# NHS Warrington CCG

## Equality, Diversity and Inclusion Report

## 2018-19

Report produced by: The Equality and Inclusion Team, NHS Midlands and Lancashire Commissioning Support Unit

# ACCESSIBILITY STATEMENT

To request information or any of our key documents in an alternative format such as larger print, audio or any other format, please access our website via the link below:

https://www.warringtonccg.nhs.uk/Images/Page%20Images/get-involved/we-are-accessible.htm

Please contact:

Communications and Engagement Team on 01925 843774 or via email warccg.communications@nhs.net

## Contents                                                                                          Page

# 1.0 Executive Summary

This is NHS Warrington CCG Annual Equality, Diversity and Inclusion report. It shows our commitment to promoting equality and recognising, addressing and reducing health inequalities amongst people who are protected by the Equality Act 2010 [and for Health Inclusion groups within the Health and Social Care Act 2012, where there are local concerns].

It sets out the way we fulfil our responsibilities arising from the Equality Act. The Act requires all CCGs to publish appropriate information which evidences how we are meeting the Public Sector Equality Duty 2011 (PSED). The report documents how our CCG processes support equality compliance across our own organisation and those we commission services from.

The report highlights our good progress with key initiatives, as well as areas of challenge in our journey to embed equality, diversity and inclusion into the way we do business.

We continue to work closely with our provider organisations where CCGs are the lead commissioner of health care contracts, ensuring that commissioned services are compliant to meeting equality related requirements and legal requirements. The CCG have effective contract monitoring processes in place to evidence compliance.

The Annual Report evidences how we are taking 'due regard' under the PSED through equality impact and risk assessments. These assessments are a key tool to give consideration of protected groups in our commissioning planning and decision making.

The Annual Report evidences how we are meeting our Equality Objectives through the delivery of our Equality and Inclusion Strategy 2017-21. We work closely with local representatives from the protected groups to scrutinise key healthcare changes and include seldom heard groups in re-shaping services. We continue to work with external patients' representative groups and stakeholders made up from the 9 protected characteristics.

## 2.0  Introduction

This document is our Equality, Diversity and Inclusion Report 2018-19 which sets out how we have been demonstrating 'due regard' to the Public Sector Equality Duty's three aims and will provide evidence for meeting the specific equality duty.

This document outlines our approach to embedding Equality, Diversity and Inclusion in our services, decision making and everyday work  through the following:

- Equality Delivery System 2
- Equality objectives and strategy
- Monitoring the equality performance of our key NHS providers (as their lead commissioner)
- Ensuring our workforce are supported and the work environment is inclusive regardless of background and plans in place regarding mandated workforce reporting
- Robust processes in place to give due regard when making commissioning decisions
- CCG Engagement, Experience and Communications Strategy and plans to ensure we have strong targeted engagement with seldom heard groups including people who share protected characteristics and those who do not

In meeting the requirements of the PSED, this report will be published on the CCG website equality pages.

## 3.0  Legal and mandated equality responsibilities

This section of the report outlines legal equality requirements and NHS England Equality Mandated Standards.

**The Equality Act 2010**

The Equality Act 2010 came into force in October 2010.  The Equality Act combines over 116 separate pieces of legislation into one single act.  Combined, the Act provides the legal framework to protect the rights of individuals and advance equality of opportunity for all.  The Act simplifies, strengthens and harmonises the current legislation to provide discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The Equality Act protects people from unfavourable treatment and this refers particularly to people from the following categories know as 'protected characteristics'.

# The Protected Characteristics:

## Age

This refers to a person belonging to a particular age group or range of ages. Age includes treating someone less favourably for reasons relating to their age whether young or old.

## Disability

A person has a disability if they have a physical or mental impairment, Learning Disability or sensory impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

## Gender Reassignment (also known as trans)

People whose gender is not the same as the sex they were assigned at birth. This may include those who dress in their preferred gender continuously or intermittently, or those who wish to present their gender differently to that aligned with their birth sex. Gender Reassignment describes a person's transition. This usually means undergoing medical treatments but can also include changing name, dress and living as their self-identified gender. Source: Stonewall

## Marriage and Civil Partnership

The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same sex partners. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.

## Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a woman unfavourably because she is breastfeeding.

## Race

Race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

## Religion and Belief

Religion includes any religion and includes a lack of a religion. Belief means any religious or philosophical belief. Generally, a belief should affect your life choices or the way you live, for it to be included in the definition.

## Sex (sometimes referred to as Gender)

Current protection of this characteristic includes male and female or groups of males or females. Protection is given to protect unfavourable treatment on the grounds of their sex - being male or female. Within the equality act, this doesn't cover non binary.

## Sexual Orientation

A person's sexual attraction towards a person of the same sex, the opposite sex or more than one sex. This includes people who are Lesbian, Gay, Bisexual or Heterosexual. This is not to be confused with Gender Reassignment, the two are separate characteristics.

**The Public Sector Equality Duty 2011**

Section 149 of the Equality Act 2010 requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty on the CCG to address:

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

The CCG also has specific duty under the PSED to complete the following actions:
- Publish information to demonstrate their compliance with the Equality Duties, at least annually
- Set equality objectives, at least every 4 years

Please follow this link to our Equality and Inclusion Strategy: https://www.warringtonccg.nhs.uk/Images/Page%20Images/public-info/equality-and-diversity.htm

**Human Rights Act 1998**

The Human Rights Act 1998 came into effect in the United Kingdom in October 2000. The CCG must ensure that their commissioning decisions safeguard vulnerable people and do not put people's lives at risk or expose them to inhumane or degrading treatment.

