

NHS Rotherham CCG

Equality and Diversity

Annual Report 2018/2019



<http://www.rotherhamccg.nhs.uk/equality-and-diversity.htm>

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Equality and diversity in NHS Rotherham CCG

Foreword

Welcome to our 2018 annual Equality and Diversity Annual Report for NHS Rotherham Clinical Commissioning Group.

As public sector organisations, we are required to publish relevant proportionate information to show how we meet the Equality Duty. This information has to be published by 31 January each year. This report demonstrates how as NHS Rotherham CCG we are meeting our Public Sector Equality Duty in relation to services commissioned and our workforce.

We are committed to embedding equality, diversity and human rights within all areas of our work, which is demonstrated by the information contained in the various sections of this report.

We continue to focus on ensuring that the provision of health care and employment practice takes into account the individual needs of patients and staff by promoting equality of opportunities and recognising and embracing diversity. This is achieved by having robust systems in place to prevent discrimination through recruitment, employment practices, procurement service design and the delivery of healthcare pathways.

We celebrate the progress that has been made this year and recognise much more still needs to be undertaken for equality and diversity to be truly embedded within NHS Rotherham CCG. However, we are confident that through delivery of our plans and continued collaboration a real difference to health and care in Rotherham will be seen in the future.

Dr Russell Brynes
SCE GP Lead

Mrs Kath Henderson
RCCG Lay Member

Equality and diversity in NHS Rotherham CCG

1. Introduction

The CCG are required to annually publish information relating to:-

- People who are affected by our policies who share protected characteristics.
- Our employees who share protected characteristics.

The purpose of this report is to provide the people of Rotherham with both evidence and assurance that NHS Rotherham CCG is adhering to the statutory obligations to deliver the Public Sector Equality Duty (PSED).

This report also outlines the activity undertaken to continue to embed equality within NHS Rotherham CCG during 2018.

In summary, this report is about much more than adherence to the PSED, it is about emphasising that equality, diversity and inclusion are inherent principles that run through the core of our organisation. It is part of our purpose, decision making, service redesign, planning, commissioning, staffing environment and the health outcomes that we wish to achieve for all the people of Rotherham.

2. Our vision

NHS Rotherham Clinical Commissioning Group Vision is:

Your Life, Your Health - Better Health and Care for Rotherham People

The work of Commissioners of health and social services and the respective provider organisation delivering services in Rotherham are prioritised by needs identified in our Joint Strategic Needs Assessment JSNA.

Underpinning our Vision are our staff values:

R Responsibility
E Empowerment
S Support
P Positivity
E Equality
C Communication
T Trust

3. Integrated commissioning in Rotherham

Delivery of our commissioning plan is underpinned and dependent on successful working with key partners and stakeholders. There are great benefits from working in partnership, bringing together planning, funding and delivery of health and social care. We all aspire to reducing health inequalities and providing better care outside hospital. NHS Rotherham CCG's commissioning plan aligns with the health and wellbeing strategy and the integrated health and social care place plan and sets out, as a key partner, how we will support their delivery.

NHS Rotherham CCG is responsible for commissioning only one part of Rotherham's overall spend on health and social care. We will work closely with other commissioners (NHS England, Rotherham Metropolitan Borough Council) to ensure

that all commissioning plans are aligned so that together we deliver the maximum amount for each 'Rotherham pound'.

3.1 The Rotherham integrated care partnership and the Rotherham integrated health and social care place plan

The Rotherham integrated care partnership (ICP) is the local delivery arm of the wider South Yorkshire and Bassetlaw integrated care system (ICS), previously known as the sustainability and transformation plan. The local ICP is about health and care partner organisations in Rotherham sharing responsibility for the planning and delivery of improved and sustainable health and social care for local people. By Spring 2018 the ICP will have published the second Rotherham integrated health and social care place plan, which will deliver a set of 'place' priorities under five workstreams aligned to the health and wellbeing strategy aims:

- Transforming services for children and young people
- Transforming mental health services
- Transforming learning disability services
- Transforming urgent care services
- Transforming community care services

The health and wellbeing strategy sets the strategic vision for improving health and wellbeing for all Rotherham people, the Rotherham place plan is the delivery mechanism for the health and social care integration elements of the strategy.

