NHS
Rotherham
Clinical Commissioning Group

NHS Rotherham CCG

Equality and Diversity

Annual Report 2020-21

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

Document Control

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Contents

Foreword

Welcome to our 2020 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.

COVID-19 has shone harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, men, those with a learning disability and others with protected characteristics. NHS Rotherham CCG acknowledges disparities in risks and outcomes from Covid-19 and is working to narrow the gaps.

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.

At NHS Rotherham CCG we actively seek the views of all our patients and the Rotherham public to inform our work, and strive to commission services that meet the needs of our communities in relation to access and outcomes for patients and we understand that this is more important than ever given the unprecedented financial pressures that the NHS currently faces and the challenges outlined in the NHS Long Term Plan.

Dr Richard Cullen — **RCCG Chairman**

Mrs Debbie Twell — **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 takes into account the views of the users and our services and 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 2020.

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. CCG Governance

The CCG's governing body has a collective responsibility to ensure compliance with the public sector equality duty both as an employer and commissioner of healthcare services. The Assistant Chief Officer is the organisational lead for equality and diversity and the Lay Member for Patient Engagement is the governing body lead. The CCG is a partner on the Health and Wellbeing Board which is responsible for Rotherham Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA).

4. 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'.

4.1 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 Partnership. 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 2020 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.

5. Joint Strategic Needs Assessment (JSNA)

Rotherham Metropolitan Borough Council has 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 currently under development.

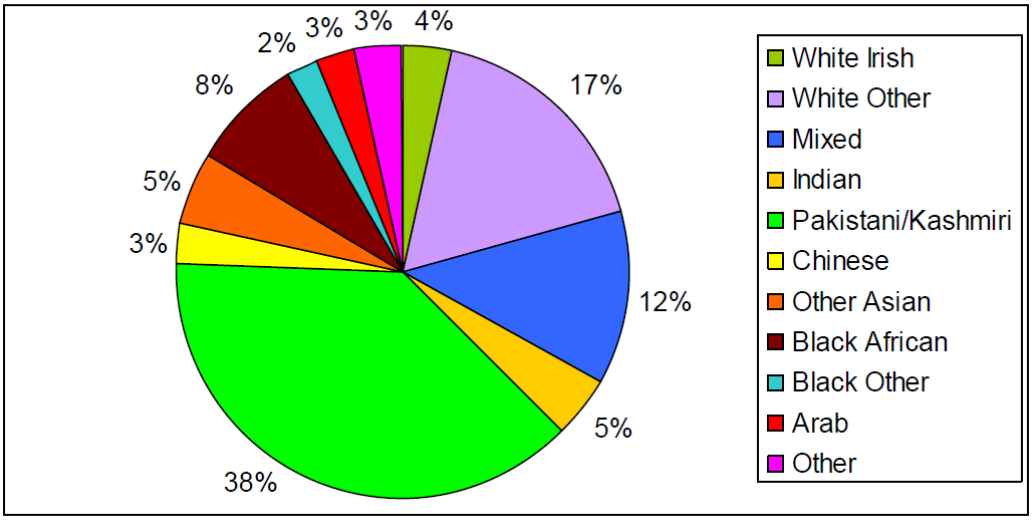
The JSNA is vital to the development of commissioning and service planning for health and social care services in Rotherham. *2011 Census – Rotherham Demographic Profile 2017-18.*

- 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.
- Life expectancy and mortality have followed an improving trend; however, there is still a gap between Rotherham and England.
- The most significant long term demographic change taking place in Rotherham is the growth in the number of older people. The number of people over 65 is projected to increase by 17% over the next ten years (2017 to 2027), from 51,000 to 59,500, and most of this growth will take place in people aged over 75 years.
- The age and gender distribution of Rotherham's population is broadly similar to the national profile, although Rotherham has a slightly lower proportion of young adults (20-34), particularly young men of this age, a pattern which suggests outward migration to study and find work.
- Live births in Rotherham have followed a similar pattern to England, decreasing from over 3,700 in 1991 to 2,730 in 2001. The numbers of births then increased each year after 2001 to reach 3,263 in 2008 before dropping slightly to 3,092 in 2009 since when the number has fluctuated but is generally lower than in 2012 when there were 3,264 live births. There were

3,120 live births in 2013, 3,072 in 2014, 3,062 in 2015 and 3,105 in 2016. The average number of births in Rotherham 2012-16 was 3,125.

