

Calderdale CCG Equality Objectives 2013-2017

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1. Introduction - Who we serve

We serve a population of 213,000 people in a high density geographical area stretching from Halifax and Brighouse in the east to Todmorden in the west.

- The population is expected to increase by 10% over the next 25 years.
- The population of children and young people is set to rise, with the greatest increase in the 0 to 15 year-old age group (3600).
- The proportion of children from South Asian origin will rise from 10% to 15%.
- Life expectancy in Calderdale has improved for men in line with the rate for England for women this has levelled off and is below the national and regional average.
- Those living in Calderdale's most disadvantaged communities experience greater ill-health than elsewhere in the district. There are differences in life expectancy between wards within Calderdale of up to 7 years.
- In 2010, 22.5% of 0-4 year olds were living in workless households in Calderdale (2,940 children).
- Rising obesity levels and poor oral health are key health priorities for children and young people. Childhood obesity increases between the ages of 5 and 11.

Our Vision

'To achieve the best health and wellbeing for the people of Calderdale within our available resources.'

Our strategic objectives

- Prevent people from dying prematurely improving health, improving lives
- Enhance the quality of life for people with a long-term condition (including work on urgent care pathways)
- Help people to recover and maintain their independence (including work on intermediate tier)
- Ensure people have a positive experience of care (including those in care homes, and those accessing primary care)
- Ensure a safe environment and protect people from harm
- Reduce inequalities in Calderdale

Priority areas

CALDERDALE CCG PRIORITIES 13/14 AND BEYOND	
RESPIRATORY <ul style="list-style-type: none">• Smoking related deaths• COPD related deaths• Improving the management of conditions where care can be providing outside hospital	INFANT MORTALITY <ul style="list-style-type: none">• Infant mortality rate• Maternal smoking at delivery• Breast feeding 6-8 weeks• Low birth weight babies
CARDIO VASCULAR DISEASE <ul style="list-style-type: none">• Smoking related deaths• Management of hypertension• Primary care management of coronary heart disease	RE-ADMISSION (<30 DAYS) <ul style="list-style-type: none">• Keeping people out of hospital• Joined up working• Coordinated discharge
ENDOCRINE <ul style="list-style-type: none">• Prevalence of diabetes• Management of blood glucose• Blood pressure• Length of stay in hospital for diabetes patients	PATIENT EXPERIENCE <ul style="list-style-type: none">• GP out of hours services• Hospital care
DEMENTIA <ul style="list-style-type: none">• Diagnosis• Care and support	CARE HOMES <ul style="list-style-type: none">• Quality of care• Utilisation of acute services

2. Background Equality Act 2010

As part of the Equality Act 2010 a 'public sector equality duty' was introduced this duty places an obligation on the CCG to proactively improve equality for people with one or more protected characteristics. This is made up of a general duty and specific duties. The general duty is the main part of the legislation with the specific duties supporting public bodies to demonstrate performance and compliance.

The General Duty

The CCG's equality objectives have been developed and aligned with the 3 aims of the general duty, in the exercise of their functions, to have due regard to the need to;

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations

Specific Duties - Equality objectives

The Act requires public bodies like the CCG to prepare and publish one or more specific and measurable equality objectives which they believe will

support them to achieve the aims of the general duty. The objectives need to be published at least every four years and the manner of publication has to be accessible to the public. This report will fulfil this requirement.

The purpose of the objectives is to help the CCG better perform the general equality duty, focusing on the outcomes achieved. They will focus attention on the priority equality issues for the CCG in order to deliver improvements that can be measured and reported against.

Specific Duties - Publication of information

Annually the CCG will have to demonstrate the impact of its policies and practices on people with protected characteristics. This will be achieved by the publication of a report by the CCG in January 2014.

Protected characteristics

The Equality Act defines groups that are protected under the act as protected characteristics.

