



# **Equality and Diversity Update**

## **Governing Body meeting**



## 4 September 2014

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Sponsor	Tim Furness, Director of Business Planning and Partnerships				
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Is your report for Approval / Consideration / Noting					
Approval.					
Are there any Resource Implications?					
No					
Audit Requirement					

### **CCG Objectives**

Which of the CCG's objectives does this paper support?

**Principal Objective**: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield.

**Principal Risk**: 3.1 CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, e.g. due to financial constraints (Domain 3).

**Principal Objective**: To ensure there is a sustainable, affordable healthcare system in Sheffield

**Principal Risk**: 4.1 Failure to adopt best practice throughout the commissioning cycle (Domain 3)

**Principal Risk**: 4.5 Inability to secure partnerships with our main providers that help us to deliver our commissioning plans, including QIPP (Domain 3).

## **Equality impact assessment**

### Have you carried out an Equality Impact Assessment and is it attached? No

This report is our Equalities Action Plan which is intended to reduce inequalities and have a positive impact on people with all the nine protected characteristics.

## **PPE Activity**

How does your paper support involving patients, carers and the public? This report will be shared with members of the Sheffield Equality Engagement Group.

# Recommendations

The Governing Body is asked to:

- Approve the Equalities Action Plan for 2014/16.
- Delegate tasks to the Equalities Action Group to achieve the actions outlined in the plan and report back to the Governing Body at six month intervals.
- Support the proposed change in remit for the Equalities Action Group



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### 1. Background

The Equality Act places a duty on public organisations to eliminate discrimination, promote equality of opportunity and foster good relations between people who share a protected characteristic and people who do not. To the extent that health inequalities are avoidable by our actions, it could be argued that they represent a form of discrimination, and/or a consequence of it. It follows that we should pay regard to the Act in thinking about health inequalities, and that we should consider whether health inequalities exist for any of the protected characteristics set out in the Act, which are:

- 1. Age
- 2. Disability
- 3. Gender Reassignment
- 4. Marriage and civil partnership
- 5. Pregnancy and Maternity
- 6. Race
- 7. Religion or Belief
- 8. Sex
- 9. Sexual Orientation

There are significant health inequalities in Sheffield despite the progress made in improving the health of the population over the last few years. These inequalities are described in detail in the reports of the Director of Public Health and the Joint Strategic Needs Assessment. NHS Sheffield CCG is committed to work with Sheffield City Council and other partners to reduce health inequalities in Sheffield, continuing the commitment of NHS Sheffield. Inequality in access to healthcare is one factor in health inequalities, and action to tackle discrimination and reduce inequalities in access will contribute to reducing health inequalities as well as complying with the Equality Act.

#### 2. Introduction

This report outlines some of the key areas of delivery and achievements met against the Equality Objectives Plan 2013.

It also proposes an updated Equality Objectives Plan for 2014/16 with refreshed underpinning actions that are linked to some of the outcomes of the Equality Delivery System (EDS2) Framework. This has been developed by a group of CCG officers, led by Dr Ted Turner.

## 3. Delivery in 2013/14

#### 3.1 Equality Impact Assessment (EIA)

Robust Equality Impact Assessment (EIA) has been carried out to ensure that equality and diversity issues are taken into consideration to reduce health inequalities across the following services:

- Community Support Workers (CSW) Service
- Domiciliary Care for Patients Eligible for Continuing Healthcare (CHC)
- Local Care Planning Service
- Musculoskeletal Services Commissioning for Outcomes (COBIC)
- Proposal to commission Mandicular Advancement Devices (MADs) as an integral part of a new Obstructive Sleep Apnoea (OSA) Pathway
- Yorkshire and Humber commissioning for access to fertility treatment

# 3.2 Equality Engagement Group

The CCG continued to engage and contribute to the Equality Engagement Group resulting to a number of key improvements which are:

- The Director of Business Planning and Partnerships continues to chair the group to raise the profile of the CCG commitment to engagement with patients from a diverse background.
- The development and implementation of an Equality Action Grid has proven to be an invaluable tool which demonstrates that the issues and concerns highlighted by representation are acted upon.
- The terms of reference has been strengthened by increasing membership with service user's representative being the majority. Where there are gaps, work is being carried out to increase memberships.

