



**North Kirklees  
Clinical Commissioning Group**

# **Public Sector Equality Duty Annual Equality and Diversity Report**

**January 2016**



**For longer, healthier, happier lives**

<b>Contents</b>	<b>Page No</b>
Executive summary	<b>3</b>
Background	<b>4</b>
Demographic data & health inequalities	<b>5</b>
EDS2	<b>7</b>
Equality impact assessment	<b>8</b>
Workforce	<b>8</b>
Provider organisations	<b>10</b>
Conclusion	<b>11</b>
Appendices	
Hospital SUS data	<b>13</b>

## **Executive summary**

NHS North Kirklees CCG know 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 our services and employment is one of the ways to understand whether there are any significant issues.

This report sets out what data we have available for the protected groups locally and their use of the services we commission. We will also consider the under representation of protected groups in our data.

We will include comment 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 North Kirklees.

Where gaps exist in the data, these will be 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 mass of data available. This is our third year of publishing the information. 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.

Chris Dowse  
**Chief Officer**

## Background

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.

This duty 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 its 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 (in employment)

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

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

The Act also requires that employers with a workforce of over 150 employees publish information relating to employees who share protected characteristics. The CCG employs 82 people; however we will consider our employee profile as part of this report.

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 Black and Minority Ethnic 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 has worked in partnership with providers to engage local stakeholders.

A new **Accessible Information Standard** has been introduced requiring all organisations that provide NHS services (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.

### **Content**

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 Kirklees Council and others to address the needs of protected groups as shown in the Joint Strategic Needs Assessment
- 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.

### **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 values are;

- Patient first
- Strive for excellence
- Value each other
- Lead from every seat
- Engage, involve and include

To make this vision real and to enhance understanding the CCG has developed [Our Street](#), where relatable people's health stories are shown to inform the public about local health issues.

A major aspect of our work this year was the continued development of the Care Closer to Home Programme.

An outcomes based specification was developed for the **Care Closer to Home** (CC2H) programme based on engagement and clinical feedback.

This was developed following specific patient engagement and pre-existing engagement which identified people's preference to be treated as near to home as possible, with staff who know them and understand their conditions. Reports on the engagement can be found [here](#).

Once an outcomes based specification was developed a procurement programme was designed to choose the best provider to deliver those outcomes. As part of this process a patient panel was recruited to support aspects of the procurement. This was done by inviting applications from our community networks, Patient Reference Group and others. 5 people were selected. They were broadly representative of the local community in Kirklees, with older and younger people, different ethnicities, genders and religions, disabled people and carers. The panel;

- Were trained to be able to understand and effectively support the process.
- Involved through the 6 month procurement process
- Involved in dialogue sessions with the bidders, listening to the providers proposed plans and scrutinising their approaches
- Involved in setting questions for the bidders to respond to
- Scored the bidders responses
- Were involved in the moderation panels, so they agreed the final scores with the senior managers in the CCGs

Initially the plan was for the panel to be involved for the engagement aspects only but this was extended to other areas such as service improvement due to the added value of their work.

Following the award of the contract they have agreed to continue to work with the provider to ensure they are supported and challenged to deliver the right services.

The equality and engagement service has also written guidance to ensure the providers are clear on the expectations in terms of delivering the CC2H agenda.

This approach has made a difference to the delivery of the procurement and in the development of the outcomes based specification, with the aim of ensuring the best possible service for all our communities. Further work is also being planned in relation to the Single Point of Access, which is detailed below.

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

These were;

- 1.1 Services are commissioned and procured to meet the health needs of local communities
- 2.3 People report positive experiences of the NHS.

The CCG engaged stakeholders to consider their progress by detailing the approach to the CC2H development and procurement. Feedback was recorded and this will be considered alongside other intelligence to grade the organisation against the EDS2.

### **Equality Objectives**

Our equality objectives were developed based on the outcome of the previous EDS implementation in 2013, as the CCG opened. We are two 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 developed in 2013 were;

- Improved access to psychological therapies (IAPT) for Black and Minority Ethnic people (BME).

- Improve the access, experience and outcomes for South Asian patients with diabetes
- Improving the access, experience and outcomes of older women with Chronic Obstructive Pulmonary Disease (COPD)

The objectives identified at the initiation of the CCG may well now not reflect the priorities of the organisation and will be subject to a comprehensive review in 2016 to ensure they are still appropriate to drive equality improvement in North Kirklees.