- In 2016, 15.5% of births were to mothers aged 35+ which has increased from 10.7% in 2010, reflecting a trend for women to have children later in life. The sex ratio at birth for 2015 in Rotherham was 1,089 boys per 1,000 girls born, in most years slightly more boys than girls are born. 7.5% of babies born in Rotherham weighed under 2.5 kg, slightly above the 7% English average. Births within marriage accounted for 39% in Rotherham, below the English average of 53%.
- There is a rising trend in the proportion of births to mothers born outside the UK although this remains well below the national average. In 2016, 14.1% of births in Rotherham were to mothers born abroad, half the English average of 29%. Of Rotherham mothers born outside the UK, 62% were born elsewhere in Europe and 28% were born in Asia.
- Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming increasingly diverse. The BME population more than doubled between 2001 and 2011, increasing from 10,080 to 20,842. 8.1% of the population belonged to ethnic groups other than White British in 2011 (6.4% were from non-white groups), well below the English average of 20.2%. It follows that 91.9% of Rotherham residents were White British.
- The majority of Rotherham's BME residents in 2011 were born abroad (55%) and were more likely to lack English language skills than those born in the UK. 19% of those born outside the UK cannot speak English well.
- Of those born outside the UK, 30% arrived as children aged 0-15 and 57% arrived as young adults aged 16-34. Ethnic groups where more than two thirds were born outside the UK in 2011 were "Other White" (63% born in Eastern Europe), Black African (73% born in Africa), Arab (54% born in the Middle East) and "Other" ethnic groups. 81% of people with Mixed or Multiple Heritage were born in the UK. 61% of Rotherham's Pakistani community were born in the UK whilst 36% were born in South Asia (i.e. Pakistan or Kashmir).
- Population estimates and projections do not cover ethnicity. However, the fact that Rotherham's BME population more than doubled between 2001 and 2011 shows a clear increasing trend which will have continued since 2011. Immigration and natural increase means that Rotherham's Black and Minority Ethnic population has grown steadily in recent years. The white minority population (almost all European) was 2,368 in 2001, rising by 82% to 4,320 in 2011, mainly as a result of immigration from Eastern Europe. Most minority ethnic groups have young populations, including Pakistani/Kashmiri (33% under 16), Black African (31% under 16) and Eastern European (24% under 16). The mixed or multiple heritage population is growing rapidly as a result of mixed marriages or relationships, 50% are aged under 16. The Irish community is by far the oldest ethnic group with 42% aged 65+

Figure 1.8: BME Population Breakdown in Rotherham – 2011 Census



Source: 2011 Census

- The largest BME community is Pakistani and Kashmiri who numbered 7,912 in the 2011 Census or 3.1% of the overall population, higher than the average of 2.1% in England. The Kashmiri and Pakistani community is well established in Rotherham following initial migration from Mirpur in the late 1960s and 1970s. There are also much smaller established communities such as Chinese, Indian and Irish.
- The fastest growing groups have been Black African communities and Eastern Europeans who have also settled in Rotherham. The Slovak and Czech Roma community is estimated at around 4,100 people (many were missed in the 2011 Census count of 1,689 from EU Accession countries other than Poland, Lithuania and Romania) and the largest number of recent migrants has been from Romania.

