

**Equality and Diversity in NHS  
Rotherham CCG  
Public Sector Equality Duty  
Annual Report 2017/2018**

## Document Control

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## Contents

Item	Page
<b>Foreword</b>	4
1. Introduction	5
2. How we meet these duties: A Summary	6
Summary of our Equality Performance	7
Summary of EDS Self-Assessment	10
3. Equality Objectives	11
4. Conclusion	11
<b>Appendices</b>	
<i>Appendix 1 – Core Data and Information</i>	12
<i>Appendix 2 – Rotherham Demographics</i>	14

## Equality & Diversity in NHS Rotherham CCG

### Foreword

I am pleased to present the Equality and Diversity Annual Report 2017/18 for NHS Rotherham Clinical Commissioning Group (RCCG).

It shows our commitment to promoting equality and reducing health inequalities and sets out how we have fulfilled our responsibilities arising from the Equality Act 2010, both to patients and as an employer. The Act requires public bodies to publish appropriate information showing compliance with the Equality Duty on or before 31<sup>st</sup> January each year.

We will continue to make progress by ensuring these values are mainstreamed through all aspects of our commissioning, and in how we work in partnership with our employees and our local communities.

We have also worked collaboratively with our partners in the local health and care economy to commission and deliver high quality services for our diverse communities. Through our commissioning we are committed to reducing health inequalities, promoting equality and improving health outcomes in a cost effective way that provides good value for money.

We 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.

In relation to the workforce the focus has been on monitoring equality practices as well as removing any barriers that would prevent an individual from being able to fulfil their role.

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 the 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

# Equality & Diversity in NHS Rotherham CCG

## 1. Introduction

This document is the CCGs Annual Equality & Diversity Report which sets out how the CCG has been paying 'due regard' to the Equality Act 2010 Public Sector Equality Duty (PSED) 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 the CCG's approach to embedding Equality & 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.

**Equality** does not mean treating everyone the same some people are disadvantaged through differences like disabilities. Ensuring that everyone has an equal opportunity may mean making different adaptations for different people – eg targeting communication campaigns into specific communities in appropriate formats. Equality is therefore not about treating everyone the same, but about treating people according to their needs so that we reduce disadvantage.

**Diversity** literally means "difference". There are many things that make us different such as our age, our education, our past experiences, our health status, our ethnicity, or any disabilities we have. Valuing diversity is about creating a working culture and working practices that recognise, respect, and harness differences for the benefit of those for whom we commission services, for our staff, for our partners and for our organisation.

**Equality and Diversity** is central to the work of NHS Rotherham Clinical Commissioning Group (CCG) to ensure that we commission equity of access to services and treatment. The promotion of equality, diversity and human rights is central to the NHS Constitution and other national drivers to reduce health inequalities and increase the health and well-being of the population. We are committed to embedding values of equality and diversity into our commissioning processes, policies and procedures that secure health and social care for our population and into our employment practices.

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 & Belief |                                  |

## 2. How we meet these duties: A Summary

### Our Vision

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.
- Establishment of a rolling programme of EIAs covering all existing commissioned services.
- 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.

## Summary of our Equality Performance

<p><b>In our Commissioning Role</b></p>	<p><b>Commissioning:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• <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.</li> <li>• 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.</li> </ul> <p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• We are 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)</li> <li>• Our JSNA, produced collaboratively, details Rotherham's diverse communities, their needs, and the aspirations of all partners in addressing these</li> </ul> <p><b>Engagement:</b></p> <ul style="list-style-type: none"> <li>• We have a strong commitment to engagement and understand 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:-</li> <li>• Age - We acknowledge that older people are more likely to 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.</li> <li>• Disability – Our Social Prescribing Service links patients with voluntary organisations, it was developed from community discussions, and is valued by patients.</li> <li>• Gender - We have met with targeted groups for example women from South Asian backgrounds, to both deliver messages and to</li> </ul>
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	<p>hear their specific concerns and issues.</p> <ul style="list-style-type: none"> <li>• Race – Where possible, we audit patient feedback (for example, Friends and Family Test data) by race, to identify any difference in experience.</li> <li>• 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.</li> <li>• 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</li> <li>• Gender Reassignment – Our medicines management team are working proactively with a transgender group to look at medication in primary care and access to services.</li> </ul>
<b>In our role as a Corporate Body</b>	<ul style="list-style-type: none"> <li>• Our Equality and Diversity Steering Group reports directly to AQUA, 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.</li> <li>• We have a GP lead championing Equality across the organisation, an Executive lead and an operational lead.</li> <li>• We have various corporate documents which capture our equality commitment including our Equality &amp; Diversity Policy, our Equality Delivery System self-assessment, and publication of equality data annually by the end of January each year.</li> <li>• 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 &amp; Equality team members, through mandatory e-learning, and through supplementary face-to-face training for Governing Body members as our key decision makers.</li> <li>• Everyone is different, and everyone's individual experience, 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.</li> <li>• 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 2017 on our website.</li> </ul>

## Our Equality Delivery System (EDS) Self-Assessment

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 the 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.