**Health and Social Care Act 2012**

The Health and Social Care Act 2012 states that each CCG must in the exercise of their functions, have regard to:

- Reduce inequalities between patients with respect to their ability to access health services
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services
- Promote the involvement of patients and their carers in decisions about the provision of health services to them
- Enable patients to make choices with respect to aspects of health services provided to them.

**NHS Constitution 2015**

The NHS Constitution 2015 set out rights for patients, the public and staff.
It outlines NHS commitments to patients and staff and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.
NHS Constitution targets are monitored by the CCGs Quality and Performance Committee.

**Modern Day Slavery Act 2015**

All public authorities are required to co-operate with the police commissioner under the Modern-Day Slavery Act 2015.  This means that police and health care services, together with voluntary organisations, are legally required to work together to support people who have experienced slavery.  The CCG has a zero tolerance for modern slavery and breaches of human rights and ensure this protection is built into the processes and business practices that we, our partners, and providers use.

# 4.0 NHS England Equality Standards

**Equality Delivery System 2015**

Requirements within the four key areas are:
• Better health outcomes
• Improved patient access and experience
• A representative and supported workforce
• Inclusive leadership

**Workforce Race Equality Standard  2015**

The NHS Workforce Race Equality Standard (WRES) is a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnic backgrounds.  The Standard is used by organisations to track progress and to identify and help eliminate discrimination in the treatment of Black and Minority Ethnic (BME) employees.  Our latest WRES report for 2018 if found at: https://www.warringtonccg.nhs.uk/Images/Page%20Images/public-info/workforce-equality-standards.htm

**Accessible Information Standard 2016**

The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss, receive information that they can access and understand which include receiving any communication support that they need.

Commissioners of NHS services must have a regard to this standard, ensuring that they enable, support and monitor compliance.  This standard is in all of the NHS Standard Contracts and is monitored by the CCG's Quality and Performance Key Performance Indicators (KPIs).

**Workforce Disability Equality Standard 2018**

The Workforce Disability Equality Standard (WDES) is a set of specific measures (metric) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff.

All NHS Standard Contracts from 2018 set out that NHS Trusts and NHS Foundation Trusts will have to implement the WDES.  This information will be used by the relevant organisations to develop a local plan and enable them to demonstrate progress against the indicators of disability equality.

# 5.0  Our Equality Objectives 2017-2021

Our equality objectives are aligned with the Equality Delivery System 2.  The four EDS goals are:

- o  Better Health Outcomes
- o  Improved patient access and experience
- o  A representative and supportive workforce
- o  Inclusive leadership

Further information on the goals are provided in the EDS goal table found in appendix A.

# 6.0  Our Workforce

**Workforce Profile**

We produce an internal workforce profile report annually which is scrutinised by internal governance processes.

We have a workforce of 86 (April 2018)  to 96 people (April 2019) employed by the CCG.

Due to our organisation have less than 150 employees, profiling often leads to low numbers identifying to different characteristics.

Staff with caring responsibilities are not currently recorded on ESR (electronic staff record)

## Staff profile: sex



34.30%

65.70%

■ Female  ■ Male
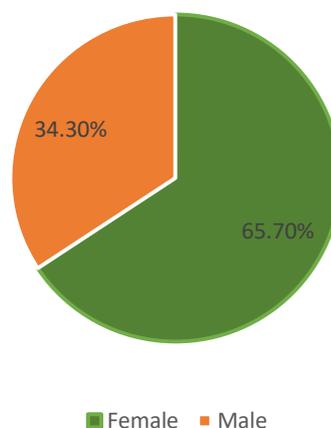
## Staff profile: working arrangements



32.89%

67.11%

■ Full time  ■ Part time
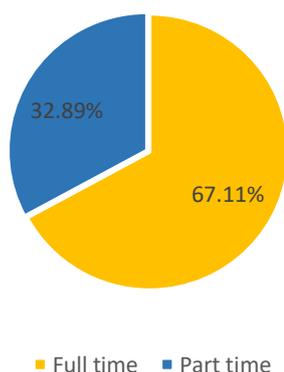
We are unable to publish certain data on employees as low numbers can potentially lead to identifiable data on individual employees – this specifically relates to profiling on:

- age group
- ethnic background
- disability
- religion / belief
- sexual orientation
- transgender

In order to comply with NHS England, we publish our annual WRES report. Our workforce Black and Minority Ethnic (BME) representation is in line with the Warrington population.

In terms of our governing body members, BME representation is significantly higher than the local population. Our latest WRES report is found at: https://www.warringtonccg.nhs.uk/Images/Page%20Images/public-info/equality-and-diversity.htm

# 7.0  Equality within our workplace

**Support for staff with disabilities**

For staff declaring a disability, we are required by law and have a duty to make 'reasonable adjustments' for people with a disability. These requests are usually dealt with at the time of appointment or if a long term condition or disability is acquired and include accessibility and any other considerations. This duty ensures that reasonable adjustments are in place to remove (where possible) disadvantages relating to a disability.

On an annual basis, we carry out Health and Safety assessment relating to the work area through a Display Screen Equipment (DSE) assessment form. This is carried out for each employee to complete, this form would identify if, or where, any reasonable adjustments are required by any employee.

Our building is fully compliant with disability legislation. Disability parking spaces are available.

We also have a policy for staff who have caring responsibilities.

**Meeting needs of staff**

We aim to provide a positive and happy work environment for our staff that supports their emotional and physical wellbeing. Occupational Health services are available.

