

Equality Act Public Sector Equality Duty Report 2016

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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 2015.

Our Vision and Strategic Objectives

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

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.

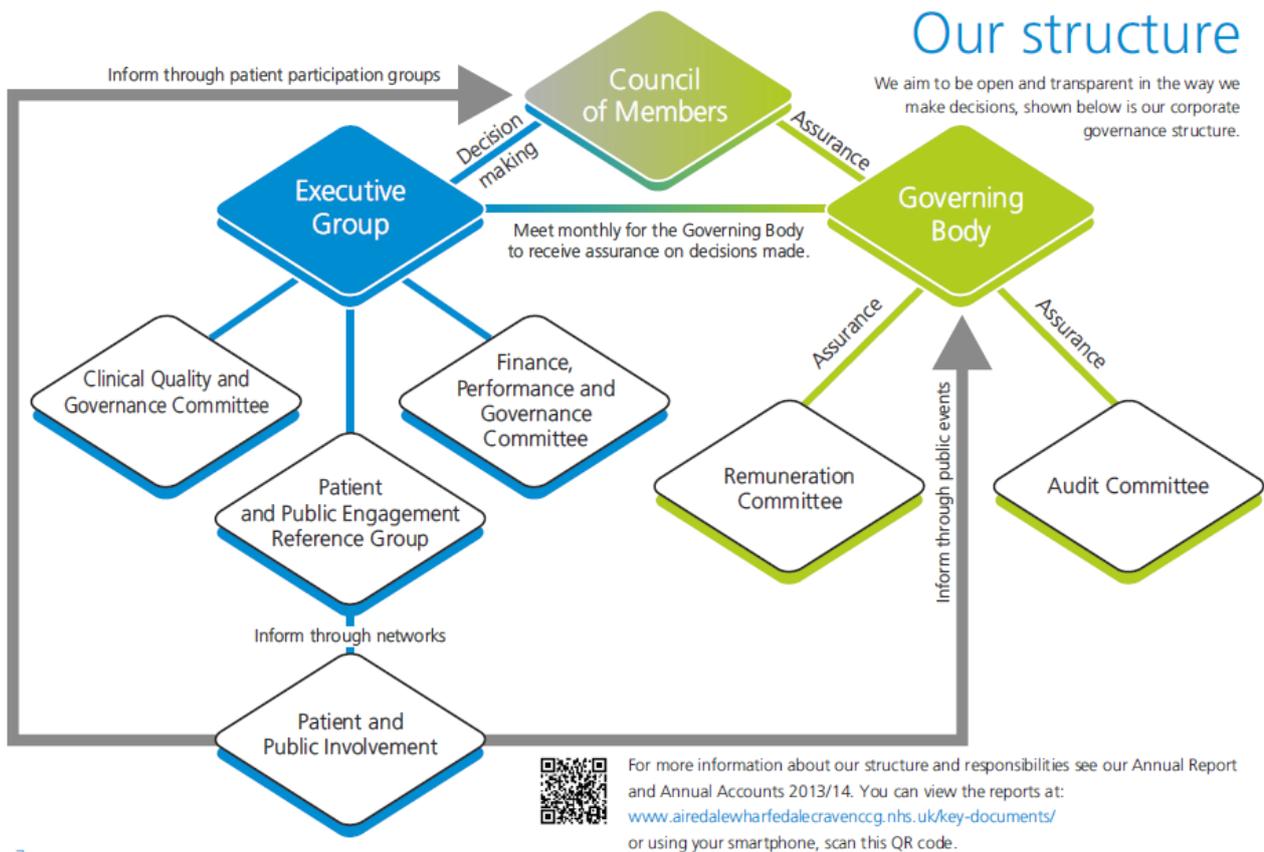
Our Principles

- 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 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. We are a membership organisation made up of 16 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 reviewed by our Governing Body for assurance. Our Governing Body includes GPs, a hospital consultant, a nurse, two lay members, a chief financial officer and the chief clinical officer.



