

Governing Body (public) meeting

DATE: 29 May 2014

Title	Public Sector Equality Duty (PSED)– Annual report	
Recommended action for the Governing Body	That the Governing Body: NOTE and approve the CCG Annual Equality Report 2013 - 14	
Executive summary	<p>The public sector equality duty consists of a general duty, which is set out in section 149 of the Equality Act 2010, and specific duties which are imposed by secondary legislation.</p> <p>Under the act the CCG has a General Duty to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations <p>It also has specific Public Sector Equality Duties under the Act to publish:</p> <ul style="list-style-type: none"> • Information to demonstrate compliance with the public sector Equality Duty, at least annually • Equality objectives at least every 4 years, starting by 13th October 2013. All such objectives must be specific and measurable <p>This report provides narrative evidence of progress made since April 2013 and sets out how the CCG has performed in meeting its legal duties set out in the Equality Act</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating	✓

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	framework and which improves outcomes and patient experience	
Organisational implications	Key risks (corporate and/or clinical)	
	Equality and diversity	<p>The Equality Act 2010 promotes equality and diversity in both service delivery and for public services as employers.</p> <p>The implementation of PSED provides a means to monitor and review equality practice within the organisation and services we commission.</p>
	Patient impact	The Equality Act 2010 support better health outcomes for all and improved patient experience and outcomes.
	Financial	There are no immediate financial implications arising from this paper.
	Legal issues	Failure to undertake analysis and monitoring will result in a breach of compliance with the Public Sector Equality Duty
	NHS constitution	The PSED and NHS equality delivery system assists in delivery of the NHS constitution
Consultation (public, member or other)	N/A	
Audit (considered/approved by other committees/groups)	N/A	
Communications plan	Upon approval the attached report will be published on the CCG website.	
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Date	20 May 2014	

NHS Bexley Clinical Commissioning Group

Public Sector Equality Duty

Annual Report

April 2013 - January 2014

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Introduction:

This is the Public Sector Equality Duty annual report which sets out how Bexley Clinical Commissioning Group (CCG) has performed in meeting its legal duties set out in the Equality Act 2010.

Bexley Clinical Commissioning Group is a commissioning organisation; we plan and buy health services for Bexley residents. The CCG came into existence on the 1st April 2013 and is made up of member practices working together with other clinicians and patients, to decide how the local NHS budget should be spent.

The CCG serves around 230,000 people registered at 27 GP Practices (28 in 2013/14) across the borough. Our GPs understand the health needs of their patients, and we believe this local approach to commissioning helps ensure good quality services that meet the needs of the population

This year has been one of significant change in the NHS and we are keen to ensure that we understand and implement the statutory requirements we are now responsible for as a public body, an employer and a commissioner of services.

This report brings together information that demonstrates how the CCG is already meeting its statutory duties under the Equality Act 2010. However, as a relatively new organisation we recognise that we still have more to do to continue to integrate equality and diversity into the way we commission health services for all the people of Bexley.

Accessibility:

If you would like this document in another format or in another language, if you have any comments or feedback, or if you would like to get involved please contact Annie Gardner at annie.gardner@bexley.nhs.uk or contactus@bexley.nhs.uk

1. Background

[The Equality Act 2010 and Public Sector Equality Duty](#)

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act consists of general and specific duties:

The general duty requires public bodies to show due regard to:

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relations

Both general and specific duties are known as the Public Sector Equality Duties (PSED).

There are nine protected characteristics covered by the Equality Act:

Age	Disability	Gender re-assignment
Marriage & civil partnership	Pregnancy & maternity	Race, including national identity and ethnicity
Religion or belief	Sex (that is male or female)	Sexual orientation

[Specific Duties for Clinical Commissioning Groups \(CCG's \)](#)

Together with the general duties CCGs have specific duties under the PSED. CCGs are required to publish in a manner that is accessible to the public:

- Information to demonstrate their compliance with the public sector Equality Duty, at least annually.
- Equality objectives at least every 4 years, starting by 13th October 2013. All such objectives must be specific and measurable.

