NHS
Calderdale
Clinical Commissioning Group

Public Sector Equality Report

January 2016

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Executive summary

NHS Calderdale CCG understand that different patients and carers use and experience health services differently, health inequalities exist within our communities.

To make the difference and improve the health of our local population we have to reduce the inequalities that exist within health services, whether this is in access, experience or outcomes.

To help us understand the issues for our population we work closely with our communities to listen to their needs and to understand how best to commission services to meet those needs. Monitoring who is using and not using services and employment is one of the ways to understand whether there are any significant issues.

This report sets out what data we have used for the protected groups locally and their use of the services we commission. We have also considered the underrepresentation of protected groups in our data.

We have included comments on our workforce as we recognise that while this is not a legal obligation it forms part of our robust approach to delivering better outcomes for the people of Calderdale.

Where gaps exist in the data, these have been acknowledged and we will work with our providers to address these.

This data is published to enable service users, staff our regulators and other interested parties to assess the equality performance of our organisation. The data has been used to support our decision making through the past year.

The report is a work in progress, rather than an end result. As advised there are gaps in the data and it is not always simple to draw out themes from the hard data, particularly when some characteristics are not monitored. This report will be updated annually and the link will continue to be made with our equality objectives and the outcomes of the Equality Delivery System.

Penny Woodhead

Head of Quality

The Legislation
Publishing equality information and setting equality objectives is part of our CCGs compliance with the Equality Act (2010) and one of the ways we demonstrate meeting the Public Sector Equality Duty (PSED).

The PSED is made up of a general equality duty which is supported by specific duties. The 'specific duties' are intended to drive performance on the general equality duty.

The general equality duty requires the CCG, in the exercise of our functions, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

Protected characteristics are defined as:
- Age
- Sex
- Disability
- Gender Reassignment (Transgender)
- Race
- Religion or Belief
- Sexual Orientation
- Pregnancy and maternity
- Marriage and civil partnership (employment only)

We additionally pay due regard to the needs of carers when making commissioning decisions

In publishing this report Calderdale CGG is demonstrating that we have consciously thought about the three aims of the Equality Duty as part of our decision-making process.

A specific duty requires us to publish information relating to people who are affected by our policies and practices who share protected characteristics. It also outlines that employers with a workforce of over 150 employees publish information relating to employees who share protected characteristics. Our CCG has 65 employees (at December 2015) we will consider our employee profile as part of this report.

The specific duties also require public bodies to prepare and publish one or more specific and measurable equality objectives which will help them

to further the three aims of the Equality Duty. The CCG has published its equality objectives and progress will be shared later in this document.

An NHS **Workforce Race Equality Standard** (WRES) has been developed, organisations are required to review and report against 8 indicators, a mix of NHS national staff survey data and local workforce data comparing the experience of BME and white staff. The CCG reported its WRES results in May 2015.

Equality delivery system 2 was developed as an equality performance framework. It is implemented annually and the CCG worked in partnership with providers to engage local stakeholders.

A new **Accessible Information Standard** has been introduced requiring all organisations that provide NHS (including GP Practices) or adult social care to meet the standard by 31 July 2016.

The standard requires organisations to identify, record, share and meet the needs of disabled people who have additional communication needs.

The CCG is exempt from delivering the standard, but will make sure that when it communicates with the public it considers the requirements of the standard. The CCG is required to seek assurance from provider organisations of their compliance with the standard, including evidence of how they are planning to meet the standard.

Introduction

As a CCG we aim to commission health services that give our protected groups the same access, experiences and outcomes as the general population, we recognise that there are many things that influence this which we may not have control over, but we will work to;

- Reduce inequalities in health outcomes and experience between patients. We will do this by planning our strategic aims and working in partnership with Calderdale Council and others to address the needs of protected groups as shown in the JSNA
- Remove any barriers or inequalities faced by protected community groups in accessing healthcare, including making reasonable adjustments.
- Remove or minimise disadvantages suffered by people due to their protected characteristics.
- Promote the involvement of patients and their carers in decisions about the way their health care is provided and the way we commission our services
- Raise awareness of our services and their benefits with groups who are under-represented in services use.