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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 will be operating with a new governance structure.

Our headquarters are 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 third 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.

Joint equality objectives across Bradford district and Craven

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/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 are 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 joint equality objectives and so are reviewing them jointly. During 2015, they have been engaging with members of the public, voluntary and community organisations and other stakeholders to seek

their input on what the equality objectives should be. They will be publishing their new equality objectives in early 2016. CCGs are required to review their equality objectives in 2017 and we will take into account the new joint equality objectives when we undertake this review.

Structure of this report

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: Strategic context:

- Bradford and AWC 5 year forward view.

Part 2: Airedale, Wharfedale and Craven CCG operational plan:

- Sets out our commissioning intentions

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

- Population profile and the joint strategic needs assessment.
- Protected characteristics.

Part 4: The NHS Equality Delivery System 2 (EDS2) for measuring and driving equality performance

Part 5: Patient and public engagement:

- Patient and Public Engagement Reference Group.
- Patient participation groups and network.
- Engagement.

Part 6: Airedale, Wharfedale and Craven CCG staffing that includes:

- A summary of the HR policy framework.
- Staffing profiles.
- NHS England survey updates.

Part 7: 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 2015.

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 2015, we had 26 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 joint strategic needs assessment (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: NHS Airedale, Wharfedale and Craven CCG Strategic Plan

Our CCG has developed a joint strategic plan with Bradford City and Bradford Districts CCGs. This is referred to as the Bradford District and Craven [5 Year Forward View](#) and was developed with health and care providers and commissioners in 2014.

Our five year forward view was developed from feedback gathered during local events held in 2014 under the national [Call to Action](#) programme where we asked people to contribute to the debate about the future of health and care provision.

We continue to collect insight and feedback from people who have used our services through both formal and informal mechanisms such as our website, detailed surveys and attending meetings. This feedback enables us to look at how we might improve our services. Examples of feedback we have received and changes we have made can be seen on our website [here](#).

PART 2: Airedale Wharfedale and Craven (AWC) Operational Plan

Our high level commissioning intentions 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 operational plan as this allows visibility as a whole system and opportunity to identify inter- dependencies and impact on a range of providers.

For further details click [CCG 2015/16 operational plan](#)

New models of care

Our CCG has been identified as a national integrated care pioneer site. It is developing new models of care so people in the CCG's area receive individual seamless care, and reduce their need for urgent and unplanned 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 a one size fits all approach.

For further details click [New Models of Care programme](#)

PART 3: Demographic data and health inequalities

Brief population profile

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.

- 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 in 2015/16 was £201m.

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 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](#) 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.

PART 4: 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.

Service condition 13: Requires providers to implement Equality Delivery System 2 (EDS2).

The service conditions apply automatically to all services or to the relevant service, as indicated, and are mandated for all services or the relevant service, as appropriate. The service conditions applicable to the relevant service cannot be changed, amended or deleted.

CCG Assurance Framework

The new assurance framework recognises that assurance is a continuous process that considers the breadth of a CCG's responsibilities. It will consist of the following components:

- Well led organisation
- Performance: delivery of commitments and improved outcomes
- Financial management
- Planning
- Delegated functions

The EDS2 will be measured within the "well-led organisation" component of the CCG assurance framework which will assess the extent to which a CCG:

- has strong and robust leadership;
- has robust governance arrangements;
- involves and engages patients and the public actively;
- works in partnership with others, including other CCGs;
- secures the range of skills and capabilities it requires to deliver all of its commissioning functions, using support functions effectively, and getting the best value for money; and
- has effective systems in place to ensure compliance with its statutory functions.

EDS2 Implementation Stages

Step 2

- CCGs should involve member practices and their patient forums

Step 9 - Publish grades, equality objectives and plans

- They should be shared with health and wellbeing boards for comment and possible action.
- Providers may report their grades and equality objectives or plans with commissioners as part of contract monitoring processes.

In previous years we have invited panel members 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 2015 as the NHS provider organisations are reviewing their equality objectives and reviewing progress in 2015 as part of this process.

Instead, we provide an update of progress against each equality objective below:

EDS2 equality outcomes	Linked to CCG shared equality objective/s	Progress in 2015
<p>1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p>	<p>Improve the access and experience of black and minority ethnic patients and service users</p>	<p>We undertake equality impact assessments (EIA) when developing new services or making significant changes to services. The purpose of the EIAs is to review whether the new service or change will have a disproportionate impact on any of the protected groups and if so, what actions can be taken to ameliorate the impact. Race is one of the protected groups and so this would cover black and minority ethnic patients and service users.</p> <p>During 2015, we undertook EIAs for:</p> <ul style="list-style-type: none"> - Redesign of the diabetes service. - Reconfiguration of stroke services. - Community defibrillator project. - Redesign of community services. - Non-elective admissions for falls at Airedale Hospital. - The new complex care service. <p>Copies of the EIAs above can be requested by emailing engage@awcccg.nhs.uk</p>
	<p>Address health inequalities of people living in rural communities</p> <p>Understand and reduce the scale of social isolation on an older population</p>	<p>Tissue viability service – We have recognised that there are service provision inequalities between Airedale & Wharfedale and Craven due to these areas historically coming under different commissioning organisations. Craven is a primarily rural area. We have made efforts to address this inequality in service provision. In 2015, we undertook a review of tissue viability services and conducted patient engagement to see if Craven patients were experiencing difficulties in accessing tissue viability services. As a result, tissue viability services were reconfigured in Craven to reduce the need for patients to have to travel to Bradford. The patient engagement report on tissue viability is on our website here.</p> <p>Village agents scheme – We funded a pilot scheme until September 2015 for Age UK to provide a local network of village agents in Craven. The agents act as a first point of contact for older people to help them</p>

		<p>access local community services. The agents promote self care by providing healthy advice and help to set up local activities.</p> <p>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 were able to do more to support them and help them self-manage, they could just see staff at their GP practice and not need to go into hospital.</p> <p>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 support and help them set personal goals, such as being able to play football or feeling less anxious.</p> <p>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.</p>
	<p>Improve the health of women</p> <p>Improve the access to mental health services for women</p>	<p>The CCG attends the Bradford and district Maternity Partnership. This is a forum for maternity service users, providers and commissioners of maternity services to come together to design services that meet the needs of local women, parents and families. The partnership is attended by Dr Anne Connolly, who is the CCG lead for maternity and women’s health.</p> <p>The perinatal mental health pathway was reviewed in 2014 to clarify referral criteria and routes. The Maternity Partnership is planning to hold a workshop on perinatal mental health in 2016, which will provide an opportunity to gain feedback on how the new pathway is working.</p>

		The new First Response Service offers 24/7 access to support people who are experiencing a mental health crisis and ensure they have quick access to services that will support their recovery.
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 black and minority patients and service users	Please see update under outcome 1.1
	Address health inequalities of people living in rural communities	Please see update under outcome 1.1
	Improve the transition for young disabled people including young people with mental health problems	<p>The three CCGs in Bradford and AWC have recently developed “Future in Mind” which is the Transformation Plan for Children and Young People focused on improving access to, and the quality of, services and outcomes for children up to the age of 18. Implementation of this will improve transition between services for young people.</p> <p>Your Future, Your Health event – We teamed up with local NHS health provider and the voluntary sector to hold the ‘Your Future, Your Health’ event in October 2015. Over 800 young people from local schools, colleges and programmes attended. Each young person received a health passport and was challenged to collect stamps from a range of information zones including careers, keeping healthy, getting involved and staying active.</p>
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 black and minority patients and service users	Please see update under outcome 1.1
	Make information more accessible to better meet the needs of visually impaired people, deaf/Deaf people and people with language/literacy	Along with the Bradford CCGs, System One, voluntary services, practices and patient representatives, we are working on a project to make it easier for patients to access GP services. We are making changes to System One (the GP patient system) so that patient access needs can be flagged on the system so that the information is available