We aim to meet staff requests based on culture, religion and belief. When staff require quiet prayer rooms, requests are met to accommodate requests where possible.

**Training and Development Opportunities**

We promote learning and development of our workforce. Individual staff training and development needs are identified during the appraisal process and ongoing through 1:1 supervision meeting with their line manager. Staff are required to undertake mandated training as required for all NHS staff. Compliance is monitored through the ESR system.

Additional non mandated training is subject to individual manager and employee agreement and matched to training needs identified within supervision and appraisal.

Equality and Inclusion mandated training:

Staff compliance with mandated Equality, Diversity and Human Rights training is good with compliance at 86.36%. (Data Source Staff Survey 2017/18). We use NHS Learning Management System on line training packages for mandated training.

EIRA learning sessions (annual):
Since 2017, EIRA workshop sessions have been offered. These sessions complement the existing one to one support staff can access through the Equality and Inclusion Business Partner.

## Newly appointed staff

All new staff are offered an induction session with a member of the Equality and Inclusion Team, to ensure that they are informed how to access further support and advice on Equality and Inclusion.   An example of this could be support relating to an Equality Impact and Risk Assessment.

## Governing Body Members

All the Governing Body members undertake mandated Equality and Inclusion training. The MLCSU offer an annual Governing Body Equality and Diversity Development session – planned for 2019.

## Recruitment and Selection

We commission Human Resources (HR) Service from MLCSU for HR support and advice for all our staff.  We now commission TRAC Jobs from the HR department. TRAC provides an online application and recruiting process which anonymises applicants until scoring and shortlisting has taken place. This ensures that scoring is based on content of the application matched to essential and desired criteria. The system uses the double tick system to ensure that any applicant that discloses a disability is offered an interview if they meet the criteria. Reasonable adjustments are made if required by a candidate at interview.

## Communicating with our staff

Our workforce are highly engaged and committed to improving the health outcomes of our communities. Within the CCG we have ongoing communication methods through:
- Weekly team briefs in our 'outbreak area' in which key information is shared and staff can contribute / ask questions
- Weekly staff bulletins
- Monthly staff development sessions

- Updated CCG website, facebook and twitter account
- Weekly Practice Bulletin – for GP practice staff
- Team meetings

**Staff Survey**

Each year we are committed to carrying out an internal staff survey. This is closely aligned to the NHS national survey. The aim of the survey is to listen to our staff and identify any areas of improvement needed.

In summary our annual staff survey this year has informed:

- Staff generally report they feel engaged, informed and are able to contribute to CCG decision making
- Staff generally report they feel positive about the effectiveness of the two-way communication and engagement processes
- Staff generally report they are empowered to undertake their roles with freedom to act
- Staff generally report they feel informed and engaged in the work and decision making of the Integrated Management Team

Whilst staff report generally good satisfaction rates, the survey also highlights that further work needs to be undertaken with regards to developmental activities and the approach and content of organisational development programmes with a specific focus on staff development.

**Equality and Inclusion Team - MLCSU**

We commission The Equality and Inclusion Service from MLCSU. Over the last 24 months the Equality and Inclusion team have produced several key guidance documents to support commissioning decisions across CCGs. Guidance includes:

- Guidance for considering the needs of Asylum Seekers and Refugees for commissioning health services
- Ramadan guidance – providing information for CCGs and staff during annual Ramadan festival
- Guidance on needs of people experiencing homelessness
- Guidance on needs of Military Veterans

Our service from the MLCSU provides staff with weekly support on any equality and human rights issues. This service also ensures our CCG remains compliant with any NHSE mandated equality requirements.

# 8.0 Our Communities

We commission healthcare services for patients registered to our member GP practices. The current population is 212,000 people registered to GPs within Warrington and surrounding area. Our area consists of 26 GP practices.

**Map showing Warrington CCG area:**
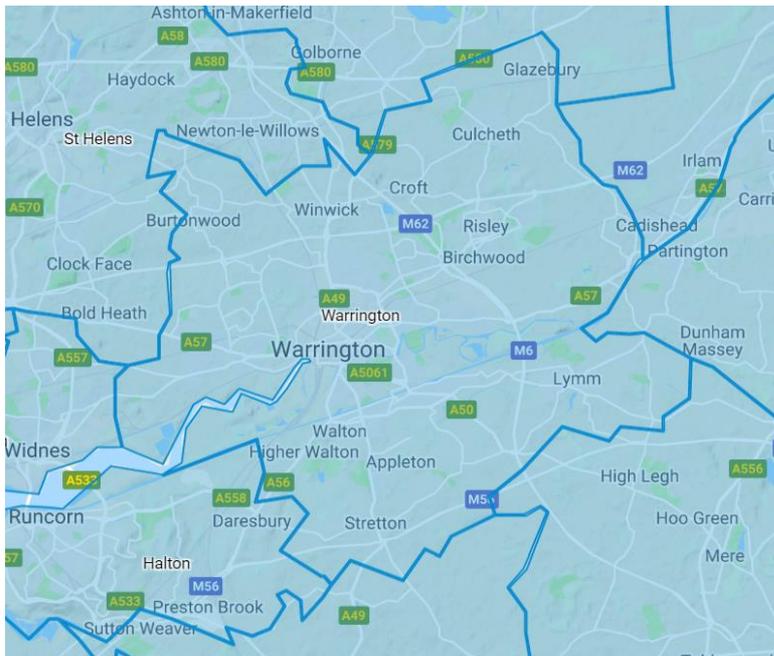


Warrington is located in the North West of England, within road networks between Manchester, Liverpool and Chester. The area consists of 22 wards covering densely populated town centre area and rural villages and outer suburbs.