To ensure progress on the equality agenda we have the following governance arrangements; the Head of Quality provides the lead for equality, there is a lay governing body member with a responsibility for equality and the Quality Committee oversees progress, reporting to the Governing Body.

The data included and referenced here is used by commissioners across the organisation to make informed plans when they are reviewing, planning or monitoring services. The data supports the development of appropriate services to meet the needs of the local community and strengthens the equality assessments that are undertaken to assure that decisions are given due regard. Consideration of the data and understanding our community better means we are able to commission services which are more likely to address individual health needs and that are relevant and appropriate to the people we serve.

Demographic data & health inequalities
When considering its decisions the CCG takes account of locally available data, this includes the JSNA, local census, GP patient surveys, patient experience and engagement feedback. Our previous PSED report also holds data we have used.

Engagement
A major aspect of our work this year was the continued development of the Right Care, Right Time, Right Place programme which delivered the Care Closer to Home and Hospital Service Programme.

Major public engagement activity has been undertaken over a number of years to ensure that patients views have been heard and their opinions considered. All survey work has been underpinned by equality monitoring so we can assess if we have a representative sample of the population and where any under-representation has been identified this has been addressed.

The **Hospital Services Programme** has ensured it has involved a representative sample of the local communities in all its engagement activity. When under representation was identified actions were taken to address this, some through engagement which has taken place, others, like children and young people being picked up currently and also embedded in the planning for public consultation.

An equality analysis has been externally commissioned to ensure that CCG has independent assurance that it has paid due regard to the equality duty in preparation for public consultation. This will be available in due course here.

Considerable engagement has been undertaken; this report details all our activity to date, including equality.

Equality Delivery System
The Equality Delivery System (EDS2) was designed to help NHS organisations measure their equality performance; driving equality improvements and strengthening accountability of services to patients and the public.

At the heart of the EDS is a set of 18 outcomes grouped into four goals;

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

The CCG implemented the EDS2 in partnership with local provider agencies in December 2015, the results can be found on our website.

The CCG has implemented the EDS2 for the first time with Providers to promote a more coherent understanding of how equality is addressed across the local area and planning and development of consistent programmes of work to ensure continued responsiveness to the agenda and shared knowledge and improvement plans to reduce duplication.

The results of the EDS2 will be published and shared with stakeholders and the feedback received shared with commissioners to ensure the insight is utilised.

The CCG prioritised the outcomes it felt would make the most difference to its decisions and drive improvement for its communities.

These were;

1.2 Individual people's health needs are assessed and met in appropriate and effective ways
2.3 People report positive experiences of the NHS.

The CCG engaged stakeholders to consider their progress against their equality objectives which were developed as a result of the EDS implementation in 2013. We are two years through the 4 year plan. The equality objectives in full can be found here. The aim of the objectives is to be able to make service improvements with a focus on particular equality groups.

The objectives are;

- 1. Improve the access, experience and outcomes for South Asian patients with diabetes
- 2. Improve patient experience equality monitoring measures

Objective 1

Improve the access, experience and outcomes for South Asian patients with diabetes

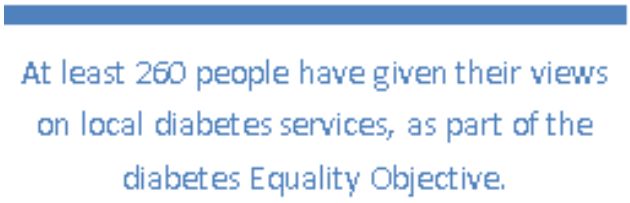
Measures

- Views and experiences of practitioners and South Asian patients with diabetes collected and analysed
- Recommendations made for improved diabetes care for this population group
- Improved ethnicity monitoring in diabetes care
- Establish patient experience measures that monitor equality
- Reduction in DNA's for South Asian diabetic patients by x% over the next four years (tbc)
- Improve HBA1c results for South Asian diabetic patients by x% over the next four years (tbc)
- Improve patient experience outcomes for South Asian patients with diabetes by x% over the next four years (tbc)

The CCG has worked in partnership with Greater Huddersfield CCG to develop a Diabetes Strategy which outlines the issues and approaches to solutions.