Ethnic Group	2001	2011	Change
White British	238,095 (95.9%)	236,438 (91.9%)	-1,657 (-1%)
White Irish	1,063 (0.4%)	776 (0.3%)	-287 (-27%)
White Gypsy*	N/A	126 (0.05%)	N/A
White Other	1,305 (0.5%)	3,418 (1.3%)	+2,239 (+172%)
Mixed or Multiple	1,210 (0.5%)	2,551 (1.0%)	+1,341 (+111%)
Indian	497 (0.2%)	961 (0.4%)	+464 (+93%)
Pakistani	4,704 (1.9%)	7,609 (3.0%)	+2,905 (+62%)
Bangladeshi	26 (0.01%)	109 (0.04%)	+83 (+319%)
Chinese	303 ().1%)	592 (0.2%)	+298 (+95%)
Other Asian	303 (0.1%)	1,280 (0.5%)	+977 (+322%)
Black African	180 (0.07%)	1,672 (0.6%)	+1,492 (+829%)
Black Caribbean	180 (0.07%)	283 (0.1%)	+103 (+57%)
Black Other	40 (0.02%)	157 (0.06%)	+117 (+293)
Arab*	N/A	581 (0.2%)	N/A
Other	269 (0.1%)	727 (0.3%)	+1,039 (+386%)
BME	10,080 (4.1%)	20,842 (8.1%)	+10,762 (+107)
Total	248,175	257,280	+9,105 (+4%)

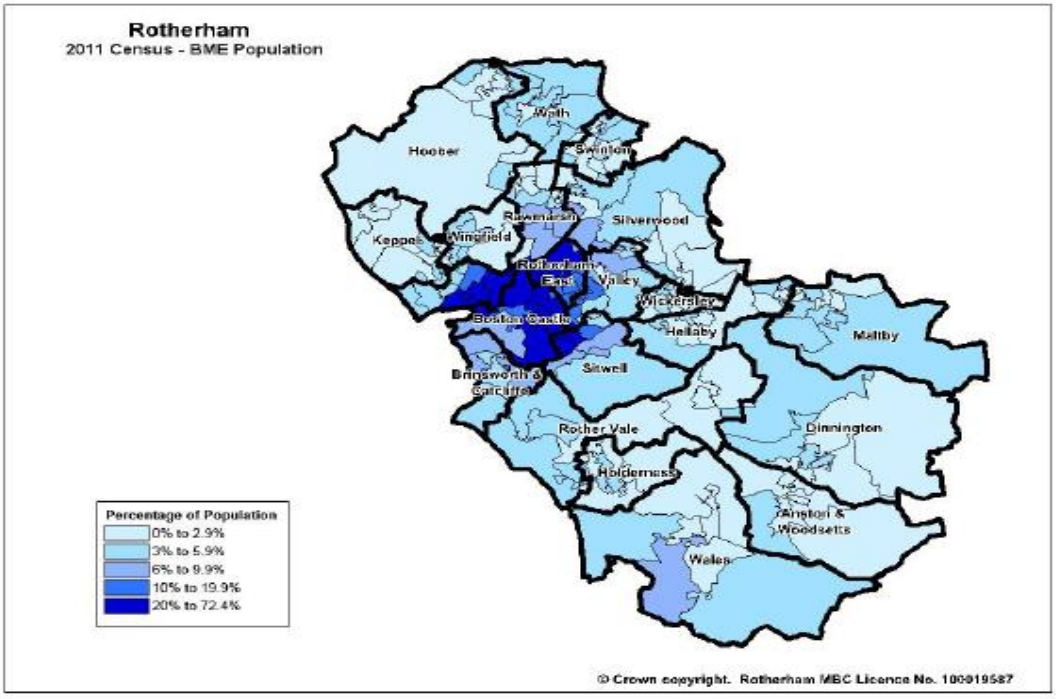
*Include in Other White in 2001 ** included in Other in 2001

- Most BME communities have younger age profiles than the general population of the Borough, in some cases much younger. The percentage of the Pakistani community aged under 15 years (33.3%) is exceeded only by those with Mixed or Multiple ethnicity who are mainly people with parents of

different ethnicities. A higher birth rate is the main factor resulting in the young profile of the Pakistani community.

