

Equality Information Report 2016-17

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Introduction

This is our fourth annual equality information- the public sector equality report, which aims to show how the CCG has been meeting its duty under the Equality Act 2010. The report also shows the improvements we have made through the delivery of our objectives against the mandatory standards including the Workforce Race Equality Standard (WRES), Equality Delivery System (EDS2) and the Accessible Information Standard.

We are committed to upholding the Human Rights Act 2000, and we have complied with all equality legislation to ensure that we commission the best possible health care services for the people of Newham. During 2016/17 we updated the EDS2 and completed the WRES, and during 2017/18 we will be reviewing and updating our equality strategy making sure that this is aligned with public health priorities and the protected characteristics.

The way we plan to achieve this is by engaging patients, community groups, staff and clinicians in the design and procurement of our services. We use every opportunity to listen to our patients, whether through local Patients Participation Groups (PPGs) or voluntary sector engagement events, or planned engagement throughout the business planning process- and we ensure their views reflect in our commissioning decisions.

The report provides a summary of our activities and there is more information in our CCG [Annual Report 2016-17](http://www.newhamccg.nhs.uk/news/annual-report-and-accounts.htm) which can be read on our website (<http://www.newhamccg.nhs.uk/news/annual-report-and-accounts.htm>)

About Newham

Newham is an exciting, young borough with a population of over 340,000. It is the fourth largest borough in London which is growing year on year due to an increase in births and migration to the area as people choose to come and live here.

Ethnicity

The White British (17%), Indian (14%), African (12%), Bangladeshi (12%) and Pakistani (10%) are the largest ethnic groups. The remainder of the population comprises a diverse mix of ethnic groups, including Other Asian (6%), Caribbean (5%) and Other Black (2%).

Religion/belief

2011 census data shows that Christianity is the most common religion in Newham at 40%, but this is considerably lower than the England figure of almost 60%. The Muslim community in Newham at 32% is more than 2.5 times that of London and more than six times that of England. The proportion of Hindus in Newham's population is almost six times that of England. Newham hosts the second largest Muslim community in England and Wales – the largest being Tower Hamlets. It also has the seventh highest Hindu population. The Newham Household Panel Survey (NHPS) details that residents are more likely than the London average to identify with a religion (83% compared to 64%). This figure is particularly high among Asian (96%) and Black residents (89%).

Sexual orientation

There are no clear figures indicating how many gay, lesbian, bisexual and transgendered residents there are in Newham. National estimates indicate that between 5 to 7% of the population is gay, lesbian bisexual or transgender and that the proportion may be higher in London (e.g. 10%) than elsewhere in the UK. If applied to the Newham population, this would suggest at least between 15,400 and 21,560 people identifying them as gay, lesbian, bisexual or transgender in the borough.

Disability

Local data suggests that of the working age population, 19.49% of females and 15.99% of males in Newham have a disability, compared with 18.57% and 12.90%, respectively, in London. The proportion of the population who are disability living allowance claimants or incapacity benefit claimants is, for most age groups, slightly higher than, but broadly similar to, the London average.

There are around 12,000 adults (aged 18-64 years) with moderate physical disabilities in Newham and a further 3,138 with severe physical disabilities. Approximately 2,050 adults (mainly people aged 65 and over) are thought to have moderate or severe visual impairments and over 12,300 moderate, severe or profound hearing impairments. There are approximately 4,245 adults with learning disabilities, a small percentage of whom are known to health and social care services.

Key health inequalities challenges in Newham

In Newham, we have considerable health inequalities and are increasingly seeing greater income disparities. We are committed to tackling these health inequalities and work closely with the council and other partners through the Health and Wellbeing Board to drive forward improvements to health and social care services, which aim to reduce health inequalities. We also recognise that it is more important than ever to integrate equality considerations into all aspects of our commissioning.

We are facing high demand for healthcare services as we see higher numbers of people with mental health issues, musculoskeletal problems, diabetes, cancers and respiratory disease. In part, these numbers are due to the diversity of the borough, as there is a higher prevalence of conditions such as diabetes and cardiovascular disease among some black minority and ethnic communities. However, the greater considerations are people presenting to the NHS too late with potentially preventable conditions already at advanced stages, the local environment and individual lifestyle choices – we have high numbers of people who are inactive, who smoke and who are obese.

