

Equality & Diversity in NHS Barnsley CCG

Date updated: **31 January 2018**

1. Introduction

Equality and Diversity is central to the work of NHS Barnsley Clinical Commissioning Group (CCG) to ensure there is equality of access and treatment within the services that we commission. The promotion of equality, diversity and human rights is central to the NHS Constitution and other national drives to reduce health inequalities and improve the health and well-being of the population. NHS Barnsley CCG is committed to embedding equality and diversity values into its commissioning processes that secure health and social care provision for our population, and into our policies, procedures and employment practices.

The Equality Act 2010 brought with it Public Sector Equality Duties. Public bodies are required to declare their compliance with the duties on an annual basis. The purpose of this document is to publish information to show how we are meeting our Public Sector Equality Duties.

Section 149 of the Equality Act outlines the general duties to have due regard to in the exercising of our functions:-

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

For the specific duty we are required to:-

- Publish information to demonstrate compliance with the general duty, on the make-up of our workforce, and on those affected by our policies and procedures;
- Publish one or more equality objective covering a four year period.

In the context of the Public Sector Equality Duty, the protected characteristics are defined as:-

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (male and female)
- Sexual orientation

Organisational change at their host CCG resulted in the absence and then vacancy of our E&D Lead role for most of 2017. That the E&D working group were able to ensure continued fulfilment of statutory duties is a testament to the strong foundations laid since 2013. In January 2018 we were pleased to welcome our new E&D Lead, who also works for BHNFT and plan to review our strategy and objectives with fresh eyes.

2. How we meet these duties: a summary

2.1. Our vision

NHS Barnsley CCG has two different roles in relation to the duties, one as a commissioner of services affecting the community for whom we commission services, and one as a corporate body and an employer.

Barnsley CCG's values set out in its constitution state that services will be commissioned so that they have at their heart the values of equity and fairness. Thus our aims are twofold:-

- **Commissioning role:** To hear a diverse range of Barnsley voices and use equality data to help us to commission effective services that meet identified health needs equitably.
- **Corporate Body:** To ensure that we pay due regard to our Public Sector Equality Duties and equal opportunities within employment.

We monitor progress towards this vision through the Equality Objectives Action Plan which is overseen by our Equality & Engagement Committee reporting to our Governing Body.

2.2. Our commissioning role

Strategic planning: Our agreed organisational priorities are captured in our 5 year Strategic Plan and our accompanying operational plan. Relevant equality data is used to help to specify the outcomes, for example reviewing whether services are specifically needed to support particular communities of interest e.g. services for young people, services for disabled people. A significant focus for us has been Out of Hospital Care which includes access to Primary Care and consideration of the emotional wellbeing of children and young people.

Diverse population: The Black and Asian Community population is not in line with the national average, see Appendix 2 for the breakdown of Barnsley's population, however the borough is seeing an increase in European migration and also supports a number of asylum seekers and refugees. The needs of our BME population and those with protected characteristics feature in our consideration of services required and particularly in the current climate where populations are more mobile. The readily available affordable housing stock in Barnsley means that the area is particularly vulnerable to any such volatilities.

Please see Appendix 1 for examples of core data and information.

Targeting engagement: Our approach to advancing equality and tackling health inequalities is influenced not only by what the data tells us but by listening to, and learning from, patients, carers, and the public. To do this, we need to understand the composition of communities of place and communities of interest within Barnsley, and, where possible, target our communication and engagement activity to reach communities most affected by our commissioning initiatives.

Examples of targeting our approach over the past year have been work with:-

- Continued work with Mental Health service users for the Mental Health Strategy;
- Patient and Public Involvement Activity Report presented to our Governing Body on a monthly basis
- Key highlights are Future in Mind, OASIS, Care Navigation, Get Fit First and procurement of diabetes and MSK details of which can be found in our Patient and Public Involvement Activity Report – [link here is one example](#).

Equality Analysis: Equality impact assessment is a mandatory field on all checklists for papers to our Governing Body and its reporting Committees, and is also embedded into our business case process. We undertake separate more in-depth equality impact assessments where proposed commissioning changes may impact significantly on services provided.

Procurement & Contracting: Our Procurement Strategy makes specific reference to the Equality Act 2010. All bidders are required to meet the requirements of the Equality Act 2010 as a pre-qualification criterion; this is then tested during the procurement process and becomes a standard requirement in a resulting contract. Equality and patient experience reports are received from providers as part of contract monitoring.