Key summary information from Warrington Joint Strategic Needs Assessment and Public Health finger-tip data.

**Age profile:**
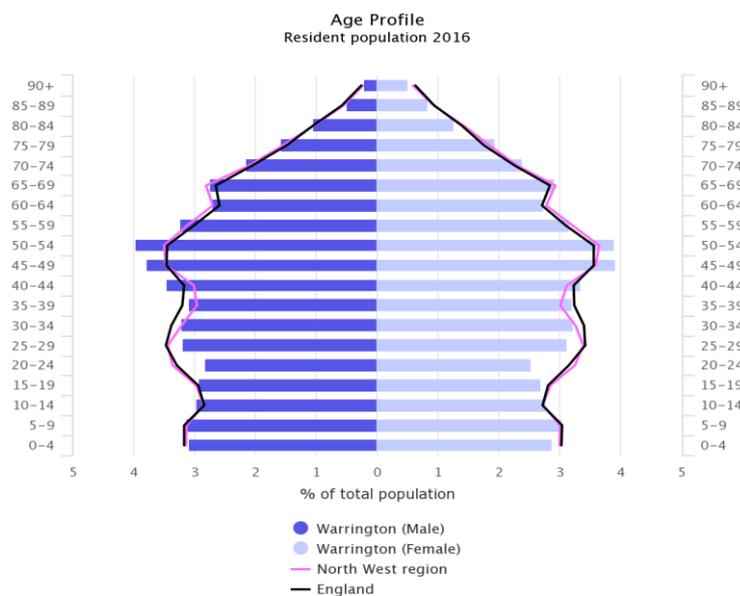


There are 209,700 resident population (mid-2017 data)

In terms of age:
- 19.0% aged under-16
- 62.7% aged 16-64
- 18.3% aged 65+

In terms of sex:
- 49.6% male
- 50.4% female

Source: https://www.warrington.gov.uk/info/201120/population_facts_and_figures/1072/facts_and_figures_for_warrington

**Ethnic background:**

The population is predominantly white British (92.9%), 7.1% are from black and minority ethnic (BME) backgrounds of which the largest group are white other – including other white groups and traveller communities (3.0%) and Asian backgrounds (2.4%). Across parts of Warrington there is considerable variation and town centre wards have highest levels of BME populations.

2017 data highlights that Polish and Urdu are the main languages spoken as a first language other than English. In the ward of Bewsey and Whitecross, a quarter of all pupils do not have English as their first language.

**Health inequalities:**

"Health inequalities are the **preventable,** unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs." Source: https://www.england.nhs.uk/publication/equality-and-health-inequalities-packs-2018

| Indicator | Period | Warrington | | | Region | England | | England | | Best/ Highest |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Value | Worst/ Lowest | Range | | |
| Deprivation score (IMD 2015) | 2015 | – | - | 19.3 | - | 21.8 | 5.0 | | | 42.0 |
| Life expectancy at birth (Male) | 2015 - 17 | – | - | 78.9 | 78.2 | 79.6 | 74.2 | | | 83.2 |
| Life expectancy at birth (Female) | 2015 - 17 | – | - | 82.4 | 81.8 | 83.1 | 79.5 | | | 86.5 |
| Under 75 mortality rate: all causes | 2015 - 17 | – | 1,926 | 347 | 391 | 332 | 551 | | | 228 |
| Under 75 mortality rate from all cardiovascular diseases | 2015 - 17 | – | 414 | 75.1 | 87.0 | 72.5 | 133.4 | | | 44.0 |
| Under 75 mortality rate from cancer | 2015 - 17 | – | 758 | 136.9 | 148.5 | 134.6 | 194.5 | | | 100.0 |
| Suicide rate | 2015 - 17 | – | 47 | 8.5 | 10.4 | 9.6 | 17.9 | | | 6.1 |

Key:

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Source: https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132696/pat/6/par/E12000002/ati/102/are/E06000007

The above Warrington data shows:
- deprivation is slightly better than the England rate
- life expectancy for male and females is worse than the England rate
- early deaths from cardio vascular diseases and cancer are slightly worse than England rate
- the rate of suicide is slightly better than the England rate

Information published by NHS England – Equality and Health Inequalities Pack December 2018 provides a range of information regarding health inequalities and our CCG.

In terms of inequalities and unplanned hospital admissions the following wards have been identified:

| Ward | Population | Unplanned hospitalisations per 100,000 pop | Unplanned hospitalisations | Opportunity for saved hospitalisations in CCG had no inequality |
|---|---|---|---|---|
| Fairfield and Howley | 14,805 | 5,532 | 739 | 244 |
| Bewsey and Whitecross | 14,416 | 6,042 | 626 | 220 |
| Birchwood | 11,329 | 4,232 | 432 | 55 |
| Great Sankey South | 11,029 | 3,629 | 363 | 16 |
| Burtonwood and Winwick | 2,306 | 4,400 | 110 | 23 |
| **Total** | 53885 | | 2270 | 559 |

Source: https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-nw-warrington-ccg-dec-18.pdf

# 9.0  How we give 'due regard' within our decision making

A number of processes and checks are in place to ensure that we embed equality and human rights considerations into our daily work and decision making. In summary these include:

- Our staff having high level of awareness of the statutory duties
- Processes in place for identifying potential equality risks
- CCG strategies that support the equality agenda
- Policies and processes in place to safeguard the rights of employees
- Support through dedicated equality and inclusion service
- Assurance systems in place to ensure due regard is being taken on service changes including governance
- Engagement and consultation work
- Equality Impact and Risk Assessment process to assess potential impacts. This is the main process for recording any impacts and consideration of human rights

We use Equality Impact and Risk Assessments (EIRA) to:

1. Assess potential impact for commissioning decisions.
2. Consider the potential impacts – both negative and positive for our population. This includes communities, patients, staff and stakeholders
3. Account for the differential impacts on protected groups as defined by the equality act.
4. Considering impacts on other groups such as carers, rural populations, people experiencing homelessness and Asylum Seekers
5. Follow the Brown, Bracking and Gunning Principles in relation to equality case law
6. Carry out initial human rights impact screening

Our EIRA process seeks assurance through the Quality, Equality and Data Protection Impact Assessment Review Group.  See flow chart detailing this process in appendix B.

