

## **Appendix 1: Governing Body Annual Equality Performance Report and Equality Objectives**

4 February 2016

### **Introduction**

The purpose of this report is to demonstrate how the CCG has met its public sector equality duties and NHS England equality standards. The report includes:

- A review of progress against its current equality objectives and Equality & Diversity Action Plan for 2015 – 2016.
- A report on the implementation of mandatory NHS Equality Standards, including the Equality Delivery System, the Workforce Race Equality Standard (WRES) and the Accessible Information Standard
- Proposed draft equality objectives, for wider stakeholder consultation. This will lead to a new equality action plan spanning from 2016-2020, which will link into the CCG's strategy and operational plan

The Governing Body is asked to:

- Note the progress against the CCG's current equality objectives
- Note the progress made with the implementation of NHS England Equality Standards
- Approve the proposed new equality objectives, for wider consultation

### **Legal Duty**

The public sector equality duty created by the Equality Act 2010 requires the CCG to pay due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The aim and the spirit of the duty is to integrate equality into the day to day functions of the CCG, having shared ownership of meeting these duties across the organisation.

The specific duties require us to publish equality objectives, at least every four years. In 2013, the CCG published the following equality objectives:

**Objective 1 – Information:** Provide accessible information and work with patients and carers to develop and test the accessibility of information.

**Objective 2 – Equality Data & Information:** To use data more effectively to promote equality in all decisions made by the CCG

**Objective 3 – Engagement:** To strengthen stakeholder engagement and work in partnership to reduce inequalities.

**Objective 4 – Health Inequalities:**

- To reduce health inequalities for people with learning disabilities
- To ensure that providers are meeting the needs of Trans patients

**Objective 5 – Workforce:** To maintain a well-supported, empowered motivated and engaged workforce.

**Objective 6 – Leadership:** To ensure that leadership is inclusive at all levels.

## Performance

A summary of achievements and areas for further development against these objectives is given below:

**Objective 1 – Accessible Information:** Provide accessible information and work with patients and carers to develop and test the accessibility of information.

### Achievements

- The Equality Strategy has been produced in easy read format, with a commitment to produce key public facing documents in easy read format
- The CCG made accessible communication a NHS Change Day organisational pledge
- The CCG is briefing GP practices about the Accessible Information Standard and what they need to do to meet the standard
- The CCG is addressing access to interpreters through the Primary Care Steering Group
- There is a page on the CCG website addressing accessible information , advising the public of ways of getting information in accessible formats (<http://www.harrogateandruraldistrictccg.nhs.uk/equality-diversity-human-rights/making-our-information-accessible/>)
- All public facing document include an accessibility statement
- There are strategic and operational links between the Communications and Engagement and Equality functions

### Areas for development

- Accessible information and communication was once again a key need identified through engagement on equalities this year, therefore further work is needed to test the accessibility of information with patients, carers and community groups
- Key documents, for example the new CCG Strategy and Operational Plan should be made available in easy read format
- Further engagement with GP practices about accessible communication for patients

**Objective 2 – Equality Data & Information:** To use data more effectively to promote equality in all decisions made by the CCG.

### Achievements

- One of the most effective ways of meeting this objective is to have robust equality impact analysis in policy development and across the commissioning function. Significant progress has been made with the Commissioning Team in streamlining the EIA process by embedding it into the Project Charter. Training has been provided via ODG meetings as well as individual coaching. This has resulted in a very strong EIA of the Wheelchair Services Specification, which has been acknowledged across the North Yorkshire patch as an example of good practice. The momentum needs to be continued with this as other redesign work is done by the Commissioning Team
- EIA templates are incorporated into policies, with regular review of the CCG website to ensure that EIAs are published
- Demographic and health inequalities information about the population has been reviewed, updated and published on the CCG website (<http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/hard-ccg-protected-characteristic-demographics-2015-2016.pdf> )

### Areas for development

- Further staff development about population need, with a focus on understanding the demographic makeup and particular health inequalities of the population

**Objective 3 – Engagement:** To strengthen stakeholder engagement and work in partnership to reduce inequalities.

### Achievements

- The EDS Stakeholder Working Group has strengthened joint working on equalities and engagement (see EDS section below for further details)
- The CCG has become a strong and active member of the North Yorkshire Equality and Diversity Strategic Partnership, which is facilitated by the North

Yorkshire and York Forum. Other members include CCGs across North Yorkshire and York, representatives from the voluntary sector, fire and rescue and the North Yorkshire Police and Crime Commissioner.