The focus of the diabetes objectives is purely on the South Asian community as people of Indian, Pakistani and Bangladeshi heritage who live in the UK are up to six times more likely to have Type 2 diabetes than White British people and 8.5% of Calderdale's CCG's population are of South Asian heritage. They may develop diabetes at an earlier age, with a higher risk of developing diabetes related complications. Any learning developed will be used to inform diabetes commissioning and may well have an impact on groups beyond those identified.

X-PERT Health has recently (summer 2015) carried out a survey with people of South Asian heritage living in Halifax. 134 people completed a survey questionnaire and following analysis of the results X-PERT Health have made the following recommendations:



We have been told;

- It's important to receive ongoing support to manage their condition

- Education and support needs to be relevant to people's culture
- Peer support is a really good way of helping people
- We need to use different ways of communicating with people
- Continuous engagement with the community to ensure diabetes services are accessible and meeting needs
- Regular reminders through a variety of media to reinforce information, knowledge and lifestyle change
- Single sex structured education programmes in appropriate languages
- Develop a community champions programme to support people to manage their diabetes
- Provide drop-in sessions that people with diabetes can attend to receive support and advice or be signposted to relevant services
- Educate school children about the condition. This will enable them to help family members but also reduce their risk of developing the condition.

Approximately 40% of the people we asked were happy with the diabetes services they receive, many reported that there seemed to be poor communication between the different health professionals providing them with support and many were not aware of the full range of services available, nor of the details of how to best manage their condition.

Objective 2

Improve patient experience equality monitoring

Measures

- Equality monitoring tool identified
- Accurate equality monitoring data available in specific services
- Measures of patient experience disaggregated and reported by protected group in specific services
- If required, actions taken to improve experience for specific groups
- Measurable improvement in patient experience outcomes for equality groups where action is undertaken

This objective aims to improve the CCGs access to accurate equality monitoring data to enable them to make the best commissioning decisions. This will be enhanced by increasing the introduction of equality monitoring within the patient experience and satisfaction measures so that acceptability of services can be understood by equality characteristic and any differentials addressed.

Progress has been made, we have;

- Mapped current systems for gathering patient experience across the patch
- Completed an audit of what equality monitoring is undertaken by providers
- Tested the equality monitoring form in a clinical setting
- Designed a new improved equality monitoring form based on results from testing
- Agreed 2 projects to pilot full equality monitoring

One of the pilots is to work in partnership with the Locala and SWYPFT to develop and implement equality and patient experience measures within the Single Point of Contact (SPoC) as part of Kirklees Care Closer to Home programme. While this does not directly impact Calderdale patients the learning will be shared in terms of the development of the Calderdale Care Closer to Home programme and the intelligence gathered in relation to patient experience measures and equality.

The SPoC;

- Will be one of the ways people interact with CC2H, it needs to be accessible and appropriate
- It is currently being promoted with staff and existing service users
- Staff have been trained in customer service and equality awareness

The CCGs will be working with the providers to ensure the appropriate development of;

- Acceptable ways of equality monitoring service users
- Mechanisms to understand user experience and satisfaction by equality groups
- Assessments of the effectiveness and availability of reasonable adjustments

The results of the work will be used to support this and other providers to roll out improved equality and patient experience measures which will allow them to analyse if any patient groups have different, access, outcomes or experiences of services and to make sure any differences are addressed and report this to the commissioner

Equality Impact Assessment

To demonstrate that we are paying due regard to the needs of protected characteristic groups we ensure that every decision we make, that would have an impact on the public or our staff, is analysed for its impact on the access, experience and outcomes for protected characteristic groups. This assessment is then used to support our decision making.

In the past year we have undertaken a number of assessments. For more information visit here.

In the past year we have undertaken a number of assessments, some examples include:

- Care closer to home specification
- Readiness for public consultation in Right Care, Right, Time, Right Place
- Hospital Service programme
- Over 70s medication review

Engagement

The CCG is very committed to engaging the public in the work it does. It has invested in Voluntary Action Calderdale (VAC) to create Health Connections which connects the voluntary and community sector (VCS) with the NHS, supporting groups to become sustainable and business ready so that they can deliver NHS services on behalf of the CCG.

