

NHS Waltham Forest Clinical Commissioning Group Equality and Diversity Strategy 2013 - 2017

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Background and purpose

NHS Waltham Forest Clinical Commissioning Group (CCG) is committed to meeting its public sector equality duty and making continuous improvement in its equality and diversity performance beyond legal compliance. We aim to commission the best possible services for our local population regardless of:

1. Age
2. Disability
3. Gender reassignment
4. Marriage or civil partnership status
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation.

These nine groups are known as the 'protected characteristics'.

We value diversity in our local population and recognise that there may be other groups, outside of the nine protected groups, such as homeless people, gypsies and travellers, migrants, poverty-stricken families and individuals who will require our services. Our workforce is our biggest asset and we aim to recruit, support, develop and retain a high calibre of staff from diverse backgrounds and to ensure their dignity at work regardless of their individual circumstances.

This Equality Strategy outlines the strategic direction for the organisation in delivering equality over the next four years, setting in place objectives, outcomes and a related action plan.

General equality duties

The CCG is committed to meeting the aims of the Public Sector Equality Duty 2010:

1. To eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
2. To advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
3. To foster good relations between people who share a relevant protected characteristic and persons who do not share it.

The above aims relate to both service delivery and employment.

Specific equality duties

Equality objectives – see Appendix A

The CCG is required to publish equality objectives at least once every four years. These objectives are reviewed annually and progress against them monitored. The purpose of

building equality objectives are to help us meet the three aims set out in the *General equality duties* section above.

We have revised our Equality Objectives in October 2013 and will do so again annually to:

- Ensure they are relevant to the current business of the CCG
- Check they help us meet the commitments that we have made to the people of Waltham Forest
- Help to excel in achieving good health outcomes for all equality groups
- Ensure we are able to deliver on our statutory duties.

Our Equality Objectives are based on the following principles:

- Our objectives will be inclusive, focusing not only on the public sector equality duty but also what we intend to achieve as a local health care commissioning organisation and an employer
- The objectives are firmly based on and reflect our aspiration in and commitment to improving our equality and diversity performance
- The objectives are clearly linked to our priorities in tackling health inequalities and meeting the financial challenges
- Effective engagement of local interests to shape our equality objectives so they reflect their views.

In October 2013 the Governing Body approved our objectives and they were published on our website. The objectives were developed with local interest groups and partners to ensure they were robust and relevant. This process will be repeated each time we refresh our objectives.

Publishing equality information

Public authorities, such as ourselves, are obliged to publish information about their service users who share a protected characteristic. This information describes how we are meeting the care needs of our diverse community, what our local community tell us about our services, how we are meeting our public sector equality duty and what we are doing to engage and communicate with protected groups.

We will publish equality information about how we are meeting our statutory duty in commissioning by 31 January each year.

The Health and Social Care Act 2012

The Health and Social Care Act, states that each commissioning group must, in the exercise of its functions, have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services
- Promote the involvement of patients and their carers in decisions about provision of the health services to them

- Enable patients to make choices with respect to aspects of health services provided to them.

The CCG as a local commissioner of health care services will meet its statutory duty as delegated by the Secretary of State under the Health and Social Care Act 2012.

The NHS Constitution

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to diagnose, treat and improve both physical and mental health. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

The CCG will uphold the fundamental values and principles of the NHS Constitution by ensuring equality in access to services that are provided based on clinical need.

What else are we doing to ensure we excel in equality and diversity?

Equality analysis

Public sector organisations have a responsibility to ensure through objectives and robust equality analysis, that their policies and functions are equitable and fair and are compliant with the Public Sector Equality Duty and hence not impacting [disproportionately] negatively on any of the protected groups.

We will ensure that all reports and papers presented to the Governing Body have undergone an equality analysis.

Staff will be provided with training and guidance materials to ensure they have the knowledge and tools required for effective and transparent equality analysis. We will also work closely in this area with specialised Equality and Diversity staff within North East London Commissioning Support Unit.

Our action plan

We have worked with North East London Commissioning Support Unit Equality and Diversity team to develop an action plan that sets out our key areas of work up to April 2014. The focus is on ensuring that we are meeting our duties and proactively advancing our equality and diversity objectives. See appendix A for the action plan and related objectives.

