Airedale, Wharfedale and Craven
Clinical Commissioning Group

Equality Act
Public Sector Equality Duty Report
2016-2017

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EXECUTIVE SUMMARY

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

- people who are affected by our policies and practices who share protected characteristics,
- our employees who share protected characteristics

The purpose of this report is to provide the people of Airedale, Wharfedale and Craven, (AWC), with both evidence and assurance that the Clinical Commissioning Group, (CCG), are 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 the CCG during 2016. Throughout this report, we provide examples of projects undertaken during the previous 12 months; providing an insight into how we incorporate equality and diversity into our evidence based decision making, communication and engagement practices.

In summary, this report is about much more than adherence to the Public Sector Equality Duty, 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 design, planning, commissioning, staffing environment and the health outcomes that we wish to achieve for all the people of AWC.

Our Vision and Strategic Objectives

Vision: To deliver proactive, co-ordinated, person-centred care with our health and care partners across our communities.

Our Principles

- No one should be in hospital unless their care cannot be delivered safely in the community 24 hours a day, seven days a week.

- No one should be discharged to long term care without the opportunity for a period of enablement.

- Our local population should have access to and delivery of co-ordinated care, 24 hours a day, seven days a week, which is needs driven and not about age, condition or location.

Our Strategic Objectives

We will commission models of care that will address physical, psychological and social needs to:

- Reduce reliance on emergency and urgent care through a more planned and proactive model of services.

- Change the mind-set of professionals to promote active participation in health and wellbeing of the individual.

- Change the mind-set of the public so they become an active participant in their health and care.

- Deliver the pledges as set out in the NHS constitution.

Strategic Context

Sustainability and Transformation Plan (STP)

In December 2015, the national NHS outlined a new approach to help ensure that health and care services are built around the needs of local populations.

To do this, every health and care system in England was asked to produce a Sustainability and Transformation Plan (STP). This plan shows how local services will evolve and become sustainable over the next five years to deliver on the national Five Year Forward View.

We have worked with local health and care partners, including Bradford City CCG and Bradford Districts CCG to develop a local STP for Bradford and Craven. Our Bradford and Craven STP forms part of the West Yorkshire and Harrogate wide STP. Click to find out more about our local STP and the West Yorkshire and Harrogate STP:
http://www.airedalewharfedalecravenccg.nhs.uk/sustainability-and-transformation-plan-stp

You can also read more about STPs on the NHS England website.

A placed based system of care for Airedale, Wharfedale and Craven

The NHS and Social Services in England are facing unprecedented challenges due to demographic shifts and an extended period of financial austerity, coupled with an ever-growing public expectation of how services should be delivered. Like other parts of the country, Airedale, Wharfedale and Craven have to find a way to deal with the twin challenges of rising demand for health and social care services within an increasingly restricted financial envelope. The current system is not sustainable in terms of maintaining high quality care, financial balance or workforce numbers. We have to redesign the health and social care system and engage with the citizens of Airedale, Wharfedale and Craven to help them understand the imperative need for us to do things differently so that they get the best care we can offer in the years to come.

We have a long history of working closely with health and care partners to promote integrated care. Airedale, Wharfedale and Craven is recognised as a national 'pioneer' and through our new models of care programme we have designed and developed care services that deliver more integrated care to people living with complex needs. These new models of care are designed to ensure people in the CCG's area receive individual and seamless care and to reduce their need for unplanned or urgent care by proactively managing their physical, psychological and social care needs. A key focus of the new models of care programme is making sure that care is individual to the needs of each person; not taking a one size fits all approach. For further details click New Models of Care programme

Building on the learning from our work on developing new models of care, we are working to establish a place based 'system of care' in Airedale, Wharfedale and Craven where provider organisations will collaborate to manage the common pool of limited resources available, and work together as one system to improve the health and care for the whole population. To deliver this, we aim to commission one system of high quality care, through a single outcomes based contract focused on improving the whole populations' health and well-being, and that is financially and clinically sustainable by 2019/20.

We will commission on an outcomes basis and our aim is to achieve outcomes that matter for individuals in AWC. By outcomes we mean the impact, or end result, of the services we provide for a person's life. We will incentivise the achievements of outcomes that are important to our patients and service users.

We have developed an outcomes framework which has three domains:

1. The Impact and Effectiveness of Care and Support (Outcomes for Individuals)
2. The Way that Care and Support is delivered
3. Who provides the Care and Support

Whilst the outcomes framework has been developed with some engagement and co-design across health and social care, we recognise that further work with patients and service users, as well as partners, will be needed to ensure these are in line with our vision of a place based system of care for the whole population.

The CCG Delivering Equality and Reducing Inequality

In addition to the PSED, there is a legal duty for the Secretary of State to have regard to the need to reduce health inequalities, introduced in the Health and Social Care Act 2012. The focus is on putting systems in place to drive action to reduce health inequalities in the short and long term. Working to improve access, experience and outcomes when using health and social care services, for all our diverse communities, will contribute towards addressing health inequalities.

AWC CCG aim to deliver high quality and inclusive health services; working to ensure that protected groups experience equality of both access and outcomes from health services as the general population.

Whilst recognising that there are many causes and effects over which we do not have direct influence or control, we are committed to working in partnership with both our local communities and statutory providers and partners to fulfil the following principles-

- **Reduce inequalities** in experiences of health care services and health outcomes.

  We will work in partnership to address the needs of protected groups as identified in the joint strategic needs assessment (JSNA) and through joint strategic planning.

- **Remove any barriers** to accessing healthcare faced by protected community groups

Making reasonable adjustments where these are identified; including incorporating specific aims in our policies, or within commissioning specifications as part of our business processes.

- **Promote and actively involve patients** and their carers, in decisions about their health care.

  Ensuring the views of our population, patients and carers are taken into account in the commissioning of health services to ensure they are relevant, specific and meet local needs, whilst also ensuring our patients and their carers are involved in making decisions about their care.

- **Continue to raise awareness** of the role of AWC CCG in the local health economy and the services and benefits of our partners with groups who are under-represented in service provision.

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 the views and experiences of people we engage with, to inform our decision making both as an employer and as a commissioner.

This year in order to improve the effectiveness and efficiency of our EIAs we have been reviewing the process and are currently piloting a combined equality and quality impact assessment tool.

Joint Strategic Needs Assessment (JSNA)

A JSNA brings together local authorities, the community and voluntary sector service users and NHS partners to research and agree local health and wellbeing needs. It also supports and encourages organisations to work together when developing services.

Along with our partners on the Bradford Health & Wellbeing Board and North Yorkshire Health & Wellbeing Board, we undertake a joint strategic needs assessment (JSNA), which is an extensive analysis of health needs in the area, at district, network and practice level. The JSNA has area profiles that inform the health needs in local areas of the population they serve.

For JSNA profile information Bradford and Airedale
For JSNA profile information http://www.nypartnerships.org.uk/index.aspx?articleid=26753

We use this information to inform our strategic plans and in particular to help in setting local priorities. Our CCG is provided with a data-pack referencing the patient profile/demographics we serve.

Our Population Profile: Summary

AWC CCG consists of 16 GP member practices. We previously had 17 GP practices, however, Grassington Medical Centre and Ilkley Moor Medical Practice merged in 2015 to form IG Medical. We serve a population of over 156,000 patients, with 1% annual growth in the total population.

- 9.3% of the population is South Asian.
- 23% of population is aged 65 years and above.
- It is forecast that 30% of the population will be 65+ in 2021.
- Average life expectancy is 78.3 years for men and 82.3 years for women.
- Approximately two thirds of the population live in the Bradford authority boundary and one third in the North Yorkshire authority boundary.
- Top causes of death are cardiovascular disease, respiratory disease and cancer.
- Our budget in 2016/17 was £207 million to fund all healthcare services, running costs and to meet the NHS England business rules.

Health Inequalities

Some groups of people experience different access, experience and outcomes when they use NHS services. These are health inequalities that affect broad groups of patients.

Health inequalities are not only apparent between people of different socio-economic groups, for example different incomes, but they can also exist between different genders, different ethnic groups, and the elderly and people suffering from mental health problems or learning disabilities also have worse health than the rest of the population. The causes of health inequalities are complex, and include lifestyle factors such as smoking, nutrition and exercise as well as wider determinants such as poverty, housing and education.

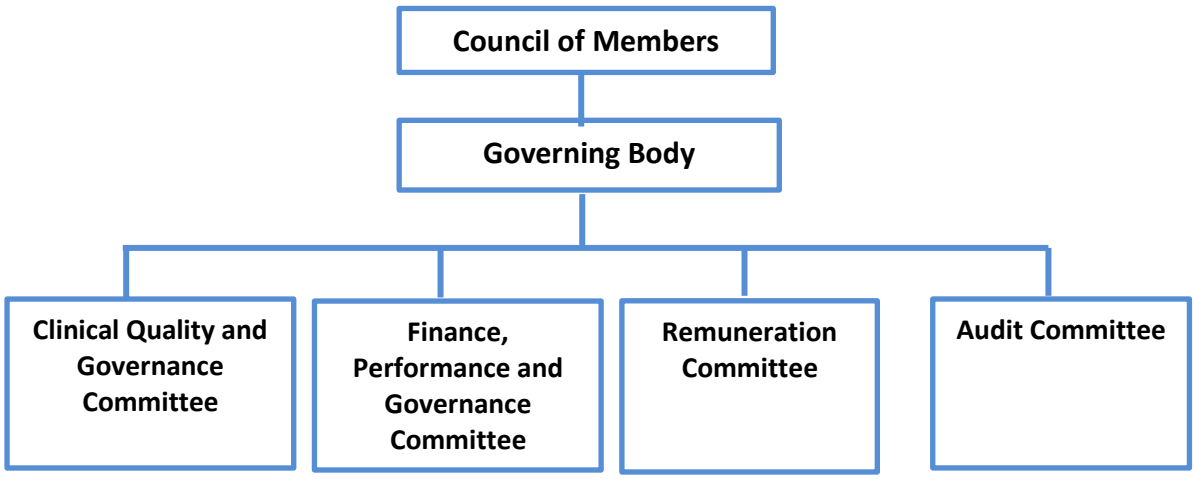
Our previous Public Sector Equality Duty information provides census data from 2011 on the protected characteristics, and includes information on health inequalities and patient experience. Please refer here for further information.

Corporate Governance

Clinical Commissioning Groups put local clinicians in control of most of the healthcare budget; to design and buy services that meet the needs of individual people and the communities they live in. We are a membership organisation made up of 16 GP practices.

Elected GPs from our practices are members of the Governing Body along with senior staff who are responsible for the day to day running of the CCG. Our Governing Body also includes GPs, a hospital consultant, a nurse, two lay members, a chief financial officer and the chief clinical officer.

During 2015, we undertook a review of our governance structure and decided to make a number of changes to our committees as a result. From April 2016, we operated with a new governance structure as outlined below.



AWC CCG is overseen by NHS England who monitors our performance and also manage primary care commissioning for Airedale, Wharfedale and Craven.

PURPOSE OF THE PUBLIC SECTOR EQUALITY DUTY REPORT

This report will provide an insight into how evidence has been used in taking forward the equality objectives that we committed to for four years in 2013.

The report should be read as a work in progress, rather than an end result. This is the fourth year that we are publishing information relating to the Public Sector Equality Duty (PSED).

Equality Objectives 2013 - 2017

As a result of several meetings and discussions, including a review of evidence, the following equality objectives were agreed by the Executive Group:

1: Ensure the involvement of a diverse range of people living in AWC in the local NHS Equality Group.

2: Address the health inequalities experienced by people living in rural communities.

3: Understand and reduce the scale of social isolation on an older population.

4: Flag disabled patients' access needs on the front page of GP patient records and provide training for GP practices in how to meet these access needs.

This year we also started work to review and revise our objectives for 2017. This has included a workshop with key partners, including the voluntary sector and the Local Authority, at the Health

and Wellbeing Hub meeting in November 2016. The workshop identified the following key themes:

- Mental Health and wellbeing
- Wider engagement with key partners, local people and vulnerable groups
- Social Isolation
- Health Inequalities
- Access

We plan to engage further with key partners, including colleagues in Bradford City and Bradford Districts CCGs, our Provider Trusts, members of our NHS Bradford and Airedale Equality Group, our staff and member practices. We will then refine our new equality objectives and have them agreed and validated by the CCG Governing Body in early 2017. Our new equality objectives will then be available on our website.

We are keen that our new equality objectives will support and enhance the implementation of both our new Mental Health and Wellbeing Strategy, (launched in January 2017), and the continued development and delivery of our Sustainability and Transformation Plan; contributing to the reduction in local health inequalities. The Mental Health and Wellbeing Strategy, and information on ongoing work to deliver the STP are both available on the CCG website.

Joint Equality Objectives; Bradford, Airedale, Wharfedale and Craven

Changes across health and social care mean that we are likely to work even more closely with Bradford City and Bradford Districts CCGs. With this in mind, we are working closely with them as they review their own equality objectives to see if we have any common themes or opportunities for shared equality objectives.

When we agreed our initial equality objectives in 2013, we also worked with the Bradford and Airedale NHS Equality Group, made up of a number of representatives from across health and social care organisations in the district, to identify the following equality objectives and agreed to use the Equality Delivery System (EDS2) to assess equality performance across the local NHS:-

- Improve Equality Delivery System grades year on year.
- Improve Equality Delivery System process year on year.
- Ensure that services better meet the needs of trans people.
- Make information more accessible – to better meet the needs of visually impaired people, deaf/Deaf people and people with language /literacy issues.
- Improve the access and experience of black and minority ethnic patients and service users.
- Reduce the inequalities experienced by black and minority ethnic staff and job applicants.
- Increase the diversity of trust / CCG boards and their understanding of equality issues.

NHS provider organisations were legally required to review their equality objectives in 2016. In Bradford District and Craven, the provider organisations, Airedale NHS Foundation Trust, Bradford

District Care NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust, have already gone through an engagement process to review their shared equality objectives. During 2015, they engaged with members of the public, voluntary and community organisations and other stakeholders to seek their input on what the equality objectives should be. Their new joint equality objectives for 2016-20 are:

1. Carry out a Gender Pay Gap Audit using a recognised audit framework.

2. To implement the Accessible Information Standard.

3. To improve BME service users' access and experience of services - Identify 4 projects over 4 years.

4. To increase awareness of mental health issues and to improve access and experience of mental health service users across the health economy.

5. Prepare for the implementation of the Workforce Disability Standard by preparing data and developing plans to tackle the issues identified.

6. To implement the Workforce Race Equality Standard.

7. To implement the recommendations in the Healthy Attitudes Stonewall Study and Equity Partnership LGB&T Local Health Needs Assessment.

CCGs are required to review their equality objectives in 2017 and we are giving consideration to these objectives during our own engagement and review process. We hope that we can develop our 2017 objectives in a way that will enable us to jointly review them again with our local provider trusts in 2020.

During 2017, we are planning to review the Bradford and Airedale NHS Equality Group and revise the way we use EDS2 to help us assess our equality performance and progress

EQUALITY DUTIES

Publishing equality information, and setting equality objectives, is part of the requirements for the CCG to be compliant with the Equality Act, (2010) and one of the ways we demonstrate that we meet the Public Sector Equality Duty. More information can be found here: Equality Act 2010

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 the commissioning of services for NHS patients.

Our duties under each of these Acts are outlined below. This report presents our work throughout 2016 to ensure compliance.

Equality Act and the Public Sector Equality Duty

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of protected characteristics:

- Age
- Disability
- Gender reassignment (Transgender)
- Sexual orientation
- Marriage and civil partnership (in employment only)
- Sex
- Race
- Religion or belief
- Pregnancy and maternity

In addition, we pay due regard to the needs of carers when making commissioning decisions.

The duty, (which can be accessed here Public Sector Equality Duty), requires the CCG to publish information relating to people who are affected by our policies and practices who share these protected characteristics. This is routinely embedded within the decision making process for health services that are reviewed.

The public sector equality duty is made up of a general equality duty, supported by specific duties (the publication of equality information and the setting of equality objectives) intended to drive performance on the general equality duty.

The general equality duty requires us, 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.

In publishing this report, we are demonstrating that we continually consider these aims as part of our everyday decision making process.

Airedale, Wharfedale and Craven CCG – Our Employees

The Act also requires that employers with a workforce of over 150 employees publish information relating to employees who share protected characteristics.

As the CCG employs less than 30 staff members the organisation will not publish this information because, in doing so we have the potential to identify individual members of staff. We have shared the results of the staff survey with all our staff and asked for feedback and held a discussion about the results at our team meeting.

Employment

We 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. Therefore 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 standard of behaviour at work policy
- Alcohol, drugs and substance misuse policy
- Equal opportunities and diversity employment policy (including disabled employees)
- Disciplinary policy and procedure
- Flexible working policy
- Maternity, adoption and parental leave policy
- Pay progression policy
- Recruitment and selection policy
- Retirement policy
- Whistleblowing policy

Equality Impact Assessments are used to screen all relevant policies.

We also recognise that in order to remove the barriers experienced by disabled people, we need to make reasonable adjustments for disabled employees, and for those disabled 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 policies as described above.

We have taken part in the national NHS staff survey every year since the establishment of CCGs. We have reviewed the results from each of the surveys to identify areas that we could improve our staff members' experience.

An Integrated Approach to Identifying and Assessing Carer Health and Wellbeing

Building on The Care Act 2014, NHS England published in May 2016 An Integrated Approach to Identifying and Assessing Carer Health and Wellbeing which strengthened the NHS commitment to carers and provided clarity about the duties of co-operation in supporting carers. CCGs and local authorities are required to agree joint plans that specifically outline the support made available to carers.

The 2015/16 Planning Guidance for the NHS Five Year Forward View Into Action, highlighted the need for CCGs to work with Local Authorities, Voluntary Sector Organisations and GP practices, to particularly identify young carers and carers who are themselves over 85, and provide better support.

An Integrated Approach

The central aim is to keep the carer at the centre, preserving their independence and their ability to undertake their caring role. The Primary Care team has a crucial role to play in initiating a discussion about the carer's support needs in maintaining their health and wellbeing. Carers have a right to request a formal carers' assessment of their own needs at any time. Primary Care

is working to improve the registration and assessment of carers. The CCG is also working with Local Authorities in the creation and delivery of Carers' Strategies.

Supporting Young Carers

Both the Care Act 2014 and the Children and Families Act 2014 address the needs of young carers, extending the right to an assessment of their support needs to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it.

The Equality Delivery System2 (EDS2)

NHS Standard Contract

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

Implementation

The main purpose of the Equality Delivery System2 (EDS2) is to help local NHS organisations, in discussion with local partners and people, to review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty (PSED).

In previous years we have invited panel members from community and voluntary sector organisations representing a particular protected characteristic to grade each outcome. This process was done jointly with all other NHS organisations across Bradford District and Craven. We have not repeated this process in 2016 as the NHS provider organisations were reviewing and identifying new equality objectives and reviewing progress in meeting the equality objectives they agreed in 2013.

We are planning to work with Bradford City and Bradford Districts CCGs to review how we can best use EDS2 and the Bradford and Airedale NHS Equality Group to assess our equality progress and performance in 2017.

Accessible Information Standard (AIS)

The Accessible Information Standard has been introduced requiring all organisations providing health services, (including GP Practices) and adult social care to meet the standard by 31st July 2016.

The Standard requires organisations to identify, record, share and meet the communication needs of patients who have a disability, impairment or sensory loss. This includes making sure that people get information in different formats if they need it and that they get any communication support they need, for example support from a British Sign Language (BSL) interpreter or an advocate.

Although the CCG is exempt from delivering the standard, staff have received training on the standard, and the CCG is required to pay due regard and will make sure that when it communicates with the public it considers the requirements of the standard. The CCG is required to seek assurance from provider organisations of their compliance with the standard, including evidence of how they are planning to meet this.

The CCG is part of a wider Bradford and Airedale Accessible Information Group, chaired by the Local Authority that is looking at implementation of the standard across health and social care.

The CCG has received and reviewed Airedale Hospital NHS Foundation Trust's Accessible Information Standard implementation plan and will be visiting the hospital to see the results of their work in action.

Further information about the accessible information standard, including the Specification and Implementation Guidance can be found on the NHS England website at www.england.nhs.uk/accessibleinfo

Patient Flagging Project

Along with the Bradford CCGs, TPP SystmOne, voluntary services, practices, and patient representatives, we have been working on a project to make it easier for patients to access GP services. We are making changes to SystmOne, (the GP patient record system), so that patient and carer access and communication needs can be flagged on the system to ensure this information is available to the right people at the right time. Bradford Talking Media and the Strategic Disability Partnership have supported the project by providing training to the practices on how to identify, record and respond to any patient access needs identified.

The Patient Flagging Project, unlike the Accessible Information Standard, also looked at physical or environmental access needs not only communication needs. Pilot projects were set up and the learning and good practice disseminated across all the Airedale, Wharfedale, Craven and Bradford practices to support practices meeting the requirements of the national Accessible Information Standard.

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. Further information can be found at the NHS England website at Workforce Race Equality Standard

As well as the CCG needing to give due regard to the WRES it also has a duty to ensure that it holds its providers to account in meeting their duties under the standard. Due to the small number of staff within the CCG and the risk of breaching confidentiality, the CCG is not required to publish statistical data for the WRES. However, the CCG is collecting and analysing this data to inform the ongoing development of its action plan

AWC CCG only employs a very small number of BME staff and therefore has no statistically significant data in relation to many WRES indicators. The data that is available suggests that there may be an inequality which means it is less likely that BME shortlisted job applicants are less likely to be appointed than White shortlisted job applicants. The CCG is currently gathering together examples of how other NHS organisations have addressed this inequality. The CCG's most recent WRES report and action plan is available here: AWCCCG Public Sector Equality Duty Report

The CCG is also working with Airedale Hospital Foundation Trust to review and improve their WRES reporting.

Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council, (EDC,) has recommended that a Workforce Disability Equality Standard, (WDES,) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. NHS England has agreed to do so. The EDC has also agreed to support a programme of work to explain and support it.

The Equality Diversity Council considered the report published by Middlesex and Bedfordshire Universities on the 'Experience of Disabled Staff in the NHS', alongside findings from research carried out by Disability Rights UK and NHS Employers 'Different Choices, Different Voices', which found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

Consultation on the proposed Workforce Disability Equality Standard has begun, alongside an extensive programme of communications and engagement to raise the profile of this initiative and to outline what support will be provided to organisations to deliver the change with disabled staff. You can find further information on the WDES on the NHS England website at Workforce Disability Equality Standard.

Disability Confident Employer

This year the Department of Work and Pensions, (DWP), replaced the "Two Ticks" positive about disabled people scheme with the Disability Confident initiative.

Disability Confident encompasses a number of voluntary commitments to encourage employers to recruit, retain and develop disabled staff, such as offering work experience opportunities and implementing a flexible recruitment process. The scheme is intended to address the shortcomings of Two Ticks, which was criticised for not setting rigorous standards for employers displaying the TT logo.

The scheme is organised into three tiers of commitment. Tier one and two are self-assessment based and tier three requires external validation.

We are keen to be an employer of choice and to support the needs of our staff. We are currently working to review our position against the new standards, taking action where necessary. Further information can be found here Disability Confident Employer Scheme

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, (National Health Service Act 2006) places 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, (NHS Constitution for England 2010) came into force in January 2010 following the Health Act 2009, (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 decisions to be made affecting the operation of those services.

The Health and Social Care Act 2012

The Act, (Health and Social Care Act 2012) supports two legal duties requiring CCG's to enable:-

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

All CCG staff have 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.

What We Will Do

To fulfil the duty of public involvement the CCG makes arrangements to ensure that individuals, to whom services are being, or may be provided, are involved (whether by being consulted or provided with information or in other ways), in particular during:-

- The planning of commissioning arrangements and /or the planning of services

- The development and consideration of proposals for changes which, if implemented, would have an impact on services; either on the manner in which services are delivered to individuals or the range of health services available to them, and

- Decisions which, when implemented, would have an impact on services. Decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would, (if made), have such an impact.

As part of our Governance arrangements, the CCG produces an annual report explaining how the Public Involvement Duty has been fulfilled in the previous financial year.

Health and Social Care Act 2012: Other Duties To Consult and Engage

The Duty to Promote the Involvement of each Patient

NHS England is under a duty to promote the involvement of patients, and their carers and representatives in decisions; involving patients making shared decisions about their care; ensuring implementation of the policy of "no decision about me without me".

Patient involvement includes:-

- Personal health budgets, allowing those with long term conditions to have greater control
- Shared decision making and patient decision aids
- Provision of support for self-management of conditions.

Patient Participation and Public Engagement

Patient Participation Groups

Patients interested in health and healthcare issues who want to get involved with, and support the running of their local GP practice can join a patient participation group, (PPG) or other locality-based patient engagement group. The PPGs meet at regular intervals to decide ways and means of feeding back local views and making a positive contribution to the services and facilities offered by the practice. Members of practice staff and some GPs also attend these meetings.

Patient Participation Group Network

This network meets quarterly and is one of the ways in which the CCG can gain patient insight. The network brings together members of the patient participation groups to share good practice, discuss any common issues and learn about new ideas they may have. CCG staff, including the lay

member for patient and public engagement, attend each meeting. Other stakeholders are invited to share information with the network.

Engagement

As a result of our Communications and Engagement Strategy and patient experience framework, we have a clear source to access patient voice; and to ensure that our decision making is being taken in the context of the needs of our local population.

In undertaking specific engagement activity we ensure that the profile of all respondents is equality monitored to ensure that we have engaged with and sought the views of a representative sample of the local population. Both our communications and engagement activity enable the CCG to continue to assess local needs and priorities as well as addressing any issues about access to, experience of, or quality of NHS service provision.

Examples of key engagement events in 2016 are available on the CCG website engagement round-up webpage.

We also report back on what we have heard and any action we have taken as a result. This is available on our website You Said, We Did.

Promoting Equality and Reducing Health Inequalities by Encouraging Participation

NHS England is also under a separate statutory duty to have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved (section 13G).

One area of focus is participation to address inequalities; ensuring people have the knowledge, skills and confidence to manage their own health and shape their own care and treatment; paying particular attention to groups, or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population and where there is a risk of widening the heath inequalities gap.

There is also a more recent focus on the public health agenda and the need to improve health and wellbeing whilst reducing health inequalities; recommending the use of asset based approaches; building on the strengths and capabilities of local communities.

In the review of our equality objectives, already outlined in this report, we are keen to ensure that there is a focus on reducing health inequalities improving health and wellbeing and tackling social isolation.

AWC CCG DELIVERING OUR EQUALITY DUTIES : 2016 *The EDS2 goals and outcomes are listed on pages 6 and 7 of this NHS England EDS2 guidance document			
EQUALITY PRINCIPLE: Reduce inequalities in experiences of health care services and health outcomes.		**EDS2 Goals and Outcomes***	**Supporting AWC 2013-17 Equality Objectives**
Joint Strategic Needs Assessment	We have worked in partnership with our local communities and providers to address the needs of protected groups as identified in the joint strategic needs assessment, (JSNA), and through joint strategic planning.	1.1 1.5	2 3
Equality Impact Assessments	We undertake equality impact assessments, (EIA), when developing new, or making significant changes to existing services. The purpose of the EIAs is to ensure a thorough review as to whether the new service or change will have a disproportionate impact on any of the groups that have protected characteristics under the Equality Act 2010. If so, the actions that can be taken to avoid or remove the impact, specifically in relation to the grounds of protected characteristics, are outlined. During 2015 we undertook EIAs for a number of service developments that are still ongoing. - Redesign of the diabetes service. - New Models of Care – Complex Care During 2016, we undertook EIAs for:- - Mental Health Strategy Development - North Street Proposals - Wheelchair and Posture Services - Locally Enhanced Services for North Street Surgery Copies of the EIAs above can be requested by emailing engage@awcccg.nhs.uk In 2016 we are reviewing our Equality Impact Assessment process and piloting an integrated Equality and Quality Impact Assessment tool. This will help to avoid duplication in the collection and analysis of data and strengthen the connection between equality, quality and safety.	1.1 1.2 2.1 4.2	2 3

Diabetes Service Redesign	2016 has been spent preparing for and commissioning the Enhanced Diabetes service, to begin in April 2017. Clinicians, provider and commissioner staff, lay members and patient representatives evaluated the bids received and the contract was awarded to the Airedale Provider Partnership. The new service will allow providers the freedom and flexibility to apply their expertise and knowledge to ensure individuals receive appropriate high quality care through a new 'offer' of integrated services. This will provide a comprehensive and coordinated response to patients and ensure the providers have accountability for a defined cohort of patients across the whole pathway of care.	1.1 1.2 1.3 2.1 2.2 2.3	2
Mental Wellbeing Strategy	In 2016, the three CCGs covering Bradford District and Craven undertook a review of their Mental Health commissioning arrangements and started an extensive programme of stakeholder engagement to inform the development of a new Strategy. Local voluntary and community services, service users, carers and members of the public were engaged over more than four months. The results of this led to the development of the vision for the revised strategy; of hope, empowerment and support. This also informed the three strategic priorities of "our wellbeing", "Our Mental and Physical Health" and" Care When We Need It." It has a strong focus on promoting mental wellness, recovery, and quality, and what can be done to promote and retain good mental health, prevent mental health problems and improve the health and wellbeing of those living with and recovering from mental illnesses. As well as the core mental health services, there is also a need for local people and organisations, the NHS, local authority and voluntary sector to do the things that will support good mental health and wellbeing and remove barriers that prevent people from accessing care. This may include providing choices that promote good housing and a place in the community, strengthen families, enable friendships, build networks, and support employment, activities and	1.1 1.2 1.3 1.5 2.1 2.2	2 3

	positive lifestyles. The Strategy was agreed in November 2016 and had its official launch event on 19th January 2017.		
24/7 Mental Health Crisis Care **First Response** **The Sanctuary** **Haven**	The CCG is part of the Bradford and North Yorkshire Crisis Care Concordat with developed action plans to ensure people in crisis have access to the most appropriate mental health care. A radical rethink about urgent mental health care across the three CCGs has ended reliance on out of area beds, delivered 24/7 crisis care and transformed the way partners work together. Accessed through a single phone number, First Response is the patient gateway for all people experiencing a mental health crisis in Bradford, Airedale, Wharfedale and Craven. The three CCGs together with Bradford Council developed The Sanctuary. A night time mental health service based at MIND in Bradford, this provides a calm, safe space for adults experiencing mental distress as well as providing practical and emotional support that may be used as an alternative to admission to A&E or direct to statutory services if appropriate. Opened in 2016, Haven is a 365 day a year service at The Cellar Trust, developed as a result of the Crisis Care Concordat following the work to establish the First Response crisis service, and the Sanctuary. Haven is a partnership between The Cellar Trust as a local mental health charity, the NHS Bradford District Foundation Care Trust (BDFCT) and the local authority (BMDC). It provides an alternative to A&E for people who are in mental distress and need support. The service puts emphasis on peer support from people with lived expertise, aiming to support people in distress and work with them to develop their plans to stay well and cope better with distress in the future. Referrers to Haven are either First Response or the A&E mental health team.	1.1 1.2 2.1 2.2	2 3
Wheelchair and Posture Services	The Wheelchair service aims to maximise mobility and independence and improve the quality of life for people living with a disability and their carers. A review of the current wheelchair service was undertaken in 2016 aimed at	1.1 1.2 2.1	4

	identifying any issues or gaps in service provision and ensuring the service user / carer voice remained central to the design of the services. Among the desired outcomes for a comprehensive service was the regular involvement and feedback from service users and carer in both service reviews and input into specific user focus groups.		
North Street Practice	Following the re-procurement of North Street surgery and the subsequent closure of the branch site at Vale Street, the CCG organised local engagement sessions to ensure anyone affected by the closure could raise any concerns and be supported. Two events were held in December. Clinical and managerial staff from NHS England, the CCG and Westcliffe Care UK (North Street Surgery) attended to provide information about the decision to close Vale Street and the services available at the North Street Surgery. Anyone affected by the closure was invited to attend through a letter direct to their household and through local councillors and media.	1.1 2.2	
EQUALITY Principle: Remove any barriers to accessing healthcare faced by protected community groups			
Policy Development and Commissioning	Working in partnership with our local communities, staff and statutory providers to ensure that reasonable adjustments are made, where these are identified as being required; including incorporating specific aims in our policies, including HR policies, or within commissioning specifications as part of our business processes.	1.1 2.1 3.4 3.5 4.3	4
Enhanced Primary Care Schemes	Enhanced primary care services are aimed at people who have a long term condition, like diabetes or asthma, who may be using health services frequently and ending up in hospital. Many of these people will be older. If we are able to do more to support them and help them self-manage, they can just see staff at their GP practice and may not need to go into hospital. We invited practices to apply for funding to deliver enhanced care services in their practice. Although practices have chosen to deliver enhanced care services in different ways, the common theme is that they want to better understand people's issues and needs. This will allow them to provide people and their families with more targeted, proactive, support and help them set	1.1 1.2 2.1 2.2 2.3	2 3

	personal goals, such as being able to play football or feel less anxious. If people can get the care they need locally and earlier, it should stop their health from getting worse and they won't need to go into hospital in the first place, which is better for everyone. This is especially true for people who live in rural areas who have to travel further to access hospital services. GPs who are currently delivering enhanced care in their practices are in the process of asking the patients that they are working with in this new way for their feedback on their experiences and outcomes. This will be used to inform how services are designed and delivered in the future.		
New Models of Care – Complex Care	Complex care is one of the work streams under the new models of care programme. We refer to people as having complex needs if they have more than two health conditions and need extra help to live independently. If their GP feels someone would benefit from the service and the person agrees to it, they will receive more support from a new 'complex care team'. Consideration for access to the new service will be based on a number of factors, including:- • the illnesses and conditions that they have. • their social situation, such as whether someone lives alone • their age • how often they go to A&E or are admitted to hospital when it isn't necessary • how at risk they are of having a crisis. The type of support that the complex care team would offer is to: • Oversee a person's care and make sure that it is coordinated. • Help people to navigate health and care services and make sure they are receiving the services they need. • Support people to look after their health and mental and social wellbeing. • Assign a personal support navigator to be the main contact of the person and their carer.	1.2 1.3 2.1 2.2	2 3

	• Make sure that people have a care plan, so that everyone involved in their care understands their circumstances and what they want. The CCG has been piloting the new complex care support service since April 2016 and based on early analysis has decided to continue supporting the service for the next 2 years. Part of the evaluation of the service includes asking patients and their carers whether they think the extra support is making a difference to them. We estimate that 26,497 people have complex care needs in the CCG's area and the complex care team will aim to support 2% of these patients.		
New Models of Care – Self Care and Prevention	The Self Care and Prevention programme aims to:- **1. Involve patients and the public** in the co-creation of self-care and prevention resources and services. **2 Promote the key messages** and tools for self-care with patients and members of the public. **3 Increase community involvement** in the identification and development of activities which promote self-care, health and wellbeing. Evidence shows there is most to be gained by activating communities who do not, or cannot, engage with traditional service models. If barriers are successfully removed or reduced this will potentially reduce health inequalities; an ongoing national priority. Initially two groups have been selected from each locality who have potential to create transferable learning into other areas. Airedale – South Asian women and families and unemployed people Wharfedale – People with dementia and or social isolation and those with sensory disabilities Craven – The geographical area covered by Greatwood Estate and young people who are carers	1.1 1.2 1.5 2.1 2.2 2.3	2 3

	Self Care - Outcomes • Increase the number of the public engaged in development of self-care and prevention pathways. • Engage with communities who are traditionally seldom heard and where there is more to be gained from reducing health inequalities. • Increase the numbers of patients and the public who receive targeted self-care messages. • Promote the appropriate use of Pharmacy and NHS Choices with the public as alternatives to statutory services.		
Integrated Family Recovery Service	The Integrated Family Recovery Service (IFRS) works with families who are directly or indirectly affected by drug and alcohol use. The service provides training to midwives and health visitors in alcohol screening and interventions; aims to support new mums to remain alcohol free; and works with families who have one or more parents who are substance users. The impact of this work is far reaching in breaking the cycle of substance misuse and providing positive interactions for families in a safe environment, working through issues wider than substance misuse. Women and their families are then supported at home after the birth of their child, and continue to be supported up to the child's fifth birthday through various different services at Project 6.	1.1 1.2 1.3 1.5 2.2	2
EQUALITY Principle: Promote and actively involve patients, and their carers', in decisions about their health care			
Working in Partnership	Working in partnership with our local communities and statutory providers to ensure the views of our population, patients and carers are taken into account in the commissioning of health services. Continually working to ensure that all services are designed and delivered in a way that is relevant, specific and meets local needs, whilst also ensuring our patients and their carers are as involved in making decisions about their care as they wish to be.	1.1 2.2	1
Accessible Information Standard	The Standard requires organisations to identify, record and share information to meet the needs of patients who have a disability, impairment or sensory loss. This includes making sure people receive information in an appropriate format	2.1 2.2	4

	as well as receiv8ng any support they may need to access health services. Although the CCG is exempt from delivering the Standard it is still required to give 'due regard.' Therefore we have provided training to our staff and we are working to support our GP Practices to ensure compliance with the requirements of the standard. This includes advocates or support from a British Sign Language interpreter. We are also working with our provider trust to monitor and support their progress in implementing the standard.		
Patient Flagging	A project which aims to make it easier for patients, particularly disabled patients, to access GP services. Making changes to the patient record system, (SystmOne), so patient and carer information needs can be flagged on the system ensuring information is available to the right people, at the right time and in the right format. Bradford Talking Media have provided training to practices on how to record and respond to patient access and communication needs identified including language interpretation.	2.1 2.2	4
Maternity Partnership Engagement	Bradford and Craven Maternity Partnership, which covers the Bradford, Airedale and Craven district, works with commissioners, providers and users of maternity services to make sure services meet the needs of local women, parents and families. The partnership works to engage with local families and service users to understand their experiences and inform ongoing service development; ensuring this reflects local need. In 2016 we held five focus groups at local children's centres and community locations across the AWC CCG area; to listen to local people about national initiatives, talk about local choice and expectations of service provision during maternity care. A report summarising the feedback from the focus groups has been presented to the Maternity Partnership and will be published on our website in 2017. Information will also be available on what action has been taken to address the issues raised during the focus groups in 2015, as well as the action plan to address the issues raised in 2016.	1.1 1.2 2.1 2.2	1

EQUALITY Principle: Continue to raise awareness of the role of AWC and the services and benefits of our partners, with groups who are under-represented in service provision.			
Bradford District & Craven Sustainability and Transformation Plan 2016/17-2020/2	The Bradford District and Craven health and care economy has a well-established structure and associated long standing commitment to creating and delivering our vision of a "sustainable health and care economy that supports people to be healthy well and independent." (Bradford District and Craven Health and Care Economy 5 Year Forward View 2014-19). Eighteen months into the delivery of our forward view our vision still stands. The Sustainability and Transformation Plan describes in greater detail how we will work together to achieve the three challenges:- 1. To improve health and wellbeing for all - particularly those with poor health, 2. Increase the quality of services and, 3. Achieve this within the budget and resources available. In addition we will continue to focus on the two areas described in our Five Year Forward View, (5YFV): • Engagement to listen and learn from people's experiences and use this insight to guide the development of better services. We will continue to listen to the population to make the most appropriate commissioning decisions, upholding the duties in our own and in the NHS Constitution; • Using engagement to improve knowledge of the appropriate use of services, promote illness prevention and better use of self-care – to moving away from a reactive system where people play a passive role to one where the public are empowered, active and engaged in managing their health and wellbeing throughout their life.	All	1
Staff	• We undertake an annual staff survey and identify any areas for improvement and share the results with our staff. • We have a number of policies that support flexible working for staff and ensure that the workplace is safe and free from discrimination and	3.1 3.3 3.4 3.5	

	harassment. • A number of health and wellbeing activities for staff are offered through our Employee assist programme offering round the clock, free and confidential assistance. • This year we have updated our mandatory equality and diversity training which is delivered face to face for all staff.	3.6 4.3	
Governance and leadership	The Chief Operating Officer, who is a member of the Governing Body, has responsibility for Equality and Diversity and reports to both the Clinical Quality Committee and the Governing Body on the Equality and Diversity agenda and requirements.	4.1 4.2	

GET IN TOUCH

If you would like to be involved in the future work of NHS Airedale Wharfedale and Craven Clinical Commissioning Group or would like to share your views on local health services, please contact us in any of the following ways

Go online: www.airedalewharfedalecravenccg.nhs.uk/

Email us: engage@awcccg.nhs.uk

Twitter: @NHSAWCCCG

Facebook: www.facebook.com/awcccg

Write to us at:

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If you need this report in another format, for example, large print, audio tape or in another language, please call us on 01274 237 324.