**Scrutiny of EIRAs:**

- EIRA process supported by the Equality and Inclusion team – MLCSU

- EIRAs are reviewed by Quality, Equality and Data Protection Impact Assessment Review Group on all proposals involving service changes

- To make recommendations and to provide reasons for approval or rejection of proposals

- To review the impact and outcomes of schemes together with the programme leads

**List of EIRAs completed in 2018-19 by CCG:**

| Title of project / commissioning decision | Stage 1 | Stage 2 |
|---|---|---|
| Warrington Merger | Y | N |
| Cluster Re Alignment | Y | Y |
| Physical Health | Y | Y |
| Self-care | Y | Y |
| High intensity users | Y | Y |
| Great Sankey | Y | N |
| Physical Health SMI | Y | N |
| Falls Services | Y | Y |
| Cancer coordinator post | Y | Y |
| Extended access GPs | Y | Y |
| Clinical hub – care homes | Y | Y |
| Policy harmonisation work | | |
| Cough Assist Devices | Y | Y |
| Secondary Care Administered Joint Injections | Y | Y |
| Surgery for Prostatism/Lower Urinary Tract System | Y | Y |
| Botulinum Toxin A&B | Y | Y |
| Continuous Glucose Monitoring systems for continuous monitoring in Type 1 Diabetes Mellitus and Insulin pump | Y | Y |
| Transanal Irrigation | Y | Y |

**Guiding principles of Brown, Bracking and Gunning:**

The Brown and Bracking principles guide us into good practice in documenting how decisions were reached and how CCGs have prompted their deliberate consideration of the nine protected characteristic groups in all their planning and decision making.

The Gunning principles guides our engagement work. By following Gunning Principles we ensure that we have adequate evidence (including from targeted engagement and formal consultation, if appropriate) to enable us to understand the potential impacts of our decisions on groups covered by the duty.

**Procurement and Commissioning**

We ensure that current procurement processes take account of equality legislation and mandated duties.

The requirement to comply with the general equality duty (PSED) applies to all procurement regardless of the value; the value of the contract may, however, impact upon the relevance and proportionality of equality considerations.

Where appropriate, procurement processes include equality related questions and responses in line with NHS procurement processes.

# 10.0 Equality monitoring of our providers

We ensure that processes are in place for monitoring and gaining assurance from commissioned providers that they are complying with equality and human rights legislation.

The Equality and Inclusion team carries out an annual compliance checks for larger providers. These provide assurance for NHSE mandated requirements and key PSED requirements. The key areas of compliance within NHS contracts are found within section 13 - Equity of Access, Equality and Non-Discrimination full contract. Ongoing monitoring work is carried out by our Quality and Contract team.

An audit of provider compliance summarised in the table below:

| | NHS providers website audit | | |
|---|---|---|---|
| Areas of compliance | Warrington & Halton NHS Trusts | North West Boroughs NHS Trust | Bridgewater NHS Trust |
| Equality Objectives | ✓ | ✓ | ✓ |
| Equality Delivery System 2018 | ✓ | ✓ | ✓ |
| Published WRES | ✓ | ✓ | ✓ |
| Accessible information standard – evidence of implementation | ✓ | ✓ | ✓ |
| Modern Slavery Act 2015 Statement +£36M | ✓ | ✓ | ✓ |

The CCG's contracts monitoring team, through regular meetings, assess and monitor the progress of providers on all aspects of the contract, including equalities.

## 11.0   CCG Performance for equality

We continue to make good progress in promoting equality, protecting human rights and reducing health inequalities. This is shown in the activity below:

1. Equality Delivery System
2. Workforce and embedded equality agenda
3. Involving communities and stakeholders in decision making
4. Equality and Inclusion service

Each of these areas are summarised further:

**Equality Delivery System work:**

- Compliance to EDS 2017/18 and 2018/19.
- Action plan developed for 2018-19 and 2019/20.
- Improved relationships with stakeholder groups and individuals who represent different community groups.
- In 2018 we carried out a self-assessment with high level of achieving / outstanding goals. Two areas of developing were identified.

Results of EDS grading over time can be seen in appendix A.