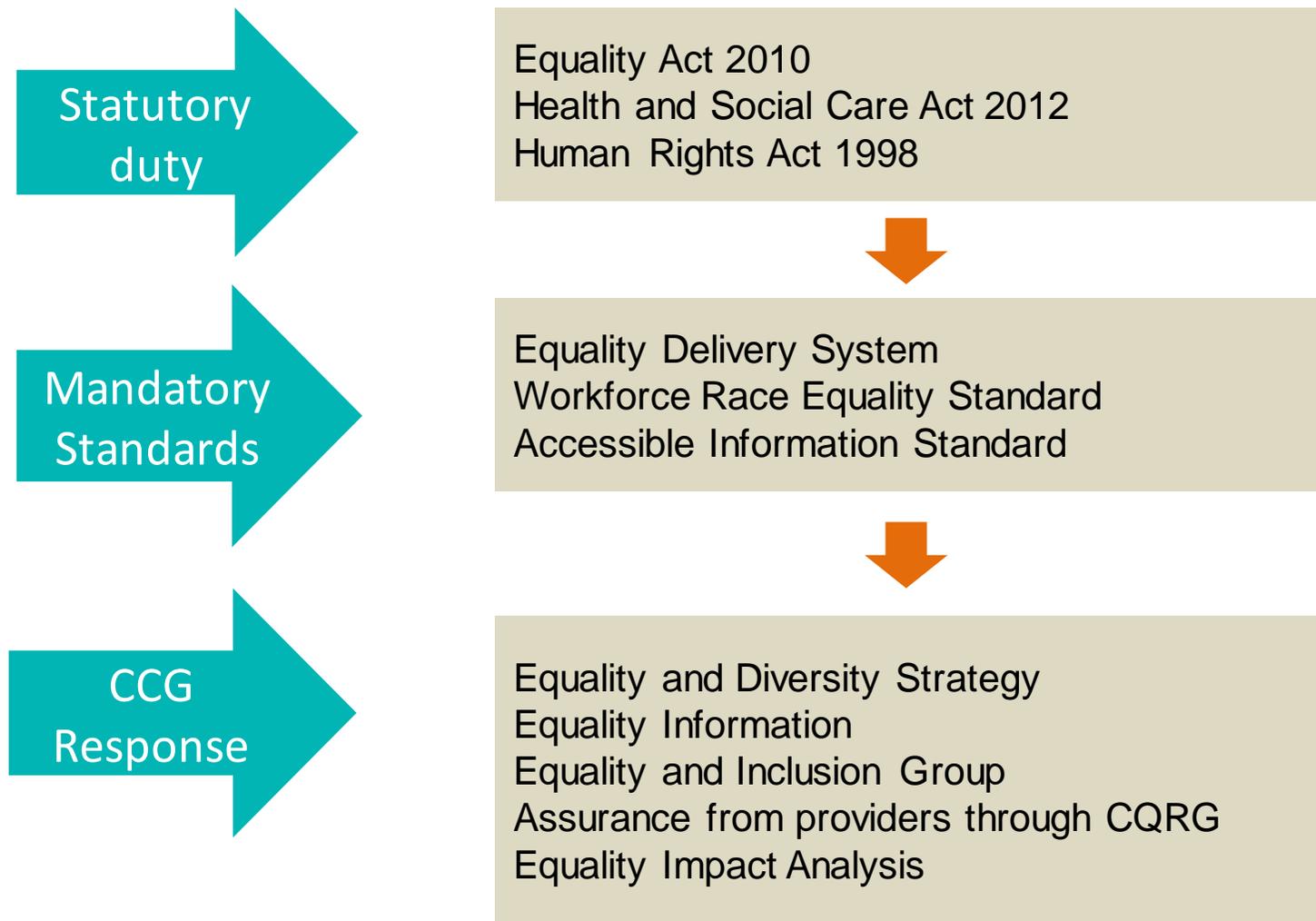
In Newham, we face significant challenges in addressing health inequalities seen locally, such as poor housing, overcrowding, fuel poverty, income deprivation and lifestyle factors, which is why we are working in partnership with a range local partners to:

- Increase awareness of how individuals can take control of and manage their health and wellbeing
- Provide integrated care that challenges organisational boundaries to provide coordinated patient centred support for those at the greatest risk of becoming ill due to multiple long-term conditions
- Commission local services that take account of the specific needs of our local population.

Our JSNA has identified that people living in Newham have a lower life expectancy in comparison to the London and England average and when considering healthy life expectancy, men are likely to face 20 years of poor health at the end of their life while for women this figure goes up to 25 years. The impact of having a population who are living with poor health for a significant period means that health resources are stretched, and quality of life for patients is often reduced.

Our duty – an overview

The CCG came into being in 2013 through an authorisation process by NHS England which made it a duty for the CCG to show 'due regard' to the Public Sector Equality Duty (PSED) under the Equality Act 2010 and not delegate it to another organisation. Later on NHS England introduced more guidance and standards for CCGs on how they should demonstrate compliance and keep making continuous improvement (see the diagram below).



