

# Equality Information Report 2017-18



Over 150 people answered our call to talk about community health services. Building Healthy Communities aims to transform community services by putting patients at the centre of change



Our commissioners and the community celebrating Learning Disability Week



Our annual Carers Week campaign brings together carers, community organisations, GPs, and colleagues from Adult Social Care, London Borough of Newham

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# Introduction

We produce our annual Equality Information Report to demonstrate to our stakeholders how Newham CCG is 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 set out by NHS England including the Workforce Race Equality Standard (WRES), Equality Delivery System (EDS2) and the Accessible Information Standard.

More information can be found in our [annual report 2017-18](#) about how we have been working with providers, partners, patients and the public throughout 2017/18 to continue to tackle the health challenges in Newham, while commissioning and planning the healthcare services that our local communities need now and in the future.

We are working as part of the North East London Commissioning Alliance (NELCA) to commission care for our population in ways that not only provide value for money and better efficiency but also help us to reduce health inequalities amongst the most disadvantaged groups in the community. Our commissioners have completed equality impact assessments of business cases to ensure better 'due regard' to equality which often resulted in actions that need to be taken by providers to ensure equity in access and outcomes for protected and vulnerable groups.

Looking ahead, we will be working with our partners and providers to improve the NHS111 service, Primary Care and improve access to all services. A key focus of our work in 2018-19 will be our community services to ensure care is provided closer to home in a patient centred way to meet individual's clinical, personal and social care needs by involving them in their care.

Our Equality and Diversity Plan 2018-21 will ensure we deliver our equality objectives and make continuous improvement in our performance which can be measured through the outcomes of our commissioning and the way we manage our workforce.

# 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.

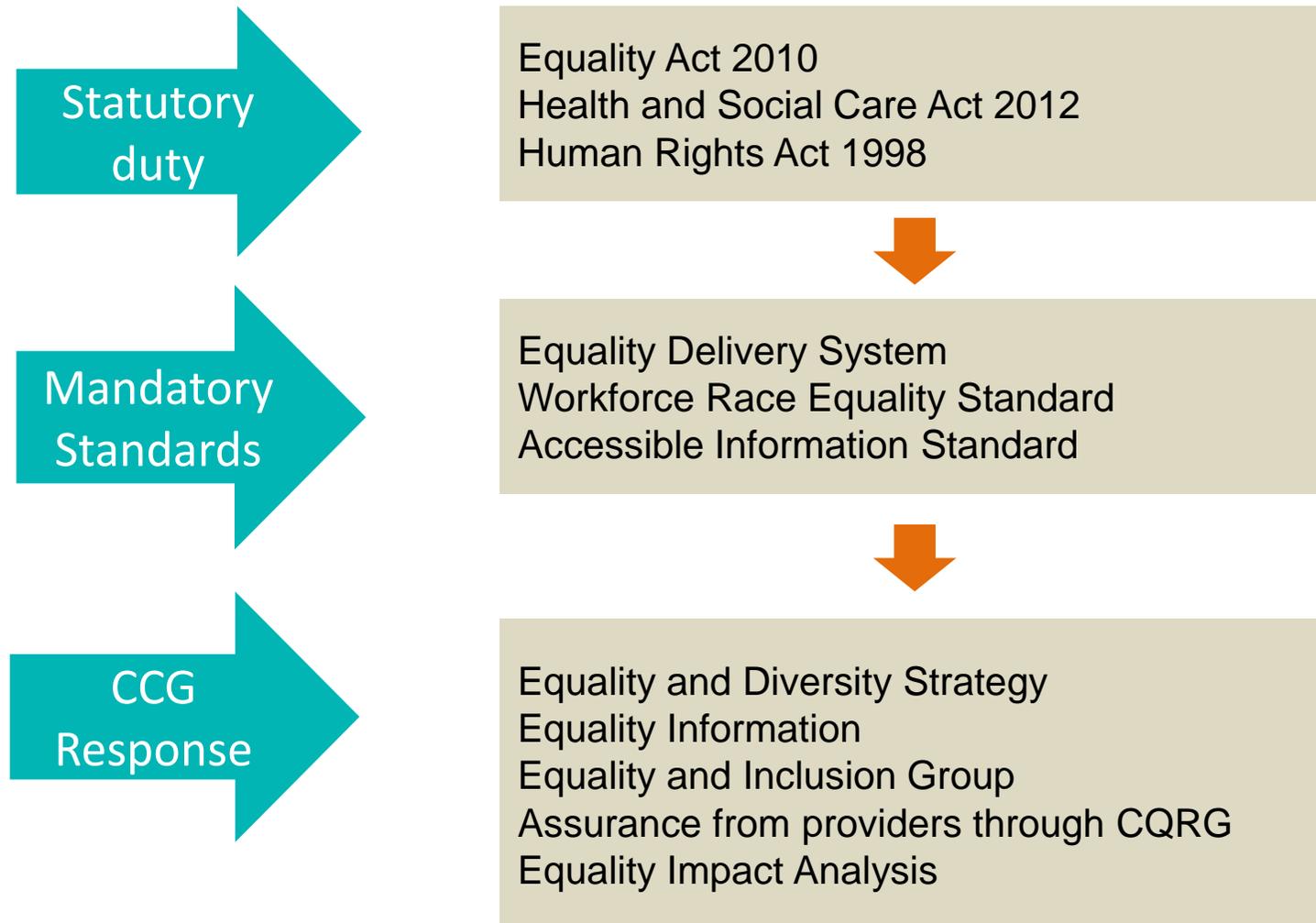
In Newham, we face significant challenges in addressing health inequalities seen locally, such as poor housing, overcrowding, fuel poverty, income deprivation and lifestyle factors, which is why we are working in partnership with a range local partners to:

- 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.

# NHS 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.

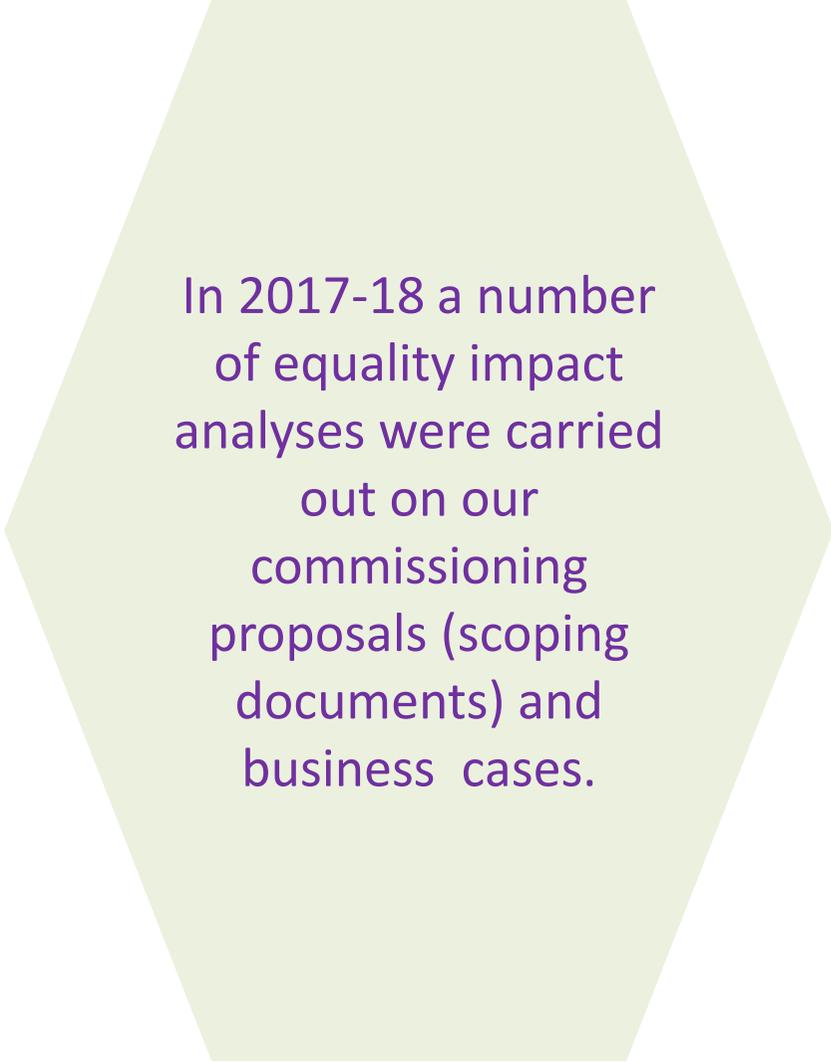
CCGs are exempt from meeting the standard. However, we are committed to the AIS and we ensure that whenever we communicate with the public that we consider the requirements of the standard. In addition we will work closely with our member GP Practices to provide the necessary support to enable them to 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.

# 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 2017-18 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 2017-18 a number of equality impact analyses were carried out on our commissioning proposals (scoping documents) and business cases.

# Our equality objectives

## Equality Objectives 2018-21

It is a specific duty on the CCG to publish equality objectives at least once every four years. In 2017-18 we refreshed our equality objectives for the next three 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.

### Objective 1

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

### Objective 2

Continue to involve patients from all communities in commissioning.

### 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 equality in access to services by vulnerable and disadvantaged groups.

Delivering improved patient care to meet local health needs rests at the heart of everything we do at NHS Newham CCG through our Commissioning. Throughout 2017-18 we ensured that our commissioning delivers on our commitments to equality, and health inequalities.

### Key achievements in 2017-18

- Improving access at the front door of the NHS for deaf patients will help us reduce inequality; there are 6,395 deaf patients registered in our practices (not including bilateral or partial deafness).
- Based on feedback from service users from the Roma community, the Roma Support Group (RSG) delivered 12 Roma cultural awareness sessions for GP practices in Newham.
- Creating high quality, accessible primary care services – Over 2017 and 2018 we started to deliver on our plans outlined in the CCG's Primary Care Strategy and our strategic estates plan, developed in partnership with Patient Participation Groups (PPGs).
- We have commissioned a new Integrated Urgent Care Service (ICU NHS111) across north east London's CCG's which will be in place August 2018. This will also include a pilot direct booking service from 111 straight into practices. The new services aims to support more patients who were supported at the front door of the hospital to be transferred to see more appropriate treatment, i.e. GP appointments, self-care or pharmacy care.
- Newham CCG has joined forces with Tower Hamlets and Waltham Forest CCGs and Barts Health NHS Trust to develop the Transforming Services Together (TST) programme that is looking to invest more than £100 million in new health services and buildings over the next five years which will improve access to services for all groups.
- Newham CCG has led a programme on the behalf of London for patients who have active tuberculosis (TB) and are homeless without access to public funding has supported 23 patients to access accommodation and support services to complete their treatment.
- Developing a modern, accessible and robust primary care system: Extended primary care services, GP online, e-consultation, Wi-Fi within practices, introducing clinical pharmacists into practices, reviewed the referral pathways for a number of services,
- All referrals for MSK are now sent to a single point of access, so that the referral can be assessed by a specialist in the MSK field and make the most appropriate referral.
- Virtual service for chronic kidney disease: in collaboration with Barts Health nephrology department, the CCG has introduced a new virtual clinic for all high risk renal and general nephrology (kidney disease) patients.

# Advancing equality through commissioning (cont'd)

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

NHS Newham CCG is committed to working in equal partnership with local people to develop health services that meet the needs of our community. We put patients, carers and the voluntary sector at the heart of all that we do.

The engagement opportunities in this section are just some of the ways you can actively participate in decision-making. By working with us, you will have the opportunity to:

- Attend events, workshops and community outreach sessions to help us identify and assess what people want and need from health and care
- Join service redesign groups to improve patient experience in GP Practices, hospital and community services
- Become a patient representative on our Commissioning Committees, working groups and procurements where you can help us develop our strategies and plans, participate in tendering and contracting across the procurement cycle, as well as co-produce patient centred solutions to involving patients in their health and care
- Join innovative grassroots initiatives that empower people to take control of their health and wellbeing including community champions, volunteering and community prescription.



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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 2017/18 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](http://www.newhamccg.nhs.uk/GetInvolved/patient-and-public-involvement.htm)

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

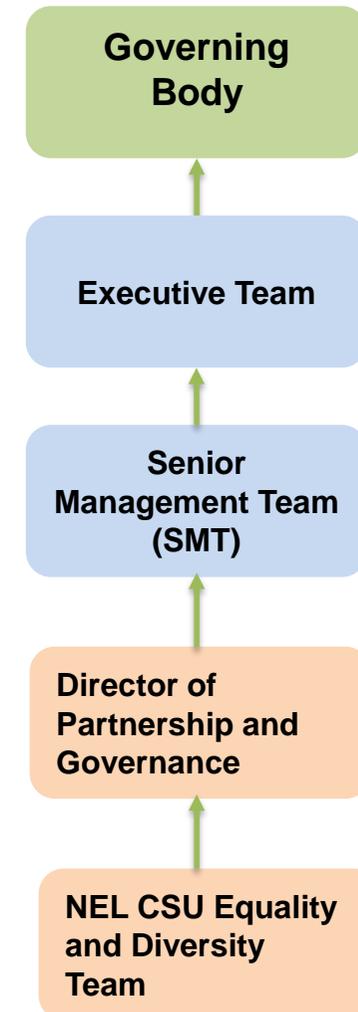
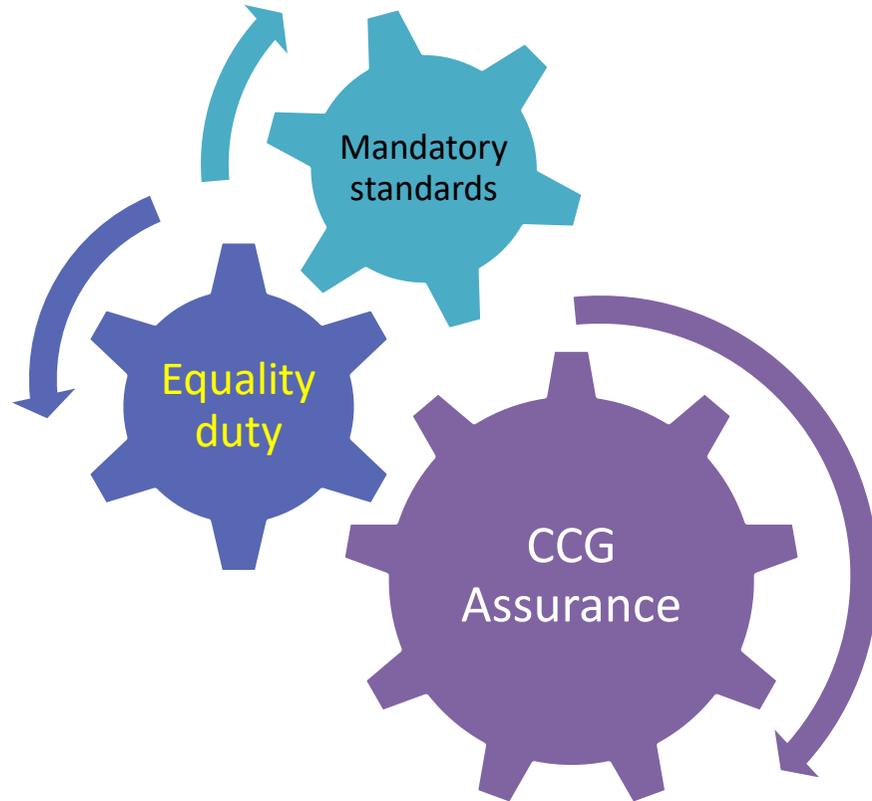


As at 31<sup>st</sup> March 2018, the CCG employed 97 staff including 30 Office Holders (e.g. those who are on the payroll but not employed by the CCG). Our workforce report (see Appendix 1) provides a detailed breakdown of our staff, recruitment activities and starters and leavers. Our commitment to 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

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.



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.

# Equality Delivery System (EDS2)-overview

The NHS Equality Delivery System was developed as an equality performance framework to assist NHS organisations to 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 eighteen 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

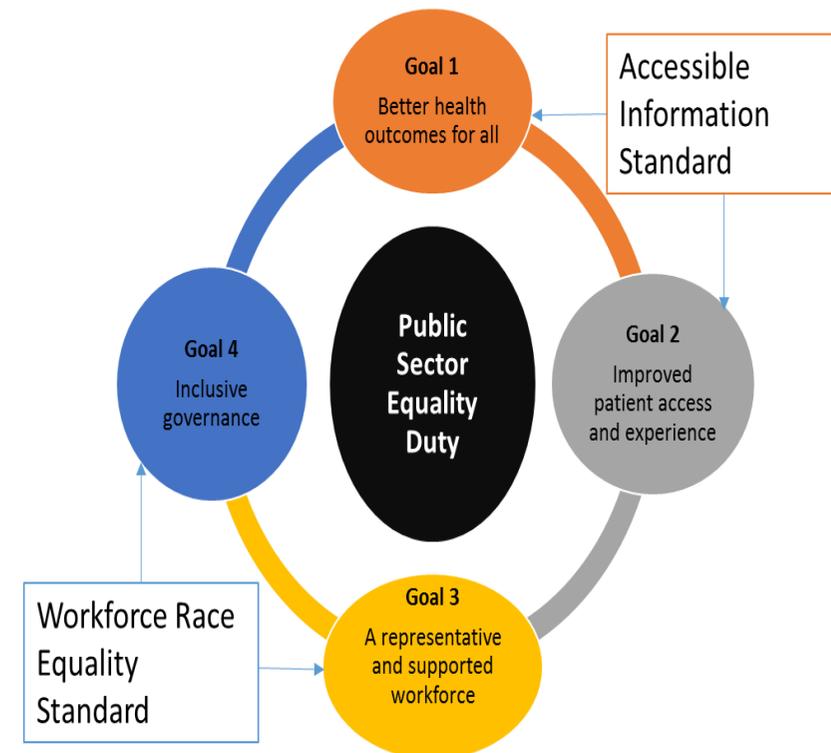
**Amber-Developing-** People from only some protected groups fare as well as the people of the borough.

**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.

EDS2 can help CCGs improve the services they provide for their local communities; improve the experiences of people using the services; consider reducing health inequalities in their locality; and to provide better working environments, free of discrimination, for those who work in the NHS.

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



# 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   | Developing | Empowered, engaged and well-supported staff | 3.1 | Fair NHS recruitment and selection processes lead to a more representative workforce.  | Achieving  |
|  | 1.2 | Individual peoples' health needs are assessed and met in appropriate and effective ways.  | Developing |   | 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.            | Achieving  |
|  | 1.3 | Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.  | Developing |   | 3.3 | Training and development opportunities are taken up and positively evaluated by all staff.   | Achieving  |
|  | 1.4 | When people use NHS services their safety is prioritised and they are free from mistreatment and abuse and mistakes are minimised.                            | Achieving  |   | 3.4 | When at work, staff are free from abuse, harassment, bullying and violence from any source.  | Achieving  |
|  | 1.5 | Screening, vaccination and other health promotion services reach and benefit all local communities.   | Developing |   | 3.5 | Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.                          | Achieving  |
| 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 | Developing |   | 3.6 | Staff report positive experiences of their membership of the workforce.  | Achieving  |
|  | 2.2 | People are informed and supported to be involved in decisions about them.   | Developing | Inclusive leadership at all levels          | 4.1 | Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations                               | Developing |
|  | 2.3 | People report positive experiences of the NHS   | Developing |   | 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. | Developing |
|  | 2.4 | People's complaints about services are handled respectfully and efficiently.  | Developing |   | 4.3 | All managers and staff support their staff to work in culturally competent ways within a work environment free from discrimination                         | Developing |

# Forward strategy for 2018-19

We have a shared vision and a collective commitment to work together in new ways to change and improve health and care services in North London for the benefit of our residents. Our main focus in 2018-19 is complying with our equality and health inequality duty. We recognise the challenges we face both in terms of demand for services and diminishing resource make is even more challenging for us to advance equality for all groups in the community. However, we remain strongly committed to meeting our legal duties by working with our staff, governing body members, the voluntary sector, and all our partners and providers.