[Equality Deliver System \(EDS\) and EDS2](#)

The Equality Delivery System was designed by the Department of Health to assist all staff and NHS organisations understand how equality can drive improvements and strengthen the accountability of services to patients and the public.

The main purpose of EDS was, and remains, to help local NHS organisations, in discussion with local partners (including local people) review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can be helped to deliver on the PSED.

A refreshed EDS was launched by the Department of Health on 4th November 2013, known as EDS2.

EDS2 has been developed to be more flexible and adaptable. NHS organisations are encouraged to make EDS2 work for them and adapt processes and content to suit their local needs and circumstances. EDS2 is applicable to all commissioner and provider organisations. It also provides robust evidence of how the public sector Equality Duty is being met.

EDS 2 consists of four goals and 18 outcomes. The goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

The 18 outcomes are divided into two sections patients and workforce. Each of the sections has a sub set of nine outcomes. The implementation of EDS2 relies upon a robust programme of activities and provides a nine step tool in order to achieve compliance.

The outcomes will be graded to reflect the extent they are being delivered for each protected group. They will be defined by the RAGP rating as follows:

- ▲ Excelling – Purple
- ▲ Achieving – Green
- ▲ Developing – Amber
- ▲ Undeveloped – Red

2. Organisational context

[NHS Bexley Clinical Commissioning Group](#)

As a membership organisation the CCG's member practices work closely to discuss common problems that are arising and to see how local services can be improved and better co-ordinated (e.g. Locality meetings). The CCG also recognises that as commissioners of services we must account for not only our own organisational equality performance but also that of the providers of services that we commission.

As a new organisation the CCG has been seeking to build on previous work to develop equalities. Progress has been made through developing our *Equality Objectives*, and we are in the process of implementing NHS England's tool the *Equality Delivery System*

[Equality governance & CCG Leadership](#)

The Equality Act 2010 and the Human Rights Act 1998 provide the legal frameworks within which the CCG operates its equality governance. Equality and the improvement of health inequalities are fundamental to all aspects of the NHS. At a national level the Health & Social Care Act 2012, NHS England, the Operating Framework and the NHS Constitution all highlight the need to reduce discrimination in services, improve accessibility and reduce health inequalities for all.

The EDS and PSED are the two main ways we demonstrate how the CCG is performing on issues of equality and health inequality to our patients, staff, partners and communities.

Governing Body members have a collective and individual responsibility to ensure compliance with the PSED, which in turn secures the delivery of successful equality outcomes for us both as a commissioner and an employer.

The Director of Governance and Quality has Executive accountability for equality. The Head of Patient Experience has operational responsibility and will ensure that the CCG is meeting its legal responsibilities and provide a practical direction in relation to equalities.

Our work will be reviewed regularly by the Equality Steering Group and Quality and Safety subcommittee. This will provide assurance to the Governing Body that the CCG is fulfilling its equality goals and objectives.

The CCG has a Lay Member on the Governing Body with specific responsibility for Patient and Public Involvement. The Lay Member is a member of the Equality Steering Group

3. Equality Objectives

In October 2013 a group of stakeholders took part in an Equality Objective setting meeting at the CCG, this was to support development of our equality work and requirements of the PSED. This included representation from the Governing Body (PPI Lay Member) and a range of community groups/organisations (representing several of the protected characteristics groups identified in the EDS).

Following debate the following objectives were agreed:

- To embed the PSED into the work of the organisation via effective governance arrangements and appropriate training
- To put the general equality duty into practice across the organisations functions including policy and decision making, engagement and commissioning
- To ensure the specific requirements of the PSED are met by publishing objectives every four years and information on progress annually
- To develop the Equality and Diversity Focus Group with representation from patients and the public

The CCG organised a further event with stakeholders on the 9th December 2013. During this meeting a number of key areas were identified for assessment against the EDS outcomes for 2014 - 15. The areas identified were linked to the CCG commissioning intentions and also took into account areas of priority in the Joint Strategic Needs Assessment (JSNA).

The areas identified are:

- Focus on prevention and inequalities
- Development of Queen Mary's and Erith Hospitals
- Management of long term conditions
- Development of adult services

It was agreed that more engagement would be undertaken with the Equality Steering Group and stakeholders during the summer of 2014 in order to undertake scoring and establish grading for NHS Bexley CCG. Once this work is completed a report on the outcome will be presented to the Quality and Safety subcommittee, who will in turn provide assurance to the Governing Body.

