

NHS Bradford City CCG, NHS Bradford Districts CCG and NHS Airedale, Wharfedale and Craven CCG: Equality Delivery System 2 Performance Assessment Report 2018

The NHS Equality Delivery System 2 (EDS2) is a performance improvement tool and specifies that organisations invite staff, service users and the community including the VCS to be involved in assessing the performance of the organisations' equality work and setting ongoing priorities. In December 2017 and January 2018 the Bradford City, Bradford Districts and Airedale, Wharfedale and Craven CCGs held a series of Equality Panels. These were run in partnership with Bradford District Care NHS Foundation Trust (BDCT), Bradford Teaching Hospital NHS Foundation Trust (BTHFT) and Airedale NHS Foundation Trust (ANHST). The panels provided the opportunity for stakeholders to view evidence of outcome and impact presented by the Trusts and CCGs on their shared equality objectives. It was also an opportunity to collect and share feedback about patient experience and health inequalities and for stakeholders to provide their views on what grade the CCGs and Trusts should be given based on evidence and discussions. For this process the three CCGs have been assessed collectively in the progress they have made.

This process was undertaken at the VCS Health and Wellbeing Forum, four separate equality panels each with a focus on two equality protected groups and an electronic survey which collected views and feedback. A more detailed summary of the evidence is available on request.

The table below provides the Equality Objective and the grade awarded following the EDS2 assessment process alongside a summary of the evidence provided and a narrative including a summary of comments from panel participants and respondents of the online survey. The grades are classified as follows:

Grade	Definition
Excelling	Excelling if evidence shows that the objective has been completed and the organisation is sharing good practice.
Achieving	Achieving if evidence shows that good progress has been made against the objective
Developing	Developing if evidence shows that some progress has been made. Further action required.
Under-developed	Underdeveloped if there is no evidence that any progress has been made against the objective.

Further information on the grading process can be found here: <https://www.england.nhs.uk/wp-content/uploads/2015/04/eds2-er-grad-instrct-mar15.pdf>

Equality Objective	Information that relates to this objective	Grade Awarded	Narrative (including comments from participants of panels and online survey)
To implement the Accessible Information Standard.	<p>Patient Flagging Project – identified that there are also physical and language interpretation needs not always being met</p> <p>Training has been delivered for GP practice staff on how to flag patient records and a Survey on barriers to implementation undertaken.</p> <p>Communication needs included in patient record for new e-referrals from GPs.</p> <p>Some initial problems raised around new electronic repeat prescription system.</p> <p>Grassroots has flagged:</p> <ul style="list-style-type: none"> •Poor communication within primary / secondary care settings (face to face/internet /telephone) •Lack of information available for individuals with additional needs – BSL, learning disabilities, mental health issues thus hindering service access •Difficulties in accessing/understanding changes to service provision e.g. Gluten free prescription withdrawal etc. 	Developing	<p>There is some evidence to suggest that implementation of the standard is not consistent across all practices. The CCGs are looking at promoting e-learning and resources to promote implementation. The CCGs are also looking to link with the Local Authority and NHS providers to review progress and shared issues for implementation.</p> <p>There was a split response in the survey as to whether the CCGs were developing or under-developed. However, although the CCGs recognise that there is more work to be done, there is evidence of work having already taken place and the ‘developing’ grade has been awarded.</p>
To increase awareness of mental health issues and to improve access and	The new Mental Wellbeing Strategy 2017-2022 was developed in partnership between the NHS, Local Authority and Community and voluntary Sector. It focuses on promoting	Developing	The Mental Wellbeing Partnership Strategy has been launched. Development and delivery of the implementation plan and strategies objectives will take the grading

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<p>experience of mental health service users across the health economy.</p>	<p>mental wellbeing using the social model of health and involved extensive engagement with a range of partners and groups. The strategy has a strong focus on health inequalities and identified a number of groups who have a higher need for mental health and wellbeing services and this includes:</p> <ul style="list-style-type: none"> • Those who identify as lesbian, gay, bisexual or transgender. This is due to a complex mix of factors including homophobia and transphobia. • Perinatal mental illness is a significant complication pregnancy and the postpartum period. • Men and women experience risk factors to mental health differently • BME people including refugee and asylum seekers – complex mix of factors including discrimination • Faith and spiritual belief can help maintain good health - it can also be a reason for stress, discrimination and stigma <p>Grassroots has identified a need for interpreting services within Mental Health Services.</p> <p>The Wellbeing chapter of the strategy focuses on public health and wider determinants and includes suicide prevention. The strategy has</p>		<p>to achieving.</p> <p>The CCGs as a commissioner are encouraging VCS partners to share LGBT awareness training.</p> <p>The members of the sexual orientation panel raised concerns that some mental health services are not sensitive to the needs of LGBT people and that staff have demonstrated a lack of awareness and inappropriate behaviour. This has been raised with the Mental Health commissioner who is aware of the issues.</p> <p>(See also comments on Unhealthy Attitudes Survey)</p> <p>There was a challenge from one survey respondent to the CCGs achieving on this objective as they felt there was no reference to gender based violence in the evidence despite this being included in the Mental Wellbeing Strategy. This is being raised with the mental health commissioner and the CCGs.</p> <p>However, there is evidence of work having already taken place and the strategy and developing implementation plan</p>

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	identified that suicide rates are higher for men but self-harm and attempted suicide are higher for women. The strategy is also looking at perinatal mental health and suicide risk for women.		demonstrates progress and the 'developing' grade has been awarded.
Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified.	<p>National delays in developing metrics</p> <ul style="list-style-type: none"> •Publication of data now due 1st August 2019 •Concerns that there is a disparity between the proportion of staff who declare a disability on the Electronic Staff Record System and of those who declare a disability on the anonymous NHS staff survey •To prepare for WDES investigate further and review •Introducing self-service ESR 	Under Developed	This has been graded as 'under developed' due to national delays in agreeing the metrics. The revised publication date of 1 st August 2019 is for NHS Provider Trusts only and the CCGs are not required to publish information at this time. NHS England is due to provide further guidance for CCGs. The CCGs want to follow good practice and there is some work starting to collect their baseline data and to explore the difference between rates of staff disclosing disability on ESR and the staff survey. Work is also taking place to look at issues raised for disabled staff via the staff survey and ways to address these. NHS England suggests that the CCGs will be able to look at the data collectively for all three CCGs as this will enable more meaningful analysis due to the increased numbers. Once baseline data is collected this should move the CCGs to 'developing'.
Carry out a Gender Pay Gap Audit using a	Currently the three CCGs are not required to complete the Gender Pay Gap audit as they	Not applicable	

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<p>recognised audit framework.</p> <p>Develop an action plan to address the findings of the audit.</p>	<p>have less than 250 staff</p>		
<p>To improve BME service users access and experience of services.</p>	<p>Bradford Beating Diabetes (BBD)</p> <ul style="list-style-type: none"> • awareness campaign for type 2 diabetes – focus on groups with higher prevalence rates including deprived communities and BME communities <p>Engaging People have started work on:</p> <ul style="list-style-type: none"> • Smoking in pregnancy – focus groups with Slovakian women, white working class women and Asian women who smoke • Out of Hospital project – BME communities view and access to community based services – targeting Eastern European, Roma and South Asian communities <p>Increase uptake of cancer screening</p> <ul style="list-style-type: none"> • Identifying and sharing learning from high performing practices • working with Cancer Support Yorkshire Engagement team and support the BME sub group • Promoting Bradford Talking Media EasyRead leaflets, audio recordings and videos 	<p>Developing</p>	<p>Participants of the Race and Religion and Belief panels felt that this was a key area to focus on. They acknowledged that there were pockets of excellent practice but outlined that there are also areas that need improvement.</p> <p>Participants of the panel raised some concerns around community engagement. Views expressed included the perception that sometimes not enough effort was made to engage with the most impacted on / vulnerable groups and communities and that this meant their voices were not being included to inform commissioning and service decision that would impact on their access, experience and outcomes. Another participant of the panel expressed frustration that when community members offer help to access groups that this is not taken up and that there is a perception that commissioners sometimes pay external agencies to undertake engagement work</p>

