

ANNEX 1

January | **2015**

Equality Strategy
Implementation Plan
Performance Report, 2013-14

This document sets out NHS Vale of York Clinical Commissioning Group's performance against its Equality Strategy.

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1. Introduction

In November 2013, NHS Vale of York CCG's Governing Body signed off a consultation draft of its first Equality, Diversity and Human Rights Strategy. This work was the result of a review of the CCG's current and legacy arrangements for integrating and managing equality, and a wide ranging consultation with staff, Governing Body members, and stakeholders, such as the local authorities, provider organisations and the local HealthWatch, amongst others. The strategy went out for consultation from November 2013 – January 2014. Feedback from the public, community groups and partners was incorporated into the strategy. The strategy, implementation plan and other supporting documents can be found here:

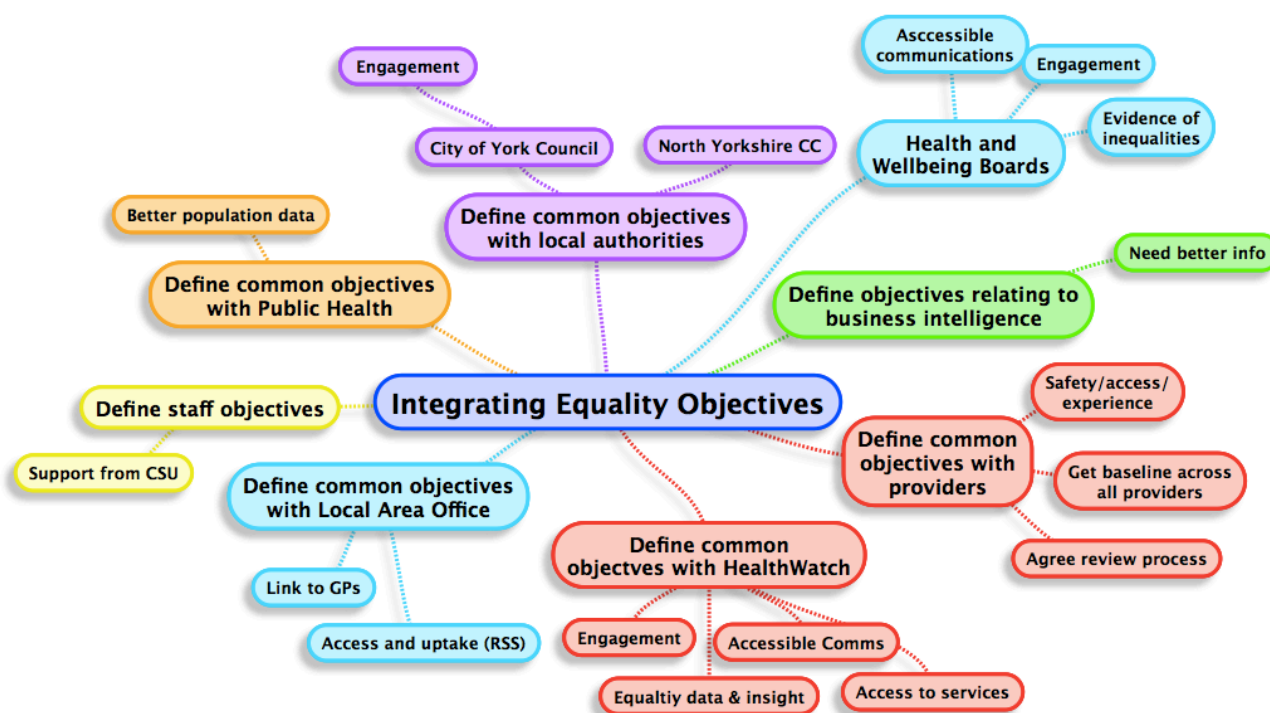
<http://www.valeofyorkccg.nhs.uk/about-us/equality/>.

Other outcomes from this work were an Equality Delivery System (EDS) Assessment, the findings of which informed the equality objectives agreed by the CCG. In addition, the Equality Analysis Tool was further developed to meet the particular needs of commissioners, particularly the Innovation & Improvement Team. These documents can also be found on the link above.

This report will highlight achievements and progress made in meeting the CCG's equality objectives during the past year (Year 1). It will also highlight areas for development and provide recommendations for further progress to be made against the action plan in Years 2 and 3.