Our duty –general and specific duty

General Duty

The general equality duty under the Equality Act 2010 requires the CCG, in the exercise of our functions, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

Protected characteristics are defined as:

Age
Sex
Disability
Gender Reassignment (Transgender)
Race
Religion or Belief
Sexual Orientation
Pregnancy and maternity
Marriage and civil partnership

We additionally pay due regard to the needs of carers, seldom heard groups and vulnerable groups when making commissioning decisions.

Specific Duty

The specific duty requires the CCG to publish equality objectives at least once every four years and to publish equality information once a year demonstrating that it has consciously thought about the three aims of the Equality Duty as part of its decision-making process.

The Equality Act also requires that employers with a workforce of over 150 employees publish information relating to employees who share protected characteristics. Although the CCG does not have 150 employees, as good practice we will consider our employee and governing Body profile as part of this report.

Our duty – mandatory standards

NHS Workforce Race Equality Standard (WRES)

The NHS Workforce Race Equality Standard was developed and introduced in 2015. Organisations are required to review and report against 9 indicators. The indicators are a mix of NHS staff survey data- and the workforce data comparing the experience of BME and white staff. It also compares the governing body data with the workforce data and local to show how representative the governing body is compared with the CCG workforce and the local population. Our first WRES report was published in July 2015 and then a progress report was published in July 2016 with an action plan. This year we have incorporated the WRES into our workforce and Governing Body Members report (See Appendix 1).

Accessible Information Standard (AIS)

The Accessible Information Standard was introduced requiring all organisations that provide NHS (including GP Practices) or adult social care to meet the standard by 31 July 2016.

The aim of the standard is to make sure people who have a disability, impairment or sensory loss get information they can access and understand, and any communication support they might need. This includes making sure people get information in different formats, for example large print, Braille, easy read and support such as a British Sign Language interpreter, deafblind manual interpreter or an advocate.

The Accessible Information Standard means that organisations providing health or social care need to do 5 things:

1. Ask people if they have any information or communication support needs and identify how to meet them.
2. Record those needs in a set way on the patients' records.
3. Highlight or flag the person's file or notes so it is clear that they have information or communication support needs and details of how to meet those needs.
4. Share information about a person's needs with other NHS and adult social care providers when they have consent to do so
5. Make sure that people get information in an accessible way and communication support if they need it.

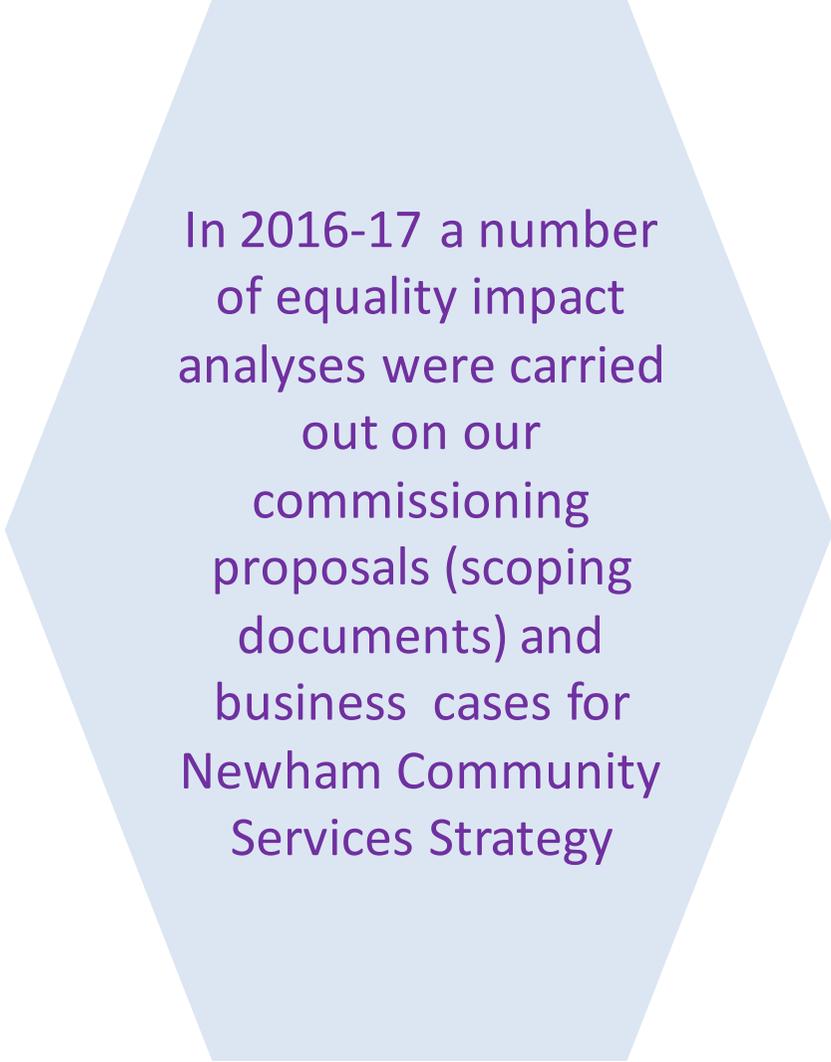
CCGs are exempt from meeting the standard. However, we are committed to the AIS and we ensure that whenever we communicate with the public that we consider the requirements of the standard. In addition we will work closely with our member GP Practices to provide the necessary support to enable them to meet the requirements of the standard and we will continue to seek assurance from provider organisations in relation to their compliance with the standard, including evidence of how they are planning to meet the standard.