Rotherham's health and social care community, including Rotherham Metropolitan Borough Council, NHS Rotherham CCG and providers of health and care services, has been working in a collaborative way for several years to transform the way it cares for its population, and is passionate about providing the best possible services and outcomes. It is recognised that only through working together in a strong partnership, and with local communities, can sustainable services be provided over the long term.

Prevention, early intervention and the integration of health and social care services are the focus of the place plan; to transform the way services are delivered. This will require continuing to hold each organisation to account to ensure prevention and early intervention becomes part of all pathways.

National and local commissioning has supported increased community care over recent years to improve patient outcomes, improve flow through the system and reduce inefficiencies. Health and social care transformation programmes include developing alternatives to entering services or hospital admission and facilitating discharge. The place plan provides an opportunity to build on this to take a more holistic and integrated approach across physical and mental health, social care and the voluntary and community sector in order to develop and embed an integrated model of care which supports individuals and their carers and focuses much more on prevention.

During 2017 executive leaders from each of the organisations represented within the integrated care partnership have been working to develop the governance framework through which we will work. The ICP place board structure, which includes a delivery team, transformational groups and enabling work streams, has

been developed and agreed collaboratively through an open and transparent approach. We will continue this approach through our continued journey of developing and delivering the place plan and its priorities, the governance will enhance the ethos and principles by which we already work.

4. Joint strategic needs assessment (JSNA)

Rotherham Metropolitan Borough Council have a statutory duty to prepare a joint strategic needs assessment (JSNA) in co-operation with NHS Rotherham CCG and NHS England. The health and wellbeing board is responsible for producing the JSNA and all members participate in the process. The JSNA is a public repository and summary of information from a wide range of sources relevant to health and wellbeing in Rotherham.

The JSNA is vital to the development of commissioning and service planning for health and social care services in Rotherham.

- The health of people in Rotherham is generally poorer than the England average.
- Life expectancy for men and women is lower than the England average and is 9 years lower for men and 7 years lower for women in the most deprived areas of Rotherham compared to the most affluent areas.
- Rotherham's population is changing:
- The number of older people is increasing, especially in the oldest age groups, and people will live longer with poorer health.
- Our black and minority ethnic communities are growing and changing, most evident amongst children and young people and a growing roma community.
- Deprivation in Rotherham is amongst the highest 20% in England, with 14,000 children (24%) living in poverty.
- 11,800 people in Rotherham are economically inactive (neither working nor seeking work) due to long-term sickness.
- 9.4% of working age people in Rotherham is claiming long term sickness or disability-related benefits.
- 8,214 people in Rotherham are entitled to carers allowance with 5,627 receiving the payment due to their role as a carer.
- Household incomes in Rotherham are lower than the Yorkshire and Humber and UK average and women earn only 79% of the average for women in England.
- 11,670 homes (10.6%) are in fuel poverty with localised rates up to 32%.
- Rotherham's breastfeeding initiation rate is amongst the lowest in the region at 62.5%, contributing to levels of childhood obesity and paediatric hospital admissions.
- 18.1% of mothers smoke during pregnancy. Smoking in pregnancy contributes to increased risk of stillbirth, low birth weight and neonatal deaths.
- 21.8% of children leaving primary school are obese, above the national average.
- 3.1% of 16-18 year olds in Rotherham are not in employment, education or training, higher than the 2.8% nationally.
- 1,059 people aged 15-64 in Rotherham were newly diagnosed with a sexually transmitted infection in 2016, the rate being below the national average.