2. Equality Objectives

The equality objectives set were the result of internal and external assessment, with the intention that joint objectives would be defined with local authorities, provider organisations and other stakeholders, and that wherever possible, there would be collaboration to achieve these objectives. A vision for this is shown in the figure below:



The CCG's equality objectives are:

1. To provide accessible and appropriate information to meet a wide range of communication styles and needs
2. To improve the reporting and use of equality data to inform equality analyses
3. To strengthen stakeholder engagement and partnership working

4. To be a great employer with a diverse, engaged and well supported workforce
5. Ensure our leadership is inclusive and effective at promoting equality

3. Performance against objectives

Objective 1: To provide accessible and appropriate information to meet a wide range of communication styles and needs

Achievements:

- The CCG's Communications strategy specifically addresses accessible communications and the range of different needs that must be considered by commissioners when communicating with the public, and commissioning services. All public documents include the following accessibility statement, in 14pt font:

This document contains information about [xxx]. If you need this information in another format or language, please phone: 01904 555870 or email valeofyork.contactus@nhs.net

- The CCG has supported NHS England in a piece of work they have undertaken to make information about health and social care services more accessible (<http://www.valeofyorkccg.nhs.uk/get-involved/making-health-and-social-care-information-accessible/>).
- The requirement for providers to ensure that information for patients is made accessible and that interpretation services

are provided as needed is now a requirement of the standard contract. Funding for this is provided in funding tariff.

Areas for development:

- More analysis should be done on previous surveys about how people would like to receive information. All future surveys should routinely include a question on how accessible people find the information and what improvements they can suggest.
- Transcribe the Equalities Strategy and a number of other important documents, for example a Joint Strategic Needs Assessment summary and recommendations, into Easy Read format, working in partnership with local authorities and the voluntary sector.
- From April 2016, health and social care organisations will have to implement the [Accessible Information Standard](#), a formal guidance for health and social care organisations on how they ensure that disabled patients / service users and, where appropriate, carers, receive information in formats that they can understand, and that they receive appropriate support to help them to communicate. The CCG will review our public-facing information to ensure it meets the new guidance and work with our providers to ensure they too are working to this guidance and are making reasonable adjustments to meet communication needs and preferences.

Objective 2: To improve the reporting and use of equality data to inform equality analyses

Achievements:

- The new Joint Strategic Needs Assessment (JSNA) has just been published and gives population and health needs data across many of the protected characteristics – the Innovation and Improvement Team and Clinical Leads are encouraged to use this data to inform equality analysis.
- The CCG lead for Equality (the Strategy and Assurance Manager) sits on the JSNA Steering Group which means that insight can be shared more widely into the CCG, networks can be developed and CCG specific issues and challenges with data can be shared with this Steering Group
- An equality analysis tool has been developed to support commissioners with equality analysis across the commissioning cycle.
- Three training sessions were delivered in autumn 2014 to CCG staff, predominantly the Innovation and Improvement Team. These sessions aimed to increase the awareness, understanding and use of the equalities analysis tool and provide further information and advice how we pay 'due regard' to protected groups as a public sector organisation.
- Data reporting on how providers have made their services more accessible to people with different needs is now monitored through routine contract monitoring
- Equalities and engagement have been embedded within the CCG's systems and processes, e.g. within Initial Viability Assessments, Business Cases and on Covalent (the CCG's risk management and performance system). We are now

aiming to embed Parity of Esteem within the CCG's systems and processes to help address the inequalities that people with mental health conditions often experience.

Areas for development:

- Collecting equality data from providers is still a challenge. The national data set does not include protected characteristics apart from age and gender. Current IT systems do not have the capacity to record characteristics and anecdotal evidence suggest that staff often feel uncomfortable asking for this data, and patients do not see why this data is needed. Therefore, even where systems do have the capacity to record and report on this data, the data fields are often incomplete or set as 'unknown' or 'undefined'.
- Establish closer links with the Equality and Diversity officers of the main provider organisations to work together to make progress on this objective. The aim is to have sufficiently robust data to meaningfully inform the equality analysis process so that, for example:
 - Commissioners can compare uptake of services against general population data by protected characteristic groups
 - Data about the quality of outcomes can be analysed for different groups
 - Patient satisfaction and complaints data can be analysed for assess: Whether the demographic of complainants reflects the population (are certain groups over or under represented?); If patients are reporting access or discrimination issues.

Objective 3: To strengthen stakeholder engagement and partnership working

Achievements:

- HealthWatch is part of the CCG's PPE group and there is regular communication between the CCG and all three of its local HealthWatch organisations. The CCG also receives and responds to HealthWatch reports which deal with health service access issues, for example the recent report about the challenges deaf people face in accessing health services
- As noted in Objective 2, the CCG's Strategy and Assurance Manager is on the JSNA Steering Group which strengthens partnership relationships and joint working
- The Strategy and Assurance Manager is working with the equality leads from York Hospitals NHS Foundation Trust and from Leeds and York Partnership Foundation Trust to implement the Equality Delivery System 2 (EDS2, a framework for assessing and grading how NHS organisations meet equalities goals and outcomes). We are inviting a range of stakeholders and representatives from protected groups to take part in this assessment and grading, which will take place on 24th March. From this work we will review our existing equality objectives and identify further opportunities for joint working across the three organisations.
- The Strategy and Assurance Manager has been working with the City of York Council's equality lead to strengthen engagement with people from protected groups in our Equality Impact Analysis. The CCG will be attending the York Equality Advisory Group in March with the aim of increasing our understanding about the potential impacts of the

Community Services re-procurement and to identify any opportunities for addressing these and promoting equality.

