

**Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 19 May 2015**

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/15/05/21 Equality Information – Compliance Report 2015
Author:	David Noyes, Director of Planning, Performance and Corporate Services
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and Corporate Services
Executive summary:	<p>The Public Sector Equality Duty (PSED) is a specific duty placed on public authorities and requires us to publish equality information to demonstrate our compliance with the legislation set out in the Equality Act 2010. An equality compliance report was published by the CCG at the end of January 2014 as required. This report is available on the CCG website.</p> <p>The CCG has arranged a Service Level Agreement specification with the CSU to provide specialist assistance for this area as the CCG takes forward its performance assessment for Equality & Diversity using the 'Equality Delivery System for the NHS (EDS2)'.</p>
Evidence in support of arguments:	<p>Equality Impact Assessments are undertaken and presented with papers to the Governing Body to inform discussion and approval. CCG staff undertake mandatory equality and diversity training.</p> <p>The Report will support compliance with the Equality Act 2010.</p>
Who has been involved/contributed:	The report has been drafted in collaboration with the CSU.
Cross Reference to Strategic Objectives:	The report contributes to all strategic objectives as it aims to improve equality and diversity.
Engagement and Involvement:	This is an internal document and has not received further engagement or involvement at this time.
Communications Issues:	This document has been published on the CCG website since February 2015 and is available for release under the FOI Act.

Financial Implications:	There are no direct financial implications.
Review arrangements:	The report will be reviewed after one year.
Risk Management:	Equality & diversity arrangements aim to reduce the risk of discrimination.
National Policy/ Legislation:	The report supports the requirements of national policy and legislation, particularly the Equality Act 2010 and the Public Sector Equality Duty.
Equality & Diversity:	An Equality Impact Assessment has been carried out and no negative impact has been identified.
Other External Assessment:	None.
What specific action do you wish the Governing Body to take?	The Governing Body is asked to discuss the report which will then be marked as 'Final' on the CCG website.

Equality Information – Compliance Report 2015

We will consider requests for alternative accessible formats of this document. Please contact us by any of the following:

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If you have any comments, suggestions or feedback about this document, please contact the Communication and Engagement Department.

The report is currently in DRAFT format and will be ratified at the Governing Body in May 2015

Contents

1. Introduction	4
1.1 About NHS Wiltshire Clinical Commissioning Group	4
1.2 Public Sector Equality Duty and the purpose of this document.....	4
2. Profile of equality groups in Wiltshire	4
3. Equality Information on our Workforce and Leadership	5
3.1 Workforce	5
3.2 Leadership	6
4. Equality Information on our Services.....	6
5. Equality information on our ways of working	7
6. Equality Information to show due regard to the three aims of the General Duty	10
6.1 Workforce	10
6.2 Patient and Public.....	11

1. Introduction

1.1 About NHS Wiltshire Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group (CCG) is a commissioning organisation, that is to say, we plan and buy health services for Wiltshire residents. We do not provide health services ourselves. For more information on what health services we commission, please visit our [website](#).

The CCG came into existence on the 1st April 2013.

1.2 Public Sector Equality Duty and the purpose of this document

The Public Sector Equality Duty (PSED) is a specific duty placed on public authorities and requires us to publish equality information to demonstrate our compliance with the legislation set out in the Equality Act 2010.

In this document we set out what we are currently doing to comply with the general duty.

The document is structured in four sections¹:

- i. Equality information on our workforce and leadership;
- ii. Equality information on our services;
- iii. Equality information on our ways of working;
- iv. Equality information to show due regard to the three aims of the general duty.

2. Profile of equality groups in Wiltshire

The population of Wiltshire based on NHS Wiltshire Prospectus 2013-14 is approximately 477,000. The population of Wiltshire accounts for 8.90% of the total South West population.

The following are headline figures for different sections of the community in Wiltshire:

- Children (aged between 0-15) make up 18.0% of the population, people of pensionable age (65+) make up 20.2% of the population and the largest age group is people of working age (16-64) who make up 63.4% of the population.
- There is a near equal split between males and females.