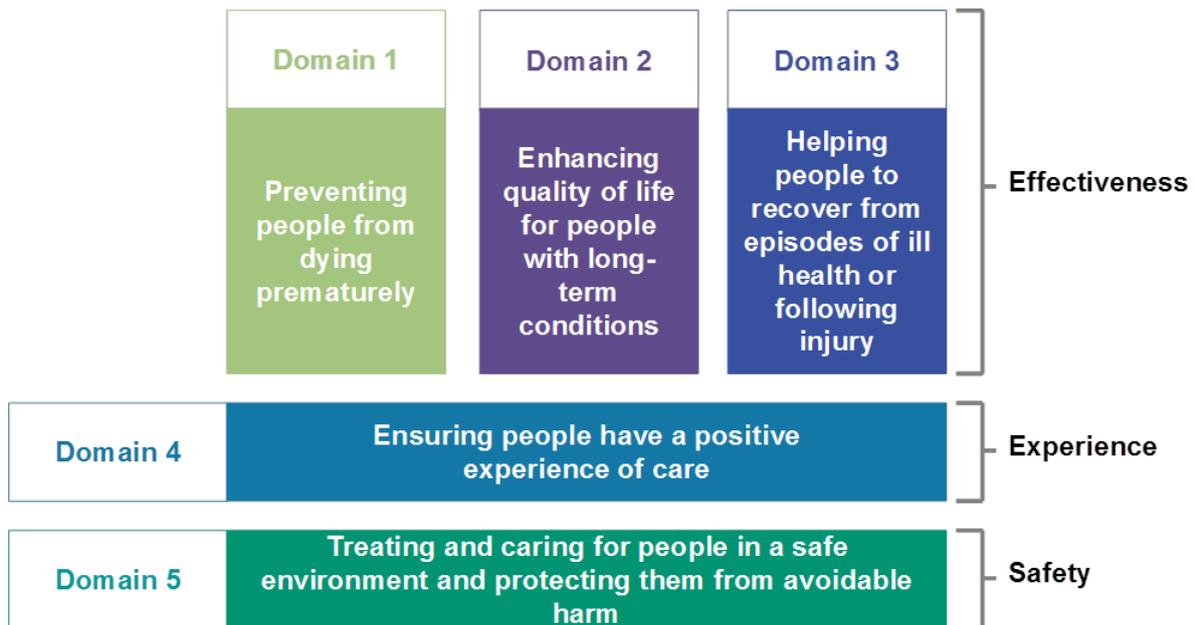
The Equality Act 2010 prohibits discrimination against anyone from the following nine "protected groups":

- 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
- sexual orientation
- marriage or civil partnership (employment only)

In giving consideration to the development of appropriate objectives the CCG endeavoured to include all these groups in its engagement with the public and their staff.

NHS Outcomes Framework - 5 domains

The CCG has to align its work to delivering against the 5 domains described in the NHS Outcomes Framework, these are detailed below. In the description of the equality objective a link is drawn to the relevant domain/s.



3. How we identified our objectives Equality Delivery System (EDS)

To ensure the genuine and meaningful engagement of local communities the CCG has utilised the EDS as a mechanism to develop its objectives.

The Equality Delivery System (EDS) has been designed by the Department of Health to help NHS organisations measure their equality performance.

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

Each outcome is graded and the grades are then collated to give an overall score for the goal.



