

Coastal West Sussex Clinical Commissioning Group

Equality and Diversity Strategy April 2013 - 14



Version control

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2	02.10.13	Refreshed draft to Business Meeting for approval	MM
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1. Background

Our aim is to help our population stay well, and to make sure that safe, high quality and compassionate healthcare is there if people need it.

In doing this, we are committed to making the principle 'no decision about me without me' a reality for our patients, their families and carers and want to listen to what local people have to say about local health services, how they can be improved and how we work to achieve this.

Coastal West Sussex Clinical Commissioning Group (CWS CCG) is a group of 56 GP practices plus health professionals working together to commission (plan, buy, and monitor) local health services with a budget of £580 million for our population which is approaching half a million people. Our Vision is to deliver;

Sustainable and resilient local services so that every person in Coastal West Sussex has access to the highest quality healthcare, from the beginning to the end of life, which offers great health outcomes and enables them to live healthy and happy lives.

1.1 Context

CWS became a statutory NHS organisation on 1st April 2013 as part of the Government's changes to the NHS across the country and were introduced to give local communities more say in how their health needs are met.

CWS works closely with our neighbouring CCGs across Sussex and the region and all the providers of health and social care to our patients. We also work in close partnership with West Sussex County Council and our district and borough councils to make sure local services are meeting the needs of local communities.

1.2 CWS population

Based on data obtained from Public Health we know that in Coastal West Sussex our populations are:

Table 1: CWS total population mid year estimate 2010

Area	Mid 2003 population	Mid 2008 population	Mid 2010 population
Adur	59,800	60,700	61,620
Arun (inc Regis)	143,400	146,600	150,560
Chichester	107,200	110,500	113,510
Worthing	98,100	100,200	103,200
Chanctonbury ¹	N/A	45,227	52,300

- We have one of the oldest populations in England - over 23% of our population is aged over 65 (compared to the England average of around 16%). As people live longer many live with a number of long term conditions such as Chronic Obstructive Pulmonary Disease, diabetes and dementia. We know for example, that by 2026 there will be around 3,200 more people living with dementia.
- Our population is ageing - by 2016 there will be 11% more people aged over 85 living in CWS.

¹ Based on registered patients in locality, Sep 2011

- We have areas of high deprivation - some areas along the coastal strip are amongst the 10% most deprived in the country. Life expectancy can vary by almost 13 years across the patch – 70.8 years in Littlehampton and 83 years in Bramber.
- 9% of the population were born outside of the UK. 2% of the population are 'Asian / Indian' and 3.5% are 'White Other'.
- In 2001 over 6% of residents described themselves as a carer.
- Based on population estimates there will be 40-55,000 lesbian, gay and bisexual people in West Sussex.
- In 2010 there were 86 civil partnerships in West Sussex – 22% of all those that took place in Sussex.
- Based on population estimates there will be around 16,000 people with a learning disability in West Sussex

2. CWS Vision

Our Vision is to provide;

Sustainable and resilient local services so that every person in Coastal West Sussex has access to the highest quality healthcare, from the beginning to the end of life, which offers great health outcomes and enables them to live healthy and happy lives.

Over the last two years we have defined a set of behaviours which characterise our commissioning approach as we drive transformation and toward our vision. They are:

Patient-centred

- Patients and the public are at the heart of everything we do and we will understand and act on what really matters to people. They will be active partners in both decisions about their own care and in a true co-design process as how we improve care and their local NHS.

Quality & Value

- We believe that making sure that the right things are done first time will ensure better outcomes for patients and is the right basis on which to build a safe, high-quality and sustainable health economy.

Clinicians and Managers in Partnership

- We know that local clinicians can be the driving force behind change because of their ability to lead the re-design of services and engage colleagues and patients, and believe that their partnership with managers will be what makes the difference as we improve patient care.

Whole-System

- To ensure we are equipped to meet our challenges, health and social care partners in Coastal West Sussex have committed themselves to a collaborative form of planning and delivery. Only together, as a whole-system, can we deliver our vision.