	issues	to the right people at the right time. Bradford Talking Media and Strategic Disability Partnership are supporting the project by providing training the practices on how to identify, record and respond to any patient access needs identified. Grange Park practice has volunteered to be a pilot site to test the new way of working and the learning will be fed back to all other practices. This project will help practices to meet the requirements of the national Accessible Information Standard.
	Flag patients' access needs in System One	
	Ensure services better meet the needs of Trans people	The CCG has not undertaken any specific work around the needs of Trans people in 2015. Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) is an example of best practice in meeting the needs of Trans patients through its work to develop its Trans (Transgender/Transsexual) Equality Policy. The CCG sits on a local NHS Equality Group, along with the Bradford district CCGs, Airedale NHS Foundation Trust, BDCT and BTHFT, which provides opportunities to learn best practice from other organisations in the group. The CCG is also a member of the West Yorkshire Trans Equality Multi Agency Partnership Group, which has been involved in commissioning trans awareness training and the development of Top tips for working with Trans people . The group is currently looking at working with Trans +ve to develop a Trans pledge and index.
	Improve the access to mental health services for women	Please see update under outcome 1.1
	Improve referral system for perinatal mental health services	Please see update under outcome 1.1
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Improve the access and experience of black and minority ethnic patients and service users	Please see update under outcome 1.1
	Improve the experience of	Please see update under 1.1

	black and minority ethnic, 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	Community asset based approach - To increase the diversity of the people that we engage with, we have been developing a community asset based approach to engagement. Together with the Bradford district CCGs, we commissioned Keighley and Ilkley Voluntary and Community Action (KIVCA) to develop and pilot a community engagement practitioners' programme. The pilot programme provided free training to staff or volunteers of third sector organisations and groups who wished to become recognised community engagement practitioners. Following successful completion of the programme, community engagement practitioners will be registered to support the three local CCGs in the delivery of future engagement and consultation activities. The training took place in September and October 2015 and the community engagement practitioners undertook their first piece of engagement work on behalf of the CCG in winter 2015.
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	Our governing body members, executive GPs and senior staff have received face to face training on equality and diversity in the last three years. As a CCG as a whole, we have met the 90% E&D training participation target in 2015. All papers that come before the governing body and other major committees identify impacts related to communications, engagement and equality and diversity.
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	Reduce the inequalities experienced by black and minority ethnic staff and job applicants	We have taken part in the national NHS staff survey in 2013, 2014 and 2015. We have reviewed the results from each of the surveys to identify areas that we could improve our staff members' experience, including our black and minority ethnic staff.
3.6 Staff report positive experiences of their membership of		

the workforce.		We have a recruitment and selection policy
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	Please see update under outcome 3.1
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 5: 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 services (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, overseeing engagement on stroke services, maternity services, tissue viability services and on the new models of care programme,

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. The PPGs 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 attend each meeting and other local stakeholders are invited to share information with the network. The Chair of the network is also a member of the PPERG and 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 2015 see [engagement round-up webpage](#).

PART 6: 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:

- 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 have been used to screen all relevant policies.

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

We have taken part in the national NHS staff survey in 2013, 2014 and 2015. We have reviewed the results from each of the surveys to identify areas that we could improve our staff members' experience.

Equality & Diversity Survey (NHS England)

In May and June 2014, NHS England collected equality and diversity data on all CCG employees. 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 7: 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 which have continued in 2015 is detailed below.

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 Young Person's service and a Maternity and Families Service for drugs and alcohol which supports health professionals with screening and interventions for pregnant women. The intended outcome is to reduce the impact of harmful substances 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 5 th birthday through various different services at Project 6.

Violence against Women and Girls	
Protected characteristics or disadvantaged groups supported by this project?	Age; sex; race; religion/belief
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: <ul style="list-style-type: none"> • 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.