Partnerships: NHS Barnsley CCG works in partnership across a range of areas to support compliance with the Equality Act and in addition to the Joint Commissioning Unit we undertake with Barnsley Metropolitan Borough Council. We are a key member of the Health & Wellbeing Board, Children & Young Peoples Trust, Children and Adult Safeguarding Boards, Senior Strategic Development Group and we lead the Clinical Transformation Board for the borough on which all partners and providers are represented.

In addition we have:

- Secured Highly Commended in the HSJ CCG of the Year category
- Undertaken an audit of our Patient and Public Engagement which gave strong assurance
- Been rated good overall for the CCG in terms of the NHSE Assurance Framework and this included the PPE element

2.3. Our role as a Corporate Body

Corporate Structure: Equality & Diversity is a formal part of the Equality & Engagement Committee which reports to our Governing Body and has responsibility for embedding equity and fairness within commissioning and ensuring that due regard is paid to our public sector equality duties as an employer. The committee is chaired by the Governing Body Lay Member for Patient and Public Engagement and Primary Care members include two GPs.

The Equality & Diversity working group is a sub group to the Equality & Engagement Committee. The working group meets monthly between the formal Equality & Engagement Committee and provides action notes and update reports to the committee.

- Equality Impact Assessment Forms and supporting guidance are available on the website.
- Our use of the Equality Delivery System to develop our Equality Objectives in January 2016/18.
- Publication of equality data annually by the end of January each year.

Training: This is achieved through a mandatory e-learning module, and through supplementary face-to-face training for staff and Governing Body members as required. With the appointment of a new E&D Lead we will be refreshing our approach in 2018.

Our workforce: Diversity means that everyone is different, and each individual's experience, knowledge and skills bring a unique contribution to an organisation and we value all contributions equally. We are again reviewing our Equality Diversity and Human Rights Policy which is on our website once approved. Staff appraisals include consideration of the extent to which staff demonstrates organisational values, including equity and fairness. Recruitment and selection processes are transparent and include consideration of equality. In addition, policies are in place to support staff in the workplace such as Flexible Working, Maternity, Paternity and Adoption Leave, Gender Reassignment and Employment Break. The annual NHS Staff Survey has equality themes and can be analysed by protected characteristic. Each year, the Staff Survey is analysed and an action plan is developed to address issues.

In 2016, the CCG worked with The Pacific Institute® to deliver Investment in Excellence to all staff. The training was focussed upon developing staff potential and equipping individuals and the CCG as an organisation to enable them to tap into this potential to greatly improve performance. We consolidated this by holding a staff conference in June 2017 to be repeated in June 2018.

Early indications are that it is likely there will be a significant positive shift in staff experience which is a key indicator in the staff survey.

Our staff 'Radiators Group' has representatives from all areas and teams across Barnsley CCG and is chaired by the Chief Officer. The group's big ambition remains to make Barnsley CCG the best NHS organisation to work for in the UK (strongly reinforced by the HSJ commendation and improved 2017 staff survey results). The group meets regularly to discuss ideas and plans on how to improve working conditions and how we can work more effectively together as an organisation. Some examples of our achievements are the breakfast fuddle, health & wellbeing week, a staff room and car parking arrangements.

Again this year the CCG has recognised excellence amongst its staff by the 'Magic Dust' Award. Any member of the CCG staff can nominate their colleagues to give recognition to them who display the following qualities:-

- Come up with new and innovative solutions to problems;
- Bring energy, drive and enthusiasm to work;
- Are committed, loyal and support the organisation and their team mates;
- Show resilience to bounce back from set backs;
- Have a generous, warm and good humoured demeanour.

Staff were asked to complete a nomination form with supporting evidence against the above criteria and Radiators Group members made the final decision upon the winner in December 2017.

Governing Body members will again take part in an Equality & Diversity Development session in February 2018 which will include an E&D Survey. The plan is to share highlights with staff via our monthly staff briefing and our Friday Roundup Newsletter.

3. Equality Delivery System & Equality Objectives

3.1. Introduction

The Equality Delivery System (EDS) for the NHS was formally launched in November 2011. Following an evaluation of the implementation of the Equality Delivery System in 2012 and subsequent consultation with a spread of NHS organisations, a refreshed Equality Delivery System known as *EDS2* was launched in November 2013.