**Raising equality agenda across the workforce:**

During the last year, we have continued to promote equality within the workforce. We have a plan called: NHS Warrington CCGs' Equality Workforce Plan 2018/20 which provides information on how we are committed to:

- Developing a representative and supported workforce
- Specifically consider equality and diversity for our staff through policies and procedures
- Developing a culturally inclusive and safe work environment. When at work, staff are free from abuse, harassment, bullying and violence from any source
- Ensuring we have fair and equitable employment and recruitment practices to ensure we work towards a representative workforce, reflecting the population we serve

- Promoting self-disclosure within personal employment records to support data gathering for workforce profiling – this is used internally due to small workforce numbers
- Compliance to reporting – regards Black and Minority Ethnic representation in the workforce through WRES and equality pay audits – Gender Pay Gap audits
- Training and development opportunities – monitoring and evaluated.
- Work arrangements – requests for reasonable adjustments considered to meet individual staff needs

# 12.0 Involving local people in decision making

Our Engagement, Experience and Communication Strategy guides our approach to engaging with our local communities and stakeholders. We are committed to developing effective and sustainable relationships with stakeholder groups, patients and carers as well as our partner organisations in health, social care and the voluntary, faith and voluntary sector. Our overall aim is to improve the lives of our local communities.

We are committed to engagement, involving and consulting with patients, the public, carers and Third Sector organisations. We are particularly committed to working and engaging with 'hard to reach' groups and those communities who are considered a protected characteristic.

Through our strategy, we give the opportunity for local communities to influence and shape services. We have a variety of ways people can get involved.



**Patient Participation Groups** ↔ **Patient Representatives** →

- **On line consultations**
- **Governing Body**
- **Procurement**
- **Committees**
- **Review work on services, policies, cancer hub work**
- **Patient Equality and Diversity champions**
- **Primary Care**

Patients working with a practice to improve services.

Patient representation policy and charter to support involvement.
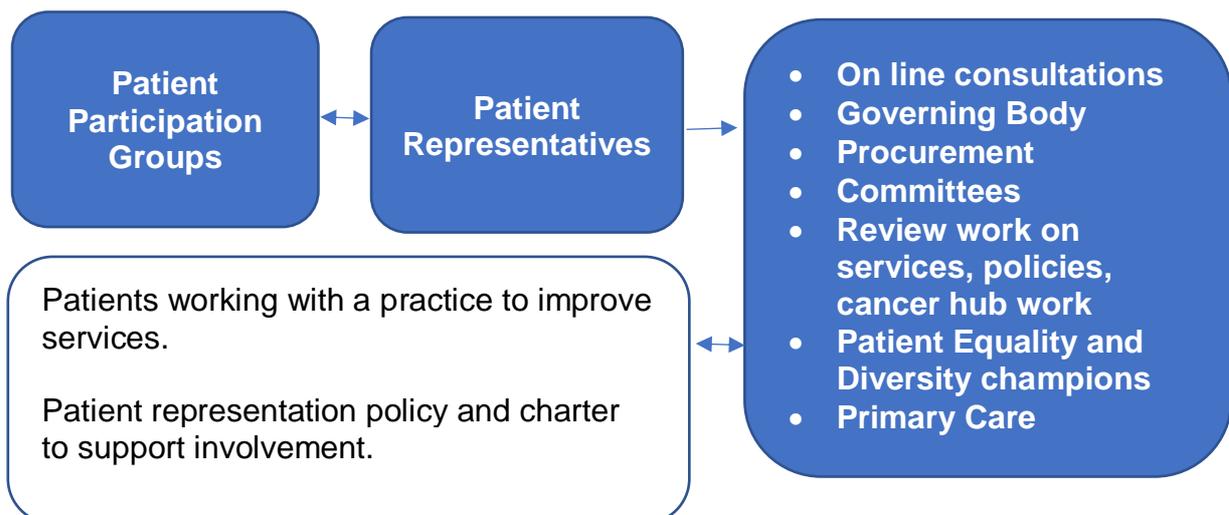
**By law we are required to:**

Promote the involvement of patients, carers and representatives in decisions which relate to their health.

Promote the involvement of patients, carers, stakeholders and communities in decision making in regard to any decisions which have a potential / known impact to individuals.

We are required to comply with the statutory duties of the NHS Constitution which includes reducing inequalities and involving individual patients, carers and representatives in the decisions we make.

**Our achievements in engagement work:**

- We continue to engage with our population as a whole and develop strong links with members of the population and stakeholder groups that represent different views within our communities.

- Our Engagement, Experience and Communication Strategy embeds Human Rights and Equality within the strategy to ensure that needs of the community are being identified and inform decision making.

- We use a range of methods to engage effectively with different groups. This includes traditional methods such as focus groups, meetings, surveys and questionnaires, posters and use of social media. We have an active facebook page and twitter account.

- Our CCG website provides an extensive range of information about our CCG and the work we do.

- In relation to equality information, our website provides a range of equality information.

- Modern Slavery Act 2015 statement – in order to comply with requirements we have published a statement.

- Our work with Self-Care Programme has gained a national award.

- All requests for information in differing formats are met to comply with the Accessible Information Standard.

**Examples of how we involve our communities:**

**Health Forum**

The CCGs formal patient meeting, the Health Forum, continues to be as representative as possible of Warrington's community. The Health Forum is a subgroup of the Quality Committee and is chaired by the Governing Body Patient Representative. The monthly attendance includes representatives from:

- Homestart
- Warrington Parents and Carers
- Contact the Elderly
- St Roccos
- Warrington Voluntary Action (WVA)
- Warrington Disability Partnership.

We also undertake outreach from the Health Forum to people with learning disabilities and to our Youth Panels who are facilitated by WVA.

**Neurological Service**

Feedback from various groups including Warrington Parents and Carers and the ADHD Support Group were gathered as part of the large scale experience based design engagement regarding the new THRIVE model in 2017/18. One of the gaps identified through the engagement was the lack of support, information and mentoring for families with a child with a Neurodevelopmental condition.

To further explore these issues two events were organised with Warrington Parents and Carers to share what support, interventions and outcomes a new service could potentially offer. The events aimed to seek the views of parents and carers to ensure any new service will meet their and their family's needs.