One of the significant parts of the programme is the Engagement Champions programme. The Engagement Champions act as a link between the voluntary and community sector groups and NHS Calderdale CCG to ensure that the views of a wide range of local people are available to support CCG decision making. The CCG work with over 40 groups in varying localities representing some of the most seldom heard residents in our area. By investing in local people and asking them to talk with their residents or clients, we are able to really understand those that we seldom hear from. This provides the CCG and other health partners with a rich picture of local needs, enabling us to provide better services in our communities.

The Champions were mobilised to support the Right Care, Right Time, Right Place programme, and with other engagement staff reached over 2000 people across Calderdale and Huddersfield, reaching a good representative sample of the Calderdale population. A report describing the work undertaken has been produced.

Engagement is an on-going commitment we report every year on the work we have undertaken, the report for 14/15 is here.

Workforce

The workforce data referred to in this report has been taken from the electronic staff record (ESR). ESR is an Oracle based database which securely holds all of the data regarding employees. All records are populated but it should be noted that not all staff want to make declarations. These fields have been marked appropriately. The ESR system is not able to capture information on transgender.

There is a statutory requirement to publish staff details if an employer has 150 or more staff. So while this does not apply the CCG is aware of the need to consider the impact their workforce may have on equality

and so is publishing broad information. Due to the small numbers of staff employed in the CCG any reporting of data has to be done carefully, to avoid publishing person identifiable information.

The workforce data is summarised below;

- There are 65 employees
- The majority are women
- Just under 50% are aged 46-55
- The majority are Christian

Equality impact assessments have been used to screen all relevant policies, and over the next year we will continue to monitor the impact of the implementation of our workforce policies on all our staff, including their usage. This will ensure that we proactively identify and address any potential inequalities against equality characteristics.

The CCG also recognises that in order to remove the barriers experienced by disabled people, reasonable adjustments are necessary for our disabled employees, and for those people who would like to secure employment with the CCG. This will be achieved in a personalised way, involving occupational health services as appropriate. The CCG is a Two Ticks employer.

The Workforce Race Equality Standard has also focused the CCG on their staff profile and experience. Having such a small workforce means that reporting is somewhat limited. However the CCG will also be holding their providers to account in terms of their progress on this agenda.

The Workforce Race Equality Standard (WRES) has been delivered for the first time this year, our report is here. We have committed to undertaking a number of actions to support progress against the standard. In the past 6 months we have;

- reported our workforce equality data to the Governing Body, including the WRES
- Governing Body have been asked to complete equality monitoring forms for next year's reporting

Some of our other actions are delayed as the CCG is changing HR provider. We expect the new provider has non-mandatory training monitoring and more effective recruitment data available.

Data

The CCG is very aware that they are unable to report as comprehensively as we would like, as there are broad gaps in data. From the census on there are gaps in the data requested from people which have an impact on our ability to report against all 9 protected characteristics.

There are numerous reasons for this, some of our providers have systems in place which so not allow for recording of all characteristics, there is sensitivity in what data is appropriate to request and store, some people are reluctant to ask for data and some to provide the data.

The NHS will standardly collect age and sex data, in addition ethnicity is often requested. Beyond this data is not always routinely requested. Where collection is in place the data is not always collated and reported to the CCG.

The CCG is actively building in a requirement to equality monitor in new service specifications and contracts and has chosen this area to focus on as one of its equality objectives.

The CCG is actively building in a requirement to equality monitor in new service specifications and contracts and has chosen this area to focus on as one of its equality objectives. This year a new assurance process has been developed to ensure that equality and engagement are actively considered as part of any service developments.

Provider organisations
CCGs can commission a variety of service providers, NHS hospitals, social enterprises, charities, or private sector providers as long as they meet NHS standards and quality.

Our main NHS provider organisations are:

- Calderdale and Huddersfield Foundation Trust
- South West Yorkshire Partnership Foundation Trust

We have developed a Commissioner/Provider Equality Partnership to ensure that the equality agenda is delivered as coherently as possible, minimising duplication and sharing learning across the area.