The main purpose of the Equality Delivery System was, and remains, to help local NHS organisations, in discussion with local partners including local people, to review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the Equality Delivery System, NHS organisations can also be helped to demonstrate delivery on the public sector Equality Duty (PSED).

3.2. Background

Outcomes: The Equality Delivery system comprises 18 outcomes grouped into four goals as detailed below:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

Protected Characteristics: Compliance with the Equality Delivery System standards is assessed across the 9 protected characteristics under the Equality Act and can also be readily applied to people from other disadvantaged groups, including people who fall into “Inclusion Health” groups, who experience difficulties in accessing, and benefitting from, the NHS. “Inclusion Health” was defined in a Social Care Task Force and Department of Health publication of 2010. These other disadvantaged groups typically include but are not restricted to:

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

Grading: Essentially, there is just one factor for NHS organisations to focus on within the Equality Delivery System grading process. For most outcomes the key question is: *How well do people from protected groups fare compared with people overall?* There are four grades – undeveloped, developing, achieving and excelling.

RED	Undeveloped if there is no evidence one way or another for any protected group of how people fare, or evidence is not available. Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well.
AMBER	Developing if evidence shows that the majority of people in three to five protected groups fare well.
GREEN	Achieving if evidence shows that the majority of people in six to eight protected groups fare well.
PURPLE	Excelling if evidence shows that the majority of people in all nine protected groups fare well.

3.3. Use of EDS in NHS Barnsley CCG

During 2017 we have used the Equality Objectives set in 2016, and an associated action plan, which has been used to ensure equality and diversity is fully embedded within the organisation and the services we commission.

3.4. Results

The sheet overleaf summarise our results from our overarching organisational self-assessment. The summary sheet contains links to evidence for each discrete EDS goal and outcome. The potential areas for development will be considered and prioritised by the Equality and Engagement Committee in our revised Equality Objectives Action Plan 2016-2018.

Summary EDS Self-Assessment

Goal	Ref	Description	Self-assessed score				Overall score per Goal				Organisation rating			
			R	A	G	P	R	A	G	P	R	A	G	P
Goal 1 Better health outcomes	1.1	Commissioning, procurement, design and delivery	G											
	1.2	Assessing health needs	A											
	1.3	Care pathway transitions	A											
	1.4	Patient safety	G											
	1.5	Health Promotion	G											
Goal 2 Improved patient access and experience	2.1	Access to services	A											
	2.2	Informing, supporting & involving patients in care decisions	A											
	2.3	Patient Experience of care	A	G										
	2.4	Complaints	G											
Goal 3 A representative and supported workforce	3.1	Recruitment and selection	G											
	3.2	Equal pay	G											
	3.3	Training & development	G											
	3.4	Staff safety	G											
	3.5	Flexible working	G											
	3.6	Staff experience	P											
Goal 4 Inclusive leadership	4.1	Board Leadership	G											
	4.2	Identification of equality impact	A	G										
	4.3	Line management	G											

4. Core data and information

The core data and information we use to inform decisions about our functions is set out in Section 2.2 of this report and further summarised in Appendix 1.

Equality data relating to our staffing is set out in Appendix 2.

Our Constitution and Strategic Commissioning Plan sets out our strategic aims in terms of equality.

The Equality & Engagement Committee oversees engagement, experience, communication and equality in NHS Barnsley CCG.

This document will be updated annually in January each year.

5. What to do if you think we not meeting our duties

We wish to hold ourselves accountable to our staff, our partners and members of the public for whom we commission services.

If you have any concerns or feedback (positive or negative) about equality then please email barnsleyccg.equality@nhs.net

Appendix 1: Core data and information

Source	Brief description	Use within organisation
<p>NHS Barnsley CCG Equality Information in the CCG Annual Report</p>	<p>A summary within the CCG Annual Report capturing summary equality activity within the preceding year.</p>	<p>Used to collate a summary of equality activity and identify any emerging themes. Available on our website: http://www.barnsleyccg.nhs.uk/annualreport</p>
<p>Joint Strategic Needs Assessment (JSNA)</p>	<p>The Joint Strategic Needs Assessment (JSNA) is a process that identifies the current and future health and wellbeing needs of a local population. Barnsley's JSNA is now part of the work programme of the Health and Wellbeing Board. Joint Strategic Needs Assessment reports are used to identify priorities for action and to inform the writing of local health and wellbeing strategies.</p>	<p>Used to identify commissioning priorities and areas of health inequalities to target interventions.</p>
<p>Community Profiles</p>	<p>There are Inequalities Profiles for each of the wards and area councils in Barnsley. Each profile contains useful information which paints a picture about what a community is like, including its population, educational attainment, crime levels and health issues. This is only a small example of what is contained within each profile and the data included can be useful to inform our understanding of communities in Barnsley.</p>	<p>Used to identify areas of health inequalities within communities and to support planning of health services.</p>

