

Public Sector Equality Duty Report 2018



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1. Executive Summary

As an organisation the equality agenda is critical to our success and is reinforced by our visions and values. We work to understand the communities we serve and make better decisions ensuring the services we plan and buy meet the needs of the population of Calderdale. The purpose of this report is to evidence our compliance with the Public Sector Equality Duty (PSED) and demonstrate our commitment 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

[\(Calderdale CCG Constitution 2017\)](#)

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.

[\(Equality and Diversity Strategy 2015-19\)](#)

To ensure progress on the equality agenda we have the following governance arrangements; the Chief Quality and Nursing Officer 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, patients and carers. We talk to our communities; we consult and engage to listen to their views.

2. 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](#)

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.

3. 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:

- [Calderdale Public Health Report 2016](#)
- [Joint Strategic Needs Assessment \(JSNA\)](#)

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

- [Calderdale Children's Health Profile 2017](#)
- [Calderdale Health Profile 2017](#)

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.

4. 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. The plan can be found [here](#).

5. 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.

We recognise that to deliver the best care for local people we need to spend our money on the things providing the greatest benefit to them.

The CCG has a recovery programme to deliver sustainable financial performance. This may involve prioritising services and potentially decommissioning or changing things which provide limited value, clinically or for individuals and the population as a whole.

Decisions affecting services for patients are clinically-led, based on evidence, and informed by equality assessments. Identifying and assessing equality is also integral to engagement and consultation with the public and other stakeholders. This ensures decision-makers at all levels have 'due regard' to the legal equality duties.

It helps them understand and take account of the impact decisions may have on both the overall population and on specific groups of people with protected characteristics, who may be some of the most vulnerable in society.

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 implemented which integrates EIA to ensure it forms part of all projects and programme activity. This has strengthened our assurance process for making decisions and ensures any potential impacts are understood and addressed.

6. Equality Objectives

Our equality objectives for 2013-17 were developed based on feedback from the previous Equality Delivery System (EDS) events in 2013, as the CCG was established. When they were developed the objectives were planned to be the focus of our activity for 4 years. Now we have reviewed and evaluated our progress and deliberated on next steps. We feel the objectives have delivered most of our actions and where necessary work will be integrated into ongoing programmes of activity. A new set of objectives have been developed and are described later in this document. Below is a summary of our key achievements for each of the objectives 13-17:

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

- To help us understand the experiences of South Asian people using diabetes services, we worked in partnership with Kirklees Council and Calderdale CCG to engage with people from this community. The data from a number of community events provided us with baseline information about how services and support for South Asian patients with diabetes could be improved.

- 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 were recruited and trained by X-PERT Health using CCG funding. X-PERT Health undertook the following work in support of the equality objective:
 - Developed a newsletter and Facebook page specifically aimed at supporting the South Asian community with self-care;
 - Provided structured education courses in community languages in Park Ward;
 - Set up a community champions project to work with local people to raise awareness of diabetes and its impact, and to support people with diabetes to live well with their condition.
- The funding for the diabetes community champions project ceased at the end of 2017. X-PERT Health identified the following key impacts in a report to the CCG in 2016:
 - The newsletter and Facebook page were well received by the South Asian community and X-PERT Health carried out significant engagement work with the local community.
 - There were some challenges with the project including the blurring of lines between education and engagement, as some of the community champions were also running courses for X-PERT Health. Also, some of the community champions were students from local universities who moved on when their courses were finished.
- Whilst funding for the diabetes community champions project has finished, the CCG will continue to work with partners to improve the access, experience and outcomes for South Asian people using diabetes services. X-PERT Health are currently writing a final report on the overall impact of the project. This will be shared with the CCG and published on our website

2. Improve patient experience equality monitoring measures

- Equality monitoring form for CCG amended and guidance developed.
- Contract monitoring template developed and implemented.
- Equality specific content for inclusion in service specifications developed.
- High level audit of provider patient experience measures by protected groups completed.
- New equality assurance framework agreed with providers.
- Equality monitoring process for complaints reviewed and changes implemented to optimise return rates.
- Equality monitoring form added to the complaints satisfaction survey to identify any differences in the experiences of protected groups.
- Started discussions with local NHS providers to share good practice and improve equality monitoring of complaints.

