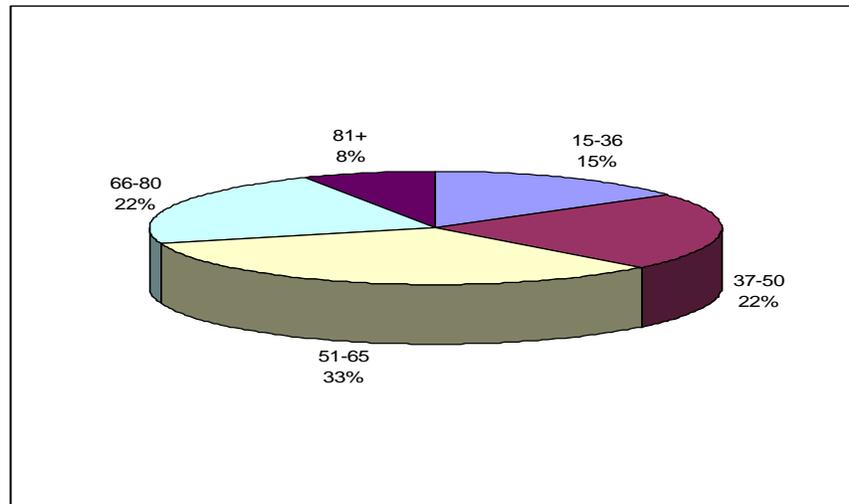
### 3.1.4. NHS Salford's Citizen and Patient Panel

NHS Salford's Citizen and Patient Panel has 2234 members. A data cleansing exercise is currently underway to update demographic profiles and this will include the following:-

Neighbourhood Ward  
Registered GP  
Gender  
Marital Status  
Disability  
Ethnicity  
Religion  
Age  
Gender  
Sexual Orientation  
Carer Status

NHS Salford Citizen's Panel profile is detailed below.

## Panel Members by Age



Data is complete for just under 50% of members. The remainder will be updated in February 2013.

At present there is no clear picture for age ↔

## Panel Members by Gender

Panel member breakdown by gender is 41% male and 59% female. This is fairly reflective of the local population.

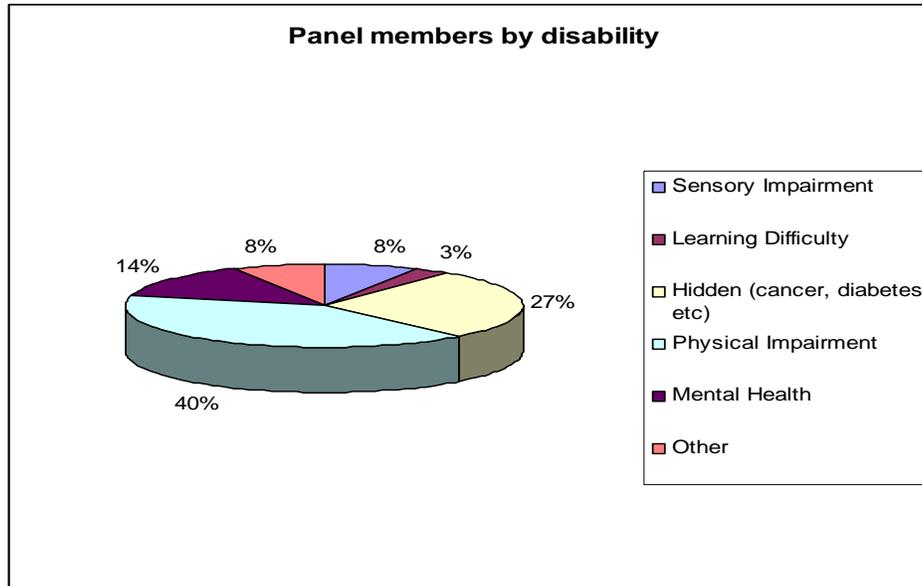
Salford Population and panel members by gender			
Gender	Salford Population (Total Number)	Percentage	Panel Members
Male	107,600	49.7 %	41%
Female	108,800	50.3%	59%

The gender profile is representative of Salford's population ↑

## Panel Members by Disability

Of 2234 members, 358 have declared a disability. This equates to 16% which is lower than the population profile i.e. 30% (Public Health Lifestyle Survey 2007). However, data is incomplete for over 50% of members and this will be updated in February 2013 following the data cleansing exercise.