EDS2 promotes the need for collaborative working with public, Local Authority, CCG staff, Healthwatch and the voluntary sector. This will be taken into account when planning scoring/grading meetings. In addition that EDS information from all commissioned service providers and other relevant evidence will be sought and presented to support grading.

4. Equality information on our workforce

Managers and staff have a joint responsibility to ensure that no employee or job applicant is discriminated against or harassed in relation to any of the protected characteristics as defined by the Equality Act.

The CCG is committed to promoting equality, opportunity and respecting the diversity of our staff. There are systems and processes in place to ensure all our staff have equality of opportunity to be considered for employment, training and promotion, these include:

- HR Policies including
 - Recruitment
 - Whistleblowing
 - Grievance
 - Bullying and Harrassment
 - Equality and Diversity in Employment
- Exit interviews
- Yearly appraisals, 6 monthly reviews and regular one to one's
- Staff surveys and regular staff meetings
- Mandatory Equality and Diversity training, which raises staff awareness about equality and diversity issues

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South East London Commissioning Support Unit collects staff data for the CCG. The data is used to monitor the profile of staff to identify areas of disproportionality and for workforce planning. The data is regularly incorporated into reports which are received by the Executive Management Committee.

5. Equality information on our ways of working

The CCG requires all staff to undertake mandatory equality and diversity training. Training is provided via an online module which staff need to pass.

The CCG considers equality when developing our policies, presenting papers to Governing Body and when formulating proposals for changes to services. This is to ensure that these do not discriminate against protected groups and to identify opportunities to promote equality.

Our requirement for providers to meet equality and diversity legislative requirements are embedded in the procurement process for new or revised commissioning contracts. Our premises are accessible and we ensure that all our public meetings are held in accessible premises.

Complaints and serious incidents

The Patient Experience Team deal with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by BCCG. From April 2014 Equality and Diversity monitoring forms will be sent with all acknowledgement letters to complainants. This will be an important source of information helping us to identify whether certain groups experience problems disproportionately to other groups. Intelligence gathered will be analysed and brought together in quarterly insight Patient Experience and Insight reports so trends and themes can be identified and addressed

The complaints policy for BCCG demonstrates the aim of ensuring that all groups are facilitated to access the complaints process via a variety of methods e.g. web, text, email, letter and phone

All serious incidents (SIs) from NHS providers, which are reported onto STEIS are reviewed by BCCG Quality Team. This means we are able to triangulate data with other information (including complaints data) to see if any group is disadvantaged or impacted upon. Additionally intelligence gained is used to influence contract monitoring and quality safety standards

Communications and engagement

Section 242 of the NHS Act 2006 places a statutory duty on NHS organisations to involve and consult patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate. Section 24A places a duty on NHS organisations to report on consultations and the influence on commissioning decisions.

Patient engagement activity is reported to the Patient Council and Governing Body on a quarterly basis.

The CCG continually reviews the ways in which it involves local people, including those from diverse groups in decision making and use a variety of methods to attract participation. A great deal of work has been carried out to increase and enrich involvement ranging from grass roots community involvement to large scale public/community events.

Effort is made to engage with seldom heard groups by contact through existing forums and representative groups in Bexley. We recognise the importance of enabling these groups to be involved in their preferred local communities where they feel most comfortable and supported. We go to specific community meetings by arrangement (e.g Bexley CPEG, Community Forums, Haven).

Significant progress has been made building on the communications and engagement channels developed in advance of the CCG's authorisation in April 2013. A communication and engagement strategy has been approved that involved establishing mechanisms to ensure patients can influence decisions.

The Assistant Director of Governance and Communications and Head of Patient Experience have been working together to deliver a programme of engagement and communication activities. In addition the Patient Experience Team has been establishing links with some hard to reach groups in Bexley in order to discuss equality issues and agree/identify next steps (e.g. Traveller/Gypsy community).