The Forum was established last year to support and promote the interests of diverse communities in the County. This was primarily driven by the concern that reduced resources in both the public and voluntary sector could result in the widening of the inequalities gap. Its purpose is to support and challenge public sector member organisations to consider the needs of specific equality groups in their own internal policies, and consequently in the delivery of the services they offer or commission.

The current focus for the Partnership is on race, in the light of specific inequalities identified in the Region of potentially isolated and underserved BME groups. They have employed an interim Consultant, Ann Hindley, to engage with a wide range of BME groups and gather evidence of specific inequalities.

A consistent theme, in terms of health inequalities, is the variable availability and quality of interpreters in primary care. This has been noted and will inform the CCG's E&D Action Plan for 2016-17, and a case for change will be taken to the Primary Care Commissioning Steering Group in 2016.

### **Areas for development**

- Work on the EDS has highlighted that there is a gap in Harrogate and the district in terms of equality engagement structures. Funding cuts have seen the disappearance of the BME Forum in Harrogate, and funding reductions have seen the end of the Mental Health Forum, which was facilitated by the CVS. The CCG also has significant pressure on its internal engagement resources, given the gap left by changes in engagement support and expertise provided by the Commissioning Support Unit.

The CCG can mitigate this to a certain extent by working closely with HBC as they look to strengthen their equality engagement structures, and are currently researching the most effective model to implement. Further work is needed within the CCG to ensure that the strategic and operational links between equality and engagement are maintained, which will require the specific focus of the Communications and Engagement Group.

### **Objective 4 – Health Inequalities:**

- To reduce health inequalities for people with learning disabilities
- To ensure that providers are meeting the needs of Trans patients

### Areas for development

- There is a lot of information available nationally about inequalities affecting transgender patients. This relates to both the gender reassignment care pathway, commissioned by Specialised Services, and also to general health care. The UK Parliament Women and Equalities Committee have just published a report on Transgender Inequality, which identified particular issues with the provision of NHS treatment for transgender people. The report says *“We have found that the NHS is letting down trans people, with too much evidence of an approach that can be said to be discriminatory and in breach of the Equality Act”*<sup>1</sup> More local engagement is needed to understand how well transgender patients are served in Harrogate and Rural District.

**Objective 5 – Workforce:** To maintain a well-supported, empowered motivated and engaged workforce.

### Achievements

- EDS Goal 3 focus on outcomes associated with this objective. The CCG’s Staff Engagement Group have been involved in the grading of Goal 3, relating to workforce issues. This has been presented to the SMT, who approved it for wider communication and consultation with staff. This work showed that the CCG has fair recruitment processes and applies robust measures to ensure that there is equal pay for work of equal value. Staff also report positive experiences of working for the CCG.
- The organisation is a Two Ticks (Positive about Disability) symbol holder and a Mindful employer.
- The equality profile of staff has been analysed and show that it is broadly representative to the local population and the gender balance in other NHS organisations (however, see below regarding disability).

### Areas for development

- EDS assessment identified two main areas that require further focus:
  - The uptake and evaluation of non-mandatory training needs to be more consistently evaluated across the organisation
  - The approach to offering flexible working options should be more consistent across the organisation. Taking in account the need to balance the demands of functions and services, including business continuity, with the needs of staff
- Disclosure of disability is at around 3 %, lower than the national percentage of working age people with disabilities of around 10%. More could be done to promote new job opportunities to people with disabilities and to encourage

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[http://www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/39008.htm#\\_idTextAnchor259](http://www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/39008.htm#_idTextAnchor259)

existing staff to disclose disabilities, in line with the organisation's Two Ticks symbol