## Panel Members by Disability Type



**At present data is incomplete for disability**



## Panel Members by Ethnicity, Religion and Sexual Orientation

At present data is incomplete for these categories. This will be addressed within the data cleansing exercise currently in progress.

**At present data is incomplete for ethnicity, religion and sexual orientation**



## 3.2. Service Access and Experience

### 3.2.1. Complaints and Enquiries

NHS Salford's Customer Care Team provides a complaints and patient advice and liaison service (PALS). The team receive formal complaints or respond to general enquiries from members of the public, relatives, carers and service users. These are logged onto a database which identifies the nature of each complaint.

During the period April 2012 – December 2012, the Customer Care Team received 642 contacts regarding the PCT and independent contractors. Below is a brief overview of the type of contacts the team has dealt with.

Type of Contact	Description	No of contacts
Enquiries	Information request or detailed advice on different services, how to access them and general advice.	561
Complaints	Formal complaints	81
<b>Total</b>		<b>644</b>

#### Nature of complaints/queries

The majority of enquiries and complaints relate to general practice issues. Below is a summary of the main themes:-

- Access to a GP
- Attitude of staff within GP Practice
- Patients feeling they have not been treated appropriately
- Prescriptions
  - repeats
  - changes to medication
  - removal of medication
- Patient transport

#### Equality monitoring

54% of complaints were made by females

46% of complaints were made by males

The majority of complaints were from working age adults

Disability, ethnicity and religious status are not routinely collected. The CCG plans to address this through its contract with Greater Manchester Commissioning Support (GM CSS) to provide patient services, Complaints and PALS.

Since April 2012 there have been no complaints in relation to equality and diversity issues.
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### 3.2.2. GP Services

Salford has 54 GP practices providing services to 250,115 registered patients.

51% of registered patients are male and 49% are female. This is reflective of Salford's population.

Data is routinely collected on age, gender and ethnicity. Disability is not currently recorded in a standardised format. However, there are actions in place to improve this. Religion and sexual orientation are also not currently recorded.

NHS Salford's Citizen and Patient Panel survey below includes an evaluation of patient experience of GP surveys.

### 3.2.3. Citizen and Patient Panel Survey

NHS Salford monitors access to services, experience and preferences via its Citizen and Patient Panel. During November and December, panel members responded to a survey asking about their experiences of health care services in Salford.

Participants were asked to identify any perceived positive or negative experiences in relation to their gender, sexual orientation, ethnicity, religion, age, disability or other protected characteristic.

### 3.2.4. Survey findings

- 115 comments were received in relation to equality and diversity and service experience.
- All comments related to experiences in the previous 12 months (December 2011 – December 2012).
- Experiences relate to Salford GPs, Salford Royal Hospitals NHS Trust and Salford Pharmacists.
- The vast majority of negative comments do not relate to equality and diversity issues.
- The number of respondents for BME, sexual orientation and religion is small and therefore no absolute conclusions can be made.
- The majority of respondents reported a positive experience.
- Most importantly, findings do not indicate any potential inequalities in experience for protected groups.

**“A positive experience, being seen as a person and not just someone with a disability”. Patient, Springfield House.**

**“I was admitted to Salford Royal in May and I couldn't have asked for better Care”. Patient, Walkden Medical Practice.**

**“We get a great service at our surgery and chemist, thank you”. Patient, Limefield Surgery.**

**“My GP is a gift to us, no words to speak about him”. Patient, Springfield House.**

Further details on the results can be found in Appendix A.