¹ Based on the format used by the Equality and Human Rights Commission

- The Black and Minority Ethnic (BME) population make up 4.7% of the Wiltshire population
- Within the BME groups of Wiltshire population, the Moroccan community is considered to be the largest outside London. The Safe and Sound report identified 106 self-declared ethnicities in Wiltshire. There are also significant African-Caribbean, Polish, Slovakian, Chinese, Bangladeshi, Pilipino, Gypsy and traveller, Indian and Pakistani communities in Wiltshire and a significant gypsy and traveller community.
- The majority of Wiltshire's residents reported that they were Christian (64%) or had no religion (26%). The largest religions other than Christianity are Muslim (0.4%) and Buddhism (0.3%) with Hindu, Jewish and Sikh groups making up 0.4% of the population. (Wiltshire Census 2011)
- The government establish that 5-7% of the population is lesbian, gay or bisexual, so Wiltshire may have approximately 23,850 people who are lesbian, gay or bisexual.
- The Gender Identity Research and Education Society, GIRES, estimate (in 2011) that 0.6%-1% of the population (16+) experience some degree of gender variance, which in Wiltshire (based on 16+ population of 400,680) would equate to approximately 2,404 - 4,007 people. The majority of these would continue to live in their birth gender and not request medical intervention, and GIRES estimates that, at some stage, about 0.2% may undergo treatment for gender transition – an estimate of up to 801 people in Wiltshire.
- 97.5% of residents' main language is English, and 99.6% of the resident population of Wiltshire can speak English well. Polish is the main language spoken after English. This was followed by Nepalese, German, Tagalog (Filipino) and Chinese.
- 10% of the population are carers.

3. Equality Information on our Workforce and Leadership

3.1 Workforce

Information is collected on annual basis on the CCGs workforce, where possible against the protected characteristics. As of 1st January 2015, there were 126 people, 110.5 whole time equivalent members of staff employed at the CCG.

The majority of workforce is female (78.6%) within the CCG. The majority of the workforce has declared an ethnic group of 'White-British' (89.7%). 11.11% of the workforce of the CCG are aged 60 years and over.

As the numbers are so small, it is relatively easy to identify staff and as a consequence this gives rise to potential breaches of confidentiality. The PSED exempts those organisations with fewer than 150 staff from publishing information relating to the protected characteristics of their employees.

The CCG has in place, and has implemented a number of workforce related policies that support and protect staff from discrimination, harassment, bullying and victimisation.

3.2 Leadership

The CCG governing body is made up of GPs, lay members, clinical and health professionals from the workforce. As there are just 13 board members, the CCG are again exempt from publishing equalities information relating to their protected characteristics.

However, it is important to note that the core attributes and competencies for all Board members include a requirement to 'be committed to ensuring that the organisation values diversity and promotes equality and inclusivity on all aspects of its business'.

Individual members of the governing body will bring different perspectives, drawn from their different professions, roles, backgrounds and experience. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business.

The CCG has a lay member on the governing body with specific responsibility for Patient and Public Involvement.

4. Equality Information on our Services

The CCG does not provide health services, but plans and buys (commissions) health services for the population of Wiltshire.

The CCG hold monthly Clinical Quality Review Meetings (CQRMs) with each Provider at which relevant E&D areas are discussed such as mixed sex accommodation and the underlying essence of care requirements. These meetings are discussed further in the next section of this report.

5. Equality information on our ways of working

The Director of Planning, Performance and Corporate Services provides strategic leadership on equalities and assurance to the CCG Board on whether we are meeting our statutory obligations.

The CCG has an Equality and Diversity Strategy which is available on our website, which is currently under review. A yearly action plan accompanies the CCG's Strategy.

The Equality and Diversity Strategy has identified the following equality objectives for the CCG over the period, April 2013 to March 2017:

- Improve the quality of information available about the prevalence of health conditions in different communities with specific protected characteristics.
- Embed equality and diversity considerations into communications, engagement and consultation.
- To actively identify key services issues for service users to support specific actions to be implemented based on evidence to improve service user outcomes.
- To focus on developing the CCG leadership and capacity to ensure that the CCG continue to comply with the PSED and use EDS to improve equality performance and ongoing compliance with the PSED.

The CCG requires all staff to undertake mandatory Equality and Diversity training. Training is provided by an online module which staff have to pass. There is not an explicit requirement in the Equality Act 2010 about type or level of training.

The CCG conducts Equality Impact Assessments (EIAs) on all policies, Governing Body papers and when formulating proposals for changes to services to ensure that these do not discriminate against protected groups and to identify opportunities to promote equality. The EIA forms will be approved by the Executive Sponsor for the work. Examples of Equality Impact Assessments are available on our website and are attached to the

relevant Board papers. The CCG is developing its website and individual examples of EIAs will be available separately on our revised site.

During 2014/15, the CCG have been considering a proposal to implement a new model of overnight short breaks services for disabled children and young people alongside the closure of Hillcote, a health-run residential unit in Salisbury providing short breaks. The purpose of the proposal is to achieve better outcomes for disabled children and young people and their families by:

- Ensuring equity of access across Wiltshire to overnight short breaks for families with a disabled child;
- Providing eligible parents and carers with a choice between different types of overnight short break provision (i.e. residential and specialist carer services);
- Increasing early intervention to help families with issues they have highlighted such as sleeplessness, incontinence and difficulties with behavior.

