

Calderdale Clinical Commissioning Group Public Sector Equality Duty 2022

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Annual Public Sector Duty Report

This report provides an overview of the equality work undertaken by the Clinical Commissioning Group (CCG) in the last year to demonstrate and provide assurance to the Governing Body and our public that the CCG has discharged its statutory and legislative responsibilities for Equality.

Our Equality team provide support and expertise, to ensure equality becomes embedded within our organisation, it is a 'golden thread' that runs through all that we do and the way that we do it.

We work in partnership with local people, clinicians, our local authorities, third sector, and other health care providers to improve health outcomes and reduce health inequality.

Equality Act 2010 and the Public Sector Equality Duty

Publishing equality information and setting equality objectives demonstrates compliance with the Equality Act 2010 and is one of the ways the CCG meets the Public Sector Equality Duty.

For more information on the - [Equality Act](#) and [Public Sector Equality Duty](#)

Population profile, demographic data and health inequalities

For more information on the Calderdale population, demographics and health inequalities go to [Calderdale Joint Strategic Needs Assessment \(JSNA\)](#), [children and young people](#) and [JSNA –vulnerable groups](#).

Population Diversity

Children and young people

Calderdale is home to 50,700 0-19 year olds 24% of the population. Around 2000 children have a long-term condition or disability, around 3000 are known to have a learning disability.

Across Calderdale 1 in 6 children live in poverty, rising to 1 in 3 in Park ward.

Older people

Around 18% of the population in Calderdale is ages 65 or over.

Deprivation

Around 28,000 of Calderdale's residents live in neighbourhoods ranked as being within the 10% most deprived in England (IMD 2015). Men living in the least deprived areas are likely to live 7 years longer than those in the most deprived. For women the difference is 6 years.

Equality – how we deliver

Our [Equality strategy](#) outlines our commitment and intentions to promote equality, tackle health inequalities and improve health outcomes for our local people and communities.

[The Equality Delivery System \(EDS2\)](#) is an NHS equality assurance framework designed to help NHS organisations improve the services we provide for our local communities, consider health inequalities in our local area and provide better working environments free of discrimination. It is delivered in partnership with other NHS organisation and with public engagement. Our latest report is available on our [website](#).

The [Workforce Race Equality Standard](#) requires NHS organisations to demonstrate progress against nine indicators of workforce equality for Black, Asian and minority ethnic staff. It was developed in recognition of the poorer experiences of Black, Asian and minority ethnic staff in the NHS. This is our [2020 WRES report](#).

The '[Accessible Information Standard](#)' establishes a framework for patients and service users (carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss. It ensures they receive accessible information and communication support when accessing NHS or adult social services.

Accessibility is important to us, and we work to make sure all the work we do is accessible and considers the needs of our communities and staff. This year we have developed an Accessibility Guide to support staff to create accessible content when writing reports and documents for publication.

The CCG has updated their website to ensure accessibility.

Equality Objectives

Our equality objectives were developed with the involvement of the local voluntary sector, staff and public sector partners and through the implementation of the EDS2.

The objectives set out the three equality priorities that will be worked on over four years (2018-2022).

1. Improve access to GP practices for specific equality groups.
2. Improve engagement with specific equality groups

3. Improve governance processes for equality

Our focus for 2020 – 2022 has been on Black, Asian and Minority Ethnic groups and Unpaid Carers. A multi-agency steering group has been established with partners from the statutory and voluntary sectors.

Action plans to support delivery of the objectives are aligned with the work we are already doing to tackle health inequalities in primary care.

The pandemic has triggered unprecedented pressures across the health and care system. As a result, the focus for many of our healthcare partners has been on the response and management of the Covid-19 pandemic. This has impacted on the steering group meetings and the delivery of some of the actions linked to the equality objectives.

Equality and inclusion has been at the core of our Covid-19 response and the engagement and other work with our communities to support the Covid-19 vaccination rollout has delivered most of our planned actions.

