

Public Sector Equality Duty Report

January 2017

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Executive Summary

The purpose of this report is to assure the people of Calderdale that the CCG is compliant with the Public Sector Equality Duty (PSED) and committed to equality and inclusion

This report provides an annual update of activity undertaken to embed equality within the organisation and its activities.

The CCG's vision is to achieve the best health and wellbeing for the people of Calderdale within our available resources

Underpinning the vision are core values for staff complementing the equality principles embodied within this document:

- Preserve and uphold the values set out in the NHS constitution
- Treat each other with dignity and respect
- Encourage innovation to inspire people to do great things
- Be ambassadors for the people of Calderdale
- Work with our partners for the benefit of local people
- Value individuality and diversity and promote equity of access based on need
- Commission high quality services that are evidence-based and make the most of available resources
- Encourage and enable the development of Care Closer to Home

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.

- 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 CCG recognises that different patients and carers use and experience health services differently, they may experience health inequalities and have diverse of needs. This has to be fully considered when commissioning services.

To deliver this we need accurate quantitative and qualitative intelligence from our providers and from patients and carers. We talk to our communities; we consult and engage to listen to their views.

Equality Act and the Public Sector Equality Duty (PSED)

Publishing equality information and setting equality objectives are part of the CCG's compliance with the Equality Act (2010) and one of the ways the CCG demonstrates meeting the Public Sector Equality Duty. For more information visit;

- [Equality Act](#)
- [Public Sector Equality Duty](#)

Equality

Calderdale CCG aims to ensure that protected groups¹ have the same access, experiences, and outcomes as the general population. The CCG recognises that there are many things that influence this that it may not have control over, but it is committed to work with partners and the community to influence where it can, including by;

- Reducing inequalities in health outcomes and experience. This will be achieved by working in partnership, including Calderdale Council and others, to address community need as described in the Joint Strategic Needs Assessment (JSNA);
- Removing barriers or inequalities faced by protected groups accessing healthcare, including making reasonable adjustments. Our specifications will reflect this requirement for providers to address inequality and we will in our policies and practice;
- Promoting and actively involve patients and their carers in decisions about the way their health care is provided and the methods we use to design and commission health services, so they are relevant, appropriate and meet the needs of the population we serve;
- Continuing to raise awareness of the role of Calderdale CCG in commissioning the health economy and the promoting our providers with groups who are under-represented in service provision.

Population Profile

NHS Calderdale Clinical Commissioning Group (CCG) plans and buys services for more than 203,000 people who live in Calderdale or are registered with 26 local GP practices.

For more information on the local population, inequalities and health please visit:

- [Joint Strategic Needs Assessment \(JSNA\)](#)
- [Calderdale Health Profile 2015](#)

¹ Protected groups – age, disability, sex, sexual orientation, ethnicity, gender reassignment, religion and belief, pregnancy and maternity and marriage and civil partnership.

- [Census information](#)

Population by Protected Characteristics

Some people experience different access, experience and outcomes when they use NHS services, this can result in inequalities that affect broad groups of patients.

Health inequalities are not only apparent between people of different socio-economic groups for example, different incomes, but they can also exist between different genders, different ethnic groups, and the elderly and people suffering from mental health problems or learning disabilities also have worse health than the rest of the population. The causes of health inequalities are complex, and include lifestyle factors such as smoking, nutrition and exercise as well as wider determinants such as poverty, housing and education.

[Calderdale CCG Strategic Plan 2014-19](#)

Calderdale CCG agreed its own set of high-level health priorities for 2014-19 following extensive consultation with patients, partners, and community members.

Calderdale Commissioning Principles

Underpinning the strategic plan of the Calderdale CCG is a set of commissioning principles; these are integral to ensuring equitable outcomes for all patients.

Equality Impact Assessment (EIA) is used to ensure the commissioning process takes account of the needs of protected groups. A new project management toolkit has been designed which integrates EIA to ensure it forms part of all projects and programme activity.

Equality Objectives

Our [equality objectives](#) were developed based on the outcome of the previous EDS implementation in 2013, as the CCG was established. We are three years through a 4 year plan. The aim of having 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

Progress on the equality objectives is monitored by the Quality Committee.

Equality Objectives - Progress 2016

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

The focus of the diabetes objectives is purely on the South Asian community as people of Indian, Pakistani and Bangladeshi heritage that live in the UK are up to six times more likely to have Type 2 diabetes than White British people and 8% of Calderdale 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.

This work has been undertaken in partnership with Greater Huddersfield and North Kirklees CCGs.