Corporate induction and essential training

As part of the CCGs Corporate Induction programme, all new staff are required to complete essential equality and diversity training within 3 months of starting their role.

Information standard

Although details are still being finalised by NHS England, we support the concept of an Information Standard, a framework of requirements and recommendations that health and social care organisations must follow, similar to a formal guidance document.

This guidance will tell us we should ensure that people with disabilities, service users and, where appropriate, carers receive information in languages and formats that they can understand. We will ensure that they receive appropriate support to help them to communicate.

Workforce

Employment monitoring and statistical data on recruitment and selection of staff can provide an insight into our employment profiles. This will give the CCG intelligence to understand where we may need to improve delivery of our equality objectives. For example, efforts to encourage job applications from underrepresented groups may have worked with the number of applications increasing significantly. However there may be issues with the conversion of applications to actual jobs. With this intelligence more targeted action is possible.

The organisation currently obtains and records data from candidates and from current employees of their ethnicity, disability, gender, age, religious belief and sexual orientation. An employee data validation exercise is planned for this financial year to capture any missing diversity data of current staff to improve the quality and future analysis of data. We aim to include workforce information in our annual equality information publication.

How we monitor our performance

The Equality Delivery System 2 (EDS2)

The EDS2 is an outcomes based assessment framework which is designed in line with the Equality Act 2010. The EDS2 is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, that are personal, fair and diverse. The EDS2 is all about making positive differences to improving health outcomes by encouraging NHS organisations to adapt a value based approach to commissioning and service delivery and through employing a high quality diverse workforce that reflects the local community.

The EDS2 is a tool for us to use – in partnership with patients, the public, Healthwatch, staff and staff-side organisations. The tool will assist us with reviewing our equality performance and to identify future priorities and actions. It offers local and national reporting and accountability mechanisms. At the heart of the EDS2 is a set of 18 outcomes grouped into four goals (see appendix B). These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and the Governing Body. It is against these outcomes that performance is analysed, graded and action determined.

The EDS2 will be implemented to support the CCG to focus and deliver on the public sector equality duty. This will be done by prioritising different outcomes over the next three years. We will work with our partners, providers, Healthwatch and the London Borough of Waltham

Forest to plan and carry out the grading by producing reports and evidence for each outcome. Implementing the EDS2 will enable the CCG to:

- Meet The Mandate: Department of Health April 2013 – March 2015
- Meet the Department of Health White Paper, “Equity and excellence: liberating the NHS”, 2010
- Meet The NHS Outcomes Framework 2013/14
- Meet the rights and pledges of the NHS constitution for parties and staff
- Meet the Human Resources Transition Framework, Department of Health 2011
- Comply with the Public Sector Equality Duty 2010
- Make improvements to health inequalities
- Achieve Care Quality Commission Essential Standards with all providers
- Ensure staff are supported to deliver services that are personal, fair and diverse.

The EDS2 grading

The output of the EDS2 framework is a grading for the CCG which is set in collaboration with local stakeholders. The EDS2 will be used to consult with local interest parties and partners on how we are performing against the four goals. Our grading will be published annually. It is expected this will happen in March of each year. The CCG is committed to working with local people from Waltham Forest across all protected groups to ensure that it improves equality performance year on year against the four goals and eighteen outcomes set out in the EDS2.

Measures and assurance

Successful delivery of the strategy will be measured through the following demonstrable outputs:

- A year on year improvement of our EDS2 grading
- An increase in satisfaction across all protected characteristics in our providers’ patient satisfaction surveys
- Zero compliance notices from the Equality and Human Rights Commission
- EDS2 grading outcomes aligned to equality objectives setting and action planning.