- 71.4% of adults in Rotherham were overweight or obese in 2015/16, worse than the 61.3% average for England.
- 1,847 hospital admissions in Rotherham during 2015/16 could be attributed to alcohol and 2,038 years of life were lost due to alcohol related conditions in 2016.
- 30% of the Rotherham population are estimated to drink at a level that puts their health at risk (over 14 units per week).
- An estimated 18.3% of adults in Rotherham smoke, above the national average of 15.5%.
- There are nearly 1,487 smoking related deaths each year in Rotherham – 22% higher than the England average.
- On average, mental health problems affect one in four people at some point each year, most commonly depression or anxiety but can be more complex disorders.
- Half of people aged 75 years and over live alone and most experience loneliness, especially those alone by bereavement.

5. Inequalities

Why is this an issue?

- Inequalities in health outcomes such as life expectancy at birth and preventable years of life lost are seen as being unfair.
- The weight of scientific evidence supports a socio-economic basis for inequalities. This means that a citizen's risk of ill health is determined to a varying degree by things like where they live, how much they earn, what sort of education they've had as well as their lifestyle choices and constitution.
- People from more deprived backgrounds appear to bear the brunt of inequalities.
- Inequalities can exist when comparing Rotherham with the England average and also within the borough.

What is the local picture and how do we compare?

- Compared with the England average, Rotherham has lower life expectancy and higher mortality from circulatory disease and cancer.
- Within Rotherham, there is a slope of inequality between the most and least deprived parts of the borough.
- The main causes of death that contribute to the gap are circulatory disease, cancer and respiratory problems. These three causes are also the main contributors to the slope of inequality that exists between the most and least deprived parts of Rotherham.

What is the trend and what can we predict will happen over time?

- Life expectancy and mortality have followed an improving trend; however, there is still a gap between Rotherham and England.
- The life expectancy gap doesn't appear to be narrowing.

6. Equality Objectives and Vision

Rotherham Clinical Commissioning Group vision is:

Your Life, Your Health - Better Health and Care for Rotherham People

The work of Commissioners of health and social services and the respective provider organisation delivering services in Rotherham are prioritised by needs identified in our Joint Strategic Needs Assessment *JSNA*.

Our objectives underpin achievement of the vision and provide an instrument to measure and provide assurance that we are addressing health inequalities. Our equality objectives were agreed by the governing body and are currently being reviewed by the equality and diversity steering group.

- **Objective 1:** Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within provider contracts.
- **Objective 2:** Ensure appropriate and accessible targeted communication with local communities to ensure commissioners are aware of issues/barriers that influence commissioning decisions.
- **Objective 3:** Develop consistency of equality approaches across NHS Rotherham CCG in respect of equality leadership, staff environment and access to development opportunities.
- **Objective 4:** Demonstrate leadership in advancing the equality agenda internally and with partners and providers to ensure inequalities are addressed within a partnership approach to ensure equity of access and outcomes for patients.

7. Equality Duties

Publishing equality information, and setting equality objectives, is part of the requirements for NHS Rotherham CCG to be compliant with the Equality Act 2010 and one of the ways we demonstrate that we meet the Public Sector Equality Duty.

NHS commissioning organisations also have a legal duty, under the National Health Service Act 2006, (as amended by the Health and Social Care Act 2012), to make arrangements to involve the public in commissioning of services for NHS patients.

Public Sector Equality Duty

NHS Rotherham CCGs annual equality and diversity report sets out how NHS Rotherham CCG has been paying 'due regard' to the Equality Act 2010 Public Sector Equality Duty (PSED) contains three aims:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct under the Act.
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Protected characteristics include age, race, sex, gender reassignment status, disability, religion or belief, sexual orientation, marriage and civil partnership status.

This document outlines NHS Rotherham CCG's approach to embedding equality and diversity within the organisation via the EDS2 toolkit, setting equality objectives,

monitoring the equality performance of our key NHS providers, ensuring our workforce are supported and engaged and we have robust processes in place to consider our Public Sector Equality Duty (PSED) when we are making commissioning decisions. The report also outlines our strategy and plans to ensure we have strong engagement with people who share protected characteristics.