Work is underway to look at ways to improve patient experience outcomes for South Asian patients using diabetes services.

A survey was undertaken to measure current experience of South Asian people with diabetes and their families/carers in Calderdale focusing on areas with a higher South Asian population.

Diabetes community champions have been recruited and trained by X-PERT Health using CCG funding. They have continued their work in the South Asian community raising awareness of diabetes and its complications, signposting people to sources of information and help, and supporting people to access them. A report on the work

of the champions and its impact is being prepared and will be published in the Spring.

Improve patient experience equality monitoring measures

The aim of this objective is to improve equality monitoring data so that the CCG better understands the needs and experiences of local communities. In the last year, we have focused on the following areas:

- Making sure that equality monitoring is embedded into new and revised specifications
- Supporting providers to improve equality monitoring for patient experience measures

We have developed equality content to be included in specifications and will continue to embed and develop this in the next year to include more specific requirements for providers in relation to the collection and reporting of equality data from service users.

The CCG coordinates a quarterly Equality Providers Forum, which is a partnership of local health providers who work together to support progress and improvement on the equality agenda. We have completed an audit of provider patient experience measures for equality and are using the forum as a platform to work with providers to agree ways of improving equality monitoring.

We plan to pilot the collection of equality monitoring data for our complaints service. As well as monitoring who is using the service, we will also add an equality monitoring form to the complaints satisfaction survey.

Accessible information Standard

The '[Accessible Information Standard](#)' establishes a framework so patients and service users (carers and parents) who have information or communication needs

relating to a disability, impairment or sensory loss, receive accessible information and communication support when accessing NHS or adult social services.

To prepare for the AIS the CCG has;

- developed briefings for providers, CCG staff and GP practices and briefing sessions undertaken.
- undertaken surveys with GP practices to understand the support they need to implement the standard and used the feedback to shape and develop bespoke resources
- provided advice and guidance to health care organisations and their staff to implement the Standard and made contact to ensure they are making progress against the Standard
- promoted and raised awareness of the Standard with healthcare organisations and CCG staff

Equality Delivery System 2 (EDS2)

The [Equality Delivery System 2](#) helps the CCG, in discussion with local partners and people, review and improve their equality performance. The EDS2 report is [here](#).

This year the CCG has worked in partnership with other NHS organisations including CHFT, YAS and SWYPFT to deliver a joint approach to engaging with local stakeholders. A Calderdale Equality Panel has been created with membership drawn from a range of community and voluntary sector organisations representing each of the protected characteristics. The panel will grade the CCG and participating NHS organisations against a set of EDS2 outcomes. We will use the data from the grading panel to inform the development of a new set of Equality Objectives. The CCG will publish a report with the results from the panels and the EDS2 grades by April 2017.

Workforce Race Equality Standard (WRES)

The [WRES](#) requires NHS organisations to demonstrate progress against 9 indicators of workforce equality. The CCG WRES report is [here](#). An NHS national workforce disability equality standard is being prepared.

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 does not capture information on transgender staff.

The small numbers of staff employed in the CCG, 80 people, means reporting of data has to be done carefully, to avoid publishing person identifiable information; identifying staff against their protected characteristics.

The workforce, at the end of September 2016;

- 81% women
- 92% White British
- 7% are disabled
- 52% are Christian
- 8% are lesbian or gay

The Department of Work and Pensions, (DWP), has replaced the "Two Ticks" positive action scheme with Disability Confident and this year the CCG achieved disability confident employer status.

Disability Confident encompasses a number of voluntary commitments to encourage employers to recruit, retain and develop disabled staff, such as offering work experience opportunities and implementing a flexible recruitment process.

Patient involvement and Engagement

Calderdale CCG are committed to work with patients and partners and engage them in the planning and designing of health services to improve their access, experience and outcomes.

The CCG tailors each engagement to the needs of the public, patient or carer groups, it takes account of the needs of different protected groups, making efforts to ensure it reaches seldom heard people and groups. In this way we can be assured that we understand and respond to the local community.

The patient and public involvement work is reported on the CCG website, [here](#).

A major aspect of our work this year was the continued development of the [Right Care, Right Time, Right Place](#) programme. To support the recent consultation considerable equality activity was undertaken; targeting communities, ensuring accessible information (easy read, languages, summaries), securing access arrangements, a full [equality and health inequality impact assessment](#).

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 NHS Trust
- South West Yorkshire Partnership Foundation Trust
- Yorkshire Ambulance Service

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 Public sector equality duty. 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](#), [CHFT](#), and [YAS](#)