Herts Valleys Clinical Commissioning Group (CCG) - Commissioning For Equality

The NHS Equality Delivery System (EDS2) in Herts Valleys CCG

2019

Contents

About Herts Valleys CCG

Herts Valleys Clinical Commissioning Group (CCG) is an NHS organisation responsible for commissioning (planning, designing and buying) health services on behalf of people who live in west Hertfordshire. This is a population of about 640,000.

We are a member organisation of GP practices. Practices are arranged into four localities: Dacorum, Hertsmere, St Albans and Harpenden, and Watford and Three Rivers.

Our governing body - our board - is made up of GPs, other clinicians, very senior CCG managers and lay members.

Each of these localities has a locality committee of local GPs. The locality committees use their local knowledge and expertise to provide our board with advice to support us in carrying out our role successfully.

In 2018/19 we had a total budget of around £872.8million that we spent on community, hospital, general practice and mental health services. We jointly commission some of our services – such as mental health, NHS 111 and the GP out-of-hours service.

Our commissioning partners are Hertfordshire County Council and East and North Hertfordshire Clinical Commissioning Group.

What EDS2 is and why the CCG is doing it

The Equality Delivery System (EDS2) is an equality assessment tool designed for the NHS to support commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff. EDS2 aims to assist organisations to achieve compliance with the Public Sector Equality Duty[1], an element of the Equality Act 2010, by encouraging organisations – in engagement with stakeholders – to review their equality performance and to identify future priorities and actions.

From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the CCG Assurance Framework, and will continue to be a key requirement for all CCGs

EDS2 is a set of 18 outcomes grouped into 4 goals.

The four EDS2 goals are:

1. **Better health outcomes for all**
   This goal looks at how services are designed and commissioned to ensure that the health needs of local communities are met, that individual needs are assessed and met, and that when people use NHS services they are able to do so easily and that they are informed and safe.

[1] https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance

2. Improved patient access and experience

This goal looks at access to NHS treatment and services, ensuring that all parts of the community can access those services and that people are informed and supported when making decisions about their care. It also looks at how people can share their experience of the NHS, both positive and negative, and how those comments are dealt with.

3. A representative and supported workforce

This goal is about the CCGs employees. It looks at how we recruit fairly, how we pay fairly and whether or not staff are treated fairly once at work. It also looks at how we support staff to develop at work and how we support staff in their work/life balance.

4. Inclusive leadership

This goal looks at how the leadership of the CCG demonstrates commitment to equality and how the CCG works in a way that identifies equality issues in our decision making and manages them.

Objectives one and two can be evidenced by our commissioning, contract management and engagement processes and data. Objective three can be evidenced from our Human Resources (HR) processes and data and annual staff survey. Objective four can be evidenced from organisational and governance processes and data.

For each EDS2 outcome there are four possible grades. Grading is based on evidence of how well people from the nine protected equality groups[2] (as defined by the Equality Act 2010) fare compared to people who are not in that/those groups:

- Excelling (all protected groups fare well)
- Achieving (most (6-8) protected groups fare well)
- Developing (some (3-5 protected groups fare well)
- Undeveloped (no evidence at all; few or no protected groups fare well)

The grading is undertaken by an external, to the CCG, stakeholder group who consider the evidence the CCG provides and agrees the final grade. Where the external group's assessment varies from the CCG's assessment, the CCG is required to use the external groups assessment of its performance.

We asked the external stakeholder group to grade us on the following goals:

1. Better health outcomes.

2. Improved patient access and experience.

4. Inclusive leadership.

The internal Staff Involvement Group (SIG), which is an independent group of staff, has graded goal 3 A representative and supported workforce. Goal 3 and the grading

[2] Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

from SIG are be included, alongside the results of the grading of this portfolio, in this final EDS2 report.