**Objective 6 – Leadership:** To ensure that leadership promotes equality is inclusive at all levels.

- The Governing Body received and endorsed the 2014-15 annual equality report, and noted their continued commitment to promote equality and meet the importance of their role in meeting the CCG's public sector equality duties
- The Quality and Clinical Governance Committee have overseen the Equality and Diversity Action Plan and receive quarterly reports, presented by the executive lead for equality and Director of Quality.
- Governing Body meetings are public and held in accessible venues

### **Implementation NHS England Equality Standards**

The Equality Delivery System (EDS) the Workforce Race Equality Standard (WRES) and the Accessible Information Standard have become mandatory from 2015-16. Our progress against each of these standards is reported below.

#### **Equality Delivery System (EDS)**

The CCG has made significant progress in implementing the Equality Delivery System:

- We have led an EDS stakeholder working group, which includes Harrogate Borough Council (HBC), HealthWatch, Harrogate CVS, Harrogate District Foundation Trust, Tees, Esk and Wear Valley NHS Trust. There have been three working group meetings this year, and although attendance has been variable, the meetings have helped to further progress on implementation of the EDS, which is mandatory for all NHS organisations. There is clarity with this group that each NHS organisation, i.e. the CCG, HDFT and TEWV are individually responsible for their own implementation, scoring and reporting on EDS, but that we will collaborate where appropriate (e.g. in the development of surveys and sharing evidence).
- Extensive evidence gathering has taken place within the CCG, actively engaging staff across the CCG and the PCU.
- The CCG's Staff Engagement Group have been involved in the grading of Goal 3, relating to workforce issues. This has been presented to the SMT, who approved it for wider communication and consultation with staff.
- An EDS Hot Topics survey was sent out to HaRDNet members, HealthWatch and Harrogate and Ripon CVS, which received 64 responses.
- We have participated in the North Yorkshire Equality and Diversity Strategic Partnership, which is currently focusing on BME inequalities, which has provided valuable insight into the Equality Delivery System as well as enhanced partnership working on equalities across the public sector in North Yorkshire
- There was close collaboration in the recent Wheelchair Service Improvement group, with insight informing the EDS, and equality impact assessment of the Wheelchair Services specification strengthened



## Findings

The evidence gathered from across the organisation shows that:

- We now have good population and health inequalities data to base equality impact analysis on
- Evidence gathered by the North Yorkshire Strategic E&D Partnership shows a key inequality relating to BME patients not being able to access interpreters, particularly in primary care
- Funding pressures has led to less capacity in the voluntary and community sector to develop and maintain engagement structures
- Although there is robust monitoring of quality and safety measures through the contract monitoring process, equality data is often incomplete or missing. We are hoping that our place-based approach to the EDS will result in joint objectives around targeted, meaningful data capture and analysis
- There is good engagement within certain protected characteristic groups, e.g. older people, people with disabilities and in terms of gender equality, however, gaps in engagement with BME, younger and LGB people which needs more outreach by engagement colleagues. This is partly due to the reduction in capacity in the community and voluntary sector because of funding cuts, which means that forums and representative groups have had to cease due to lack of funding. This makes it even more important to work effectively in partnership with HBC, the CVS and other partners to maximise capacity and support the development of equality engagement structures wherever possible

### Hot Topics survey findings:

The survey was based on EDS outcomes relating to patient access and experience, including the ability to access services, and not being denied on unreasonable grounds, feeling safe whilst using services, being able to provide feedback, whether this is positive feedback or a complaint.

The diversity of respondents was too limited to identify statistically viable trends from quantitative data. However, qualitative insights about issues to consider in relation to diverse needs to ensure that everyone has access to the best possible care provide valuable insights. The key messages relate to accessible communications, better sharing of information between services, better support for carers, and more support and education for self management of long term conditions.

Respondents asked commissioners to consider the following: (directly quoted from comments).