Our duty – equality analysis

Equality Impact Analysis

Carrying out robust equality impact analysis is one of ways to show due regard to the aims of the public sector equality duty. The CCG carries out equality impact analysis of policies and services to ensure they do not have any unintended negative impact on protected and vulnerable groups. A number of equality analyses were carried out in 2016-17 by our commissioning teams, PMO and QIPP teams which helped us ensure due regard to the aims of the PSED when making commissioning decisions.

Our aim is to embed equality analysis in every decision we make about commissioning and staff. We are working with NEL CSU and the council to develop a best practice model for our equality analysis which looks at every policy decision through three lenses: equality duty, engagement duty and health inequalities duty.



In 2016-17 a number of equality impact analyses were carried out on our commissioning proposals (scoping documents) and business cases for Newham Community Services Strategy

CCG Strategic Objectives

Newham CCG's discussions and decisions are driven by our commitment to improve health and wellbeing outcomes for our diverse local communities – promoting equality and reducing health inequalities. Our local people's needs are at the heart of our strategies and plans. Newham CCG's work in 2016/17 was shaped by the following seven strategic objectives:

- Ensuring community health services are responsive, located at the heart of our communities and able to meet the current and future needs of the population.
- Developing a primary care system that is modern, accessible and robust enough to care for the local population now and into the future.
- Ensuring our population can access effective, high quality urgent and emergency care in and out of hospital.
- Developing a strong and sustainable acute system that places the needs of the patient at the heart of its design.
- Being central to a whole system approach, working across traditional boundaries to effectively tackle health inequalities and make a positive impact on the health and social care economy of east London.
- Ensuring staff and clinical leaders are equipped with the skills and expertise to enable the delivery of the CCG's priorities and commissioning agenda.
- Reviewing and improving the existing governance structures to ensure they effectively support the delivery of our corporate and strategic objectives and our statutory duties.

Our equality objectives

Equality Objectives 2017-20 (proposed)

It is a specific duty on the CCG to publish equality objectives at least once every four years. In 2016-17 we started refreshing our equality objectives for the next four years in consultation with stakeholders and partners. These objectives are built around EDS2 and the WRES and are delivered through an annual action plan. The following few slides (and Appendix 1) explain how we are delivering our equality objectives.

Proposed objective 1

Ensure better equality in access to services by vulnerable and disadvantaged groups.

Proposed objective 2

Continue to involve patients from all communities in commissioning.

Proposed objective 3

Continue to work towards ensuring an inclusive workforce within the CCG and in the sector as a whole.

Annual Action Plan



Advancing equality through commissioning

Equality Objective 1: Ensure better equality in access to services by vulnerable and disadvantaged groups.

In 2016-17 our main equality focus was protected and vulnerable groups- particularly people who experience high health inequalities and are known to have poor health outcomes because of their personal, and socio-economic circumstances. Using the national tools (e.g. Equality Delivery System) and equality impact assessment we have successfully targeted our commissioning at those groups. Now we are working with our partners and providers, Healthwatch, Patient Participation Groups and the voluntary sector to ensure our resource is used equitably to address existing inequalities. Some of our key achievements include:

- A key part of the work on tackling health inequalities has been to collaborate with our partners on the Health and Wellbeing Board. The CCG is a joint chair of the Board and works with partners from London Borough of Newham, East London Foundation Trust, Healthwatch Newham, UCLPartners, University of East London and local voluntary organisations. The CCG has worked effectively with partners and stakeholders to agree on a Joint Strategic Needs Assessment that has enabled the Board to set wellbeing and health priorities that address key health challenges such as obesity, smoking and hypertension.
- Newham CCG has systems in place to measure and monitor the quality of services delivered by providers to influence and improve standards including Clinical Quality and Risks Group (CQRG).
- We also successfully collaborated with City and Hackney to launch a new training and development pilot programme, supporting non-clinical staff working in GP practices to become medical assistants. The new role will reduce the non-medical work of GPs, freeing that time to see patients.
- We have recognised and embraced the challenges we face, and through working side by side with our partners, we have made some real progress during 2016/17 in both meeting the needs of our patients today and building firm foundations for the future of healthcare in Newham.