EDS Stakeholder Event

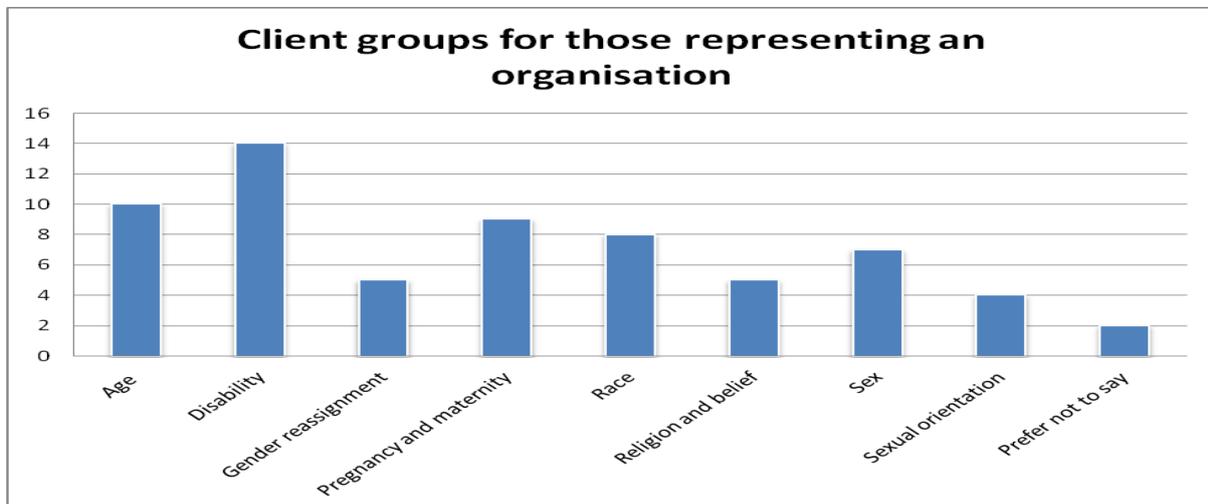
As a requirement of the EDS local interests need to be engaged in actively assessing performance and progress of the CCG. To enable this people from the protected groups in the local community were invited to attend to engage in the assessment and grading of the CCG against goals 1 and 2. 30 people attended.

Voting pad technology was used to ask a set of questions designed to gather public views on each outcome. These results were then collated to identify grades for each outcome.

Each goal was also discussed at the event with a facilitator and scribe capturing the detail. This information has been used to support the development of the objectives.

The technology was also used to individually equality monitor each participant and link their characteristics to their responses. This enabled some limited analysis for trends across protected groups.

Participants were asked to identify the protected characteristics their organisations served, the results are detailed below.



The results

Goal	Outcome	Grade
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	Red
	1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Red
	1.3 Changes across services are discussed with patients, and transitions are made smoothly	Red
	1.4 The safety of patients is prioritised and assured	Green
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Green

2. Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	
	2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	
	2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	

Identifying areas for improvement

An analysis of the results of Goals 1 and 2 would suggest the following areas for further consideration;

- 1.1 – meeting the needs of local communities
- 1.1 – reducing health inequalities
- 1.2 - assessing health needs and providing services
- 1.3 – transitions between services
- 2.1 - access to services
- 2.2 – understanding conditions/treatment
- 2.2 – active in decision about treatment
- 2.2 – active in decision on place of treatment

As described it was possible to tentatively identify some trends in responses based on the equality monitoring of participants. The sample size does not allow for statistically significant issues to be discovered.

However the trends described below have been used to support the development of the equality objectives.

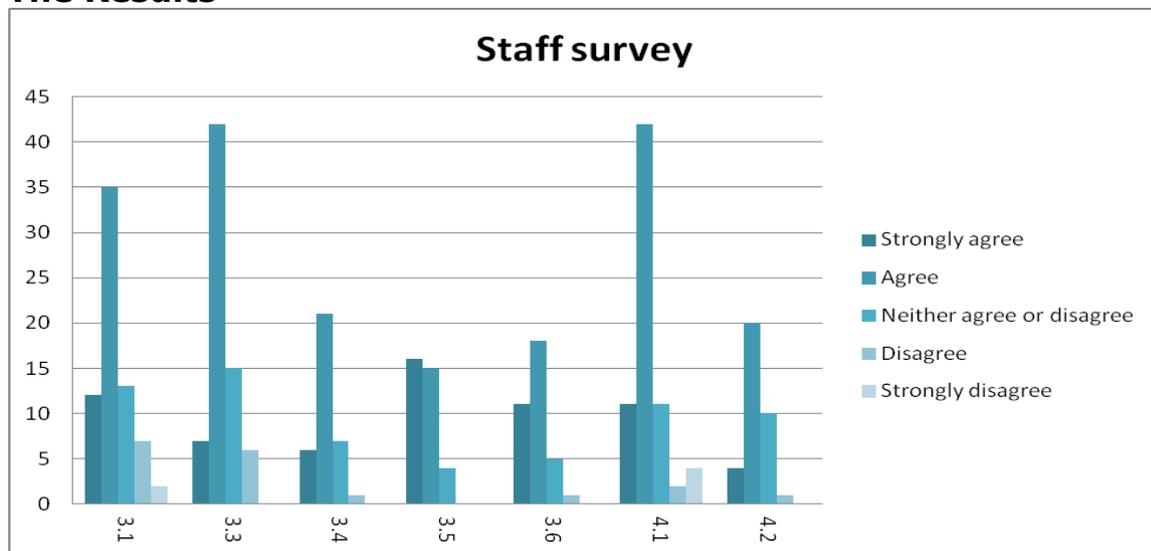
- 1.1 meeting the needs of local communities
 - A significant majority of Asian/Asian British respondents were dissatisfied.
- 1.1 promotes well being and healthy lifestyles
 - Asian/Asian British respondents were more likely to respond negatively to this statement.
- 1.2 assessing health needs and providing services
 - Female patients were less likely to report a positive experience
 - Asian/Asian British respondents were unhappy.
- 1.3 transitions between services
 - Female respondents reported a high level of dissatisfaction
- 2.1 access to services