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	<ul style="list-style-type: none"> Challenges around national screening programme and equality monitoring <p>Big Conversation' – engaged on future of health and social care</p> <ul style="list-style-type: none"> Focus groups included South Asian and Eastern European communities <p>Central Eastern European Liaison Service (CEELS)</p> <p>Developed 'Guide' to help understand and navigate health services</p> <p>Bradford and District Maternity Partnership:</p> <ul style="list-style-type: none"> Continues to support work of City of Sanctuary maternity work stream which supports asylum seekers, working women and homeless people Bevan House - joint CCG and Healthwatch project <p>Developed cards to support asylum seekers to register with GPs</p> <p>Grassroots highlighted that:</p> <ul style="list-style-type: none"> access to dementia services - need to be culturally sensitive maternity services should have language support and cultural awareness training language issues– patients unable to fully access/understand information being provided by health care providers (primary and secondary providers). 		<p>that could be done locally.</p> <p>The panel participants also raised concerns about the lack of support and awareness of services for BME carers and that access to services could be a postcode lottery, particularly in relation to cancer services and palliative care.</p> <p>The panel participants asked for clarity on how issues raised via grassroots are feedback to providers. This is being fed back to the Head of Engagement at the CCGs.</p>

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<p>To implement the Workforce Race Equality Standard.</p>	<p>AWC CCG's workforce too small to collect any meaningful workforce data New shared management arrangements – 2018 will report WRES data as one report across the three CCGs Analysis of the WRES data for Bradford CCGs for 2015/16 and 2016/17 shows:</p> <ul style="list-style-type: none"> • a lack of BME staff at senior levels • that BME shortlisted job applicants are less likely to be appointed than White shortlisted applicants • that BME staff report lower levels of satisfaction than White staff <p>This lead to:</p> <ul style="list-style-type: none"> • refreshed the recruitment and selection process - trained 56 recruiting managers • 2 focus groups with CCG BME staff <ul style="list-style-type: none"> ○ lack of transparency and consistency about how CCG job vacancies are filled ○ inconsistent management practice – ○ building work to improve this into the new CCG Framework for Positive Behaviours 	<p>Developing</p>	<p>The participants of the Race and Religion and Belief panel raised a number of generic workforce concerns relating to the experience of BME staff working in the public sector and they are not specific to the CCGs or the NHS. However, panel participants felt very strongly about these issues and they reflect many of the areas that the WRES focuses on. Issues raised included:</p> <ul style="list-style-type: none"> • The importance of a representative workforce (especially at a senior level), to improve experience for staff and patients / service users. This needs to be the right people who understand and are committed to equality across the board. • The need to improve recruitment and selection process to support a move towards a representative workforce. • The perception and personal experience of panel participants that there are blocks in career progression of BME staff working in the public sector despite meeting appointment criteria • The observation and personal

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			<p>experience of panel participants that there is a lack of awareness and understanding of the impact of discrimination in various forms and the impact that this has on the individual and their health and wellbeing. There was a perception that in many public sector organisations there appears to be no consequences for staff, particularly managers / senior leaders who exhibit discriminatory or racist behaviour or practices and therefore there is no incentive to change. The experience of participants of the panels was that discriminatory and racist incidents and complaints are not always taken seriously or that systems and process can mitigate against staff coming forward, who feel unsupported.</p> <ul style="list-style-type: none"> • Panel felt that E&D should be a core competency in all public sector job descriptions and there should be clear guidance on how racist and discriminatory practices are dealt with and this should apply to staff at all levels including directors. <p>The CCGs have very clear policies and procedures for dealing with bullying and</p>

