Equality Delivery System (EDS2) Report 2021-22

1 Introduction

1.1 The Equality Delivery System (EDS2) for the NHS is a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for individuals and groups protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty (PSED). The protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. EDS2 can also be applied to groups not covered under the Equality Act 2010, for example homeless people, people on low incomes and geographically isolated communities.

1.2 At the heart of the EDS2 are 18 outcomes grouped into four goals. The four overarching goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

1.3 The tool lists 18 outcomes under these goals (described in Appendix A). These outcomes create a checklist, which supports NHS organisations to achieve the four goals. Goals 1 and 2 focus on patients, carers and the public while goals 3 and 4 are aimed at the workforce and leadership teams.

1.4 The tool is mandatory, as the CCG Assurance Framework explicitly requires CCGs to deliver the EDS2. It must be completed every year and it must be made available to members of the public. The CCG will do this by publishing this report on our website.

1.5 In summary, the aim of the EDS2 is to embed equality into business practices and foster a culture of transparency and accountability in the CCG. It helps Calderdale

CCG review current equality performance and identify future priorities and actions, whilst also being a vehicle for continuous dialogue with local stakeholders. It also provides a mechanism for supporting the CCG to fulfil its' requirements under the Equality Act 2010.

2. Context

2.1. In the past 18 months, the CCG and our health and care partners have been subject to unprecedented and unique challenges due to the COVID-19 pandemic. Despite huge pressures across the system, we have continued to provide access to high quality essential health services while ensuring additional measures and services were introduced to assist with the pandemic response. COVID-19 has highlighted the health and wider inequalities that persist in our society. It has become clear that those worst affected by the virus are often those who had worse health outcomes before the pandemic, including people from Black Asian Minority Ethnic (BAME) communities, older people, those with a learning disability and those living in poorer areas. The CCG and our local partners are fully committed to reducing these inequalities and improving people's health.

3. Approach to delivering the EDS2 and engaging with local stakeholders

3.1 Without engagement with local people and communities, it would not be possible to deliver EDS2 effectively. However, the pandemic created significant challenges for us in terms of engaging with our stakeholders. Our preferred option was always to deliver face-to-face events. However, as the pandemic progressed, it became increasingly clear that this was not a safe or practical option. The CCG worked in partnership with local health and care partners to develop a new online delivery model for the EDS2 events. The collaborative working group was made up of representatives from Calderdale, Kirklees and Wakefield CCGs, Calderdale and Huddersfield NHS Foundation Trust, The Mid-Yorkshire Hospitals Foundation Trust and Locala.

3.2 In response to the need to protect the public and colleagues from infection, a decision was made to hold the events remotely. This raised substantial challenges around accessibility, as members of the public needed to have access to the internet

to participate. While it was not possible to overcome all the barriers to digital exclusion, we made sure that the presentations and supporting information were provided in an accessible format to participants in advance of the meeting and that all reasonable adjustments were made to support participation on the day.

3.3 As the event was held remotely, we returned to a presentation format where each organisation had 30 minutes to talk to participants about their chosen project and answer any questions. The theme this year was the NHS response to our communities during the pandemic. The CCG delivered a presentation on the Covid-19 Vaccination Programme. To maximise attendance and increase diversity, invitations were sent out from each organisation to their stakeholders. These included members of the Engagement Champions programme, Trust members, local equality forums, Practice Patient Participation Groups (PPPGs) and the Voluntary, Community and Social Enterprise (VCSE) sector representing a range of protected characteristics (see Appendix 2 for a list of participating organisations).

3.4 The half-day event was held on Tuesday 7 December 2021. The CCG, CHFT and Locala delivered presentations to evidence their progress on responding to the needs of protected groups during the pandemic. Using the EDS2 assessment criteria, the attendees graded the equality performance of each of the healthcare organisations. Despite our best efforts to maximise participant attendance, only 4 VCSE representatives and members of the public attended the online event. (see Appendix A for a list of participants).

4 Grading explained

4.1 The key question participants focused on when grading our performance was: how well do people from protected groups fare compared with people overall?

4.2 There are four grades: these are explained in the EDS2 Grading Key table below:

Table 1: EDS2 Grading Key

Grade	Description
Excelling	**We are doing very well** People from **all** protected groups fare as well as people overall

Grade	Description
Achieving	**We are doing well** People from **most** protected groups fare as well as people overall
Developing	**We are doing ok** People from **some** protected groups fare as well as well as people overall
Undeveloped	**We are doing badly** People from all protected groups fare poorly compared with people overall or there is not enough evidence to make an assessment

5 Grade for Goal 2: Improved Patient Access and Experience

5.1 In order to provide a focus for the EDS2 grading and to ensure that the information shared with local stakeholders was manageable, we agreed to assess our performance against one of the EDS2 goals and its associated outcomes. This year we focused on Goal 2 **Improved patient access and experience**. The CCG showcased the work it had undertaken to make sure that the rollout of the local Covid-19 Vaccination programme was tailored to the needs of the community.

5.2 An anonymised online polling tool was used to allow each participant to grade each organisation against the EDS2 criteria. These scores were collated for the CCG and have been used to determine the overall grades.

5.3 Using the EDS2 grading criteria (see table 1 above), the table below provides a summary of the CCG self-assessed grades and the grades awarded to the CCG by local stakeholders for its approach to the Covid-19 vaccination programme.

Table 2: Grades for Goal 2

Goal	Outcome	Self-Assessed	Grading Panel
2.Improved patient access and experience	2.1: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	**A**	**A**

5.4 Calderdale CCG self-assessed as **achieving.** The panel agreed with this assessment and scored the CCG as **achieving** overall. This means that the needs of people from **most** protected groups were considered during the Covid-19 vaccination rollout.