The Equality Act 2010 brought with it **Public Sector Equality Duties**. Public bodies are required to declare their compliance with the duties on an annual basis.

Section 149 of the Equality Act outlines the **general duties** we have to have due regard in the exercising of our functions:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not.
- Foster good relations between people who share a protected characteristic and people who do not.

For the **specific duties** we are required to:

- Publish information to demonstrate compliance with the general duty, on the make-up of our workforce, and on those affected by our policies and procedures.
- Publish one or more equality objectives covering a four year period.

In the context of the Public Sector Equality Duty the **protected characteristics** are defined as:

- | | |
|-----------------------|----------------------------------|
| • Age | • Sexual orientation |
| • Disability | • Pregnancy and maternity |
| • Gender | • Gender reassignment |
| • Race | • Marriage and civil partnership |
| • Religion and belief | |

8. How we meet these duties: a summary

Promoting equality and human rights is one of the cornerstones of all of Rotherham Clinical Commissioning Group's functions and activities, as an employer and commissioner. This will be applied by ensuring that Rotherham Clinical Commissioning Group has an ongoing programme of equality work, covering all our functions. This is quality assured by the equality steering group and encompasses the following:

- All policies, strategies, service redesign and newly commissioned services undergo via equality impact assessment (EIA) at the start of the development process, and we will implement the outcomes of these.
- All staff receiving equality and human rights training through induction, staff briefings, face to face and e-learning.
- Embedding the principle of promoting equality and meeting individual's needs in all our policies and service developments.
- Ensuring effective and sensitive support mechanisms for staff and patient complaints systems for anyone experiencing discrimination.

- Monitoring workforce, service user and complaints data in accordance with our duties under the Equality Act 2010.

Ensuring that engagement with Rotherham diverse communities informs our annual commissioning plan.

9. Equality impact assessments (EIAs)

We use equality impact assessments (EIAs), to measure the equality impact of our decisions and to ensure that we carefully consider how they may affect the local population, particularly in relation to people with protected characteristics. The assessments also help to identify any action we can take to reduce or remove any negative impacts. We use EIAs as a tool to analyse and consider a range of information, including engagement, to inform our decision making both as an employer and a commissioner.

This year the South Yorkshire and Bassetlaw integrated care system were asked to use the same template and process to:

- Complete EIAs.
- Monitor and assess projects in terms of engagement.
- Record engagement activity, especially where this impacts on the protected characteristics.

The form was adopted at our governing body meeting on 7 February 2018 and we continue to refine the process of recording equality information.