Horton Community Cafes	
Protected characteristics or disadvantaged groups	Social isolation; Age; Disability

supported by this project?	
Overview	Horton Community Cafes take place throughout Craven and are aimed at anyone experiencing isolation and loneliness and want to meet new people and build links within their local community. The cafés are based in community buildings and provide activities based around the needs identified in the community, such as independent living skills, educational opportunities, debt management and healthy cooking. Further information can be found here .

Other projects that have had a positive impact on equality and diversity issues over the past year are listed below:

Maternity Partnership Engagement Project	
Protected characteristics or disadvantaged groups supported by this project?	Sex; pregnancy & maternity; race
Overview	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. Between January and March 2015 we held a number of focus groups at local children's centres and community locations to hear from local people about choice and personalisation during maternity care.
What the data told us	A report summarising the feedback from the focus groups has been published on our website. Please click here Engagement on Choice and Personalisation in Maternity Services .

Stroke engagement	
Protected characteristics or disadvantaged groups supported by this project?	Age; disability; carers.
Overview	During 2015, we undertook engagement on stroke services. Changes were being made to improve stroke services and ensure that anyone who has a stroke receives consistent and safe care. As part of this plan the existing hyper acute stroke unit (HASU) at Airedale General Hospital was moved to Bradford Royal Infirmary where a single HASU was created for the whole district. The engagement was an opportunity for us to tell people why we were making these changes and how they would improve stroke care and to find out what impact people thought the changes would have.
What the data told us	A report summarising the feedback from the engagement has been published on our website. Please click here Stroke Engagement Report

Complex care	
Protected characteristics or disadvantaged groups supported by this project?	Age, disability; and carers.
Overview	<p>Complex care is one of the workstreams 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 the GP thinks that someone would benefit from the service and the person agrees to it, they will receive more support from a new 'complex care team'.</p> <p>Whether people will benefit from the service will be assessed based on</p> <ul style="list-style-type: none"> • 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. <p>The type of support that the complex care team would offer is to:</p> <ul style="list-style-type: none"> • 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. • Make sure that people have a care plan, so that everyone involved in their care understands their circumstances and what they want.
What the data told us	We will be trialling the new complex care support for 12 months and will evaluate the survey at the end of the pilot period. As part of the evaluation we will be asking patients and their carers whether they think the extra support is making a difference to them.

Accessible Information Standard

The '[Accessible Information Standard](#)' directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. The standard applies to service providers across the NHS and adult social care system, and effective implementation will require such organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems. Commissioners of NHS and publicly-funded adult social care must also have regard to this standard, in so much as they must ensure that contracts, frameworks and performance-management arrangements.

Part 4 of this report contains details of the project that we are working on to flag patients' access needs on System One, the GP patient system, which will support practices to meet their obligations under the standard.

Workforce Race Equality Standard – (WRES)

The NHS Equality and Diversity Council announced in July 2014 that it had agreed action to ensure employers from black, minority and ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The move follows recent reports that highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

The [Workforce Race Equality Standard](#) (WRES) became mandatory in April 2015 and requires NHS organisations to demonstrate progress against 9 indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

The guidance states the following:

- Whilst the provisions of the NHS Standard Contract require CCGs to seek assurance from, and receive an annual report from providers, they are not required by the Standard Contract to apply the Workforce Race Equality Standard to themselves.
- Nevertheless it is felt important that all commissioning bodies including CCGs do have due regard to the WRES, whilst the largest commissioner, NHS England, intends applying it fully to its own workforce.
- In 2015-16 each CCG will need to demonstrate the following: “That they are giving due regard to using the indicators contained in the Workforce Race Equality Standard to help improve workplace experiences, and representation at all levels within their workforce, for Black and Minority Ethnic staff; and assurance, through the provision of evidence, that their Providers are implementing the NHS Workforce Race Equality Standard;”
- Providers are expected to publish each annual report and the baseline data, as a stand-alone report on their website and CCGs as co-ordinating commissioners are expected to publish that report on their own website ensuring that both commissioners and providers data meets the Nolan principles

Our position statement on the NHS Workforce Race Equality Standard is [here](#)

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

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