The CCG will continue to work in partnership with local healthcare providers to:

- Improve equality monitoring of service users
- Develop mechanisms to understand service user experience and satisfaction by protected groups.

In 2018, the CCG will launch a new set of equality objectives. These objectives have been developed following involvement with the local voluntary, community and social enterprise sector, staff and public sector partners, including the implementation of the EDS2.

The objectives have been approved by the Quality Committee and endorsed by Governing Body. The objectives set out the three equality priorities that will be worked on over the next four years. Progress will be monitored against the equality objectives every quarter by the Quality Committee and annually through the Public Sector Equality Duty report.

The Equality Objectives for 2018 – 2022 are:

1. Improve access to GP Practices for specific equality groups
2. Improve engagement with specific equality groups
3. Improve governance processes for equality

Please note that these are the headline objectives. Detailed delivery plans are currently in development and will be published on our website on completion.

7. 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.

Regular meetings have been held with our primary care and larger secondary care providers to support and provide guidance around the standard, we continue to proactively monitor compliance to ensure that communication needs are met. Individual organisations have been supported to develop and implement action plans and provided with support to engage with other agencies and organisations to facilitate better information sharing to improve patient experience.

Calderdale, Greater Huddersfield, North Kirklees and Wakefield CCGs have worked together over the year to ensure effective assurance mechanisms have been implemented that practices are aware of their obligations, are supported to be compliant and are able to provide assurance to the CCG. This has involved: meetings and engaging with primary care teams, practice networks, Local Medical Committee's, and patient reference group network. This has involved sharing best practice, providing advice and guidance on policies, where to access communication needs resources or services, and understanding the support practices require to enable them to be compliant.

The CCG equality team has provided advice and guidance and supported on accessible communication, resources and improved information sharing between primary and secondary care.

8. Equality Delivery System 2 (EDS2)

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

In 2017, the CCG worked in partnership with other local healthcare organisations including Calderdale and Huddersfield Foundation Trust (CHFT), Yorkshire Ambulance Service (YAS) South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to deliver a joint approach to engaging with local stakeholders

A Calderdale Equality Panel was created with membership drawn from our Engagement Champions programme and a range of community and voluntary sector organisations representing each of the protected characteristics. The panel graded the CCG and participating NHS organisations against a set of EDS2 outcomes. The EDS2 report is [here](#).

9. 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 developed and the CCG is preparing for implementation.

10. 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, at November 2017, 92 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 November 2017;

- 78% women
- 92% are White
- Over 7% are disabled

- 53% are Christian
- 5.5% are lesbian or gay
- 92% are aged 31-60

The CCG remains a Disability Confident employer. This 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.

11. Patient and Public involvement and Engagement

Calderdale CCG are committed to involving local people in the development, design and planning of local health services. The methods and approaches to involving local people are tailored to meet the needs of the target audience.

The CCG ensures the needs of different protected groups are considered by equality monitoring all engagement and consultation activity. We use an Engagement Champions approach to reaching our diverse population to ensure we are making efforts to reach seldom heard people and groups. By working this way we can be assured that we are listening and considering the views of all our local population in any decisions about local services.

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

A continued focus of our work this year was the ongoing [Right Care, Right Time, Right Place](#) programme, including support of the Travel and Transport Group.

12. Provider Organisations

CCGs can commission a variety of service providers, NHS hospitals, social enterprises, charities, or independent 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](#)

13. Next steps

This report details our approach to equality over the past 12 months and the CCGs activity. We produce the report annually to evidence our compliance with the equality duty but also to demonstrate our commitment to equality and how it influences our activity and our decisions.

Over the coming year we will continue to commit energy and time to pursuing equality and improving the access, experience and outcomes the population of Calderdale – we will implement the Equality Delivery System and give our Equality Health Panel a voice in delivering improvements, we will measure our progress against the Workforce Race Equality Standard and prepare for the Workforce Disability Equality Standard and focus on staff. We will work with our communities to understand their views and opinions when we are considering change. We will also continue to support and scrutinise the delivery of our providers on the equality agenda.