### 3.2.5. Targeted Initiatives

NHS Salford has a number of targeted initiatives to meet the needs of protected groups. This is partly in response to local and national data identifying a particular need and local engagement findings. Examples of specific projects are evidenced below and Appendix B provides a more comprehensive summary.

## Commissioning

NHS Salford commissions services based on the needs of Salford's community. A number of services are in place to ensure that hard to reach groups are accessing services and to improve health outcomes.

National and local data highlights the need for culturally sensitive services for BME and religious communities. It is also evident that these communities experience significant mental health needs. NHS Salford has commissioned a number of services for these communities including a Locally Enhanced Service for GP practices and mental health support delivered in partnership with local religious and BME organisations.

NHS Salford also commissions specific services for disabled people in response to known data on low uptake of cancer screening and inequalities in health. This includes a cervical screening service for ladies with disabilities and a number of exercise sessions in the community aimed at increasing uptake of screening and improving health and wellbeing.

In response to a health needs assessment of the homeless community, NHS Salford has commissioned a specialist GP service to deliver help and advice in a local drop-in centre for the homeless. This includes the provision of an advocacy worker for the homeless.

## Public Health and Health Improvement

Public health and health improvement initiatives are developed in response to data on health inequalities and local needs. Public Health also carry out needs assessment to further understand local needs. This has included a *Learning Difficulties Needs Assessment, Homeless Needs Assessment and Jewish Community Needs Assessment*.

Health Improvement and Public Health Teams deliver targeted intervention programmes aimed at narrowing the gap in service access and health outcomes. For example in response to high smoking rates amongst the Bangladeshi community, Health Improvement Teams have worked with community leaders and members of the Asian community to promote smoking cessation services. This has resulted in an increase in 4 week quitters.

Mental health prevalence is higher amongst men in Salford living and affects those who are out of work to a greater degree. A specific mens health group has been established in Little Hulton for men who have mental health problems or long term conditions. This has resulted in a number of participants gaining employment and volunteering positions.

There are also a number of initiatives underway to improve wellbeing and reduce obesity for specific communities including refugees and asylum seekers, disabled people and BME communities.

### 3.2.6. Service Delivery Summary

- NHS Salford has carried out specific engagement with protected groups. There is a gap in relation to gender reassignment and engagement and this will be addressed at a Greater Manchester level given the predicted low numbers for Salford. This will also include research into gender reassignment and possible inequalities in experience and outcomes.
- NHS Salford's Citizen and Patient Panel is representative of gender, working age adults and older people. Responses to surveys and panel meetings suggest that the panel is also representative of disability, ethnicity and religion. Panel profiles will be reviewed following the data cleansing exercise in February 2013.
- There is a potential gap in NHS Salford's Citizen and Patient Panel in relation to younger people and sexual orientation. This will also be reviewed in February.
- Available patient experience data does not suggest any inequalities in service experience for protected groups compared to the general population.
- There are a number of targeted initiatives underway to improve health and wellbeing for specific communities and this is in response to local needs.
- There is a gap in local data for some protected groups in relation to health outcomes. This includes the lesbian, gay and bisexual community and ethnic minority groups. National data has been utilised where possible and local needs assessments have been carried out to determine the needs for learning difficulties, homeless and the Jewish Community.
- Access to services has improved for a number of protected groups including disabled people and cervical screening, smoking cessation and BME communities, the Orthodox Jewish community and immunisations and BME communities and mental health.
- NHS Salford CCG will continue to monitor service delivery for protected groups and this will inform its annual equality actions.

## Chapter 4. Provider Organisations

### 4.1. Salford Royal Hospitals NHS Foundation Trust

Salford Royal Hospitals is the main provider of hospital and community services in Salford. NHS Salford is the lead commissioner for this organisation and ensures that it meets its legal duties in relation to equality, diversity and human rights by including clauses within its contract. This also requires the Trust to monitor workforce and service activity in relation to the Public Sector Equality Duty (PSED).