- Female respondents were more likely to report dissatisfaction
- 2.3 health professionals listen to and respect patients' views
- Respondents who identified as Asian/Asian British did not feel that health professionals listened to and respected their views.
 - Patients with a long standing health condition were also less likely to feel that their views were listened to and respected.
 - The majority of carers didn't feel that health professionals listened to and respected patients' views

Staff survey

To enable the grading of the internal facing EDS goals, 3 and 4, a staff survey was developed. This was sent to all the CCG staff and 35 people responded. The results of the staff survey were very positive and do not highlight any significant areas for improvement.

The Results



Goal	Outcome	Grade
3. Empowered, engaged and well-supported staff	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally	Not graded
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or	

	provided appropriately	
	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	
	3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives	
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	
	4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes	Not graded

Patient experience analysis

Also contributing to the development of the equality objectives is a West Yorkshire wide analysis of the national hospital and GP patient surveys undertaken by Public Health England. This was commissioned to provide a level of detail against the protected characteristics across the West Yorkshire footprint to allow for statistically significant results to be developed, as in the CCG results the numbers are far too low for any such analysis to be meaningful.

The headline results of the analysis are;

- Patients aged 16-24 in GP, A&E Maternity or Inpatients
- Patients aged 85+ in Inpatients

- Patients of Asian heritage, particularly Pakistani, in GP or A&E or Outpatients
- Lesbian, gay and Bisexual patients in A&E
- Blind patients in Inpatients

4. Summary

In conclusion the CCG has used the available data, has engaged the public and its staff, considered national and local experience resources and local strategic priorities to support the development of its equality objectives for the next four years. The objectives focus on measurable improved outcomes. In selecting only two areas the CCG recognises that other work will be ongoing across its strategic priorities to ensure progress on equality and improved access, outcomes and experience for all protected groups.

Objectives 2013-2017

Equality Objective One – Diabetes and South Asian Communities Improving the access, experience and outcomes of South Asian patients with diabetes	
CCG Strategic objectives	<ul style="list-style-type: none"> • Improve the quality of healthcare services and each individual’s experience of care • Improve the health of the population
National outcomes (5 domains)	Domain 1 – preventing people from dying prematurely Domain 2 – enhancing quality of life for people with long term conditions Domain 4 – ensuring people have a positive experience of care
Context	<p>Inequalities in health and poor access to services are well documented amongst South Asians in the UK.</p> <p>South Asian 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 8.1% of Calderdale CCG’s population are of South Asian heritage and will possibly develop diabetes at an earlier age, with a higher risk of developing diabetes related complications.</p> <p>Feedback from stakeholders has described high rates of South Asian patients’ ‘do not attends’ (DNA’s) at clinic appointments which form part of diabetes treatment.</p> <p>Some health professionals have reported feeling they often spend a lot of time trying to support older South Asian patients with diabetes but that patients do not understand and/or commit to lifestyle changes that form an important part of treatment.</p> <p>Some older South Asian patients have cited difficulties in understanding English, lack of time, feeling very down about their diagnosis and feeling like they’re being told off as factors that make it hard to control their diabetes.</p>