<b>UNDEVELOPED</b>	Undeveloped if there is no evidence one way or another for any protected group of how people fare, or evidence is not available. Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well.
<b>DEVELOPING</b>	Developing if evidence shows that the majority of people in three to five protected groups fare well.
<b>ACHIEVING</b>	Achieving if evidence shows that the majority of people in six to eight protected groups fare well.
<b>EXCELLING</b>	Excelling if evidence shows that the majority of people in all nine protected groups fare well.

We have committed organisationally to using the principles of the Equality Delivery System (EDS) within NHS Rotherham CCG, and in 2017/18 we have refreshed our self-assessment against each of the 18 outcomes.

## 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	A				A							
	1.2	Assessing health needs	D											
	1.3	Care pathway transitions	D											
	1.4	Patient safety	A											
	1.5	Health Promotion	A											
Goal 2 Improved patient access and experience	2.1	Access to services	D				A							
	2.2	Informing, supporting & involving patients in care decisions	A											
	2.3	Patient Experience of care	D											
	2.4	Complaints	A											
Goal 3 A representative and supported workforce	3.1	Recruitment and selection	A				A							
	3.2	Equal pay	A											
	3.3	Training & development	E											
	3.4	Staff safety	A											
	3.5	Flexible working	A											
	3.6	Staff experience	E											
Goal 4 Inclusive leadership	4.1	Board Leadership	D				A							
	4.2	Identification of equality impact	A											
	4.3	Line management	E											

Key:

U

Undeveloped

D

Developing

A

Achieving

E

Excelling

### 3. Equality Objectives

Based on our self-assessment against the national Equality Delivery System, our main areas of focus must be where we have identified there is greatest potential for improvement i.e. outcomes one where we have assessed ourselves as “developing”. These outcomes focus on better health outcomes and improved patient access and experience respectively.

We believe that our original Equality Objectives remain relevant to these and useful success indicators to measure ourselves against on our journey to our overall equalities vision contained within our Strategy. They are:

- **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 the 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.

### 4. Conclusion

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

We have refreshed the Equality & Diversity Objectives that is focused on the internal processes we need to improve and the actions we need to undertake to tackle barriers and disadvantages certain communities face. The Equality & Diversity Work Plan has been refreshed and aims to build on the solid foundations that are already in place. The 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
<b>NHS Rotherham CCG Equality Information in the CCG Annual Report</b>	A summary within the CCG Annual Report capturing summary equality activity within the preceding year.	Used to collate a summary of equality activity and identify any emerging themes.
<b>Joint Strategic Needs Assessment (JSNA)</b>	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.
<b>Yorkshire &amp; Humber Public Health Observatory</b>	<a href="http://www.yhpho.org.uk/">Yorkshire and Humber Public Health Observatory (YHPHO)</a> 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. <a href="http://www.yhpho.org.uk/">http://www.yhpho.org.uk/</a>
<b>Census 2011</b>	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. <a href="http://www.ons.gov.uk/census">2011 Census - Office for National Statistics</a>
<b>Provider equality data</b>	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.
<b>Engagement activities and findings</b>	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.
<b>Workforce Data</b>	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.
<b>Staff Survey</b>	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.

Source	Brief description	Use within organisation
<b>Complaints</b>	<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.
<b>Equality Delivery System</b>	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.

## Appendix 2: Rotherham Demographics

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### Rotherham Demographics – Ethnicity and Cultural Identity

#### Why this is an issue?

- Rotherham's population is not homogenous and people with different cultural identities may have different needs or require different approaches to service provision.
- The cultural composition of Rotherham has been changing at a fast pace with new communities emerging.
- The Equality Act 2010 places a duty on public services to avoid discrimination on the grounds of race and religion or belief.

#### What is the local picture and how do we compare?

- Rotherham had 236,438 (91.9%) White British and 20,842 (8.1%) Black and Minority Ethnic (BME) residents in the 2011 Census.
- The largest BME community is Pakistani & Kashmiri who numbered 7,912 in 2011 or 3.1% of the population.
- The second largest BME group is Other White with 3,418 people, the largest community within this being Slovak and Czech Roma.
- Rotherham's BME population is relatively low compared with the English average of 20.2%.
- The 2011 Census showed 66.5% of the population as Christian, 3.7% were Muslim and 0.7% had another religion and 22.5% had no religion.
- Rotherham has a higher percentage of Christians than the national average of 59.4% and lower percentages of all other categories.
- 97% of residents had some form of British national identity with 72.8% stating that they were English only.

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

- Rotherham's BME population more than doubled between 2001 and 2011, increasing from 10,080 (4.1%) to 20,842 (8.1%).
- The ethnic groups with the largest increases were Pakistani, Other White (European), Black African and Mixed / Multiple Heritage.
- The BME population is projected to increase by about a third over the next twenty years.
- The number of Christians fell by 26,034 (13.2%) between 2001 and 2011 whilst no religion increased by 32,423 (128%) and Muslims increasing by 4,207 (78%).
- The population will continue to change and become more culturally diverse, which is particularly evident in younger residents.

## **Appendix 3: Rotherham CCG Equality & Diversity Work Plan**

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