Whole Pathways

- We will always commission along whole pathways so that we can design services around the needs and experience of the patient, avoiding duplication and silos of care.

2.1 CWS areas of focus

At CWS we have five key business domains, or areas of focus, under which specific objectives and programmes are aligned. They are;

- Transforming services and delivering quality care
- Engaging with patients and the public
- Creating a functional, sustainable and high performing membership organization
- Promoting Health and Wellbeing
- Managing our resources and financial stewardship

These business domains drive our strategy and plans to deliver our Vision.

2.2 Tackling inequalities

Understanding our population and their health needs is a vital step in establishing local commissioning priorities. We have worked with our local Public Health department to achieve this, both at a strategic (through the Joint Strategic Needs Assessment) and individual project level. From this intelligence we know that whilst the overall environment is generally regarded as excellent in Coastal West Sussex, with a varied landscape, strong heritage and diverse cultural and leisure opportunities contributing to a high quality of life for many residents there is much to be done because:

- **There are wide health inequalities**
Coastal West Sussex is healthy and wealthy but it is a diverse area, with some areas along the coastal strip among the 10% most deprived in the country, as well as having areas of rural deprivation and social isolation, which leads to inequalities between communities
- **We have one of the oldest populations in England**
Over 23% of our population are aged over 65 (compared to the England average of around 16%) and by 2016 there will be 11% more people aged over 85 living in Coastal West Sussex
- **With age comes disease**
As people live longer many live with a number of long-term conditions such as COPD, diabetes and dementia. We know for example, that by 2026 there will be around 3,200 more people living with dementia.

We know to address local health inequalities you have operate from within the local community, so we have worked with our localities and member practices in partnership with Public Health to develop plans for 2013-14 to address specific and often unique local needs.

These are set out in our locality plans.

3. Equality and Diversity

Equality is defined as challenging discrimination and removing barriers faced by people from different groups, and creating a fairer society where everyone can participate.

- **What does this mean for CWS?** People are protected by law which makes discrimination illegal. We have a pro-active responsibility to positively remove barriers to opportunities as an employer and equity of access and outcome as a commissioner of health services. Equal does not mean “the same”.

Diversity is defined as recognising, respecting and valuing the differences that everyone has. We all face different barriers and exclusion, and it is the failure to acknowledge difference that leads to the exclusion of some.

- **What does this mean for CWS?** In order to treat everyone equally we need to recognise those differences. Difference in experience and expectation can lead to patients anticipating barriers. Sometimes exclusion can be perceived rather than actual

Why does difference matter?

- Different communities have different experiences of health care, good and bad. For example, nationally, the highest levels of satisfaction in GP services are amongst the over 85s, white British, heterosexuals, and disabled people. The lower levels of satisfaction are amongst Pakistanis, Indians, 18-24 year olds, Lesbian Gay or Bisexual people, those in full time work or full time education.
- Different communities face different barriers to accessing services, real and perceived. For example, nationally, there is a lower uptake of cervical screening South Asian, Pakistani and Bangladeshi women
- Different communities experience different prevalence of certain conditions. For example, members of the Pakistani and Bangladeshi communities are 6x more likely, than White British people to develop diabetes. African Caribbean and South Asian people have a 70% higher prevalence for stroke and CVD.

4. The Equality Act 2010

The Equality Act 2010 came into force in October 2010 and replaced the previous anti-discrimination legislation with a single Act that simplifies the law. It places a **Public Sector Equality Duty (PSED)** on public bodies, e.g. PCTs, SHAs, NHS trusts and NHS foundation trusts. This duty will apply to authorised CCGs.

The PSED consists of a general duty and specific duties.