Measures of success	<ul style="list-style-type: none"> • Develop a diabetes event to understand patient and practitioners views on diabetes care • Improved ethnicity monitoring (subsequently all equality monitoring) • Reduced DNA's • Improved results in HBA1c (a measure of blood glucose and an indicator of how well diabetes is being controlled) • Improved patient experience outcomes
Action and timescale	<p>Four year project - this will need supporting through a team including business intelligence, practitioners and patient representatives</p> <ul style="list-style-type: none"> • Understand patient/practitioner views on diabetes care with a particular focus on South Asian patients • Develop effective ethnicity monitoring mechanisms in diabetes services • Measure and report against patients not attending clinic appointments, if trends emerge re South Asian communities engage with patients to understand and address issues • Once patients identified through equality monitoring track the results of South Asian patients in relation to HBA1c and other national measures to compare results to White communities • Introduce patient satisfaction measures into diabetes pathway to enable comparison of results. If negative trends emerge for South Asian patients aim to understand what these mean and address through positive action
Equality Delivery System Goal	<p>Goal 1 – better health outcomes for all</p> <p>Goal 2 – improved patient access and experience</p>
<p>Equality Objective Two – Improved equality monitoring and patient experience measures Improving equality monitoring to understand patient experience outcomes for particular groups in targeted service/s and address any negative trends</p>	
Context	<p>West Yorkshire wide analysis of the national hospital and GP patient surveys undertaken by Public Health England found that some groups report a more negative patient experience, particularly;</p>

	<ul style="list-style-type: none"> • Patients aged 16-24 in GP, A&E Maternity or Inpatients • Patients aged 85+ in Inpatients • Patients of Asian heritage, particularly Pakistani, in GP or A&E or Outpatients • Lesbian, gay and Bisexual patients in A&E • Blind patients in Inpatients <p>Due to limited equality monitoring of patients within NHS services there is little data available to understand access, experience or outcomes of patients.</p> <p>However the National Cancer Equality Initiative research project found in relation to cancer treatment services;</p> <ul style="list-style-type: none"> • Evidence to suggest that older people are under treated in UK in comparison with other countries; • Patients from black and minority ethnic (BME) groups more likely to report a poorer experience of care; • BME patients have lower levels of confidence in their care and are less satisfied with communication about their care; • Lesbian, gay, and bisexual people find it hard to cope with clinical assumptions that they are heterosexual • patients with mental health conditions and learning disabilities were far less likely to be positive, for example, much more likely to say that they felt treated as 'a set of cancer symptoms' rather than a person • Women were more likely to see their treatment as lacking in respect, dignity or sufficient privacy;
Measures of success	<ul style="list-style-type: none"> • Accurate equality monitoring data available in specific services/for specific groups • Measures of patient experience able to be disaggregated and reported by equality group • Actions taken to improve patient experience as a result of understanding negative outcomes for particular equality groups
Actions and timescale	<p>Four years project</p> <ul style="list-style-type: none"> • Pilot a mechanism to test equality monitoring systems at point of treatment – interim walk-in centre contract

	<ul style="list-style-type: none"> • Collate and understand what equality monitoring exists within patient services in a variety of settings • Integrate the requirement to equality monitor in new and revised specifications and contracts • Design and introduce a tested mechanism for recording patient equality data confidentially and in a useable format informed through patient engagement • Establish a baseline for patient experience measures and equality • Introduce patient experience measures in specific services – and aim to understand the experience of particular equality groups. • Once recording systems are developed and functioning, establish small scale patient led/involved projects to improve patient experience. <ul style="list-style-type: none"> ○ diabetes service satisfaction for South Asian patients ○ younger patients 16-24, ○ Disabled people, including those with a learning disability (screening) and Deaf and hearing impaired people (Outpatients and GP's) - wheelchair services
<p>Equality Delivery System Goal</p>	<p>Goal 2 Improved patient access and experience</p>