The Annual Equality Report for Salford Royal Hospitals NHS Foundation Trust can be accessed at <http://www.srft.nhs.uk/about-us/diversity-equality/meeting-psed/>.

### 4.2. Greater Manchester West Mental Health NHS Foundation Trust

Greater Manchester West Mental Health NHS Foundation Trust is the main provider of mental health services in Bolton, Salford and Trafford. NHS Salford works in partnership with commissioners in Bolton and Trafford to include equality, diversity and human rights clauses within its contract. This also requires the Trust to monitor workforce and service activity in relation to the Public Sector Equality Duty (PSED).

The Annual Equality Report for Greater Manchester West Mental Health NHS Foundation Trust can be accessed at <http://www.gmw.nhs.uk/>.

## Chapter 5. Conclusion

This report demonstrates significant work has been undertaken by NHS Salford including NHS Salford CCG in relation to equality and diversity. The information in this report demonstrates compliance with the general and specific duty as well as providing data with respect to our workforce and our commissioning and engagement activities.

For completeness our equality objectives were published in April 2012 and are as follows:-

1. Improve health and narrow the gaps in access, experience and outcomes.
2. Improve collection and use of data/evidence for all protected groups.
3. Communicate and engage with all protected groups.
4. Develop equality and diversity competent and well supported staff.
5. Develop leadership, corporate commitment and governance arrangements for equality and diversity.

## Appendix A. Analysis of Citizen and Patient Panel Survey

### Disability

115 completed this section  
45% had a disability

Self reported experience	Percentage of respondents with a disability	Representative of respondent profile y/n
Positive	43% (36)	Y Proportionate – no inequality
Negative	45% (48)	Y Proportionate – no inequality

- Although the profile of respondents in relation to disability is higher than Salford's disabled population, this is likely to be reflective of the make-up of the Citizen's Panel i.e. significant number of members with long term conditions
- The results do not represent an inequality in experience between disabled and non-disabled respondents.

### Gender

115 completed this section  
52% were male  
48% were female

Self reported experience	Male	Female	Representative of respondent profile y/n
Positive	54% (45)	46% (39)	Y The difference is not significant enough to represent an inequality
Negative	48% (15)	52% (15)	Y The difference is not significant enough to represent an inequality

- Results reflect the demographic profile of Salford i.e. almost a 50/50 split for gender.
- The results do not represent an inequality in experience between male and female respondents

### Ethnicity

90 completed this section  
91% were White British  
9% were other ethnic minorities

Self reported experience	White	BME	Representative of respondent profile y/n
Positive	92% (57)	8% (5)	Y The difference is not significant enough to represent an inequality
Negative	89% (25)	11% (3)	Y The difference is not significant enough to represent an inequality

- The percentage of ethnic minority respondents is less than the population profile i.e. 9% and 13.5% respectively. However, given the very low number responding no comparisons can be made.
- The number of positive responses is representative of the profile of respondents. Therefore, it does not highlight any potential inequalities.
- As the number of BME respondents is very small this data should be treated with caution.

## Religion

93 completed this section

91% were Christian

9% identified as other religion

Self reported experience	Christian	Other	Representative of respondent profile y/n
Positive	91% (60)	9% (6)	Y Proportionate – no inequality
Negative	93% (25)	7% (2)	Y Proportionate – no inequality

- The number of positive responses is representative of the profile of respondents. Therefore, it does not highlight any potential inequalities.
- As the number of non Christian respondents is very small this data should be treated with caution.

## Sexual Orientation

107 respondents answered this question

97% identified as straight (heterosexual)

3% identified as gay, lesbian or bisexual

Self reported experience	Straight (heterosexual)	Gay/lesbian or bisexual	Representative of respondent profile y/n
Positive	96% (75)	4% (3)	Y Proportionate – no inequality
Negative	100% (29)	0% (0)	Y Proportionate – no inequality

- The profile of respondents is lower than Salford's projected profile for LGB residents i.e. 3% and 9% respectively.
- The results do not represent any potential inequalities. However, this data should be treated with caution given the low number of LGB respondents.