The **General Duty** states that public bodies must:

“in the exercise of their functions, have due regard to the need to:

- *Eliminate unlawful discrimination, harassment or victimisation and other conduct prohibited by the Act;*
- *Advance equality of opportunity between people who share a **protected characteristic** and those who do not;*
- *Foster good relations between people who share a protected characteristic and those who do not.”*

There are nine characteristics protected by the Equality Act:

- **Age** - including specific ages and age groups.
- **Disability** - including cancer, HIV, multiple sclerosis, and physical or mental impairment where the impairment has a substantial and long-term adverse effect on the ability to carry out day-to-day activities.

- **Race** - including colour, nationality and ethnic or national origins.
- **Religion or belief** - including a lack of religion or belief, and where belief includes any religious or philosophical belief.
- **Gender.**
- **Sexual orientation.**
- **Gender re-assignment** - where people are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.
- **Pregnancy and maternity.**
- **Marriage and civil partnership.**

The **specific duties** require public bodies to:

- Publish equality information by 31 January 2012 and at least annually thereafter. The information should be published in an accessible format and include information relating to people who share a relevant protected characteristic who are;
 - Its employees (for organisations with 150 or more staff).
 - People who are affected by the organisation's policies and practices e.g. patients.
- Publish a minimum of 1 equality objective by 6 April 2012 and thereafter every 4 years (see Appendix 1).
- Publish those objectives in such a manner that they are accessible to the public.

5. Partners

CWS already engages or works in partnership with a number of stakeholders, including:

- West Sussex County Council and District and Boroughs
- West Sussex HealthWatch.
- West Sussex Health & Adult Social Care Select Committee (HASC)
- Voluntary sector organisations, including Friends, Families and Travellers, Eastern European Community Workers project.

CWS works in partnership with the County Council to develop the Joint Strategic Needs Assessment (JSNA) which helps inform the CWS Equality and Diversity Strategy and objectives.

6. Engagement and involvement

The CWS Communication and Engagement Plan was endorsed by the CWS Board in March 2012 and is currently being refreshed. The plan sets out a programme of activity that will enable CWS to:

- raise its profile with internal and external audiences;
- increase awareness and understanding of the CCG and its priorities amongst stakeholders and partners;
- begin a dialogue with the public, stakeholders and partners; and
- support the delivery of our Priorities as set out in our CCG Delivery Plan.

The plan serves to inform wider audiences of our communication and engagement priorities in the short to medium term.

In support of this, a comprehensive review of patient and public engagement undertaken by the CCG in April 2013 will ensure that our services reflect the needs, aspirations and voice of local people from all our communities. The review can be found at:

The review defines the culture, structures and mechanisms required to embed patient and public engagement across the CCG and at all stages of the Commissioning Cycle. The review is widely supported by the Governing Body, partner agencies and the public. All 20 recommendations of the review have been agreed by Clinical Commissioning Executive together with funding to implement improved mechanisms to engage with patients and the public including:

- Developing a demographically representative patient panel of up to 8000 people
- Improved consultation software
- Funding to the Voluntary Sector to support the voice of seldom heard and some of our marginalised and vulnerable communities
- Developing a patient leader programme to enable patients and the public to meaningfully engage with the CCG
- Greater use of IT and social media to find more innovative ways to engage with a wider demographic in ways that suit contemporary lifestyles

7. Governance and assurance arrangements

The Governing Body of CWS has ultimate responsibility for meeting the Public Sector Equality Duty (PSED) by receiving assurance that CWS is working in compliance with the Equality and Diversity Strategy.

The Audit and Assurance Committee will have responsibility for ensuring CWS is compliant with the PSED and monitor implementation of the published equality objectives at an operational level.

Provider compliance with the PSED will be monitored through the performance monitoring process which will be the responsibility of the Commissioning Support Organisation.

8. CWS CCG Equality Objectives 2013 - 2017

As an authorised CCG, CWS has a duty to set and publish equality objectives every 4 years. The equality objectives detailed below and in Appendix 1 cover the period April 2013 to March 2017. These objectives will be reviewed annually and new or revised objectives may be set as a result.

Equality objectives help focus attention on the priority equality issues within an organisation in order to deliver improvements in policy making, service delivery and employment, including resource allocation.