Summary of our Equality Performance

<p>In our commissioning role</p>	<p>Commissioning:</p> <ul style="list-style-type: none"> • Data to inform commissioning is gleaned from various sources including the <i>JSNA (Joint Strategic Needs Assessment)</i>, census data, ongoing consultations and engagement activities, patient feedback and targeted or specific health assessments. • When commissioning significant changes to services we undertake equality analysis of the potential impact of our plans to ensure that we meet our equality duties, and to benefit patients • <i>SC13 Equity of Access, Equality and Non-Discrimination</i> is a core standard embedded in the standard NHS provider contract. This ensures that our providers meet the same equality standards as we do. • Our procurement strategy makes specific reference to the <i>Equality Act 2010</i>. All bidders are required to meet the requirements of the <i>Equality Act 2010</i> as a pre-qualification criterion; this is then tested during the procurement process and becomes a standard requirement in a resulting contract. <p>Partnerships:</p>
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	<ul style="list-style-type: none"> • Integrated care system – The Rotherham integrated health and social care place plan details our joined up approach to delivering five key initiatives that will help us achieve our health and wellbeing strategic aims and meet the South Yorkshire and Bassetlaw's integrated care system (ICS) objectives. Key partners involved in the Rotherham place plan are: <ul style="list-style-type: none"> - Rotherham Metropolitan Borough Council (RMBC) - Voluntary Action Rotherham (VAR) - The Rotherham NHS Foundation Trust (TRFT) - Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) - NHS Rotherham Clinical Commissioning Group (CCG) • Social prescribing service – There are over 1600 voluntary and community groups in Rotherham all of whom were keen to work with us. Together we came up with the Rotherham model of social prescribing. The Social prescribing service helps people with long-term health conditions to access a wide variety of services and activities provided by voluntary organisations and community groups in Rotherham. Funded by NHS Rotherham CCG, the case management scheme brings together health, social care and voluntary sector professionals, who work together in a co-ordinated way to plan care for people with long term health conditions. The voluntary sector runs more than 20 projects ranging from art, befriending and discussion groups to tai chi and the service has now been extended to those discharged from community mental health services. • NHS Rotherham CCG is working closely with Rotherham Council to better understand and address health inequalities. We recognise that access to healthcare services can be variable for certain groups (e.g. less take-up of some services by some protected groups for a variety of reasons) • Our JSNA, produced collaboratively, details Rotherham's diverse communities, their needs, and the aspirations of all partners in addressing these <p>Engagement:</p> <ul style="list-style-type: none"> • NHS Rotherham CCG has a strong commitment to engagement and understands the need to reach out to communities and individuals whose voice may be otherwise unheard. Our engagement is targeted in two ways, against our commissioning priorities, and against the 9 protected characteristics in all the work we do. We have a robust process to record all our engagement activity, ensuring we identify and address priorities and gaps. Below are examples of some of our work:- • Age - We acknowledge that older people are more likely to
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	<p>use services, and have worked in partnership with Rotherham older people's forum, who has carried out surveys and consultations. We also worked with young people to design and produce information they told us they needed.</p> <p>Disability – Our social prescribing service links patients with voluntary organisations, it was developed from community discussions, and is valued by patients.</p> <ul style="list-style-type: none"> • Gender - We have met with targeted groups for example women from South Asian backgrounds, to both deliver messages and to hear their specific concerns and issues. • Race – Where possible, we audit patient feedback (for example, friends and family test data) by race, to identify any difference in experience. • Sexual Orientation - We have strong links with local LGBT groups, and aim to ensure people are involved in any consultation work we complete, as well as listening to this overlooked community. • Pregnancy and Maternity – We are working regionally to develop a maternity voices partnership. We are working with a community organisation who are leading on developing a perinatal mental health support group, and a major consultation • Gender Reassignment – Our medicines management team are working proactively with a transgender group to look at medication in primary care and access to services.
<p>In our role as a corporate body</p>	<ul style="list-style-type: none"> • Our equality and diversity steering group reports directly to audit and quality assurance committee, and feeds into the formal engagement and communications governing body sub-committee and has responsibility for ensuring that due regard is paid to our public sector equality duties. • We have a general practitioner lead championing equality across the organisation, an executive lead and an operational lead. • We have various corporate documents which capture our equality commitment including our equality and diversity policy, our equality delivery system self-assessment, and publication of equality data annually by the end of January each year. • Our team members need knowledge of the public sector equality duties and the need to consider equality impact during commissioning decisions, which we are achieving through one-to-one support from communication, engagement, experience and equality team members, through mandatory e-learning, and through supplementary face-to-face training for governing body members as our key decision makers. • Everyone is different, and everyone's individual experience,

	<p>knowledge and skills bring a unique contribution to our organisation, and we value all contributions equally. Our equality and diversity policy is published on our website as our corporate commitment. Recruitment and selection processes are transparent and include consideration of equality. The breakdown of our organisation by protected group is broadly representative of the community which we serve.</p> <ul style="list-style-type: none"> • We have committed to the workforce race equality scheme (WRES) which requires all NHS organisations to demonstrate how they are addressing race equality issues in a range of staffing areas. We have published our WRES report for 2018 on our website.
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10. The equality delivery system 2 (EDS2)

The main purpose of the **equality delivery system 2 (EDS2)** is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within NHS Rotherham CCG Assurance Framework, and will continue to be a key requirement for all CCGs.