VAC has worked with the CCG to ask unpaid carers in Calderdale about their experiences of the pandemic as an unpaid carer and what the health and care system can do to improve involvement and dialogue. A composite report has been produced with a set of recommendations designed to improve how the health and care sector engages with unpaid carers. Once published this will be shared with partners and published on our website.

Our equality objectives ran to the end of March 2022. A final report with recommendations and action plans will be published by May 2022.

Workforce

We report on the staff in our workforce this data has been taken from the electronic staff record at the end of January 2022. Staff do not have to give their information. The national electronic staff record does not capture information on transgender staff.

The small number of staff employed in the CCG, 97, means we have to be careful when reporting staff equality profiles. This is to avoid being able to identify staff. Pay analysis based on such small numbers can be difficult, this has been completed for some staff equality groups.

6.2% of staff are identified on ESR as disabled. 21.9% of the staff responding to the anonymous NHS Staff Survey answered yes to 'Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?'. 82% of Calderdale staff completed the NHS Staff Survey.

Most staff are women (81.4%) are women, 18.6% are men. Of the women staff, 57% are paid band 3-6, and 12.7% over 8b. 44.4% of men are paid band 3-6 and 22.2% over 8b.

7.2% are lesbian or gay, 77.3% heterosexual, 13.4% have not declared.

54.6% of staff are Christian, 14.4% have no religion, 6.2% are Muslim. 20.6% chose not to say.

87.6% are from White backgrounds and 9.3% are from Asian / Asian British backgrounds, 2% are from Black / Black British or mixed / multiple backgrounds. Of the staff from Black, Asian and minority ethnic

backgrounds 58.3% are paid at Band 6 or below, compared to 29.4% of the staff from White backgrounds. For staff in bands 7- 8a 41.7% are from Black, Asian and minority ethnic backgrounds compared to 54.1% of staff from White backgrounds. There are no staff from Black, Asian and minority ethnic backgrounds paid above an 8a, 16.5% of staff from White backgrounds are paid 8b and above.

12.4% of staff are aged 21-35, 66% are aged 36-55 and 21.6% of staff are aged 56-65. Most of the youngest staff group (21-35) are paid band 3-6 (83.3%), with none paid over an 8a. For the older staff group (56+) most are paid are paid band 3-6 (71.4%), 9.7% are paid 8b and above.

Public and patient involvement

We are committed to ensuring effective patient and public involvement because the NHS belongs to us all. Listening to the public helps us understand what patients need and want. We want to make sure we hear voices from diverse patients and the public, we equality monitor our activities and target communities who may not have their voices heard. These views shape our decisions; the feedback we receive helps us improve local healthcare services. We publish what we learn and explain why decisions have been made.

You can find out more about how we have engaged and involved our communities in the past year in our [Annual Statement of Involvement 2020-21](#).

Covid 19

This year has continued to be a challenge due to Covid-19. The impacts on communities and the NHS have highlighted how significant health inequalities are for Calderdale.

We are rolling out a hugely successful vaccination programme which has targeted our most vulnerable people, locally we were able to prioritise groups that were most at risk of poorer outcomes from a Covid-19 infection.

The vaccination programme has been subject to a full equality impact assessment which was developed alongside work with the local authority, subsequently an Inequality Plan was created to ensure focus on vaccine delivery to affected communities. This was monitored by an interagency group chaired by the Director of Public Health created to identify priority groups, respond flexibly to emerging issues and changes, feedback and recommend targeting.

Local priority groups were identified based on risk, initially homeless people, asylum seekers and through their occupational exposure taxi drivers.

Using community feedback, engagement, research and uptake data those least likely to access the vaccine through the 'traditional offer' were identified and targeting and adjustments put in place.

[Engagement](#) has been undertaken by our local Healthwatch and our Covid Champions and you can see our what we have done on our [website](#).

We gathered views from local communities on their experience of vaccination (965 responses), their views on vaccination (483 responses) and understanding barriers to vaccination – (540 responses)

This feedback and information was used to support vaccination delivery.