## Appendix B.

### Targeted Initiatives by Protected Characteristic January 2013

Identified inequality, need or priority area	Protected Group	Action	Success Indicator	Performance
<p>Smoking rates are higher among BME ethnic men and especially Bangladeshi men (44%) compared to 21% of the general population Ref: EQIA of JSNA.</p> <p>Smoking is the single biggest determinant of ill health and premature death in Salford. Ref: Strategic Plan.</p>	<b>Ethnicity</b>	<p>BME Smoking Cessation project.</p> <p>Raise awareness of stop smoking services among BME groups</p>	<p>Increase in number of BME quitters</p> <p>Increase in number of BME smokers setting a quit date and their 4 week outcome</p> <p>Data is from DoH end of year returns for stop smoking services and does not include Irish or any other white background</p>	<p>Increase in four week quitters: 2009/10 <b>215</b> set quit date, of these <b>91</b> quit for 4 weeks</p> <p>2010/11 <b>245</b> set quit date, of these <b>86</b> quit for 4 weeks</p> <p>2011/12 <b>297</b> set date, of these <b>89</b> quit for 4 weeks</p>
<p>Mental health problems such as depression and anxiety are common for refugee and asylum seekers.</p> <p>Destitution for asylum seekers and refugees is harmful to physical and mental health with some individuals resorting to self harm and suicide.</p> <p>Ref: EQIA of JSNA</p>	<b>Ethnicity</b>	<p>The Health Improvement Service have worked closely with the Salford Forum for Refugees to help them to establish themselves as a constituted group and to apply for funding. This has led to the establishment of a Refugee and Asylum Seeker football team and volleyball team. The groups have been involved in a variety of health and wellbeing project work.</p> <p>The Health Improvement Service has set up the WOW (Women of the World) support group for Refugee and Asylum Seeking women and children.</p>	<p>Establishment of an independent community initiative.</p> <p>Measurable improvement in self reported wellbeing</p> <p>Establishment of an independent community initiative</p>	<p>Exceeded target on establishing independent community initiatives.</p> <p>On average 75% of participants achieved an increase in wellbeing following involvement with the HI service</p>

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<p>BME groups spend more time in hospital in the last year of life and are more likely to die in hospital</p> <p>Ref: What do we know now that we didn't know a year ago? New intelligence on end of life care in England. National End of Life Care Intelligence Network (2012)</p>	<p><b>Ethnicity</b></p>	<p>Ongoing analysis of place of care in the last year of life of Salford residents (6-monthly data analysis)</p> <p>Ongoing development of data sharing systems to record and monitor individuals preferences and wishes for place of death.</p>	<p>An in-depth analysis of care in the last year of life and place of death, to capture baseline of specific issues for BME groups.</p>	<p>Six monthly data analysis of place of care in the last year of life commenced April 2012, currently not BME specific</p> <p>Electronic Palliative Care Coordination System 'live' within Salford GP systems and Salford Royal Hospital iSoft system from January 2012, currently not BME specific.</p>
<p>Mental health problems such as depression and anxiety are common for refugee and asylum seekers.</p> <p>Destitution for asylum seekers and refugees is harmful to physical and mental health with some individuals resorting to self harm and suicide.</p> <p>Ref: EQIA of JSNA</p> <p>Mental Health and BME Stats to be added</p>	<p><b>Ethnicity/ Religion</b></p>	<p>A specialist primary care services for Refugees and Asylum Seekers is in place to support patients with health care needs including mental health .</p> <p>Salford Forum for Refugees and People Seeking Asylum – Football and Volleyball teams established and constituted and successful funding bids</p> <p>Refugee Food was established in July 2011 is a healthy food project run by volunteers from Rainbow Haven.</p> <p>NHS Salford commissions a local social enterprise to deliver targeted interventions to BME and religious communities. This includes culturally sensitive sessions delivered by professionals with specific genders or cultural affiliations and self development courses delivered in partnership with community organisations.</p>	<p>Service users accessing centre. High levels of service user satisfaction.</p> <p>Increase in BME and minority religious communities accessing mental health support.</p>	<p>Formal evaluation of these projects is to be completed.</p> <p>There has been a rise in the number of BME and Orthodox Jewish communities accessing mental health services.</p>