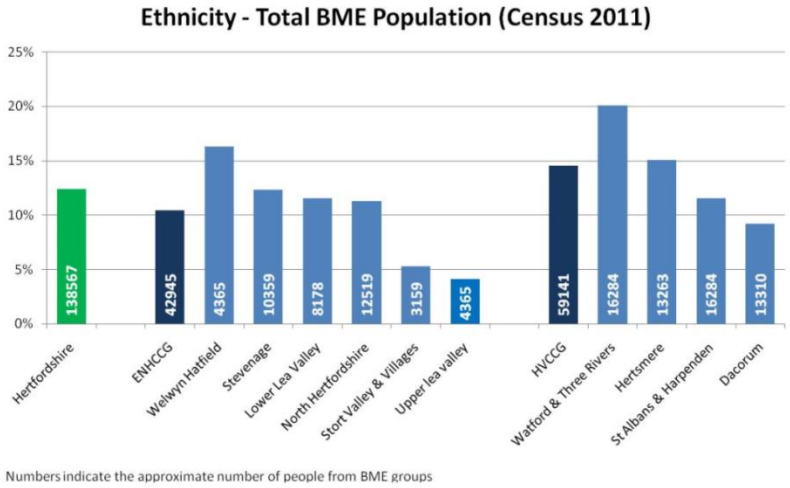
EDS2 helps organisations to identify equality progress and challenges. Whilst both good and unsatisfactory performance may be identified, the purpose of the EDS2 is to help organisations to improve their performance. It supports organisations that are not achieving a good standard to identify and address their challenges to help embed equality into mainstream work practices.

The findings from an EDS2 assessment support the CCG to develop an equality action plan. Publishing equality actions is a requirement of the Public Sector Equality Duty under the Equality Act 2010.

Brief description of Herts Valleys equality and diversity population

Ethnicity

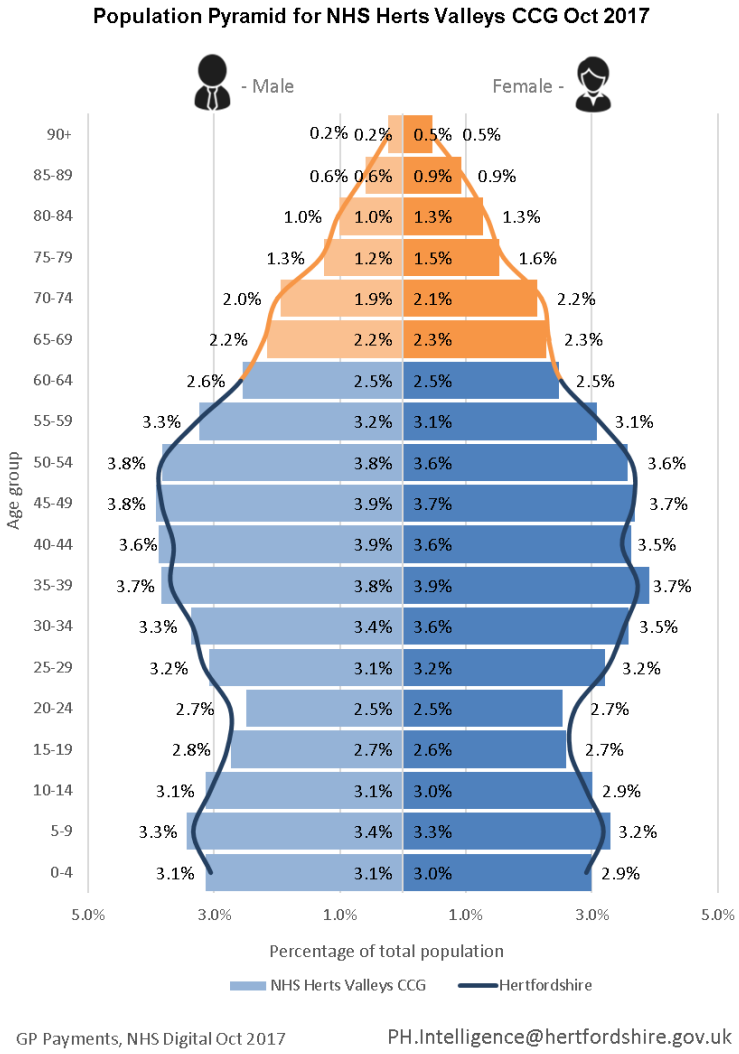
The 2011 Census results show that 14.6% (59,141) of the west Hertfordshire population are from BME communities.