Source	Brief description	Use within organisation
Health Needs Assessments	Health Needs Assessments are commissioned through our agreement with the Public Health Team in Barnsley Council to identify the key needs of the population.	Needs assessments allow us to obtain an in-depth understanding of the needs of a specific population group for which we are responsible for commissioning healthcare.
Public Health England and Health and Social Care Information Centre	<p>Public Health England (PHE) and the Health and Social Care Information Centre produce information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community.</p> <p>Examples of usage are informing prioritisation for the Strategic Transformation Plan, the diabetes and mental health profiles have informed the mental health strategy, child emotional health and wellbeing transformation plan and diabetes care pathway development work.</p>	<p>Used to identify areas of health inequalities.</p> <p>http://www.phoutcomes.info/</p> <p>https://www.gov.uk/guidance/phe-data-and-analysis-tools</p> <p>https://indicators.ic.nhs.uk/webview/</p>
Census 2011	The Census has collected information about the population every 10 years since 1801 (except in 1941). The latest census in England and Wales took place on 27 March 2011.	<p>The statistics collected from the Census are used to understand the similarities and differences in the populations' characteristics locally, regionally and nationally.</p> <p>http://www.neighbourhood.statistics.gov.uk/dissemination/</p>
Provider equality data	Data recorded by our Providers on activity by protected characteristics.	<p>The data is recorded by protected characteristic and used to identify themes, support the commissioning process, and to monitor Provider activity.</p> <p>http://www.barnsleyhospital.nhs.uk/</p> <p>http://www.southwestyorkshire.nhs.uk/</p>

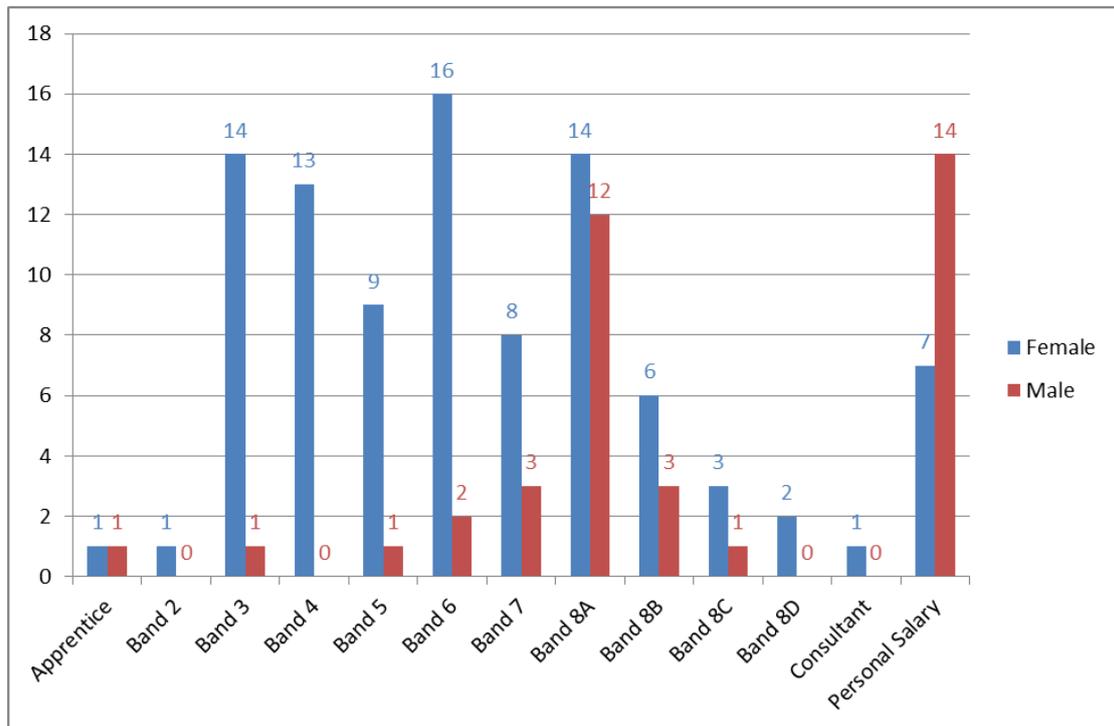
Source	Brief description	Use within organisation
Engagement activities and findings	Data on themes emerging from patient and public engagement activity.	Themes and trends arising from engagement are received by the Patient and Public Engagement Committee. Summary reports in the form of 'you said, we did' are also published on our website.
Workforce Data	Specification included at Appendix 2.	Monitoring of the workforce in terms of representativeness across the protected characteristics.
Staff Survey	An annual national survey of our staff in terms of satisfaction.	Used to develop an action plan which supports making improvements in the workplace for staff moving forwards. The results of the 2017 Staff Survey will be available by the end of March 2018.
Complaints	Data on complaints received by NHS Barnsley CCG relating to services that we commission.	The data is recorded by protected characteristic and used to identify themes and support the commissioning process.
Equality Delivery System	A self-assessment of our activity against the national voluntary Equality Delivery System outcomes.	The summary results are included in this report. The data is used for self-assessment across all standards, and for a deep dive into specific clinical areas.