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<p>Lack of crèche facilities for young mums preventing them from attending sessions.</p> <p>Ref: Single Equality Scheme Consultation</p>	<p><b>Religion</b></p>	<p>Community led cultural collaboration leading to a new cervical screening service in the Jewish community. Specialist clinics to improve access for the Orthodox Jewish Community (including facilities for children).</p>		<p>In 2009/10 service uptake increased by 5% and 8% (within the two GP practices). This increase has been maintained in one practice and in the second practice a significant increase has been achieved from 56% coverage in 2009 to 72% coverage in 2012.</p>
<p>An equity audit of uptake of children's immunisations demonstrated that at local level the Orthodox Jewish Community were one of the groups less likely to be immunised.</p> <p>Ref: JNSA refresh 2010</p>	<p><b>Religion</b></p>	<p>Community development work in Jewish community to increase MMR immunisation rates. Door drops around the community to increase awareness of MMR drop-in sessions in Jewish community centres.</p> <p>Health Improvement staff routinely provide brief interventions for new mothers around primary immunisations. Also a number of outreach campaigns have taken place within the OJ community during 2011-2012 to get messages out about MMR and whooping cough vaccination.</p> <p>An infection prevention audit has been developed and implemented across nurseries in Salford to reduce the spread of infection amongst children. Nurseries within the OJ community have taken priority and the initiative has developed further to work with OJ schools to reduce infection. This has resulted in nurseries and schools in the OJ community requesting vaccination history from parents upon registration.</p>	<p>Increase in the service uptake</p> <p>Number of campaigns delivered</p> <p>Number of childcare providers achieving the standards outlined in the audit tool.</p>	<p>Between May and June 2011, 85 children immunised.</p> <p>This target has been met, 2 campaigns have taken place this year as well as ongoing brief interventions to individuals.</p> <p>45 out of 52 nurseries signed up to the scheme in 2012.</p>

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<p>Salford has a significant Orthodox Jewish kehilla in East Salford which at approx 10,000 is the 2<sup>nd</sup> largest community of its kind in the UK.</p> <p>Ref: JNSA refresh 2010</p> <p>Jewish community - young mothers and the low level of good oral health knowledge</p> <p>Ref: Single Equality Scheme Consultation</p>	<p><b>Religion</b></p>	<p>HI Service are running a physical activity circuit group for Jewish women at Broughton Hub. This has been running for the previous 12 months and is well attended.</p> <p>Community development work with Jewish Community to improve Oral Health, "toothbrushing at lunchtime scheme".</p> <p>HI Service run Tot's Cafe at Hershale Weiss to provide healthy eating support and family support for Jewish mothers.</p>	<p>Increases in physical activity levels of participants</p> <p>Increase toothbrushing in Jewish community.</p> <p>Setting and achieving family support goals</p>	<p>On average 60% participants taking part in HI service interventions will significantly improve their physical activity levels following an intervention</p> <p>Majority of schools participating in toothbrushing scheme. Further evaluation will be conducted following the dissemination of the new Kosher toothpaste. Community engagement has led to partnership working with local manufacturer to produce Kosher toothpaste.</p> <p>Final evaluation data is not yet available, however two qualitative focus groups with parents have been held with very positive results.</p>