Evidence shows that engagement activities have been diverse and wide ranging in engagement with user groups, including carers, people with learning disabilities, young people, multifaith forums local residents and key partners such as Bexley Voluntary Service Council (BVSC) and Healthwatch.

Examples of engagement reaching groups with protected characteristics

- Involvement of patients in service design and evaluation – MSK, Cardiology and Urgent Unscheduled Care. Recently, the CCG undertook public engagement to inform the review of MSK services. Patients, including a number of individuals representing the protected characteristics identified in the PSED, have advised the CCG as to the good points of the existing services, what is not so good and where there are any barriers. The CCG used this information to inform a new service specification.
- We have a Patient Council which has representation from most protected characteristic groups. The Council meets every 6 – 8 weeks and is well attended by representatives from across the community. We have also conducted outreach with other 'seldom heard groups including students, traveller group, Asian Women's Group and Lesbian and Gay group. The PPI Lay Member is chair of this group and also sits on the Equality Steering Group

- We continue to publicise commissioning plans and campaigns supporting NHS priorities including, Call to Action, Not always A&E, South East London Commissioning Strategy via our website, social media, outlets, stakeholder meetings and our stakeholder briefing
- We are currently working with Mencap to highlight barriers to accessing phlebotomy services for people with learning disabilities at a local hospital.

6. Commissioning intentions, tenders, contracts and performance monitoring

The CCG buys a range of health care to meet the needs of the people of Bexley. We develop plans every year setting out the CCG priorities, these are called Commissioning Intentions.

The CCG considers equality information including data found in the Joint Strategic Needs Assessment (JSNA) when developing commissioning plans, undertaking service design and redesign, equality analysis and strategic developments

Equality analysis is built into the CCG commissioning processes and equality analyses are carried out as part of the development of commissioning intentions to ensure that equality is at the heart of the process and to ensure that no part of the population is disadvantaged in terms of access and health outcomes.

Ensuring the contracts and tendering process includes specific requirements around equalities provides assurance that commissioners and providers are taking account of their responsibilities. It also enables the organisation to monitor how different communities access services and establish mechanisms to address any inequalities.

The CCG commissioning intentions focus on the following priorities:

1. Working with the local authority via the health and wellbeing strategy to tackle ill health
2. Developing services at Queen Mary's Hospital and Erith Hospital
3. Improving unplanned and urgent care services for older people and patients with long term conditions
4. Improving planned care including community based services
5. Improving children and maternity care
6. Procuring new mental health and community services
7. Increasing quality, performance and productivity of the services we commission
8. Developing integrated care plans as part of the Better Care Fund
9. Expanding and enhancing primary care services for residents

7. Joint Strategic Needs Assessment and Public Health

Joint Strategic Needs Assessment – JSNA

The Joint Strategic Needs Assessment (JSNA) analyses the health needs of the local population to inform and guide commissioning decisions around health and well being within local authority areas. It provides a fundamental understanding of need for both health services and prevention of ill health.

The main goal of a JSNA is to bring partners together to jointly assess and describe the health needs of a local population in order to inform improvements in the physical and mental health and wellbeing of communities and reduce health inequalities.

The first Joint Bexley Health and Wellbeing Strategy (based on priorities from the 2012 JSNA refresh) has been produced, consulted on and signed off by the Health and Wellbeing board. The 2014 JSNA refresh is currently in production and will be presented to the Health and Wellbeing Board in summer 2014.

Bexley's health issues (from JSNA summary 2012-13)