Following this a procurement exercise was undertaken to contract an appropriate organisation to deliver the service. A representative from Warrington Parents and Carers was involved in the procurement process to ensure a parent and family representative was involved in the decision making.

The new organisation is Addvanced Solutions
http://www.addvancedsolutions.co.uk/home.html

**End of Life and Palliative Care Transformation**

Working with the MacMillan funded CCG End of Life team, an 18-month experience-based design method of engagement was started in 2018/19 to co-design an improved pathway and patient journey for those people at end of life and their families. Experience Based Design (EBD) is a methodology for working with patients, families, carers and staff to improve services. The approach has been specifically developed for use within health care settings.

Our engagement work has a comprehensive engagement and communications plan to support it, which will involve a 12-month programme starting with launching the programme, training and supporting staff. We will then follow the EBD approach of capturing information, understanding patient experience, improving servicing and measuring outcomes. The final six months of the project will be ensuring the co-designed model of care is embedded in the commissioning of the relevant services and organisations. The key highlights of the work in 2018/19 included:

Training session on EBD and interview techniques for staff and patient representatives was held in February. The aim of the session was to support and train staff and patient representatives to undertake one to one in-depth interviews with patients and carers/ families. Staff from two Third Sector organisations were trained, these were WIRED Carers and St Roccos Hospice.

The engagement started in March 2019 for 12 weeks this included identifying 'hard to reach' and vulnerable communities including those representing the protected characteristics. Engagement has been planned with Warrington Disability Partnership, WIRED Carer's drop ins, Salvation Army, Warrington Ethnic Communities Association, Older People's Forum, St Roccos Rock On young people groups, Military Veteran Hub as well as general engagement across the Town with wider Third Sector organisations.

One to one interviews with patients/ carers and families are being undertaken to gather patient experience.

Throughout the engagement we will identify appropriate and interested members of the public to be further involved in the co-design element and we will train them as patient representatives. Macmillan will provide the training and support for identified patient representatives.

This work will continue into 2019/10 with the following highlights:
- Stakeholder engagement and co-design event
- Stakeholder meetings including identified public representatives to discuss and agree the way forward, actions needed etc.
- Second stage of engagement to ensure the designed model meets the needs of the community

**Co-Production Charter**

Within the SEND Strategy development process, it was identified that there is a need for a "Co- Production Charter" to define the expectations of joint working with parents and carers to ensure that their voice is included, on an equal footing, in the development of services for children with disabilities and additional needs. There are different elements to co-production set out by Warrington Parents and Carers:

- Co-production within strategic planning – ensuring that parents and carers have input into the development of new services; assessing the efficacy of current services and moulding services to achieve better outcomes for children and young people (CYP) in Warrington.

- Co-production within service delivery – ensuring that parents and carers are fully involved with treatment planned and implemented for their CYP.

- Another important area of coproduction, is to not only look at the involvement of parents and carers, but also to ensure that the views of affected children and young people are also included.

To support the CCG's commitment to SEND, we have signed up to Warrington Parents and Carers Co-Production Charter. The charter ensures that the CCG truly develops services using a co-production approach and will work with Warrington Parents and Carers, as well as other organisations and groups, to co-design services.

Examples of work so far are:
- Working with Warrington Carers and Parents to increase the update and understanding of Annual Health Check for young people 14+
- Invitation for parents to meet with the CCG to discuss how we can improve our offer to children, young people who receive a package of care and are on the Autistic Spectrum



Steve Peddie – Executive Director, Families and Wellbeing at Warrington Borough Council
Jean Fitzpatrick Chair of Warrington Parents and Carers
Yvette McKern – CCG Commissioning Manager

**Accessible Information**

**Easy Read**
We work with Speak Up, our local learning disability group, to create bespoke easy read communications materials for local campaigns. Our Engagement Manager and Communications Manager regularly attend Speak Up group meetings to talk about current or upcoming projects and ask the group for their help in creating supporting Easy Read information.

The support we receive from Speak Up is invaluable and we very much value the input of the members of our learning disability communities in helping us shape communications for people with specific needs.

Examples of the Easy Read information we have worked with Speak Up to co-create are this year are:
Patient Advisers
Winter healthcare advice and guidance

Into 2019/2020, we're working with Speak Up to develop Easy Read information about diabetes, cancer screening and referral pathways.

**Accessible Meetings**
We want to make our events as accessible as possible, including information we share about the event. To do this we have developed a checklist that we work through when looking for venues and sourcing materials for those events. This includes accessibility to the venue, including car parking, dropped curbs etc, meeting room accessibility, accessible bathrooms, publicity of the meeting being available in different formats and any additional support needed being sourced i.e. hearing loop, large print.

For further information on our engagement work please see:
https://www.warringtonccg.nhs.uk/Images/Page%20Images/get-involved/patient-representation.htm

## 13.0  Equality and Inclusion support

During the last year, we have commissioned ongoing support from the Equality and Inclusion team from the Midlands and Lancashire Commissioning Support Unit.  This has promoted equality within our CCG by:

- Providing framework and toolkit for evaluating equality risks for decision making

- Ongoing support for staff completing EIRAs – providing quality assurance and ongoing advice through 1:1 support and workshops

- Ongoing support to teams with guidance and advice on contract monitoring

- Carrying out audit and supporting equality compliance across main providers

- Ongoing EIRAs for policy development of which we are part of policy harmonisation group with Cheshire and Merseyside CCGs

- Providing regular equality briefings – for all staff and governing body

## 14.0  Conclusion

The evidence set out in this annual report demonstrates that we continue to make good progress towards our Equality and Inclusion responsibilities showing 'due regard' to the way healthcare services are commissioned and delivered.  We are committed to making continuous improvements, which include:

- Our community-based services development
- Continuing the review work on the policy harmonisation work on clinical policies
- Review Services from a local perspective linked to NHS England Long Term Plan and in reducing health inequalities
- As an employer we will continue to monitor progress against our Equality Objectives and the Equality Delivery System Goals and Outcomes

During 2019/2020 we will continue to consider new services and functions on a larger footprint with Halton CCG as an Integrated Care Partnership (ICP) and in wider context of Merseyside Integrated Care System (ICS).