- In the White British population, adults outnumber children aged 0-15 by approximately 4.5 to 1, for Pakistanis, the ratio is only 2 to 1.
- The Black African, Mixed/Multiple Heritage, Pakistani and Chinese ethnic groups have a very small proportion of their population aged 65 and over (less than a third of the average proportion). By contrast, the Irish community has by far the oldest age structure with over twice the average being aged over 65. Most BME older people are either Pakistani or Irish, with 356 Pakistanis over 65 in 2011 along with 536 Irish people.
- The age profile of BME communities means that children and young people in Rotherham are far more ethnically diverse than older people (65+), where only 2.3% were from BME backgrounds in 2011.

Figure 1.12: BME Population Distribution in 2011|



Source: 2011 Census

- The number of people in Rotherham with a limiting long-term illness in 2011 was 56,588 (21.9% of the population). This is a slight increase from 55,610 people in 2001, however there is a slight reduction in the percentage of the population which was 22.4% in 2001. Rotherham continues to have a higher rate than the national average of 17.6% with limiting long-term illness.
- The 2011 Census showed that 171,068 people or 66.5% of Rotherham's population described themselves as Christians, a fall from 79.4% in 2001. The proportion of Christians remains above the national average of 59.4%, mainly because a relatively low proportion of people in Rotherham belong to minority religions. There is no local data on Christian denominations but national estimates and local intelligence suggest that the majority associate with the Church of England with Roman Catholics as the second largest denomination.
- In 2001, 2.6% of Rotherham's population belonged to minority religions and by 2011 this had increased to 4.4%, well below the national average of 8.7%. The proportion is estimated to have increased to 5.2% by 2016. 22.5% of the local population said they have no religion in 2011, compared to 24.7%

nationally and this group more than doubled in size compared with 2001. The largest minority religion in Rotherham is Islam with 3.7% of the population stating they were Muslims in 2011, below the English average of 5%. The proportion is estimated to have increased to 4.4% by 2016.

- Local estimates for 2016 based on religion by ethnic group in 2011 suggest relatively little change with 66% Christian, 4.4% Muslim, 0.7% other faiths and 22% with no religion.
- According to the Index of Multiple Deprivation (IMD 2015), Rotherham is the 52nd most deprived out of 326 English districts (based on rank of average score). Rotherham's IMD rank improved from 63rd in 2004 to 68th in 2007 before deteriorating to 53rd in 2010 and 52nd in 2015. The Indices of Deprivation 2015 domains most challenging for Rotherham are:
    - Education, Training and Skills
    - Employment
    - Health and Disability
- 31.5% of Rotherham's population live in areas which are amongst the most deprived 20% in England, which has changed little since 2004. However, the most deprived areas of Rotherham have seen deprivation increase the most between 2007 and 2015.
- The key drivers of deprivation in Rotherham are: Health and Disability (21% in English Top 10%), Education and Skills (24% in English Top 10%) and Employment (24% in English Top 10%). Rotherham has more average or lower levels of deprivation in other domains such as Crime (15% in English Top 10%) and Living Environment (2% in English Top 10%).
- The three domains most challenging for Rotherham are Health, Education and Employment. For health and disability, most of the population (85%) live in areas more deprived than the English average.
- There are no statistics on the number of people in Rotherham who are Lesbian, Gay, Bisexual or Transgender (LBGT). The Annual Population Survey 2016 found that 2% of the UK population aged 16+ were Lesbian, Gay or Bisexual, which would equate to 4,300 people in Rotherham. The Transgender population has been reliably estimated at 0.6% nationally which would equate to 1,300 people aged 16+ in Rotherham, giving a LGBT population of 5,600.
- A local survey in 2010 found that 38% of LGBT respondents were Gay men, 35% were Lesbians and 12% were Bisexual. 10% of LGBT respondents lived in a different gender role to that assigned at birth including 6% who had changed gender. Survey evidence shows that LGBT people are more likely than average to be in employment. Discrimination remains an issue with 40% having experienced harassment in the last 2 years and 73% felt unsafe in Rotherham.