Advancing equality through commissioning (cont'd)

Equality Objectives 2: Continue to involve patients from all communities in commissioning.

Our patient and public engagement (PPE) strategy sets out our approach to engagement to ensure that we meet our legal duties and the principles enshrined in the NHS Constitution. Our annual PPE report which sets out how we meet our statutory obligations, was submitted to NHS England demonstrating how we met our statutory duties during 2016/17 and delivered on the principles of 'community ownership' embedded in the PPE strategy. Our assessment by NHS England of how we involve patients and the public in all that we do continue to be rated 'good'. The strategy and the PPE statutory obligations report can be viewed here- www.newhamccg.nhs.uk/GetInvolved/patient-and-public-involvement.htm

Our work throughout the year has been focused on our commitment to improve services, address health inequalities and ensure patients are involved and engaged in the plans and designs of their local healthcare services:

- Building Healthy Communities is to provide quality, integrated out-of-hospital care that meets the needs of local people.
- For Transforming Services Together (TST), more than 1,000 people provided feedback and comments at meetings, focus groups, drop-in sessions and events to help shape these plans and our wider STP.
- Patient engagement continued to be an integral part in the development of the Musculoskeletal service (MSK), which helped to promote self care and to reach out to disadvantaged groups.
- The refreshed primary care strategy was drafted following extensive engagement with PPGs, and bespoke engagement with carers, the deaf and Roma community.
- Alongside engagement on specific programmes, as detailed above, we also engaged patients and the public through our ongoing forums including the Patient Forum and Community Reference Group.

Better Healthy Communities

Our engagement with local community groups such as the Newham Co-Production Forum, Disabilities Representative Forum, Tamil Community Group, Diabetes Support Club, Learning Disabilities Advisory Partnership Group, Newham People First and Roma Support Group, supported the design and re-design of services.

Our providers

We have a duty to ensure that all our providers are complying with their public sector equality duty- and they are implementing the mandatory standards e.g. the WRES, EDS2 and Accessible Information Standard.

Below we have listed our main providers and have included an overview of their current performance.

Our main providers	Adopted WRES	Adopted EDS2	Published Equality Objectives	Published Annual Equality Information	Accessible Information Standard
Barking, Havering and Redbridge University Hospitals NHS Trust					
Homerton University Hospital NHS Foundation Trust					
London Ambulance Service					
Barts Health NHS Trust					
East London NHS Foundation Trust					
University College Hospital NHS Foundation Trust					

- The CCG seeks regular assurance from its providers and the Clinical Quality and Risk Group (CQRG) through contract monitoring
- Amongst providers information the CCG seeks assurance on the progress on the provider's implementation of the WRES, EDS2 and Accessible Information Standard.

Our workforce

Equality Objectives 3: Recruit, support and retain staff from protected groups
Equality Objective 4: Strengthen the role of governance and leadership beyond compliance