At each decision point in this process an EIA has been undertaken and presented to the Governing Body.

To develop the Proposal, the CCG involved Wiltshire Parent Carer Council (WPCC) which has a membership of over 1200 families of children and young people with Special Educational Needs and/or Disability (SEND) in Wiltshire. An Implementation Group was formed which included representation from WPCC and from South Wilts Mencap. Further consultation sessions were held with parent carers in Salisbury and Chippenham and the feedback from these sessions has been used to shape the service specifications.

The consultation highlighted that current Hillcote children and families, and disabled children and their families from south Wiltshire who may require overnight short breaks in the future might be adversely affected by the proposal. Alternative suitable provision has been agreed and will be available for current children and additional recruitment has been undertaken to support requirements for future children.

The EIA clearly detailed the public and patient involvement and the impact of the proposal for each of the protected characteristics, giving transparency to the decision making process.

Working closely with Healthwatch Wiltshire, the CCG held an extensive public consultation on the change in location of specialist hospital dementia care in Wiltshire. Together with Healthwatch Wiltshire the CCG sought the thoughts and views of those people who have been touched by dementia in some way, whether an individual with the condition, a carer, a family member, or other interested parties. Although the CCG held public events and provided people with the opportunity to complete an online survey, the CCG were mindful that those engagement methods would not meet the needs of all of the people who we wished to listen too. Healthwatch Wiltshire therefore, also facilitated face to face or telephone feedback sessions with individuals who would have found a public meeting intimidating or who would struggle with using a computer.

We regularly undertake Consultation and Engagement with Patients and the Public. The CCG has a Communication and Engagement Strategy 2013-16: for sustainable and meaningful stakeholder engagement. An engagement plan is currently being prepared for the CCG 5 Year Plan.

We require providers to meet equality and diversity legislative requirements as part of the procurement process for new or revised commissioning contracts.

The CCG is committed to providing the best possible service at all times. They welcome suggestions and feedback about our services and want to resolve any problems experienced to help make local healthcare services more effective. The CCG oversees all comments, concerns, compliments and complaints that are received and in October 2014 the CCG repatriated the process, along with the Patient Advice and Liaison Services (PALS) back to the CCG from the Central Southern Commissioning Support Unit (CSCSU).

PALS is impartial and will work to try and resolve any concerns or problems. Complaints can be made in writing, by e-mail, by telephone or in person.

PALS provide regular reports to the CCG and a PALS report is also presented to the Quality and Clinical Governance Committee. This report will be developed to include the protected characteristics of the individual where disclosed.

The CCG has a regular programme of meetings 'Clinical Quality Review meeting (CQRM) with providers. During these meetings, the following issues are raised and where needed, the provider is required to

implement an action plan which is then monitored. Issues discussed include:

- Quality Indicators including the Safety Thermometer and mixed sex accommodation breaches.
- Incidents where patient safety was compromised, including incidents of abuse, harassment, bullying and violence, across the protected characteristics.
- Survey information showing patients' experience of treatment and care outcomes, for all major services or departments. The most notable of this is the Friends and Family Test.
- Information from PALS, indicating the issues that patients most complained about, with follow-up information on redress

We are currently working with other NHS colleagues and the local Healthwatch Wiltshire to develop and support a group of representatives from across the equalities communities to help us in our work to improve healthcare services.

Our premises are accessible and we ensure that all our public meetings are held in accessible premises.

6. Equality Information to show due regard to the three aims of the General Duty

6.1 Workforce

We have systems and procedures in place to implement the aims of the general equality duty:

- Elimination of discrimination, victimisation and harassment:

The Quality and Clinical Governance Committee has delegated powers to approve policies and have been appraised of their role in relation to the requirements of the Equality Act and PSED ensuring the CCG meet the relevant duties.

- Advancing equality of opportunity and fostering good relations:

We are a comparatively small public sector organisation, and do not have the critical mass to sustain our own staff networks. We are looking at mechanisms for involving our staff including the Bristol,

North Somerset and South Gloucestershire wide Black and ethnic Minority, Disability and Lesbian, Gay and Bisexual and Transgender staff networks.

6.2 Patient and Public

- Elimination of discrimination, victimisation and harassment:
As mentioned earlier, we use EIAs to ensure that the CCG is meeting general duty and we require providers to comply with equalities legislation.
- Advancing equality of opportunity and fostering good relations:

The CCG will be using 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.

Prepared by:

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