- *Accessible communication available to all as not all disabilities are visible ie hearing, sight, mental health etc*

- *How information, data and contextual background on patients is shared and transferred between clinicians, staff to provide past medical history especially A&E*
- *Making System on Line available to all patients on their computers, eg. Test and Consultants reports. Currently copies of reports have to be requested and printed copies paid for.*
- *Services sometimes fail to take full account of the communication problems of people and need more time, more careful listening, and more consideration. Staff need more time in some cases, and more training.*
- *Not everyone has access to the internet to benefit from e-medicines*
- *Language can be difficult to understand for the general public who are not aware of medical terminology. It would be useful to send out drafts to a patient or focus group and to involve young people to see if they can understand/improve on the communication*

#### Other concerns for future provision

- *More local services e.g. mental health and cancer services, especially in light of aging and rural population*
- *Improve self-help and reduce costs of possibly unnecessary tests and the associated worry/stress.*
- *Manage the expectation of the public of what can be provided in a set time within the limited and reducing resources available*
- *Longer GP opening hours to ensure appointments can be given with acceptable timescales*
- *Working jointly with social services to monitor and support care of elderly and child development*
- *More time with doctors and consultants*
- *Better education provision for example regarding diabetes.*
- *The use of medical "advocates" to support people who are experiencing mental distress to help them navigate mainstream health services. Not everyone has family / friends to support them.*
- *More support for carers to navigate the system and regular weekly break so they can continue to deal with the personal, social needs and well-being and maintain independence at home.*

The evidence and provisional grading is given in HaRD CCG EDS Evidence and Grading January 2016 (Consultation version).pdf (add link). Further consultation and engagement will take place, to feedback the findings and grading's to individuals and groups that have contributed so far, and provide local interest groups an opportunity to comment on the gradings and resulting equality objectives.



### Accessible Information Standard

The two main providers (HDFT and TEWV) have the capacity to deliver the Accessible Information Standard.

GPs play an essential role in addressing the communications needs of patients, and we are currently briefing practices about the standard, and ensuring they have the capacity to deliver it. We will be seeking assurance later in 2016-17 that the standard is being incorporated.

### Workforce Race Equality Standard (WRES)

HDFT have published their WRES report on their website. TEWV have not yet done so, but do report staff data as part of the Equality Information provided on their website. We are currently following this up with their Workforce Equality Officer.

The CCG has published its own WRES report on the CCG's website, although much of the data has had to be redacted due to low staff numbers.

Provider reports are being analysed and further follow up will take place in 2016-17 to ensure that progress is being made against their action plans.

### Equality Vision and Objectives 2016-20

The CCG has a statutory duty to redefine its equality objectives at least every four years, which means that they need to be defined by 31 January 2016. We are currently consulting on the following equality vision and objectives, which have been based on initial EDS findings as well as insight from discussions with partners such as HBC and Harrogate CVS:

#### Equalities vision

*The services we commission are accessible and inclusive, with the best possible patient access and experience and that we maintain and improve our fair and inclusive workplace.*

#### Equality Objectives

We will deliver this vision through the following equality objectives:

1. To ensure and provide evidence that equality is consciously considered in all commissioning activities
2. To ensure that all our communication activity is accessible, taking into account a wide range of communications needs, and seek assurance that our providers do the same
3. Be a strong partner and actively seek to collaborate with partners to meet our public sector duties
4. To maintain a well supported, empowered motivated and engaged workforce, which is representative of the population we serve

5. To continue to demonstrate strong leadership on equality so that it remains firmly on the agenda throughout any organisational change

### **Consultation**

Staff consultation regarding the equality objectives took place during January 2016. The draft objectives have been shared with the EDS Stakeholder Group and the NY E&D Strategic Partnership. As a result of the consultation, HBC have adopted the wording of our objective 3. with a view to joint working, particularly on increasing engagement with protected characteristic groups.

Any changes resulting from the consultation will be reported back to the Governing Body. Wider consultation of our objectives and our provisional EDS grading is currently underway, closing on 31 March 2016.

The Governing Body is asked to approve these draft objectives noting that any changes following consultation will be reported back to the Governing Body.

An action plan will be defined to meet these objectives, with a named lead for each action within the organisation, to ensure that the action plan is integrated into day-to-day business with a wider sense of ownership of the equality objectives.