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			<p>harassment and discriminatory practice. The 2017 staff survey has raised some issues for BME staff and this will be picked up as part of the CCGs joint WRES action plan. The CCGs have a rolling programme of mandatory equality training that will be refreshed in response to this feedback.</p>
<p>To implement the recommendations in the Unhealthy Attitudes Stonewall Study and Equity partnership LGB&T Local Health Needs Assessment.</p>	<p>The CCGs are interested in supporting and being involved in the proposed Rainbow Lanyard Scheme in partnership with provider NHS trusts.</p> <p>As part of the CCGs 'Big Conversation'- engagement on future of health and social care they worked with the equity partnership to ensure that focus groups included the voices of local LGBT people.</p> <p>The CCGs continue to support Trans Remembrance Day and are supporting and promoting LGBT History month through weekly staff and GP bulletins and social media.</p> <p>The CCGs commissioned the Equity Partnership to undertake a health and social needs assessment of older LGB people 'Glad to be grey' and younger LGB people 'It's Not Just About Sex'.</p>	<p>Under developed</p>	<p>Although the evidence shows that the CCG's have supported work around LGBT issues including health needs assessments, this has been graded as 'under-developed' as the NHS equality leads have just started to look at working on the work on this together. In addition, this year the CCGs supported and promoted LGBT+ History month and are exploring lanyard campaign for Bradford District and Craven.</p> <p>Participants of the sexual orientation panel and survey raised the following issues:</p> <ul style="list-style-type: none"> • The need for Trans awareness training particularly for CAMHS, school nurses, private sector providers and voluntary sector mental health providers • Possibility of developing Trans specialist GPs to improve access to transition prescribing.

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			<ul style="list-style-type: none"> • Introduction of Hate crime reporting for homophobic and transphobic incidents (BTHFT) • A need for clarity on how CCGs address providers that are providing a poor service to LGBT service users, including lack of awareness and support. This has been raised with the mental health commissioner.
<p>Ensure People's Board is representative of local population</p>	<p>People's Board – Local people providing direct feedback on plans for new services and significant changes.</p> <ul style="list-style-type: none"> • Currently 16 members • Widening coverage across 3 CCG area • Involvement in: <ul style="list-style-type: none"> • the urgent and emergency care strategy • prescribing policies, including gluten-free products • primary medical care commissioning strategy • self-care and social prescribing • the mental wellbeing strategy and implementation plan • safeguarding adults • #selfcareeverywhere event for young people • upcoming Autism Strategy 	<p>Achieving</p>	<p>The People's Board continues to work with the CCGs and has carried out an initial evaluation report and are looking at strengthening their relationship with Governing Body and the Senior Leadership Team. There is ongoing discussion and a commitment to identify good practice and extending across the three CCGs.</p>

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<p>Improve Health of Women</p>	<p>Women's Health Network</p> <ul style="list-style-type: none"> Over 70 women involved in designing a network to address key areas of concern around access to services, uptake of screening, immunisation and child birth, obesity and health <p>Engaging People</p> <ul style="list-style-type: none"> Smoking in pregnancy – focus groups with Slovakian women, white working class women and Asian women who smoke <p>Bradford and District Maternity Partnership:</p> <ul style="list-style-type: none"> Support work of City of Sanctuary maternity work stream which supports asylum seekers, working women and homeless people Series of annual focus group discussions to gain insight in to the views and experiences of new mums and mums-to-be. 2016 theme was planning for pregnancy. 	<p>Developing</p>	<p>There was a challenge from one survey respondent to the CCGs being graded 'developing' due to a lack of reference to gender based violence and abuse. However, there is evidence of gender specific work and targeting and this demonstrates progress and the 'developing' grade has been awarded. There was a lengthy discussion about maternity services in the maternity and gender panel and participants raised some of the following points:</p> <ul style="list-style-type: none"> The need to consider the impact on wider determinants such as poverty and racism on the health and wellbeing of women and babies. Maternity services are seen as a 'woman's service and therefore undervalued and not focusing on the whole family. There is a gap in system thinking and leadership and few opportunities to develop or 'upskill'. Evidence suggests best outcomes for mother and baby is through 'continuity of care' – reduces premature births.

Analysis of the feedback brought into the process by the respondents and attendees is currently being studied to identify what new priorities need to be addressed in the next years EDS partnership delivery and when completed this will be available on the CCG websites.

The EDS Partnership Group is also reviewing the best way to engage with stakeholders as part of the EDS process.