Our equality objectives are informed by:

- The imperative to deliver on the priorities within our Delivery Plan,
- The requirement to meet our obligations under the PSED and the NHS Constitution.

The objectives were developed with reference to the Equality Delivery System (EDS). This is a Department of Health tool-kit to help NHS organisations develop meaningful equality objectives. The EDS has four key goals:

- Better health outcomes for all.
- Improved patient access and experience.
- Empowered, engaged and included staff.
- Inclusive leadership at all levels.

CWS will use the EDS to monitor progress against our objectives and for setting new objectives in future years. Continued engagement with a broad range of stakeholders will help monitor progress against our objectives and demonstrate CWS due regard to the Equality Act 2010.

9. CWS CCG Equality Objectives April 2013 – March 2017

9.1 Better health outcomes for all.

This necessitates having a better understanding of our local population and addressing any barriers that may be preventing some communities from accessing services.

Objective - Improved collection of patient and public data, across primary and secondary care services, in relation to protected groups.

9.2 Improved patient access and experience.

To improve patient experience we will engage patients in commissioning projects and increase patient access by working to remove barriers experience by some patients and communities.

Objective - Improve patient access to services CWS commissions by ensuring barriers to protected groups are removed. This will require the use of Equality Analyses in commissioning projects and service re-design.

Objective - Increase the diversity of patients involved in our public engagement activity by targeting people with protected characteristics.

Objective - Improve the provision of information in alternative formats and support the provision of translation and communication support services.

9.3 Empowered engaged and well supported staff.

We need to ensure staff have the appropriate understanding of the organisation's duties under the Equality Act 2010.

Objective - Increase awareness of the equality and diversity agenda amongst CWS staff.

Objective - Staff actively engaged in the development and delivery of the equality strategy and objectives.

9.4 Inclusive leadership at all levels.

Embedding the equality and diversity agenda, and the successful delivery of our equality objectives will rely on ownership at all levels within CWS.

Objective - There is clear governance and accountabilities of and for the equality and diversity agenda with regular reports to the Audit and Assurance Committee and Governing Body.

An action plan can be seen in Appendix 1.

10. Publication and review

CWS will publish its Equality and Diversity Strategy and equality objectives on the CCG website which is accessible to the general public. Progress on delivery will be published in the CWS annual report which will also be available on the website.

References

Equality Act 2010

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/introduction-to-the-equality-duty/>

Objectives and the equality duty: a guide for public authorities. Equality and Human Rights Commission guidance, January 2011.

http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/ehrc_psed_objectives_web.pdf

West Sussex JSNA

http://www.westsussex.nhs.uk/jsna_publications

Appendix 1

Coastal West Sussex CCG Equality Objectives 2013 to 2017

These equality objectives cover the period April 2013 to March 2017. All objectives will be reviewed annually and new or revised objectives may be set as a result.

1. Better health outcomes for all.

This necessitates having a better understanding of our local population and addressing any barriers that may be preventing some communities from accessing services.

Objective	Actions	When (end of)	Responsible	Measure of success	Status
1.1 Improved collection of patient and public data, across primary and secondary care services, in relation to protected groups.	Detailed analysis of JSNA and 2011 Census data to build a profile of CWS population.	Year 1	Head of Planning and Programme Management	Detailed community profile of each locality.	
	Providing guidance and support to improve data collection within primary care.	Year 1	Head of Primary Care Development	Briefings and information provided to all CWS practices.	
	Requiring provider organisations from whom we commission to provide patient profile information	Year 2	Head of Performance	Production of segmented reports using susdata	

Appendix 1

Coastal West Sussex CCG Equality Objectives 2013 to 2017

2. Improved patient access and experience.

To improve patient experience we will engage patients in commissioning projects and increase patient access by working to remove barriers experience by some patients and communities.

Objective	Actions	When (end of)	Responsible	Measure of success	Status
2.1 Improve patient access to services CWS commissions by ensuring barriers to protected groups are removed. This will require the use of Equality Analyses in commissioning projects and service re-design.	Identify priority commissioned services for Equality Analyses to identify any barriers to access or difference in patient experience	Year 1	Leads TBC	1) Services identified and Equality Analyses completed. 2) Outcomes from Equality Analyses are completed and any barriers identified removed	Yellow
	Ensure Equality Analyses are conducted for all new commissioning projects.	Year 1	Head of Planning and Programme Management	Process and support in place to enable Equality Analyses to be conducted.	Green
2.2 Increase the diversity of patients involved in our public engagement activity by targeting seldom heard groups.	Progress actions arising from Patient and Public Engagement Review (April 2013)	Year 2	Public Engagement Manager	1) Evidence of feedback from seldom heard groups in our commissioning projects. 2) Increased satisfaction levels amongst seldom heard groups of engagement in our commissioning projects.	Yellow

Appendix 1

Coastal West Sussex CCG Equality Objectives 2013 to 2017

2.3	Improve the provision of information in alternative formats and support the provision of translation and communication support services	Review current arrangements for the provision of translation and interpretation services, in terms of fitness for purpose and contractual arrangements.	Year 1	Head of Communications and Engagement	New arrangements in place and promoted to relevant CWS colleagues.	
		Identify dedicated budget for the provision of translation and interpretation services.	Year 1	Head of Communications and Engagement	Budget allocated.	

3. Empowered, engaged and well supported staff.

We need to ensure staff have the appropriate understanding of the organisation's duties under the Equality Act 2010.

	Objective	Actions	When (end of)	Responsible	Measure of success	Status
3.1	Increase awareness of the equality and diversity agenda amongst CWS staff.	Develop an equality and diversity package of guidance and support for CWS staff and roll out.	Year 1	Head of Organisational Development and People	1) Package available to staff. 2) Monitoring in place to gauge uptake of package. 3) Routine completion of Equality Analysis, were appropriate.	
		Issue timely communications to update staff on equality and diversity issues.	Year 1	Head of Communications and Engagement	Periodic communications to staff and member practices.	
3.2	Staff actively engaged in the development and delivery of the equality and diversity strategy and objectives.	Set up process to enable staff to contribute to monitoring of equality and diversity objectives and to input into review and development of strategy.	Year 2	Chief of Corporate Affairs	Equality objectives and strategy co-produced with staff input.	

Appendix 1

Coastal West Sussex CCG Equality Objectives 2013 to 2017

4. Inclusive leadership at all levels.

Embedding the equality and diversity agenda, and the successful delivery of our equality objectives will rely on ownership at all levels within CWS.

Objective	Actions	When (end of)	Responsible	Measure of success	Status
4.1 There is clear governance and accountabilities of and for the equality and diversity agenda with regular reports to the Audit and Assurance Committee and Governing Body.	Audit and Assurance Committee to be given the responsibility of ensuring the annual review of the Equality and Diversity Strategy and the equality objectives.	Year 1	Chief of Corporate Affairs	Responsibilities for equality and diversity agenda included in Audit and Assurance Committee Terms of Reference.	
	A process to be developed for reporting to the Audit and Assurance Committee on progress against the equality objectives.	Year 1	Head of Corporate Business	Commence reports to Audit and Assurance Committee.	
	Identify Governing Body equality and diversity champion.	Year 1	Chief of Corporate Affairs	Lay member champion identified.	
	Audit and Assurance Committee, Governing Body and GP locality leads to receive equality and diversity awareness training.	Year 2	Head of Organisational Development and People	All Committee, Board and locality group members received training. To be refreshed every two years thereafter.	
	A process to be developed to ensure an Equality Analysis is conducted on all relevant papers to the Clinical Commissioning Executive and Governing Body.	Year 1	Head of Corporate Business	1) Relevant CWS staff trained on use of Equality Analysis. b) All relevant papers are accompanied by an Equality Analysis.	