As a commissioner of health care, we have a duty to ensure that all of our local healthcare service providers are meeting their statutory duties under the PSED. As well as regular monitoring of performance, patient experience and service access we will work with them to consider their progress on their equality objectives and the Equality Delivery System. Each provider organisation is subject to the specific duty and has published its own data that they have used. Most provider organisations

are subject to the specific duty and have published their own data. These are available here; SWYPFT and CHFT

We have published the data related to our patient's use of A&E, elective, emergency, outpatients (first appointment), outpatients (follow up) and those who do not attend their outpatient's appointments, by age, sex and ethnicity in Appendix 1.

Most of the trends, when compared to the local population profile, that emerge are expected;

- The youngest and oldest groups are over represented at &E attendances and emergency admission
- The oldest groups are over represented in elective admissions
- There is a similar gender split in A&E attendance
- Women are over represented in elective and outpatients

Some issues warrant more consideration;

- White patients are underrepresented at A&E, but over at elective
- Asian people are over represented at A&E and emergency admissions and under on elective
- When considering 'did not attends' the most significant issue is for Asian/Asian British

Conclusion

Equality, diversity and human rights data reporting and scrutiny begin to tell the CCG a story about the experiences of its local population including the most vulnerable and marginalised patients, carers and staff. Through quantitative and qualitative data gathering and review, the CCG can gain assurances about the quality and safety of its services for local protected groups.

This report demonstrates that we have undertaken significant work in relation to equality and diversity. The information in this report demonstrates our commitment to commissioning for equal access to health care. It also demonstrates our compliance with the requirements of the Public Sector Equality general and specific duties as well as providing data with respect to our commissioning and engagement activities.

It is a key challenge for the CCG to identify and address health inequalities, this report outlines our early work and gives a commitment to build on our work in this area in future years.

We are aware, however, that there is still more to do to make improvements in our support to this agenda. There are areas where;

- we need to better understand the access, experience and outcomes of patients from protected groups and support our providers to share these insights
- the CCG could use the insights on the experiences of protected groups more effectively
- there is a need to improve quality and consistency of equality monitoring across our providers through our contract monitoring

It is only through consideration of the data that we can begin to understand how health inequalities are produced and reproduced in Calderdale and inform evidence-based initiatives to tackle them.

Appendix 1 SUS data

Age Band	Population	A and E	Elective	Emergency	Outpatient First Attendances	Outpatient Follow Up
0-14	18.3%	20.0%	5.0%	15.9%	15.2%	8.2%
15-24	11.9%	14.7%	4.6%	6.0%	8.6%	6.2%
25-64	53.8%	45.0%	50.3%	34.8%	53.2%	50.1%
65-84	13.9%	14.6%	34.8%	29.5%	20.0%	30.6%
85+	2.1%	5.7%	5.2%	13.8%	3.0%	4.8%

Gender	Population	A and E	Elective	Emergency	Outpatient First Attendances	Outpatient Follow Up
Male	51.1%	51.3%	45.7%	47.5%	39.9%	44.4%
Female	48.9%	48.7%	54.3%	52.5%	60.1%	55.6%

Ethnicity	Population	A and E	Elective	Emergency	Outpatient First Attendances	Outpatient Follow Up
White	89.7%	84.0%	92.2%	89.5%	87.4%	88.5%
Mixed	1.4%	0.8%	0.3%	0.6%	0.6%	0.5%
Asian/Asian British	8.1%	10.8%	4.8%	8.0%	7.6%	7.4%
Black/Black British	0.4%	0.6%	0.6%	0.4%	0.6%	0.5%
Chinese/Other Ethnic Groups	0.5%	3.9%	2.1%	1.5%	3.9%	3.1%

Age Band	Population	Did Not attend
0-14	18.3%	14.8%
15-24	11.9%	12.6%
25-64	53.8%	54.5%
65-84	13.9%	14.3%
85+	2.1%	3.8%

Gender	Population	Did Not attend
Male	51.1%	46.3%
Female	48.9%	53.7%

Ethnicity	Population	Did Not attend
White	89.7%	82.9%
Mixed	1.4%	1.0%
Asian/Asian British	8.1%	12.5%
Black/Black British	0.4%	0.7%
Chinese/Other Ethnic Groups	0.5%	3.0%