Key equality issues and priorities

Waltham Forest Joint Strategic Needs Assessment (JSNA) provides detailed analysis of the borough’s demography, covering most protected groups. Through the JSNA, the CCG has determined the following key equality issues that must be considered in terms of commissioning services and ensuring diversity in the workforce:

- Mental health problems estimated to be 33% higher than England.
- High inequalities by ethnicity, age and geographic location.
- Lesbian Gay Bisexual and Transgender (LGBT) people are over represented in mental health, sexual health, eating disorders, self harm, smoking and substance misuse issues but there is no targeted work with LGBT communities

- Prostate cancer – poor awareness in men. Lower incidence in sexually active males of older ages. Ethnic risks attached to Black Caribbean/African men
- Childhood obesity is higher than the national average (from 9.6% to 9.8%) Children who are Asian are four times more likely to be obese than those who are white
- Indian men – 41% centrally-obese compared to 28% of men in the general population
- By 2031 42% of all people aged over 50 are projected to be of minority ethnic background. This has significant implications for the health and social care economy as these groups are at a greater risk of developing cardio-vascular disease compared to the general population
- There are stark inequalities with black and minority ethnic groups and older people experiencing significantly higher standardised emergency admission rates compared to their White counterparts
- Older people have a higher predisposition to develop depression
- Reduction in the mortality rate among older adults with learning disabilities but experiencing discrimination, barriers to accessing services and hence suffer poor physical and mental health
- Alcohol specific hospital admissions for under 18s in Waltham Forest is higher than the London average
- Infant mortality – equal to England rate but higher than London
- Teenage Pregnancy – higher than London and England.

Implementation and governance

Equality Objectives are set for four years and will be implemented through an annual action plan. The Director of Nursing, Quality and Governance will be the executive lead responsible for ensuring the implementation of the action plan. We will provide regular progress reports to ensure actions are being completed to deadlines. We will present an annual report to the Governing Body, report bi-annually to the Performance and Quality committee on our performance against the Equality Objectives. Our Governing Body will approve our Equality Information each January before publication.

Appendix A - Equality Objectives and action plan

Objective	Expected outcomes when objective is realised.	Action	Action RAG Rating	Action Due Date
1. Develop and commission targeted initiatives to address health inequalities amongst protected groups	<ul style="list-style-type: none"> Gaps in health outcomes narrowed between groups. Improved equity in commissioning 	1. Ensure commissioning intentions are based on the Joint Strategic Needs Assessment (JSNA) recommendations.	G	Complete
		2. Ensure equality analysis of all commissioning intentions and QIPP business cases.	A	31 March 2014
2. Improve access to services by all groups	<ul style="list-style-type: none"> Improved health outcomes amongst protected groups. Increased life expectancy Improved physical health of people with mental health conditions 	1. Run a cancer awareness project in every practice to maximise early detection	A	31 March 2014
		2. Increase IAPT access to 10% of the eligible population this year	A	31 March 2014
		3. As part of developing integrated care, evaluate the long term condition pilot for mental health and develop a plan for the follow year (2014/15) so that patients have better access and are managed in mainstream primary care.	A	31 March 2014
		4. Increase dementia diagnosis in primary care- covering all communities by 3% this year	A	31 March 2014

3. Implement the Equality Delivery System (EDS) to manage equality performance across all functions.	<ul style="list-style-type: none"> Year on year improvement in the CCG's equality performance. Effective equality objective setting 	1. Implement the Community Participation Strategy and monitor engagement outcomes by protected groups.	A	31 March 2014
		2. Complete EDS grading to inform future Equality Objectives setting and action planning.	A	31 March 2014
		3. Improve joint working with providers to address reasonable adjustment in provider services.	A	31 March 2014
4. Develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation.	<ul style="list-style-type: none"> High quality staff that are effectively engaged in planning and delivery. High satisfaction rate, no/low complaints/grievances on the ground of discrimination, bullying or harassment. 	1. Provide equality and diversity training for staff including managers	A	31 March 2014
		2. Encourage staff to access support services including counseling	R	31 March 2014
		3. Ensure staff are involved in decision making.	A	31 March 2014
		4. Improve workforce equality data monitoring.	A	31 March 2014

Action RAG Key: Green = action complete, Amber = action incomplete, Red = action not yet commenced

Appendix B - The goals and outcomes of EDS2

Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual peoples' health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly

		with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be involved in decisions about them
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive governance	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination