Airedale, Wharfedale and Craven
Clinical Commissioning Group

Equality Act
Public Sector Equality Duty Report
2015

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Executive Summary

The purpose of this report is to provide the people of Airedale, Wharfedale and Craven (AWC) with assurance and evidence of how we, the clinical commissioning group (CCG), are adhering to the Public Sector Equality Duty (PSED), which is a statutory obligation. This report aims to provide an update on the activity that has been undertaken to embed equality within the organisation for the year 2014.

Our Vision and Strategic Objectives

Vision

"Proactive, co-ordinated person centred care"

Strategic Objectives

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

- Reduce reliance on reactive emergency and urgent care through 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

Our Values
The values that lie at the heart of our CCG are:

Everyone Counts
- We are respectful, fair and inclusive in what we do and how we do it.
- We work with integrity and in partnership with others towards a shared vision.
- We maximise our resources in buying services that are fit for purpose, high in quality and effective.

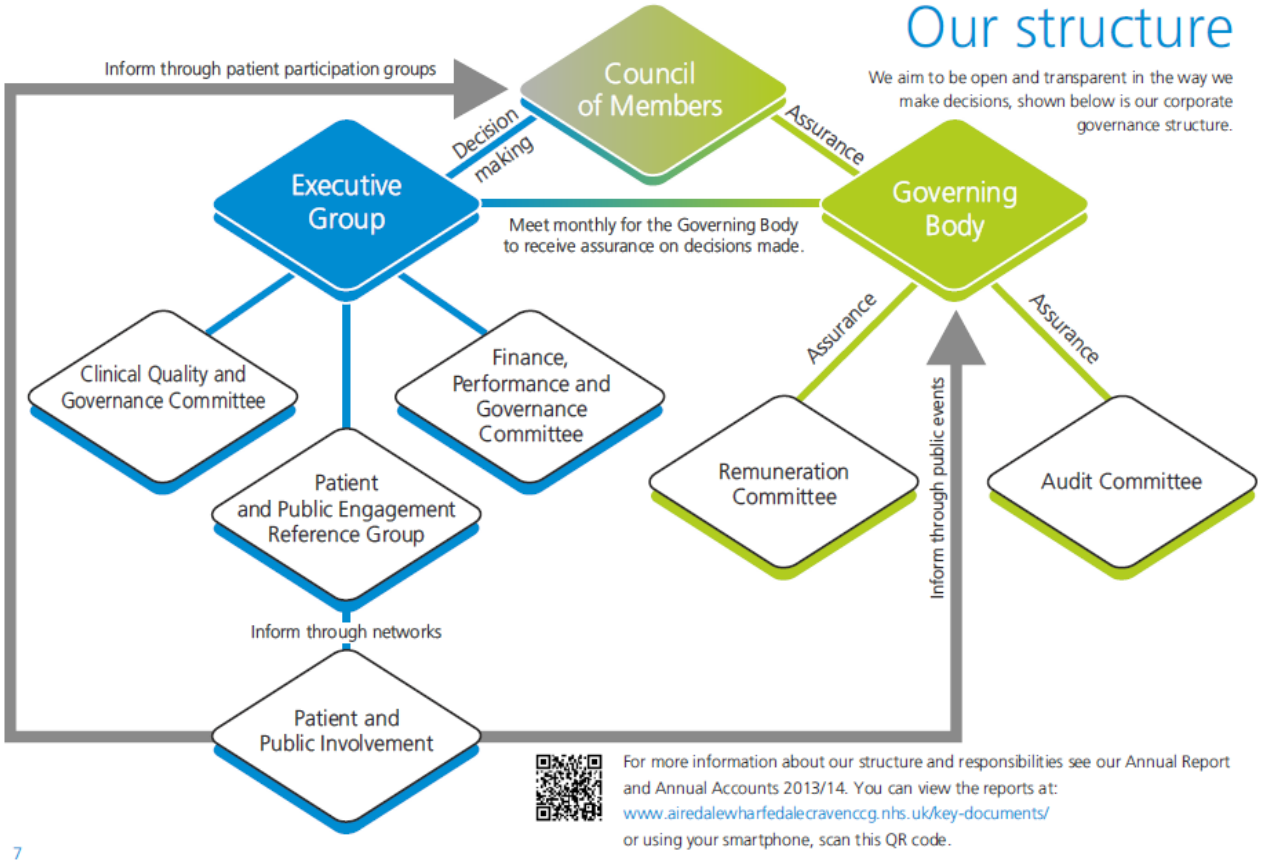
Responsive to our communities
- We focus on, and care about, the specific needs of our patients and our communities.
- We value their involvement in ensuring services we buy provide choice, access, improve quality and support better health.
- We are innovative and actively seek out better ways to do our work which can really deliver improvements.

Openness and honesty
- We are straightforward and open in our communications.
- We are willing to confront difficult issues and our decisions are made in a transparent way based on sound evidence.

Our structure

The purpose of our CCG is to clinically lead the commissioning of health and care services for the residents of Airedale, Wharfedale and Craven and we are a membership organisation made up of 17 GP practices.

Elected GPs from our practices are members of the Executive Group along with senior staff who are responsible for the day to day running of the CCG. The decisions made by our Executive Group are assured by our governing body which includes GPs, a hospital consultant, a nurse, two lay members, a chief financial officer and the chief clinical officer.



NHS Airedale, Wharfedale and Craven CCG, has its headquarters at Millennium Business Park in Steeton.

Purpose of the PSED Report

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

The report should be read as a work in progress, rather than an end result. This is the second year that we are publishing information relating to the PSED as part of a journey that will be fully evaluated in 2017.

Equality Objectives 2013 - 2017

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

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

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

Equality Objective 3: Understanding and reducing the scale of social isolation on an older population.

Equality Objective 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.

In addition to the above equality objectives, the Bradford and Airedale NHS Equality Group, which is made up of a number of representatives from across health and social care organisations in the district, agreed on a set of equality objectives and agreed to use the Equality Delivery System (EDS2) to assess equality performance across the local NHS:

- Improve EDS grades year on year
- Improve EDS 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 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

Through this report, we will also provide examples of projects undertaken over the past year to provide an insight into how we incorporate equality and diversity into our evidence based decision making, listening, communication and engagement practices, measuring impact and performance processes. All the project examples link directly to our individual and/or shared equality objectives.

This report is written in six parts, each part reflects the work undertaken over this past year.

Part 1: Reflects the strategic context:

- Bradford and AWC 5 year forward view;

Part 2: Airedale, Wharfedale and Craven CCG Commissioning Intentions:

- Sets out our commissioning intentions

Part 3: Demographic data and health inequalities data relating to the CGGs' equality objectives:

- Population profile and the joint strategic needs assessment
- Protected characteristics
- The NHS Equality Delivery System 2 (EDS2) for measuring and driving equality performance

Part 4: Patient and Public Engagement:

- Patient and Public Engagement Reference Group;
- Patient Participation Groups and Network;
- Engagement.

Part 5: Airedale, Wharfedale and Craven CCG Staffing that includes:

- A summary of the HR Policy Framework;
- Staffing profiles;
- NHS England survey updates.

Part 6: Examples of good practice impacting on protected and disadvantaged groups:

- A sample range of community and health projects
- Link to non-recurrent innovative health based projects that we funded in 2014.

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.

Equality Act and the Public Sector Equality Duty

Publishing equality information and setting equality objectives is part of the requirements of us to be compliant with the Equality Act (2010) and one of the ways we demonstrate that we meet the Public Sector Equality Duty.

The public sector equality duty is made up of a general equality duty, which is supported by specific duties. The specific duties are 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.

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 when making commissioning decisions.

In publishing this report, we are demonstrating that we have consciously thought about the three aims of the Equality Duty as part of our every day decision making process. The specific duty requires the CCG to publish information relating to people who are affected by our policies and practices who share protected characteristics. This is routinely embedded within the decision making process for health specialities that are reviewed.

The Act also requires that employers with a workforce of over 150 employees publish information relating to employees who share protected characteristics. At the time of the last national staff survey in 2013, we had 19 employees and so will not publish this information as it has 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.

The CCG in an equality context

In order to deliver high quality inclusive health services, we aim to ensure that protected groups have the same access, experiences and outcomes as the general population. In this regard, we recognise that there are many things that influence this that we may not have complete control over, but we are committed to working with the community and partners to influence, such as:

- Reduce inequalities in health outcomes and experience between patients. We will do this by planning our strategic aims and working in partnership with our partners including the City of Bradford Metropolitan District Council and North Yorkshire County Council to address the needs of protected groups as identified in the JSNA and through joint strategic planning;

- Remove any barriers or inequalities faced by protected community groups in accessing healthcare, including making reasonable adjustments where these are identified, this includes incorporating specific aims in our policies, or within commissioning specifications when we develop them as part of our business processes.

- Promote and actively involve patients and their carers in decisions about the way their health care is provided and the methods we use to deploy and commission health services, so they are relevant, specific and meet the needs of the population we serve;

- 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.

PART 1: Airedale, Wharfedale and Craven CCG Strategic Plan

As part of our drive to collect insight and feedback from people who have used our services, we created a local health survey. The aim of this survey was to hear about their experiences of the local NHS services and ideas they may have on how we might improve them in the future.

We also undertook work on a Call to Action by holding local events. A call to action was a national programme so that everyone could contribute to the debate about the future of health and care provision in England. We used the feedback from this engagement to develop our 5 year commissioning plan and priorities. Alongside this, in the context of the JSNA and the Health and Wellbeing Strategy, we recently agreed a joint strategy with NHS Bradford City CCG and NHS Bradford Districts CCGs, entitled the Bradford District and Craven 5 year forward view.

For any further information relating to our strategic plan, please click the following link 5 Year Forward View.

PART 2: Airedale Wharfedale and Craven (AWC) Commissioning Intentions

Our high level commissioning intentions (CI) identify the activities to be undertaken through our various service development forums, all of which will contribute to delivery of our strategic objectives. We combined the activities of the different forums into one service development and improvement plan as this allows visibility as a whole system and opportunity to identify inter-dependencies and impact on a range of providers.

As commissioners we cannot resolve the economic, demographic, health and social care challenges of a growing population in isolation, these issues can only be considered as a whole health and care system with all partners and providers. In recognition of this, the local system leaders, through the Transformation and Integration Group (TIG), are committed to the delivery of a new system of care and have taken a collaborative, partnership approach to develop an ambitious vision 'The Future State – Right Care'.

For further details click CCG Commissioning Intentions and Service Development and Improvement Plans

PART 3: Demographic data and health inequalities

Brief Population Profile

AWC CCG consists of 17 GP member practices serving a population of 156,000 patients with 1% annual growth in the total population:

- 14% of the population is South East Asian
- 23% of population is aged 65 years and above
- It is forecast that 30% of the population will be 65+ in 2021
- 78.3 / 82.3 year life expectancy for males / females
- 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: cardiovascular, respiratory disease and cancer
- Our budget is £186m, which equates to £1,192 per head of population

Some groups of people experience different access, experience and outcomes when they use NHS services, the impact of this can be inequalities that affect broad groups of patients.

Health inequalities are not only apparent between people of different socio-economic groups (i.e. with different incomes)— they exist for example, 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 — smoking, nutrition, exercise to name only a few — and also wider determinants such as poverty, housing and education.

Joint Strategic Needs Assessment (JSNA):

Along with our partners in the 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 with further detailed information here
For JSNA profile information North Yorkshire Craven Section

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.

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

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.

The Equality Delivery System2 (EDS2)

To ensure the genuine and meaningful engagement of local communities we are utilising the EDS2 as a mechanism to develop our objectives. The (EDS2) has been designed by the NHS England to help NHS organisations measure their equality performance.

At the heart of the EDS 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

This year we focused on 10 EDS outcomes. Each outcome was graded by panel members representing either a particular protected characteristics or as a member of the Bradford and Airedale NHS Equality Group. The grades were based on the evidence provided by the CCGs through their shared equality objectives, actions and activities, presented over a four panel presentation process.

The attendance of the panel meetings was not as extensive as we would have wished. Despite the low numbers there were several pieces of qualitative data in the form of feedback that we will use to improve the process and increase participation levels. We are already looking at addressing this issue initially through a meeting between the local CCGs and NHS providers to assess the EDS2 presentation and grading process. We will then feedback this information to the Bradford equality health and wellbeing forums with a view to identifying a collaborative action plan to improve upon both the EDS2 process and the representation at the EDS2 panel meetings for 2015.
The grades were based on the following criteria:

Under Developed	Developing	Achieving	Excelling

All three CCGs agreed to present their individual and shared equality objectives collaboratively and were graded on that basis

EDS2 Equality Outcomes	Linked to CCG Shared Equality Objective/s	Graded
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Improve the access and experience of BME patients and service users	Amber Developing
	Address Health Inequalities of people living in rural communities	
	Understand and reduce the scale of social isolation on an older population	
	Improve the health of women	
	Improve the access to mental health services for women	
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed.	Improve the access and experience of BME patients and service users	Amber Developing
	Address Health Inequalities of people living in rural communities	
	Improve the transition for young disabled people including young people with mental health problems	

2.1 People, cares and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Improve the access and experience of BME patients and service users	Amber Developing
	Make information more accessible to better meet the needs of visually impaired people, Deaf people and people with language/literacy issues	
	Flag patients' access needs in System One	
	Ensure services better meet the need s of Trans people	
	Improve the access to mental health services for women	
	Improve referral system for perinatal mental health services	
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Improve the access an experience of BME patients and services users	Amber Developing
	Improve the experience of BME, young and white working class maternity service users	
	Ensure the involvement of a diverse range of people living in Airedale, Wharfedale and Craven in the local NHS equality Group	
3.1 Fair NHS recruitment and selection process lead to a more representative workforce at all levels	Increase the diversity of boards and their understanding of equality issues Reduce the inequalities experienced by BME staff and job applicants	Amber Developing
3.3 Training and Development opportunities are taken up and positively evaluated by all staff		
3.4 When at work staff are free from abuse, harassment, bullying and violence from any source		
3.6 Staff report positive experiences of their membership of the workforce.		
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Increase the diversity of boards and their understanding of equality issues	Amber Developing
4.3 Middle Managers and other line managers support their staff to work in culturally competent ways within a world environment free from discrimination		

For more information about the EDS2 please use the following link Equality Delivery System2

PART 4: Patient and Public Engagement

The Patient and Public Engagement Reference Group (PPERG)

PPERG aims to promote communication and engagement with our patients and the wider public, by regularly reviewing how their views have been taken into account and used as part of the CCG's decision making. Under the Health and Social Care Act (2012), the CCG is required to undertake a number of duties in relation to patient and carer involvement in decision making and the PPERG provides the forum to enable these discussions to take place and present advice to the Executive Group. Chaired by a lay member of the governing body who provides the link to the decision making body. PPERG includes representatives from:

- Craven District Council
- Bradford District Council
- Bradford District Healthwatch
- North Yorkshire Healthwatch
- Representatives from the Voluntary and Community Sector (VCS)
- Representatives from local providers
- Patient Participation Group Network (PPG Network)
- Members of CCG and Yorkshire and Humber Commissioning Support

Over the past year, the group looked at a range of issues, particularly with regards to how patients and the public have been involved in how we plan local services. For example, ensuring the CCG has gathered views from patients when reviewing our services. The group has also worked on setting equality and diversity objectives, the winter communications campaign, and the CCG's prospectus.

Patients 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. There are currently 16 PPGs across our 17 member practices in Airedale, Wharfedale and Craven that meet at regular intervals to decide ways and means of 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 networks bring together members of the already established patient participation groups in GP practices to share good practice, discuss any common issues and learn about new ideas they may have. CCG staff and other local stakeholders regularly attend to share information with the network and the chair, who is also a member of the PPERG, shares information between the PPERG and the PPG Network.

Following each meeting, a newsletter is produced to raise awareness about the work across the local area and share information on the topics discussed.

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 local people needs and diversities.

For all engagement activity, we monitor the profile of respondents to ensure that we engage with and seek the views of a representative sample of the local population. This ensures that we

understand what local people value and want from local health services now, and in the future. This enables us to further develop commissioning priorities and plans based on the feedback received.

For examples of key engagement events in 2014 see engagement round-up webpage.

PART 5: Airedale, Wharfedale and Craven CCG Staffing

Employment:

To ensure that all of our staff operate in a working environment within which they excel, develop and do not experience discrimination, harassment and victimisation, we have equality assessed and put in place a broad range of workforce policies to ensure that the CCG is fully 'inclusive' and staff flourish in achieving their potential without the fear of discrimination:

- Domestic abuse policy and procedure
- Dignity at work policy
- Equality of opportunity policy (including disabled employees)
- Family friendly policy
- Home working policy
- Knowledge and skills framework policy
- Maternity, paternity and adoption policy
- Recruitment and selection policy
- Retirement policy

Equality impact assessments have been used to screen all relevant policies, and over the next year we will continue to monitor the impact of the implementation of our workforce policies on all our staff, including their usage. This will ensure that we proactively identify and address any potential inequalities against equality characteristics.

We also recognise that in order to remove the barriers experienced by disabled people, we need to make reasonable adjustments for disabled employees, and for those people who would like to secure employment with us. We will do this on a case by case basis and involve occupational health services as appropriate, as we recognise 'that everyone is different, and everyone matters'. The principle of reasonable adjustment is embedded throughout all policies as described above.

We have taken part in the national NHS staff survey in 2013 and 2014. The results of the 2014 survey are not yet available, but we reviewed the 2013 results to identify areas that we could improve our staff members' experience.

Equality & Diversity Survey (NHS England)

In May 2013, NHS England announced that they would be undertaking an equality and diversity survey of all CCGs.

Their reasoning can be summarised by the following bullet points:

- Equality sits at the heart of the NHS constitution.
- Do CCGs reflect the population they serve?
- Are commissioning decisions being taken in the context of all diversities, and is this reflected in recruitment and retention practices?
- The data compiled from the survey is a key component of the NHS Equality Delivery System (internal) goals; and provides a useful baseline for CCGs to consider how they are progressing equality in the context of employment and diversity representation.

For more details click the following link: CCG National Equality and Diversity Survey

We have reviewed the results of this national survey and used it as a benchmark against our own figures.

PART 6: Examples of Good Practice

A number of projects have been undertaken both across Airedale, Wharfedale and Craven and in collaboration with the two Bradford CCGs that support the CCGs in meeting the needs of the population, and in particular those groups who have a protected characteristic. A summary of some of these projects is detailed below. The full range of non-recurrent innovative health based projects funded by the AWC CCG in 2014 can be found here and those projects funded across the Bradford district and Craven, can be viewed under grant funded projects.

Integrated Family Recovery Service (Project 6)

Protected characteristics or disadvantaged groups supported by this project?
Age – Sex – Pregnancy and maternity – Carers

Overview
The Integrated Family Recovery Service (IFRS) developed by Project 6 delivers bespoke interventions to identify families at risk and to try and prevent problems being transferred across generations. The project has various strands including a maternity alcohol service which supports health professionals with screening and interventions for pregnant women. The intended outcome is to reduce the impact of alcohol on the unborn child whilst also promoting recovery for the mother. 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 5th birthday through various different services at Project 6.

Living Well with Diabetes

Protected characteristics or disadvantaged groups supported by this project?
Race, religion & belief and disability.

Overview
We looked at the diabetes services provided across the district, in partnership with the two Bradford CCGs.

Latest figures from 2013 suggest an estimated 36,000 adults are diagnosed with diabetes in Bradford and Airedale and 85 per cent of them have type two diabetes, which is closely linked to being overweight.

The data also told us?

You are more at risk of getting Type 2 diabetes if you:
- are overweight, especially if you have a large tummy
- are over 40 (or over 25 if you are South Asian)
- are South Asian, Black African or Caribbean
- have a parent, brother or sister with diabetes
- have ever had high blood pressure, a heart attack or a stroke
- have a diagnosed mental illness for which you take medication
- are a woman who has had polycystic ovaries, gestational diabetes, or a baby weighing over 10 pounds.

As part of our commitment to listen to those using the services, we spoke to a large number of patients with diabetes. Below is the 'You Said, We Did' describing the actions we took as a result of the feedback.

You said: "Most people are unaware of the symptoms or the risks associated with diabetes."	We will provide more information to people with diabetes that is adapted to meet their needs. Recently we have introduced patient information folders which include details of appointments and the names of staff involved in their care. A chart for people to record how they are feeling and their personal goals is also included.
You said: "I don't have a care plan to help me manage my condition and stay well."	Everyone with diabetes should have a care plan and we will check to see that this is the case when we monitor the contracts we have in place.
You said: "I would like to have some psychological support, so I can discuss how I feel."	We will look at how psychological therapies can support patients.
You said: "I don't know what to expect from the services I use."	We will work in partnership with people providing the services to ensure communications with patients are improved.
You said: "I would like support from services closer to my home."	We will work in partnership with VCS to look at how they can provide more support in the community.

The CCG also invested a small amount of money in developing folders that could support people in disadvantaged communities manage their condition with the support of health professionals.

Health Promotion Managers
Fisher Medical Centre and Dyneley House Surgery

Protected characteristics or disadvantaged groups supported by this project?
Age, disability and people living in rural communities

Overview
The health promotion manager works with patients to look at their health and wellbeing, with the aim of improving communication to support self-care and encourage patients to lead healthier lifestyles. Their role also includes the development of projects which reduce social isolation and focus on specific conditions. They can also signpost to other services where these may be required.

Village Agents for Health
Age UK North Craven

Which protected characteristics or disadvantaged groups were supported by this project?
Age, rural communities and disability.

Overview
This project is aimed at senior citizens who reside in rural communities with the aim of addressing loneliness and isolation, prevent falls in the elderly and /or support people to remain in their homes.

The project provides a local network of village agents to act as a first point of contact for older people to help them access local community services. The agents promote self-care by providing healthy advice and help to set up local activities. They are currently based in Embsay, Hellifield, Ingleton, and Sutton in Craven.

They also involve the development of community hubs using village halls and other venues in rural areas for early social care intervention such as dementia befriending.

Violence against Women and Girls

Which protected characteristics or disadvantaged groups were supported by this project?
Age and sex

Overview
This project established the post of Violence Against Women & Girls Health Strategy Implementation Manager. The purpose of this role is to support health colleagues throughout the Airedale, Wharfedale and Craven, Bradford City and Bradford District CCG area to implement the priorities of the Violence Against Women and Girls (VAWG) Health Strategy. This includes child sexual exploitation (CSE), female genital mutilation (FGM), forced marriage and 'honour' violence and lessons learned from domestic homicide reviews.

What the data told us
The outcomes that this project aims to deliver include:

- Improved awareness of FGM and safeguarding requirements results in more identified cases and plans being put in place to protect children at risk.
- Greater understanding about how women access services (and the barriers to doing so), improving accessibility, particularly for marginalised women.
- Greater awareness of the situation for males who experience domestic abuse.

West Yorkshire Trans Equality Multi-Agency partnership Group

Which protected characteristics or disadvantaged groups were supported by this project?
Gender reassignment

Overview
The West Yorkshire Trans Equality Multi-Agency Partnership Group is made up of organisations including the NHS, local councils, the police, department of work and pensions, housing associations and universities. The objectives of the project are

- To engage with Trans people across West Yorkshire to develop and produce a Trans Awareness Guide for staff primarily in the public sector.
- To develop and deliver training on Trans issues to a variety of audiences, primarily in the public sector.
- Report on the and inequalities identified by those engaged, including recommendations on how to sustain relationships and engagement of Trans communities

The engagement work comprised an online survey and focus groups to understand the Trans experience in West Yorkshire and to get views on improving services. 5 people attended the focus groups whilst 38 people started the survey and 28 participants completed the survey. The following outcomes have been delivered to date:

- 'Trans People's Experience in West Yorkshire' engagement report

- Delivered training package (Trans Bare All)
- Trans awareness guide: "Top Tips for Working with Trans People"
- Developed a Trans Index
- Developed a Trans +ve Pledge

Maternity Partnership Engagement Project

Protected characteristics or disadvantaged groups supported by this project?
Sex – Pregnancy and Maternity - Race

Bradford Maternity Services Liaison Committee (MSLC), which covers the Bradford and Airedale district, works with providers and commissioners of maternity services to make sure that services meet the needs of local women, parents and families. It is, therefore, keen to engage with the local families who use the services on an ongoing basis to understand their experiences and inform its own work.

As part of this engagement, the MSLC was keen to hear from those who do not usually respond to traditional forms of communications and engagement, for example through surveys and social media. We carried out a series of discussion groups with these under-represented groups, which included BME communities, white working class women and young women.

In total, there were 100 participants who attended the thirteen discussion groups. Of that total, 97 were female and 3 were male. For the majority, it was their first child and/or experience of community midwifery in this country. They came from a range of backgrounds and ethnicities and were a range of ages

Asian & White	2%	1
White British	44%	26
Asian Chinese	3%	2
Asian Pakistani	20%	12
Black African	5%	3
Black Caribbean & White	2%	1
Other Black	2%	1
Other White	20%	12
Prefer not to say	2%	1

Age		
16 - 25	24%	14
26 - 35	68%	40
36 - 45	8%	5

The groups were run by a facilitator and attended by a midwife who was able to give clarification and further information as required. An interpreter was present at some of the sessions.

Findings:
The themes highlighted in the detailed discussions with parents from 'hard to reach' communities chime with the messages from previous engagement work, though perhaps with more emphasis on communications and cultural sensitivity.

First-time mums were unfamiliar with the systems and processes; they were unclear of their 'pregnancy pathway' and didn't know what they didn't know. So it was not surprising that many went to their GP first and were not aware they could directly contact community midwives.

In the same way, once they were home with their babies, the system and indeed their own life circumstances had completely changed and many mentioned they needed support coping or reassurance that they were doing it right.

Any worry and concern for some of these women who did not understand English or were from a different culture was amplified because of community and cultural differences.

Many mentioned access to antenatal and parenting classes. Wherever possible, these should be within local communities.

Much research and work has already been carried out in the districts on responding to the cultural needs of families. As this has been mentioned by a few respondents, there would be merit in mapping such provision across the districts to identify gaps and areas for action.

A report was developed that included recommendations to address the issues that the engagement work identified and these are currently being implemented. The Maternity Partnership will be reviewing the implementation of the recommendations in 2015 and feeding back to the public about the changes that have been made.

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

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