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<p>Census data (2001) indicates that Salford, 13% of people aged 16 – 74 provided unpaid care, a total of 20,606. This percentage is in line with average for England. Ref: JSNA.</p> <p>Carers have significant mental health needs. Carers Strategy 2010.</p>	<p><b>Carers</b></p>	<p>Salford Carers Centre initiative to increase the number of carers accessing support. Carers champions trained and developed in all GP surgeries in Salford.</p> <p>All GP Surgeries have a named Carers link in each practice who are encouraged to identify and refer carers to the carers centre. An annual up-skilling event is held for all Carers Links to attend annually, supported by an infrastructure of monthly Carers Link Bulletins and access to a Development Worker based as the Carers Centre who can offer direct support should it be required i.e. training for new carer's link workers.</p>	<p>Increased support for carers.</p>	<p>Over 100% increase in Carers accessing support services at Salford Carers Centre i.e. from 1297 in 2010 to 4000 in 2012.</p>
<p>National evidence shows that almost 50% of the LGBT community smoke. REF: EQIA of JSNA.</p>	<p><b>LGB</b></p>	<p>Smoking cessation work with the LGF to provide interventions with LGB communities.</p>	<p>Increase in number of LGB clients accessing stop smoking service.</p>	<p>Evaluation to be completed.</p>
<p>Breast cancer is the most common cancer amongst South Asian women.</p> <p>Only ½ of people who are of South Asian heritage are likely to take up bowel cancer screenings, which drops to 25% for Muslims. Ref: EQIA of JNSA</p>	<p><b>Religion Homeless Disability Ethnicity</b></p>	<p>Don't be a Cancer Chancer Campaign. Specific interventions have been delivered for the Jewish, Asian, disabled and homeless communities.</p>	<p>Increase awareness of cancer symptoms.</p>	<p>Evaluation to be completed.</p>

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<p>In Salford 51% of people claiming incapacity benefit have a mental health problem compared with 40% in England.</p> <p>Rates of anxiety and depression are 3 to 4 times higher among obese individuals</p> <p>Ref: Strategic plan</p> <p>Men are three times more likely than women to commit suicide.</p> <p>Ref: EQIA of JNSA</p>	<p><b>Gender</b></p>	<p>Mens health group in Little Hulton for residents who have mental health problems and or long term conditions.</p> <p>East Salford HI team have recently started a healthy lifestyle course at a hostel on Great Clewes St for men who have recently completed drug or alcohol rehabilitation programme.</p> <p>The following interventions are taking place regarding supporting mental health and wellbeing:</p> <p>Little Hulton: Arts group Knowing Me, Knowing You support group</p> <p>Swinton: CHUMS depression support group Wednesday women's support group Creative writing Breast cancer support group Any Yarn Goes, craft group Reminiscence older people's support group</p> <p>Worsley: Close Knit Friends craft group</p> <p>Eccles: Young at Heart support group</p> <p>Irlam: ICE women's support group</p> <p>Claremont: Thursday club at Ranulph Court</p>	<p>To raise awareness of health issues and increase participation in healthy lifestyle activities.</p> <p>Improved emotional wellbeing</p>	<p>Awareness sessions delivered e.g. healthy eating, exercise, smoking and alcohol awareness.</p> <p>Increase in participation including first aid and CPR training, food hygiene course, walk leader training.</p> <p>2 men now in full time employment and 2 in part-time employment. A number have taken up volunteering positions in local projects.</p> <p>On average 75% of participants achieved a significant increase in wellbeing following involvement with the HI service</p>