## 15.0  Recommendations

The Warrington CCG Quality Committee are requested to approve the Equality and Inclusion Annual Report for publication on the CCGs website.

# 16.0 Appendices

**Appendix A –**
  1. **EDS goals and performance indicators**
  2. **EDS grading results over time**

| Better Health Outcomes |
|---|
| Services are commissioned, procured, designed and delivered to meet the health needs of local communities |
| Individual people's health needs are assessed and met in appropriate and effective ways |
| Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed |
| When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse |
| Screening, vaccination and other health promotion services reach and benefit all local communities |
| **Improved patient access and experience** |
| People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds |
| People are informed and supported to be as involved as they wish to be in decisions about their care |
| People report positive experiences of the NHS |
| People's complaints about services are handled respectfully and efficiently |
| **A representative and supportive workforce** |
| Fair NHS recruitment and selection processes lead to a more representative workforce at all levels |
| The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations |
| Training and development opportunities are taken up and positively evaluated by all staff |
| When at work, staff are free from abuse, harassment, bullying and violence from any source |

| Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives |
| --- |
| Staff report positive experiences of their membership of the workforce |
| **Inclusive leadership** |
| Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations |
| Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed |
| Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination |

## EDS2 grading Time Line for: Warrington CCG

| Objective | Outcome | 2012 self-assessment | 2013 Grading | 2014 Grading No Assessment by NWCSU | 2015 Grading Self assessed by NWCSU | Public Grading 2016 - 17 | Public Grading 2017 - 18 | Public Grading 2018 - 19 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Better health outcomes | 1.1 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 1.2 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Excellent | |
| | 1.3 | Developing | Developing | Not accessed for 2014 | Developing | Developing | Developing | |
| | 1.4 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Developing | |
| | 1.5 | Developing | Developing | Not accessed for 2014 | Achieving | Achieving | Achieving | |
| 2. Improved patient access and experience | 2.1 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 2.2 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Excellent | |
| | 2.3 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 2.4 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Achieving | |
| 3. A representative and supported workforce | 3.1 | Developing | Achieving | Staff Grading / Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 3.2 | Developing | Achieving | Not accessed for 2014 | Achieving | Achieving | Achieving | |
| | 3.3 | Developing | Developing | Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 3.4 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 3.5 | Developing | Developing | Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 3.6 | Developing | Achieving | Not accessed for 2014 | Developing | Achieving | Achieving | |
| 4. Inclusive leadership | 4.1 | Developing | Developing | Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 4.2 | Developing | Developing | Not accessed for 2014 | Developing | Achieving | Achieving | |
| | 4.3 | Developing | Developing | Not accessed for 2014 | Developing | Achieving | Achieving | |

## Appendix B:

**Equality Impact Assessment – Flow Chart**

```
┌─────────────────────────────────┐              ┌──────────────────────┐
│   Work programme identified     │              │ Support offered by   │
└─────────────────────────────────┘              │ CCG Engagement       │
               │                                  │ Manager and CSU      │
               ▼                                  │ Business Partner     │
┌─────────────────────────────────┐              └──────────────────────┘
│  EIA screening to be completed  │
└─────────────────────────────────┘
               │
               ▼
┌──────────────────────────────────────────────────────────┐
│ Stage 2 Equality Impact Assessment identified as needing  │
│ to be completed?                                          │
└──────────────────────────────────────────────────────────┘
       │                                    │
      No                                   Yes
       ▼                                    ▼
```

| No | Yes |
|----|-----|
| **EIA screening to be signed off by the CSU Equality and Inclusion Business Partner** | **Stage 2 Equality Impact Assessment undertaken** |
| **Published on CCG Website** | **Does the work programme require consultation or engagement?** |

Support offered by CCG Engagement Manager and CSU Business Partner

Through the screening process any high risk EIAs to be undertaken with CCG staff and patient Equality Champions

**No**

EIA to be signed off by CSU Equality and Inclusion Business Partner

Summary of all EIAs to be taken to Quality Committee by Chief of Public Affairs and Engagement in monthly update report.

Any EIAs that have highlighted any potential risks to be discussed in more detail for final sign off by the Committee

To be published on the CCG website

**Yes**

EIA to be initially signed off by CSU Equality and Inclusion Business Partner and included in the communications and engagement plan

Consultation and engagement activity to be focused by any impact on particular groups within the community highlighted by the assessment

On completion of the consultation/ engagement the EIA is updated with any other impact/ risks identified and mitigating actioned highlighted. Officially signed off by the CSU Equality and Inclusion Business Partner

The completed EIA is included in the final consultation and engagement report which is ratified at the relevant committee or Governing Body

Report and EIA published on the CCG website

Implementation of work programme

Included in the evaluation of the programme will be a business realisation process which will include a 6 monthly review of the programme to ensure the mitigating actions have been actioned and small scale engagement to ensure no negative impact to patients.