We heard from

- 177 people under 20 (10%), 871, 20-39 (50%) 247 over 60 (14%)
- 663 people of Pakistani heritage
- 750 people of Muslim faith
- 149 people who were born outside the UK
- 242 disabled people
- 358 carers
- 183 people on benefits (only recorded on 1 survey)

We heard that people were concerned about:

- Fertility, vaccination during pregnancy and breastfeeding
- The vaccines, how they work, ingredients, side effects and allergic reactions
- Having enough information to be able to balance the risks of vaccination versus covid infection
- How they'd get the vaccine; booking, access to information and vaccine venues, particularly those with additional needs
- Knowing how to access the vaccine for those they cared for (carers)
- Local access to vaccine for those in work or venues near home

In response to this we developed a roving model to vaccinate:

- People in their homes
- At 'pop ups' in venues where people already felt confident and safe

Pop-ups included:

- The Gathering Place (supporting homeless people),
- Mosques across Calderdale,
- St Augustine's Centre (supporting refugees / asylum seekers),
- The Basement Project (supporting those with drug / alcohol issues),
- The Piece Hall over long weekends,
- Hanson Lane Enterprise Centre,
- Calderdale College,
- Parkinson Lane School
- and many more.

To address the community need we:

- Worked closely with trusted community members to have conversations in communities to provide accurate information and understand needs
- Provided information and support in appropriate languages and formats
- Participated in public 'Question and Answer' sessions virtually and face to face
- Prioritised unpaid carers and offered them the vaccine alongside those they cared for
- Supported those with learning disabilities by sharing information in Easy-Read invites, offering longer appointments and specialized clinics.

- Adjustments were made at GP and other vaccine venues, including offering quiet clinics
- Supported young people to develop resources to address younger people's concerns and used [chat health](#) so children could ask questions

The engagement and the programmes response is collated on our [website](#), including a video highlighting our progress.

The programme has delivered 5279 (to date) first, second and booster doses to people driven by the inequality work, such as in mosques, at the circus, nightclub, specialist clinics for people with learning disabilities, targeting those vulnerable through homelessness / substance use. Many of these people may not have been vaccinated without this planned work.

We use detailed local data to understand where there are differences in uptake within communities and are aware of, and responding to differences in age groups, gender, ethnicity and geography.

We continue to responsively develop the vaccination programme as the situation and eligibility changes.

While delivery has been targeted through the inequality plan our routine vaccination offer has also been successful with 446,400 Vaccinations administered Calderdale residents, of which 126,047 were first Boosters and third doses. 95% booster uptake for eligible Cohorts 1-9 in Calderdale. 1,327 Spring Booster doses have been given since the campaign was launched on the 21 March. (data up to 31.3.22)

The Vaccination programme has been reviewed and plans to continue to work with, learn from and listen to our communities and services to enable us to provide what they need by, building relationships and our knowledge of communities, community leaders and how to access them. This will be achieved by consolidating the existing rapport and continuing to engage and involve them in our future work, beyond the vaccination programme to enable more effective delivery of services, immunisation and screening reducing health inequalities.

Providers

The CCG work with providers to make sure the equality agenda is delivered where it's most needed in interactions with patients and carers. We support providers to achieve and we monitor progress through our contract meetings.

Below are links to the different providers' equality content. It is worth noting that due to the pandemic some equality duties were suspended in 2021, so reports may not have been published.

Calderdale and Huddersfield Foundation Trust

CHFT has published their reports on this page of their [website](#).

Yorkshire Ambulance Service

- [WRES and WDES](#)
- [Gender pay gap](#)

South West Yorkshire Partnership Foundation Trust

- [Strategy](#)
- [Public Sector Equality Duty report](#)
- [Workforce Equality Reports](#)

Locala

To find out more about Locala's Equality and Diversity work visit their [website](#).

Next Steps

This is the final PSED report for Calderdale CCG before we transition to the West Yorkshire and Harrogate Integrated Care Board in July 2022.

Until then, the CCG will continue to work with health and care partners across the system to reduce health inequalities for people living in Calderdale.

Following the transition work will continue within Calderdale with partners to address the causes of inequality and the impact it has across the local place through the Calderdale Cares Partnership.