The [Equality Delivery System](#) comprises 18 outcomes grouped into four goals as detailed below.

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

Essentially, there is one factor for NHS organisations to focus on within the equality delivery system grading process: *How well do people from protected groups fare compared with people overall?* There are four grades – undeveloped, developing, achieving and excelling. Below is NHS Rotherham CCG EDS2 submission.

Summary EDS Self-Assessment

Goal	Ref	Description	Self-assessed score				Overall score per Goal				Organisation rating			
			U	D	A	E	U	D	A	E	U	D	A	E
Goal 1 Better health outcomes	→ 1.1	Commissioning, procurement, design and delivery				E	→ A				→ 			

Key:



Undeveloped



Developing



Achieving



Excelling

11. Employment

NHS Rotherham CCG also aim to ensure that all of our staff operate in a working environment within which they excel, develop and do not experience discrimination, harassment and victimisation, we have equality, assessed and put in place a broad range of workforce policies to ensure that the CCG is fully inclusive and staff flourish in achieving their potential without the fear of discrimination:

- *Acceptable Standards of Behaviour Policy*
- *Access to Learning and Development Policy*
- *Alcohol, Drug and Substance Misuse Policy*
- *Annual Leave and Special Leave Policy*
- *Disciplinary Policy*
- *Employment Break Policy*
- *Flexible Working Policy*
- *Gender Reassignment Support in the Workplace Policy*
- *Grievance Policy*
- *Managing Concerns with Performance at Work Policy*
- *Managing Sickness Absence Policy*
- *Maternity, Adoption, Maternity Support (Paternity) and Parental Leave Policy*
- *Organisational Change Policy*
- *Pay Progression Policy*
- *Procedure for Managing Stress in the Workplace*
- *Protection of Pay and Conditions Policy*
- *Recruitment and Selection Policy*
- *Secondment Policy*
- *Talent Development and Staff Retention Policy*

Equality impact assessments are used to screen all relevant policies.

We also recognise that in order to remove the barriers experienced by disabled people, we need to make reasonable adjustments for disabled employees, and for those people who would like to secure employment with us. We will do this on a case by case basis and involve occupational health services as appropriate, as we recognise 'that everyone is different, and everyone matters'. The principles of reasonable adjustment is embedded throughout all our policies.

12. Workforce race equality standard (WRES)

The NHS Equality and Diversity Council announced in July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The move follows recent reports that highlight disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst BME NHS staff.

The WRES became mandatory in April 2015 and requires NHS organisations to demonstrate progress against nine indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

13. Workforce disability equality standard

The NHS Equality and Diversity Council, (EDC) has recommended that a workforce disability equality standard (WDES) should be mandated via the NHS standard contract in England from April 2018, with a preparatory year from 2017-18.

Consultation on the proposed workforce disability equality standard has begun, alongside an extensive programme of communications and engagement to raise the profile of this initiative and to outline what support will be provided to organisations to deliver the change with disabled staff.

14. The Duty to involve patients and the public

As commissioners, we recognise the important connections between engagement, consultation, equality and health inequalities. It is therefore important for us to ensure that our decision making, particularly when it is likely to impact on patients, carers and our local communities, is informed by equality analysis and inclusive engagement. We are committed to reducing health inequalities and ensuring that in meeting our duties to engage and consult we work closely with our partners, including the voluntary sector, to hear the 'voices' of protected characteristic and other vulnerable groups. In addition we have a number of specific duties with which we comply:

National Health Service Act 2006

The National Health Service Act 2006 place a duty on NHS trusts, primary care trusts and strategic health authorities to 'make arrangements to involve patients and the public in service planning and operation, and in the development of proposals for changes. This duty was supported by the guidance 'Real Involvement: Working with people to improve healthcare'.