### 3.3 Public Sector Equality Duty

The Public Sector Equality Duty for the CCG was published on 31 January 2014 which included the following information:

- NHS Sheffield CCG's Equality Monitoring Data from Commissioned Services
- NHS Sheffield CCG's Contribution to Reducing Health Inequalities in Sheffield
- Sheffield Fairness Commission Report
- NHS Sheffield CCG's response to the Sheffield Fairness Commission Report
- Sheffield Demographics
- NHS Sheffield CCG's Workforce Summary

#### 3.4 Equality and Diversity Training for GP staff

- Sheffield Clinical Commissioning Group held two Equality and Diversity Protected Learning Initiative (PLI) sessions on 12 March and 9 July for practice managers and practice administrative staff. The aim of the session was to refresh their current skills and also broaden their knowledge of equality and diversity, including how to embed it within their roles. WSYBCSU's Equality and Diversity Manager presented the session to 112 members of staff and a wide range of topics were covered to meet the various needs of GP practices.
- Based on feedback received, the training session was successful in educating practice managers and staff about equality and diversity within the workplace.

#### 3.5 NHS Contracts

 Following some changes to the NHS Standard Contract 2014/15, the CCG has worked with all three foundation trusts to agree the equality and diversity requirements within the local reporting schedules.

#### 3.6 NHS England

 The Refreshed Equality Delivery System (EDS2) that was launched on 4 November by Sir David Nicholson was discussed at the Equalities Action Group for

- implementation. The refreshed EDS2 Framework is designed to helped NHS organisations deliver on the Public Sector Equality Duty (PSED).
- The CCG provided a response back to NHS England on the NHS Equality and Diversity Survey.
- The CCG contributed to the NHS England consultation on the draft Equality and Health Inequalities Strategy.

### 4. Health Inequalities

On 3 July 2014, the Governing Body received the Sheffield Health and Wellbeing Board Health Inequalities Plan. This included specific actions for the CCG (actions 3.4 and 3.7), which require us to take action to improve access to healthcare for any group of people who currently experience barriers, and to commission interventions that will reduce health inequalities, where necessary targeting these at specific populations. This proposed Equalities Action Plan contributes to this requirement.

# 5. Equality Objectives Plan 2014/16 (attached)

- The Equalities Action Group has used the refreshed EDS2 outcomes to develop and prioritise underpinning actions which are linked to the existing equalities objectives.
- The attached plan will be delivered over a two year period with annual progress reports. Progress will be monitored through quarterly reports to the Equalities Action Group.
- On Monday 14 July 2014 at the Equalities Action Group meeting, it was proposed that the remit of the group would change from being director-led to a "scrutiny" group. The focus of the new group will be to invite portfolio groups, including clinical leads and commissioning managers, to provide an overview of how equality and diversity are being embedded across their service area. This will result in changes to the terms of reference and the membership of the group. The reason for the group change was to develop a strong a consistent leadership on equality issues. This will be evidenced following discussions at Equalities Action Group meetings. We will share and celebrate the good work being done in the portfolios where commissioning decisions are having an impact on the known disparities in service uptake, e.g. for people with mental health and learning difficulties. A paper has been submitted to the Commissioning Executive Team (CET) for approval.

#### 6. Recommendations

The Governing Body is asked to:

- Approve the Equalities Action Plan for 2014/16.
- Delegate tasks to the Equalities Action Group to achieve the actions outlined in the plan and report back to the Governing Body at six month intervals.
- Support the proposed change in remit for the Equalities Action Group

Paper prepared by Elaine Barnes, Equality and Diversity Manager (WSYBCSU)

On behalf of Tim Furness, Director of Business Planning and Partnerships

21 August 2014



# NHS Sheffield CCG Equality Objectives Action Plan 2014-16

The Equality Objectives have been developed and supported by underpinning actions, which are priorities by the Equalities Action Group and are linked to the Equality Delivery System (EDS 2) goals which are;