## Priorities

### CCG level

- Improve the way we do equality analysis and how we use the outcomes to inform our commissioning decisions
- Training for managers and Governing Members
- Implementing the WRES Action Plan
- Targeted engagement with local protected groups
- Collaborative working with Public Health and the Health and Wellbeing Board

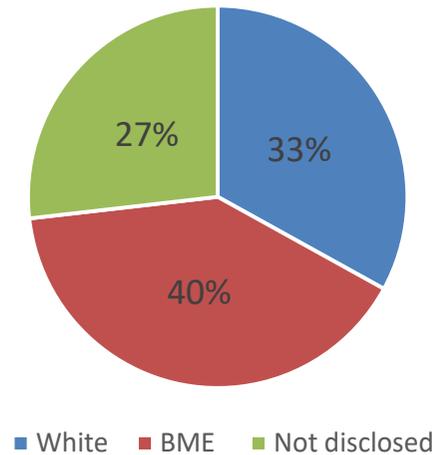
### NEL Level

- Work with providers around EDS2 and the WRES and holding them to account
- Work towards harmonising strategic equality objectives across NEL
- Develop systems and processes to benchmark work and share good practice
- Prepare for the implementation of the Workforce Disability Equality Standard (WDES)

# Appendix 1: Workforce and Governing Body Equality Information including the WRES

Equality Objectives 3: Continue to work towards ensuring an inclusive workforce within the CCG and in the sector as a whole.

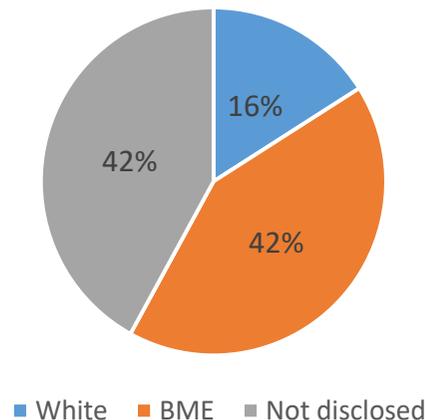
Staff by ethnicity as at 31 March 2018



| Bands 1-7 |     | Bands 8a -VSM |     | Ad Hoc |     | Office holders |     |
|-----------|-----|---------------|-----|--------|-----|----------------|-----|
| Number    | %   | Number        | %   | Number | %   | Number         | %   |
| 8         | 35% | 22            | 54% |        | 0%  | 2              | 7%  |
| 12        | 52% | 15            | 37% | 2      | 67% | 10             | 33% |
| 3         | 13% | 4             | 10% | 1      | 33% | 18             | 60% |

In 2017-18 the CCG recruited 17 staff. White staff were 1.55 times more likely to be appointed from shortlist than BME staff.

Governing Body Members by ethnicity



- 63% of staff are female and 37% male
- The CCG is planning to conduct a staff survey which will include the WRES questions.
- The number of non-mandatory training and CPD is too small to report by ethnicity.
- The CCG will work to update the ethnicity data of office holders in 2018-19
- There is already arrangements in place to hold providers to account through the CQRG channel. As the lead commissioner, the CCG is working with Barts Health NHS Trust to ensure progress in advancing race equality in the workforce.
- 31% staff have disclosed their religion as Christian and 12% Muslim- however, 31% have not disclosed their religion.
- Currently, not staff has disclosed a disability.
- 16% staff are under the age of 31
- LGBT staff figure is too small to report.