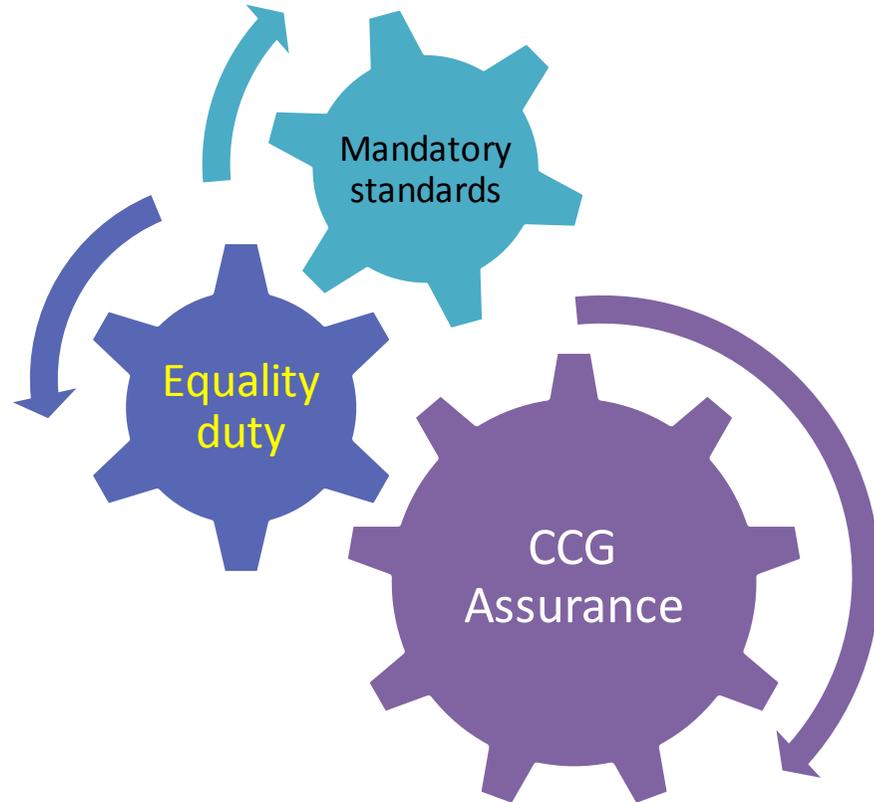


As at 31st March 2017, the CCG employed 87 staff including 31 Office Holders (e.g. those who are on the payroll but not employed by the CCG). Our workforce report (see Appendix 1) provides a detailed breakdown of our staff, recruitment activities and starters and leavers. Our commitment to advancing workforce equality has been strengthened by our work with other east London CCGs, providers and NEL Commissioning Support Unit. In 2016-17 we have:

- continued attracting applicants from diverse backgrounds.
- ensured our selection process followed the NHS recruitment and selection policy and good practice (e.g. ACAS code of practice)
- ensured our process of supporting staff with non-mandatory and CPD courses was fair and have monitored the take up by ethnicity (see our WRES report in Appendix 1)
- followed the NHS change management policy in our team restructuring and completed equality analyses to ensure 'due regard' to the equality duty.

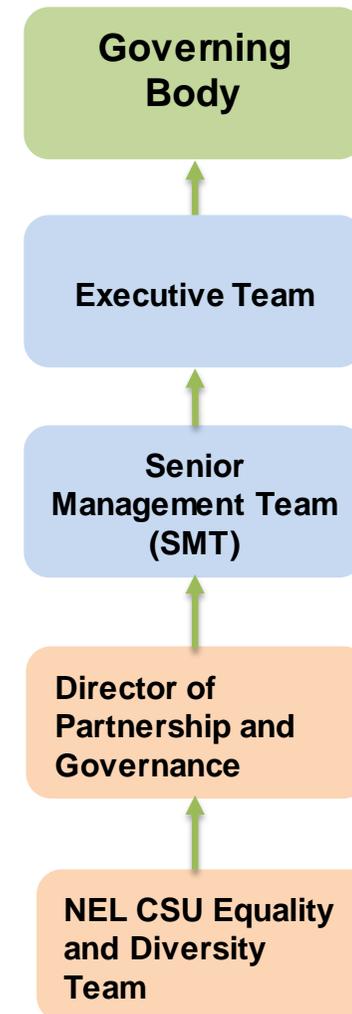
Governance and leadership

Equality Objective 4: Strengthen the role of governance and leadership beyond compliance



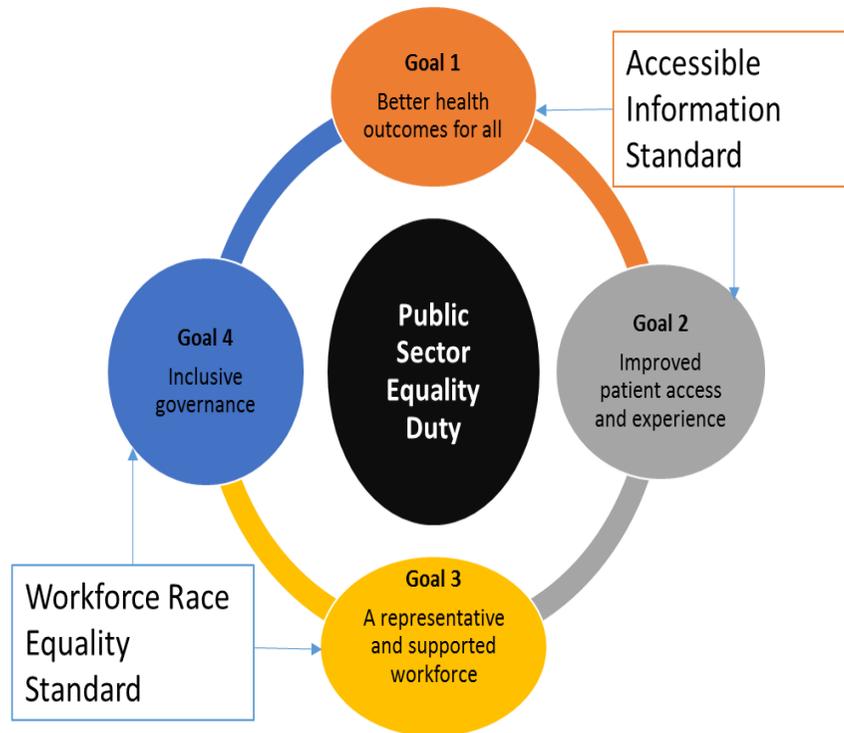
Currently the equality and diversity work is led by senior managers in the organisation. The Director of Partnership and Governance is the strategic lead and the Lay Member for Community Engagement is the Governing Body Lead for Equality and Diversity. The Equality and Diversity Team at NEL Commissioning Support Unit (CSU) provides support to the CCG to develop, implement and monitor equality strategies and to seek assurance from the providers.