5.5 The CCG received the following feedback and comments from those attending in relation to the EDS2 evidence:

- Disabled people have been isolated during the pandemic and those who are digitally excluded have been even more isolated.
- The presentation focused on the positive stuff – it would have been better to have more balance and transparency about what went wrong and how the CCG responded.
- Collaboration and working in partnership is a real strength in Calderdale.
- The voluntary and community sectors have a well-earned place at the table and feel valued and listened to.

6 Goals 3 and 4

The results from the workforce analysis will be shared with the Senior Management Team and added to the report in May 2022.

7 Conclusions and next steps

7.1 This report sets out an overview of EDS2 and the grading process, the CCGs approach to delivering EDS2 and the grades agreed by the panel.

7.2 The comments and recommendations made by the grading panel and the assessment of workforce related performance will be used to inform our equality and inclusion work as we transition into the Integrated Care System (ICS).

Appendix A – List of Organisations who attended the event

- Accessibility Calderdale Disability Access Forum (ACDAF)
- Disability Partnership Calderdale/Calderdale Forum 50 plus
- Calderdale disability access
- Lead the Way

Appendix B – CCG evidence

Equality Delivery System (EDS2) Presentation Summary

1. **Name of organisation:** Calderdale CCG
2. **Name of Project / process: Vaccination** Programme – Covid-19

   This is a summary of the work we will be sharing at the EDS2 event so you can think about it. More detail will be shared on the day.

3. **Why we did this**

   When Covid-19 vaccines were approved and available CCGs were asked deliver them in line with the Joint Committee Vaccination and Immunizations (JCVI) priority groups. We already knew Covid-19 affected groups and communities differently. We needed to make sure vaccine delivery was tailored to meet community need, including responding to local priorities.

   CCG, Public Health, the council, CHFT and others worked in partnership with the voluntary and community sector supporting local communities to develop an effective delivery model to combat inequalities and achieve maximum vaccination access and participation. This has built awareness and confidence in the vaccine.

   We listened to communities aiming to reach all groups.

4. **How does it work?**

   We make sure that people who are eligible for the vaccine know where and how they can get it. We enabled the local Primary Care Networks (PCNs – groups of GP practices) to get their patients vaccinated, this happened in GP practices and for residents and staff in care homes, and patients in their own homes when they were unable to attend vaccination centres.

   We engaged with communities and people we were vaccinating to understand their concerns and how to meet their needs for information, get the vaccine service right and make sure the vaccine was available where people were.

   We created a Vaccine Inequality Plan to support our work, detailing who was impacted by Covid-19, what people were saying they needed and our plans to reach them.

We created pop-up clinics for groups and in communities. For example, we had pop-ups in 3 Mosques, at the St Augustine's Centre, the Gathering Place and Basement Project and CHFT ran a clinic for people with Learning Disabilities. We also held walk-in vaccination across 4 weekends at the Piece Hall. We targeted people in work by offering vaccines to taxi drivers and at a Business Park, in education at Calderdale College, through the schools offer to those aged 12-15 and for parents and carers at Parkinson Lane School.

We have used the data we have on vaccination uptake to target communities we can see are not being vaccinated at the same rate as others, this includes, men, younger people, those living in deprivation and some ethnic groups.

Our engagement told us what people were worried about; fertility, pregnancy, safety, side effects, being able to get the vaccine, religious and dietary compatibility, not enough information about vaccines, it was too early and they would wait, particular health risks, adjustments so they could access the vaccines or information about it, wanting the vaccine sooner, or different groups access (carers), travelling and costs (transport / parking costs missing work or needing carers), digital exclusion and booking processes, assumptions of impact by younger people.

We arranged online briefings during lockdowns and face to face ones once restrictions eased on fertility and other issues. The CHFT lead midwife responded directly to messages from those with concerns. We created and shared information in different formats. We worked with the invaluable Covid Community Champions to hear about issues, share information and learn what could work well. We prioritised homeless people and those vulnerable due to other lifestyle, occupation or other issues, such as carers. We extended appointments and supported specially designed clinics for those with learning disabilities.

5. Evaluation and next steps

The vaccination programme continues to listen and respond to feedback, the general offer through PCNs, Boots Halifax and Community Pharmacists is ongoing. Vaccine pop ups are currently being arranged in Mosques, for those with serious mental illness and refugees and asylum seekers. We are also seeking to establish another centre to provide vaccines in Halifax to build capacity as the programme continues to grow.

We constantly evaluate what has worked and what can be improved. We are still listening to our communities to be able to respond flexibly to their needs. This has been a huge and ongoing undertaking it has changed often and at short notice and we have tried to keep pace with general delivery alongside ensuring we deliver targeted vaccine inequality work as we know that some groups will always need more to get the same access and we need to embed this in our activity.

We do not want the learning from this programme to be lost, it can help shape future vaccination, immunization and screening support to communities. We want to build on the relationships to make sure health and care interventions are appropriate for the communities who most need them to address our existing health inequalities.

6. Describe which protected characteristics are covered and how they are included / considered

We have tried to meet the needs of all equality groups and other inclusion health groups. Through the general offer, by ensuring this is flexible and able to respond to need, but also be creating targeted vaccination offers.

7. Self-assessment Grading:

We would consider our work in this area would meet the **Achieving** standard as whilst we are confident we have listened and responded to communities and sought out opinions and targeted vaccine opportunities there will always be more we can do to meet the needs of our communities and are happy to hear your ideas.