Areas for development

- Further follow up is needed to link into North Yorkshire County Council and East Riding Council's work on equalities
- Further development is needed to establish joint objectives with the NHS England's Local Area Team, particularly where issues have been raised regarding GP services (e.g. the HealthWatch report about access to health services for deaf people; and also the requirements or support for GPs to provide interpreters at appointments).

Objective 4: To be a great employer with a diverse, engaged and well supported workforce

Achievements:

- Following the Appreciative Inquiry work in October 2013, the CCG have now adopted this approach in all public and staff engagement.
- In June 2014 all CCG staff were asked to take part in a survey and we currently have an Organisational Development programme of work which is due to report back to Senior Management Team. Work/life balance for staff is a priority for the Senior Management Team along with coaching and support for the administration team.

Areas for development:

- The Workforce Race Equality Standard (WRES) is expected to be mandated in the NHS Standard Contract for 2015/16. The Strategy and Assurance Manager will work alongside our contracting team and with our major providers to ensure

they have plans in place to meet this new standard, aiming for the workforce (including provider Board level) to be more representative of the population it serves.

- The CCG will carry out an initial comparison of its workforce and local population to identify whether the current workforce is representative.

Objective 5: Ensure our leadership is inclusive and effective at promoting equality

Achievements:

- The Equality Strategy was fully endorsed by the Governing Body after a detailed presentation and discussion in November 2013
- The Governing Body has had a development session which included clarifying their role with respect to paying due regard to equality
- On 8th January 2015 the Governing Body received a presentation about the role of a CCG in addressing health inequalities, in terms of our duties, local evidence and evidenced-based interventions. York's Acting Director of Public Health also attended this workshop to facilitate the discussion and it was agreed that a joint workplan of priority initiatives would be developed across Public Health and the CCG for 2015/16,
- Equality and diversity has been embedded into the systems and processes of the CCG. For example the EIA tool is used for all policy development and all Governing Body decision papers. Addressing equalities is also embedded within our business case process and within Covalent, our risk management system. Equality and Diversity is also a strong

theme in the CCG's five year strategy, which includes a robust EIA of the Integrated Operational Plan My Health, My Life, My Way.

Areas for development:

- The CCG's 5 year strategic plan sets clear outcomes and trajectories for improvement in health indicators. There is potential to look at health outcomes by protected characteristic, where this data is available.
- Using available data, including engagement findings, establishing whether there are any particular groups that experience inequalities particularly relating to their protected characteristic. This is something currently being explored by the CCG and the City of York Council Public Health Team. Firstly, we are aiming to embed equalities in the Community Services re-procurement, supported by a needs assessment analysis of discharges. Secondly we are aiming to work with a small number of GPs to test targeted early intervention or other public health interventions on a specific cohort of patients who experience poorer health outcomes, for example homeless people. This work will also contribute to the CCG's priority to reduce health inequalities.
- The Strategy and Assurance Manager will start to attend the Quality and Performance meetings with major providers twice a year, in April and October, to ensure that equalities duties within the contract are being met and identify further opportunities for collaboration.

4. Recommendations

The areas for development noted above have been collated into the following recommendations:

1. More analysis of engagement surveys about how people would like to receive information. All future surveys to routinely include a question on how accessible people find the information and what improvements they can suggest.
2. The CCG should establish closer links with the Equality and Diversity officers of the main provider organisations to work together to make progress collecting and reporting on equality data and monitor commitments within the contract.
3. Further follow up is needed to link into North Yorkshire County Council and East Riding Council's work on equalities
4. Further development is needed to establish joint objectives with the NHS England's Local Area Team; particularly where issues have been raised regarding GP services (e.g. the HealthWatch report about access to health services for deaf people; and also the requirements or support for GPs to provide interpreters at appointments).
5. To embed equalities throughout the procurement and commissioning cycle, from PQQ stage to contract monitoring.
6. Innovation and improvement managers to apply the EIA tool meaningfully and as part of the service improvement process, from the very initial stages and engage with York's Equality Advisory Group to understand the impacts of some of our major projects, such as Community Services.
7. Work with Public Health to reduce health inequalities and include a focus on protected characteristics, so that outcomes can be measured and improved for people who

experience particular barriers to accessing health services or experience poorer health outcomes.

5. Conclusion

A great deal of work was done in 2013-14 to develop an equality strategy that was meaningful, collaborative and enabled the embedding of equalities across the full range of commissioning activities undertaken by the CCG. Stakeholders and staff were effectively engaged and involved throughout the process of developing the strategy

There has been much progress against the Implementation Plan, but there is still work to do in the next year (Year 2), particularly in meeting new requirements such as the Workforce Race Equality Standard. We should continue to focus on coaching staff to ensure that equality analysis is an integral part of service improvement and contract management. Collaboration with local authorities and our major providers is critical and should continue to be strengthened to improve the collection of and analysis of equality data and to work towards joint objectives to make the most effective use of scarce resources.