### **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, which can be found on our [website](#).

### **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 means reporting of data has to be done carefully, to avoid publishing person identifiable information; identifying staff against their protected characteristics.

Consideration was given to whether data relating to the following would relay any significant data;

- recruitment and promotion
- numbers of part-time and full-time staff
- return to work of women on maternity leave
- grievances (including about harassment)
- disciplinary action (including for harassment)
- dismissals and other reasons for leaving.

Again the small numbers concerned would mean that it may be possible to identify people involved and that given the limited data it would not be possible to identify, at this stage, any emerging trends.

## **Staff survey**

Annually employees are asked to complete a staff survey to report on their experiences as employees. The most recent report covers 2013-14. Equality questions are part of the survey, however the survey has not been commissioned to report on the disaggregation of answers by equality group.

Where data is available the highlights are relayed below;

- 89% of the staff felt that their organisation acted fairly with regard to career progression / promotion regardless of ethnicity, gender, religion, sexual orientation, disability or age,
- Staff were asked if they had experienced discrimination from either patients or service users, their relatives or other members of the public; or from their manager / team leader or other colleagues in the last 12 months. None said they had experienced discrimination from members of the public; none from managers or colleagues.

## **Data**

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

There are numerous reasons for this, some of our providers have systems in place which do 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.

## **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:

- Mid Yorks Hospitals NHS Trust
- South West Yorkshire Partnership Foundation Trust
- Locala

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](#) 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 A&E attendances and oldest at emergency admission
- The oldest are over represented across the hospital
- There is a similar gender split in A&E attendance
- Women are over represented in outpatients and the did not attend.
- Asian and Asian British and Chinese and other ethnic groups are over represented at A&E and those who did not attend.

## **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;

- The access, experience and outcomes of patients from protected groups is not sufficiently understood or where our providers do not share these insights, or when shared we do not use the data as effectively as possible
- Equality monitoring data is incomplete, with not all protected groups consistently being monitored, with some services monitoring but not others, the data provided; but not disaggregated

The CCG has identified a number of priority equality objectives which will support them to address some of the issues outlined in this report. There is a particular focus currently on considering South Asian populations in relation to diabetes; work which will be further developed to address other communities experiencing differential health outcomes.

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

## Data

### Appendix 1 – SUS data

Blue highlighted areas show where there is over-representation compared to the local population.

Age Band	Population	A and E	Elective	Emergency	Outpatient First Attendances	Outpatient Follow Up
0-14	20.6%	24.7%	5.2%	16.6%	10.2%	7.7%
15-24	13.0%	15.0%	4.8%	7.5%	8.9%	7.4%
25-64	51.8%	44.4%	51.6%	38.8%	54.0%	51.4%
65-84	12.8%	12.4%	34.8%	27.4%	23.7%	29.8%
85+	1.8%	3.5%	3.6%	9.7%	3.2%	3.7%

Gender	Population	A and E	Elective	Emergency	Outpatient First Attendances	Outpatient Follow Up
Male	50.6%	50.2%	48.4%	49.0%	40.1%	43.2%
Female	49.4%	49.8%	51.6%	51.0%	59.9%	56.8%

Ethnicity	Population	A and E	Elective	Emergency	Outpatient First Attendances	Outpatient Follow Up
White	74.7%	65.8%	76.5%	73.0%	68.1%	72.3%
Mixed	1.5%	1.6%	0.5%	1.2%	0.8%	0.6%
Asian/Asian British	23.0%	27.0%	13.9%	20.5%	19.7%	18.4%
Black/Black British	0.4%	0.4%	0.3%	0.3%	0.4%	0.3%
Chinese/Other Ethnic Groups	0.4%	5.2%	8.7%	4.9%	11.0%	8.4%

Age Band	Population	Did Not attend
0-14	20.6%	13.0%
15-24	13.0%	14.3%
25-64	51.8%	57.2%
65-84	12.8%	12.6%
85+	1.8%	2.8%

Gender	Population	Did Not attend
Male	50.6%	43.5%
Female	49.4%	56.5%

Ethnicity	Population	Did Not attend
White	74.7%	64.9%
Mixed	1.5%	1.2%
Asian/Asian British	23.0%	25.5%
Black/Black British	0.4%	0.7%
Chinese/Other Ethnic Groups	0.4%	7.7%