Our CCG Governing Body is ultimately responsible for assuring NHS England that the CCG is compliant with the Public Sector Equality Duty and it is meeting the requirements of the mandatory standards.



Our duty – Equality Delivery System (EDS2)-Overview

Meeting the Public Sector Equality Duty (PSED) and mandatory standards



Evidence used on CCG's performance includes information on protected characteristics (see slide 7) and vulnerable groups.

The NHS Equality Delivery System was developed as an equality performance framework to assist NHS organisations evidence their compliance with the Public Sector Equality Duty and embed equality and diversity within the organisation.

At the heart of the EDS2 is a set of 18 outcomes grouped into four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels

Organisations are required to grade their performance by using a grading system as follows:

Red- Undeveloped

People from all protected groups fare poorly compared with the demography of the borough OR evidence is not available, or if evidence shows that the majority of people in only two or less protected groups fare well

Amber-Developing- People from only some protected groups fare as well as the people of the borough

Green-Progressing- People from most protected groups fare as well as the people of the borough

Purple-Excelling- People from all protected groups fare as well as all people of the borough

CCGs are required to complete the grading of their performance by producing evidence on protected and vulnerable groups- and by engaging external and internal stakeholders.

Equality Delivery System (EDS2) –grading processes

The CCG uses EDS2 for its equality and diversity planning and implementation and service improvement to advance equality, as mandated by NHS England. In 2014-15 the CCG carried out a grading exercise with community interests and the CCG Staff Forum which was refreshed in 2015-16.

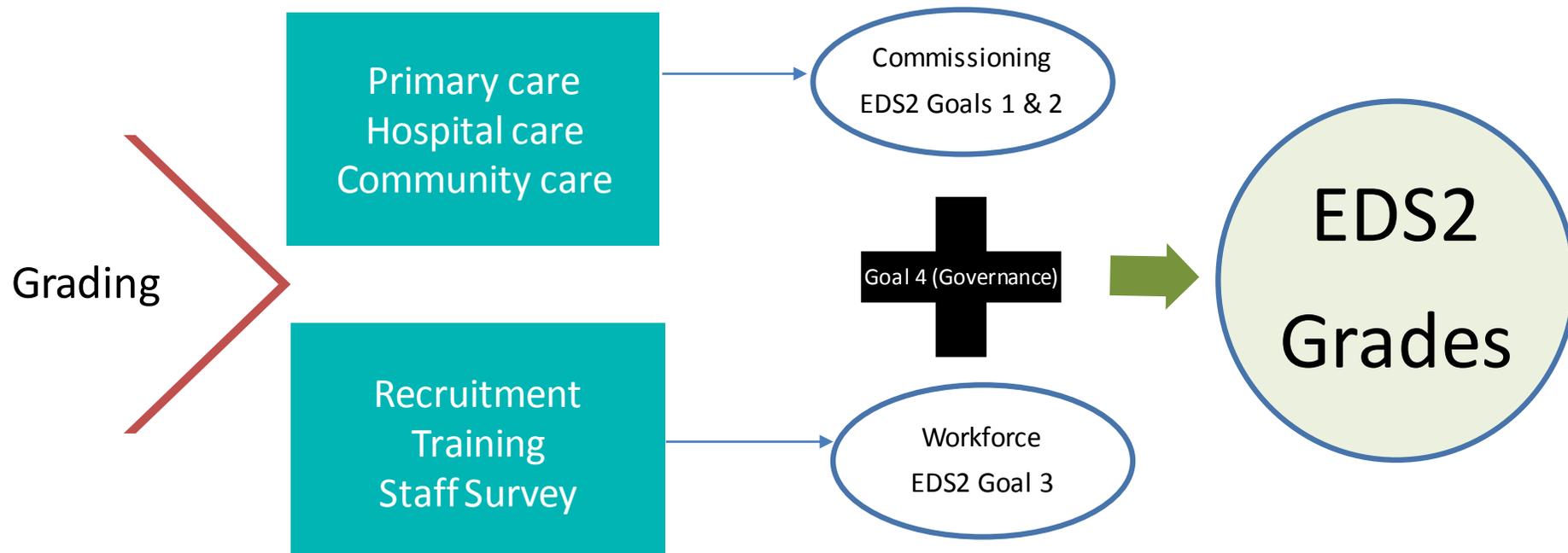
Grading of Goals 1 & 2:

- Produced evidence about our commissioning which was then shared with local community interests including Healthwatch and the voluntary sector –and Public Health.
- A joint grading workshop was arranged with Barts Health NHS Trust which was co-facilitated by senior managers from the CCG, CSU and the Trust.

Goals 3 & 4:

- Evidence was produced on the CCG governance, policies, processes and improvement plans.
- In 2015-16, the WRES report and the action plan was included in the refresh of the grades.
- The grading was carried out with the Staff Forum and Governing Body Members

In 2017-18, the CCG will work with community interests, staff and the Governing Body and refresh its grading which will help to determine the priorities for 2018-19.



Equality Delivery System (EDS2)- grades

As explained in slides 17 and 18 the CCG is required to use EDS2 to grade its performance. The following grades were determined following a grading exercise by the Equality and Diversity Team with stakeholders and staff in 2014-15 which was refreshed in 2015-16. The outcomes of the grading is used to inform the annual action planning process.

		Outcome	Grade			Outcome	Grade
Better health outcomes for all	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	2015-16	Empowered, engaged and well-supported staff	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce.	2015-16
	1.2	Individual peoples' health needs are assessed and met in appropriate and effective ways.	2015-16		3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	2015-16
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	2015-16		3.3	Training and development opportunities are taken up and positively evaluated by all staff.	2015-16
	1.4	When people use NHS services their safety is prioritised and they are free from mistreatment and abuse and mistakes are minimised.	2015-16		3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.	2015-16
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	2015-16		3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	2015-16
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	2015-16		3.6	Staff report positive experiences of their membership of the workforce.	2015-16
	2.2	People are informed and supported to be involved in decisions about them.	2015-16	Inclusive leadership at all levels	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	2015-16
	2.3	People report positive experiences of the NHS	2015-16		4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	2015-16
	2.4	People's complaints about services are handled respectfully and efficiently.	2015-16		4.3	All managers and staff support their staff to work in culturally competent ways within a work environment free from discrimination	2015-16

Forward strategy

Context

Based on our engagement with patient participation groups we know it is vital to develop services that improve the patient experience and improve satisfaction levels with local services. In the case of primary care services, and in response to the GP Forward View published in July 2016, we want to improve booking processes, increase the number and availability of appointments to address growing demand and ensure we are working efficiently. This will include using new techniques, introducing the latest technology and creating new roles within the workforce to better cater to individual needs. We also plan to simplify access to services by developing a single point of access to urgent care services through the NHS 111 number, making accessing local services much easier and more responsive to local needs.

We have some clear priorities for 2017/18 to improve how we support the health and wellbeing of our local people. This includes continuing to promote prevention and self-care, improving primary care and supporting the reform of hospital services. The challenges we face are not insignificant, but we are confident that by listening and engaging with our local people, and through our strengthened collaboratively working with partners, we can deliver the safe, high quality services our diverse and growing population need.

Supporting this ambition is our work on the local Sustainability and Transformation Plan (STP) – a five-year plan for the future of health and care services in north east London. STPs represent a very significant change to the planning of health and care services in England and we have been making good progress towards developing our local STP – setting out how we will work with other local health and social care providers to ensure the absolute best outcomes for local people. Engagement across our wider communities is currently taking place to ensure our plans clearly align with local needs.

Forward strategy

Priorities

Over the next three years, the CCGs in East London will focus on integrated care and improving access to services, especially primary care and referrals to treatment. We also aim to improve our WRES performance and will start planning the implementation of the WDES in collaboration with other CCGs in East London. We will embed an improved integrated equality analysis process in our decision making and governance - and start working on EDS2 grading with local interest groups and providers.