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership

	Equality objectives	Actions	Lead	Timescale	Evidence
1	Ensuring equality is core	To develop the collection of equality data across all	Equality and Diversity	Quarterly	
	commissioning business.	commissioned services.	Manager		
		We will gather feedback from multiple sources	CSU Engagement	March 2015	
		especially relating to less accessible groups around	Team		
		specific engagement activities			
		Portfolio leads to use feedback received from	Senior Commissioning	March 2015	
		multiple sources to inform commissioning decisions.	Manager		
		Continue to raise awareness of Equality and Diversity	Equality and Diversity	Ongoing	
		issues and support portfolio leads in completing	Manager		
		Equality Impact Assessments across service areas.			
		Ensure that all portfolios embed equality and diversity	Director of Business	Dec 2014 (as	
		considerations into their commissioning	Planning and	part of	
		developments from the outset and that they seek	Partnerships	planning	
		information, input and support wherever and		process)	
		whenever needed.			
2	Improve the range of activity	Publish an updated Equality Monitoring report for	Head of Informatics	Oct 14	
	information we have about	2013/14 on internet site.			
	patients in protected groups	Agree a three year trend monitoring report.	Head of Informatics	Oct 14	
	and how this is being used.	Publish Trend report on Sheffield CCG internet site.	Head of Informatics	Dec 14	
3	Improve our understanding of	Ensure that complaints about Equality and Diversity	Complaints Manager	As part	
	patient experience of services,	issues are handled respectfully and efficiently and		quarterly	
	re E&D, and act upon instances	also shared with the relevant commissioning teams.		report to GB	
	of potential discrimination.	Require that current national and local equality	Equality and Diversity	Quarterly	
		issues are highlighted and acknowledged on the	Manager		
		CCG website.			

	Equality objectives	Actions	Lead	Timescale	Evidence
		Work with the Sheffield Equality Engagement Group to better understand the patient experience, tackling examples of apparent discrimination and publishing the patient experience alongside activity information.	Equality and Diversity Manager	Quarterly	
		Deliver Equality and Diversity awareness training to GP staff as part of the Practice Learning Initiative (PLI) programme.	Equality and Diversity Manager	March & June 14	
4	Developing strong and consistent leadership on equality issues	Ensure that the Governing Body receives adequate assurance around equality and diversity including progress towards achievement of this plan.	Equality and Diversity Manager	Quarterly	
		Use the presentation of progress reports at Governing Body to highlight and discuss GB members' leadership role in tackling inequity.	Governing Body Lead Member	Ongoing	
		Ensure Governing Body receives and discusses audits of papers that come before the Board and other major Committees to test how well equality impact assessments are undertaken and reported.	Director of Business Planning and Partnerships	Every 6 months – 3 times by March 2016	
		Mechanisms for succession planning for future Governing Body members and other senior clinical leaders encourage further diversity within the organisation.	OD Steering Group	March 2015	
		Following discussion at Equalities Action Group meetings we will share and celebrate the good work being done in the portfolios where commissioning decisions are having an impact on the known disparities in service uptake, e.g. for people with mental health and learning difficulties.	Senior Commissioning Manager	Quarterly	
5	Empowered, engaged and well supported staff	Monitor compliance with mandatory equality and diversity training for employees.	HR Manager	Monthly	
		Raise awareness of equality issues using different communication methods.	HR Manager	Ongoing	
		Ensure collection and appropriate consideration of equality data for all employees.	HR Manager	Annually	
		Support leadership development at all levels in a manner that values and promotes equality, diversity and inclusion.	HR Manager	Ongoing	

	Equality objectives	Actions	Lead	Timescale	Evidence
		Use staff survey results to develop actions that will improve key areas.	HR Manager	Annually	
		Ensure interests of protected characteristic groups are supported in accordance with Equality Act 2010.	HR Manager	Ongoing	
6	Improving access to services i.e. contracting	Data about population changes is fed into the commissioning cycle and equality data used to drive priorities consistent with the Commissioning Plan.	Director of Business Planning and Partnerships	October 2014	
		Ensure that Public Health colleagues receive up to date information to inform the JSNA.	Director of Business Planning and Partnerships	As JSNA is refreshed	
		Ensure that the providers share statutory returns of access data according to protected characteristics.	Head of Contracting	March 2015	
		Ensure that the CCG challenges any issues in service provision around equality of access.	Equality and Diversity Manager	Ongoing	