The NHS Constitution 2010

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services.
- The development and consideration of proposals for changes in the way services are provided, and;
- In the decision to be made affecting the operation of those services.

The Health and Social Care Act 2012

The Act supports two legal duties requiring CCGs to enable:

1. Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission.
2. The effective participation of the public in the commissioning process itself.

All NHS Rotherham CCG staff has a responsibility to ensure the need for patient and public participation is considered in the work for which they are accountable, both individually and collectively, including ensuring appropriate action is taken.

Patient Participation Groups

A number of General practices in Rotherham have patient participation groups (PPGs). These are groups of patients who have an interest in healthcare issues, who work with practice staff to support and improve local services. PPGs may also work together to influence wider issues, and to share good practice and ideas.

There is no set way in which they work - the aims and work of each group entirely depends on local needs - but they have the aim of making sure that their practice puts the patient, and improving health, at the heart of everything it does.

15. Conclusion

NHS Rotherham CCG will continue to strive to ensure that the services NHS Rotherham CCG commission are accessible to all. During the last twelve months we have made progress around equality and diversity developing new and building on existing relationships with groups and individuals who share and represent the interests of protected characteristics.

The equality and diversity work plan has been refreshed and aims to build on the foundations that are already in place. NHS Rotherham CCG will continue to engage with the population and staff as a whole and continue to develop strong links with members of the population and groups who represent the interests of people who share protected characteristics and ensure that their views are built onto the services we commission or the policies we develop.

NHS Rotherham CCG is committed to reducing health inequalities, promoting equality and valuing diversity as an important part of everything we do. We will continue to monitor our progress against the action plan and report annually and openly on the development of this work.

Appendix 1: Core Data and Information

Source	Brief description	Use within organisation
NHS Rotherham CCG equality information annual report	A summary within NHS Rotherham CCG annual report capturing summary equality activity within the preceding year.	Used to collate a summary of equality activity and identify any emerging themes.
Joint strategic needs assessment (JSNA)	The joint strategic needs assessment (JSNA) is a process that identifies the current and future health and wellbeing needs of a local population.	Used to identify commissioning priorities and areas of health inequalities to target interventions.
Yorkshire and Humber Public Health Observatory	Yorkshire and Humber Public Health Observatory (YHPHO) produces information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community.	Used to identify areas of health inequalities. http://www.yhpho.org.uk/
Census 2011	The Census has collected information about the population every 10 years since 1801 (except in 1941). The latest census in England and Wales took place on 27 March 2011.	The statistics collected from the Census are used to understand the similarities and differences in the populations' characteristics locally, regionally and nationally. 2011 Census - Office for National Statistics
Provider equality data	Data recorded by our providers on activity by protected characteristics.	The data is recorded by protected characteristic and used to identify themes, support the commissioning process, and to monitor provider activity.
Engagement activities and findings	Data on themes emerging from patient and public engagement activity.	Themes and trends are identified and reported to governing body in the monthly engagement report.

Source	Brief description	Use within organisation
Workforce data	Workforce race equality standard published January	Monitoring of the workforce in terms of representativeness across the protected characteristics. Published within our quarterly corporate assurance report.
Staff survey	An annual national survey of our staff in terms of satisfaction.	Used to develop an action plan which supports making improvements in the workplace for staff moving forwards.
Complaints	<p>Data on complaints received by NHS Rotherham CCG relating to services that we commission.</p> <p>In addition, we hold issue logs on concerns around provider services.</p> <p>We also hold regular quality meetings with providers, which include an overview of complaints and issue they receive, and their actions</p>	The data is recorded by protected characteristic and used to identify themes and support the commissioning process.
Equality delivery system	A self-assessment of our activity against the national voluntary equality delivery system outcomes.	The summary results are included in this report and published in full on our website. The data is used for self-assessment across all standards, and for a deep dive into specific clinical areas.