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 reviewed and agreed by NHS Rotherham CCG governing body on the 5th December 2018.

- ***Objective 1:*** Have effective governance to improve Equality, Diversity and Human Rights performance through the Equality Delivery System and improve the use of equality analysis data in our commissioning cycle.

- ***Objective 2:*** Build Strong relationships with diverse groups and communities to understand their needs, priorities and experiences in order to inform commissioning.

- **Objective 3:** Develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation.

- **Objective 4:** Consistency of equality approach across NHS Rotherham CCG in respect of equality leadership, staff empowerment and access to development opportunities.

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 Equality Delivery System 2 (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
- Disability
- Gender
- Race
- Religion and belief
- Sexual orientation
- Pregnancy and maternity
- Gender reassignment
- Marriage and civil partnership

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.

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

Completed EIA's can be found on our website.

Summary of our Equality Performance

In our commissioning role	***Commissioning:*** • Data to inform commissioning is gleaned from various sources including the *JSNA (Joint Strategic Needs Assessment),* 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. • *SC13 Equity of Access, Equality and Non-Discrimination* 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 and Commissioning Policy makes specific reference to the *Equality Act 2010.* All bidders are required to meet the requirements of the *Equality Act 2010* as a pre-qualification criterion; this is then tested during the procurement process and becomes a standard requirement in a resulting contract. ***Partnerships:*** • 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: - 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 ***Engagement:*** • 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 use services, and have worked in partnership with Rotherham older people's forum, which have carried out surveys and consultations. We also worked with young people to design and produce information they told us they needed. • Disability – Our social prescribing service links patients with voluntary organisations, it was developed from community discussions, and is valued by patients. • 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 is 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.
In our role as a corporate body	• 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, a lay Member 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, 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. • 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 on our website.

10. The Equality Delivery System 2 (EDS2)

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

Key: **U** Undeveloped **D** Developing **A** Achieving **E** 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*
- *Probationary Period 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 (EIA's) 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 principle 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 (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

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.

Engagement – from the consultation room to planning services
We put patients at the heart of everything we do. Through involving and engaging patients, the public and stakeholders we will be better able to consistently commission high quality services.

We have produced a joint communications and engagement plan as we know that these functions must work effectively together. The new plan sets out clearly and succinctly how we will listen to you and communicate with you.
http://www.rotherhamccg.nhs.uk/CE%20Strategy%20201820.pdf

We want to develop an organisation where everyone recognises and promotes the value of involving patients and the public, and their role in commissioning and improving services. We aim to achieve a better understanding and insight into the health needs of our local population by working with you, whilst ensuring we meet our Equality and Diversity duties.

We want to involve you in developing our business plan and prioritising commissioning plans, and in making improvements to the pathways of care that patients may receive from their GP, community health services or local hospital. The experiences and knowledge of patients and the public will be invaluable in identifying areas of waste and key in finding solutions. The NHS both nationally and locally will face some difficult decisions and it will be vital to achieve public support for the impact that this may have on families and communities.

There are many ways that you can get involved with this work:
- join your local practice Patient Participation Group
- attend the public part of a Clinical Commissioning Group meeting
- join the local Health watch
- take part in a consultation or survey
- know your rights, set out in the NHS constitution
- join our reader panel
- share your story on Care Opinion
- follow us on Twitter

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.

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.

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	Data on complaints received by NHS Rotherham CCG relating to services that we commission. In addition, we hold issue logs on concerns around provider services. We also hold regular quality meetings with providers, which include an overview of complaints and issue they receive, and their actions	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.