Appendix 2: NHS BARNSELY CCG staffing equality data at 31st December 2017

	Staffing breakdown:	Count / %	Barnsley population (Source - Office of National Statistics 2016 Mid-Year Estimate)								
Gender	Female	70.7%	50.6%								
	Male	29.3%	49.4%								
Age	20 and Under	2.3%	<table border="1"> <tr> <td>0 - 24</td> <td>28.7%</td> </tr> <tr> <td>25 - 49</td> <td>32.2%</td> </tr> <tr> <td>50 - 64</td> <td>20.2%</td> </tr> <tr> <td>65+</td> <td>18.9%</td> </tr> </table>	0 - 24	28.7%	25 - 49	32.2%	50 - 64	20.2%	65+	18.9%
	0 - 24	28.7%									
	25 - 49	32.2%									
	50 - 64	20.2%									
	65+	18.9%									
	21-25	3.0%									
	26-30	9.8%									
	31-35	15.0%									
	36-40	15.0%									
	41-45	18.8%									
	46-50	13.5%									
	51-55	12.8%									
56-60	8.3%										
61-65	0.8%										
66-70	0.8%										
Ethnicity	White	British	75.9%	*96.08%							
		Other	2.3%	1.79%							
	Mixed	White & Black Caribbean	0.8%	0.71%							
		White & Black African									
		White & Asian									
		Other									
	Asian / Asian British	Indian	12.7%	0.72%							
		Pakistani									
		Bangladeshi									
		Chinese									
		Other									
	Black / Black British	African	3.0%	0.52%							
		Caribbean									
Other											
Other	Arab	0.8%	0.18%								
	Other										
-----	Prefer not to say	4.5%	0.00%								
Disability	Declared disability	3.0%	12.60%								
	No declared disability	91.7%	Data not available								
	Prefer not to say	5.3%	Data not available								
Religion / Belief	No religion / Atheism	13.5%	*24.02%								
	Christianity	57.9%	68.46%								
	Buddhism	0%	0.15%								
	Hinduism	3.0%	0.10%								
	Judaism	0%	0.02%								
	Islam	9.0%	0.41%								
	Sikhism	0%	0.09%								
	Any other religion	3.8%	0.27%								
	Prefer not to say	12.8%	6.49% (Religion not stated)								
Sexual orientation	Bisexual	0%	Not asked in 2011 Census								
	Gay man	0.8%									
	Gay Woman / Lesbian	0.8%									
	Heterosexual	88.0%									
	Other	0%									
	Do not wish to declare	10.5%									
Pregnancy, maternity and gender reassignment	Due to the small numbers associated with pregnancy/maternity and gender reassignment which may make individuals personally identifiable, these are not included in a public report.	N/A	Data not available								

*2011 Census

Pay Band Profile by gender at 31-12-17



By gender the largest proportion of female employees are Band 6 followed by Band 8a and Band 3 in equal proportion. The majority of male employees are on Band 8a. 16.5% of the overall workforce are from a BME background, of that 82% are on Band 8a or equivalent and above. The personal /senior manager salaries relate to executives and governing body members.