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<p>There is a significant proportion of the population (20% overall) recorded as disabled from the Public Health 2007 Lifestyle survey.</p> <p>Deaths in cervical cancer are more than double the national rate.</p> <p>Ref: Strategic Plan</p> <p>Low cervical and breast screening rates in people with disabilities.</p> <p>Ref: EQIA of JNSA</p>	<p><b>Disability</b></p>	<p>Cervical Screening Service for disabled women. A specialist service was commissioned to improve access for disabled women.</p> <p>Accessible Cancer Awareness Trainings being delivered to groups of people with learning disabilities - jointly with the HCC (Healthy Communities Collaborative). This includes breast and bowel cancer.</p> <p>Joint work with LD Service and PCT to address the low uptake of screening. Training given to LD support staff, women with LD and Practice Nurses to ensure all aware of issues – including capacity/consent. Discussion about screening also takes place during the annual health check at GP Practice.</p>	<p>Increase in service uptake</p> <p>Increase awareness of cancer symptoms</p> <p>Increase in uptake of screening.</p>	<p>65% of women booked into the service attended for an appointment. (total no. = 15 between July 2010 and July 2011.</p> <p>61 users have attended the training sessions since April 2011. A rolling programme of training sessions has been developed for 2013.</p> <p>In 2012 cervical screening increased to 33%. Breast Cancer screening dropped to 15% - actions to be developed.</p>

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<p>A third of people with learning disabilities also have physical disabilities so have a higher risk of osteoporosis, hip displacement, chest infections, higher risk associated heart disease obesity, mental health and early on set dementia.</p> <p>Ref: EQIA of JNSA</p> <p>Full 'Health Needs Assessment' (HNA) carried out by Salford's Public Health Team to identify the health needs of adults with LD. Obesity was one of the concerns identified in this report.</p>	<p><b>Disability</b></p>	<p>Healthy eating/cookery classes with learning difficulty clients at Eccles College and Fitness for Fun courses for mild to moderate learning difficulties.</p> <p>The Health Improvement Service have supported a number of Disability Dance groups in Irlam, Swinton and Eccles</p> <p>There has been ongoing support for a number of individuals with learning disabilities around 'Grow Your Own' at Tindall Street Allotment. This group is currently working to become a constituted group.</p> <p>Research project commenced within LD Service (led by University of Central Lancashire) – on skeletal fracture detection and management. This will look at issues related to osteoporosis.</p> <p>Introduction of the LES (Health Checks for Patients with Learning Disabilities) Part of this health check includes following up on obesity – as over half of the known adult LD population is overweight.</p>	<p>Increased awareness of healthy eating.</p> <p>Increased awareness of physical activity and health weight.</p> <p>% receiving a health check to be above National Average.</p> <p>HNA report produced and findings added to JSNA</p> <p>Research published and action plan identified to address any recommendations.</p>	<p>Awareness of healthy eating increased.</p> <p>50% of clients making healthy foods at home. During the sessions, four people lost a little weight, most maintained.</p> <p>14 people attended the course</p> <p>2 participants lost 1 stone in weight.</p> <p>Total weight loss 3 stone 8lbs. Healthy eating sessions delivered by Eccles College and Fitness4Fun group. New accessible cookery session being run in Brookhouse by Salford City Academy.</p> <p>64% of the adult LD population received a full physical health check at their GP Practice during 2010/11. (National average was below 50%). (69% in 2011/12: Nat Average was 53%)</p>

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<p>The life expectancy of the Roma community may be 10 years lower and child mortality is 4 time higher.</p> <p>Gypsy and Travellers, on some sites have life expectancies of 50 years and experience some of the worst health outcomes of any minority group. The Gypsy and Traveller community continue to experience in some areas significant barriers to accessing health care and public services</p> <p>Ref: EQIA of JNSA</p>	<p><b>Travelling community</b></p>	<p>Health improvement work with the travelling community.</p>	<p>To increase awareness of health and lifestyle choices e.g. skin cancer, oral health, healthy eating, physical activity, alcohol and smoking.</p>	<p>30 individuals engaged around 5 a day and physical activity.</p> <p>Mobile bus on travellers site to raise awareness of smoking and effects of smoking e.g. cancer and CVD. 20 individuals accessed the mobile information bus regarding smoking and effects of smoking. Individuals took part in brief interventions and three requested help to stop smoking.</p>