1. **Premature death** relating to ill health has fallen in the past decade with incidents of heart disease and stroke below the UK average. Cancer rates have also dropped significantly.
2. The number of **over 65s is the fastest growing age group** in the borough
3. Physical activity across Bexley is below average reflecting one of **fastest growing obesity rates in the capital**
4. Despite some of Bexley's work with the **diabetes** pathway, the CCG still needs to concentrate its efforts on this health challenge as Bexley has higher than average admissions for acute renal failure, which may be a reflection of morbidity due to diabetes and high diabetic related amputation rates.
5. Bexley has a lower number of patients with **dementia** and a low spend on dementia drugs compared to other areas in the UK. However total bed-days in hospital per population for patients >74 years with a secondary diagnosis of dementia are high.
6. Bexley residents have average mortality rates for all the main **cancers** but high rates of investigations including urgent referral to hospital for suspected cancer, emergency bed days per cancer diagnosis and amongst the longest hospital stays for breast cancer surgery.
7. Bexley has low rate of **audiology** assessments overall and long mean time from referral to assessment for hearing tests in new-borns.
8. Bexley residents have average morbidity and mortality due to **cardiovascular disease** but high rates of interventions including: elective admissions to hospital for angioplasty, directly standardised rates of pacing devices implanted for the first time, rates of implantable cardioverter-defibrillator (ICD) and devices implanted for the first time and cardiac resynchronisation therapy (CRT).
9. Bexley has high rate of emergency admissions to hospital in people aged 18 years and over with **asthma**.

Public Health

From April 2013 the London Borough of Bexley became responsible for commissioning most public health services. The CCG works collaboratively with public health to deliver joint priorities to ensure the best health outcomes for local people.

8. Equality progress

The CCG has an Equality and Diversity Strategy and action plan to support delivery of its statutory responsibilities. The Strategy has been designed in response to the requirements of the Equality Act 2010 and to meet the requirements of the NHS Equality Delivery System (EDS).

During 2013 the CCG engaged with key stakeholders to develop our equality objectives, as set out on page 4.

In 2014/15 the CCG will focus on developing plans to progress key activity including:

- Continue to work on ensuring equality analyses are completed
- Continue to educate and train staff and Governing Body members in the principles of Equality and Diversity
- Review different ways to ensure that all parts of the community (including minority groups) are actively engaged with BCCG

Summary:

- Equality and Diversity Strategy in place
- Equality Objectives approved by stakeholders and Governing Body
- CCG Staff have undertaken Equality and Diversity training
- The CCG has encouraged active engagement with patient participation groups, community forums and Bexley Patient Council in assessing the CCG Commissioning Intentions
- Develop equality action plan
- Key stakeholders from protected characteristic groups have been identified and involved in service redesign and commissioning new services

The PPI Lay member and Patient Champions represented through Bexley Patient Council regularly challenge the work of the CCG to ensure that people from protected groups have been considered in all decision making.

The CCG will continue to use the NHS Equality Delivery System to assess performance. The aim is to achieve at least a developing/amber grade, if not an achieving/green grade. We will report on our performance after our first years' work in the autumn of 2014.

Progress update on Bexley Clinical Commissioning Group Equality Action Plan

Objective	Action	Update
Meet statutory requirements of the Equality Act 2010	Hold a community stakeholder engagement workshop to critique grading and agree draft objectives	Engagement workshop involving various community groups held in March 2013 to review progress against grading. Two further meetings have taken place in October 2013 and December 2013. Further grading event to be arranged – summer 2014
All contracts to include reference to compliance with the Equality Act 2010	Ensure all contracts for services commissioned by BCCG to include reference to compliance with the Equality Act	Standard NHS contracts template adopted which includes provision and requirement to comply with the Equality Duty. Where this provision is not contained in contract will be reviewed making all providers that we commission from aware that all contracts would be subject to the requirements of the Equality Act
Promote diversity and inclusion in the engagement of patients and provision of accessible information	Communication and Engagement Strategy developed in 2013. The strategy and action plan will be refreshed in 2014	On-going plans to engage hard to reach groups with a particular emphasis on attending meetings organised by those groups. Strong focus on engaging groups with protected characteristics, including Mencap Youth Council, Bexley Moorings, Snap, Pensioners Forum, Age Uk, Carers support, Haven and Multifaith Forum.
Ensure robust Governance arrangements	Establish Equality Steering Group with representation from all areas of the community and organisation. Chaired by the Director of Quality and Governance. The group will report to the Governing Body.	A range of stakeholders have been consulted and invited to Equality meetings at the CCG offices. BCCG staff representatives to be identified/_recruited. TOR for group to be developed, meeting to be convened 11 th June 2014
BCCG staff aware of and understand equality diversity and human rights	Training to be provided to ensure all staff are clear on their responsibilities	All staff provided with access to online equality and diversity training toolkit. Annual updates/refresh to be undertaken.