October 2016 figures from NHS Digital, the most recent figures available, show that the BME population has increased to 91864 people, 14.4% of the population. As the percentage of the population is similar in both sets of figures but the actual BME population has increased this indicates a general increase in the population of west Hertfordshire.

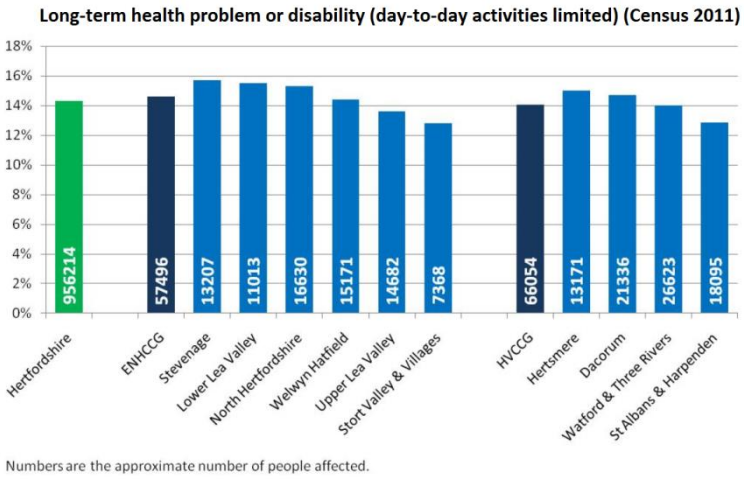
Age

In October 2017, west Hertfordshire had a registered population of 641,800.
HVCCG has a similar population structure to Hertfordshire's registered population. The largest difference is a slightly lower proportion of 20-24 year olds.
Source: GP Payments, NHS Digital



Disability

The 2011 Census results show that 14.1% (66,054) of the population of west Hertfordshire self-reported a long-term health problem or disability that affected their daily activities.



Marital/civil partnership status

The 2011 Census results show that 269,773 people self-reported that they were living in a couple, of which 219,928 were married, 46,835 were in a cohabitating opposite-sex couple and 3,010 were in a registered same-sex civil partnership or cohabitating.

Sexual orientation

The 2011 Census results show that 1.5% of the west Hertfordshire population are lesbian, gay or bisexual.

In the 2011 census 1.1% (3,010) of all of those who are living in a couple in west Hertfordshire self-reported that they were in a registered civil-partnership or a same-sex cohabitating couple.

Gender reassignment

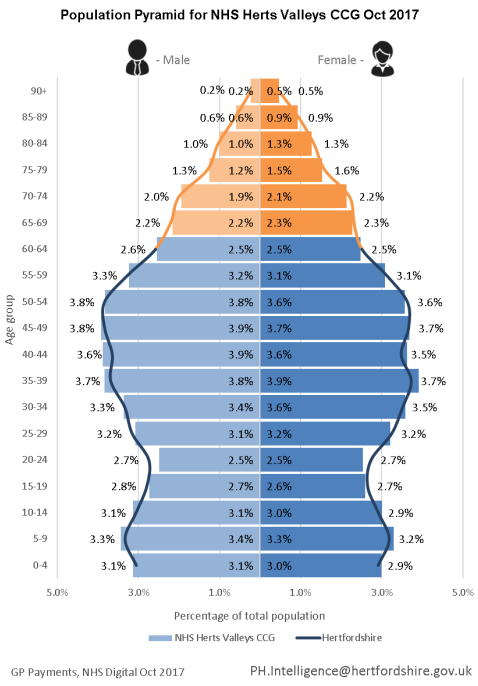
No accurate data currently available. The Government Equalities Office tentatively estimates that there are approximately 200,000-500,000 trans people in the UK.

Religion and belief

The 2011 Census results show that the five largest religious groups in west Hertfordshire were Christian (57%, 321,200), followed by No religion (24.4%, 137,500), Muslim (3.8%, 21,500), Jewish (3.4%, 19,300) and finally Hindu (2.7%, 15,200).

Gender

The ratio between males and females in west Hertfordshire is, generally, evenly split throughout the age groups.



Source: GP Payments, NHS Digital

Carers

According to the 2011 Census, the proportion of people that provide unpaid care in west Hertfordshire is 9.8%.

Provision of unpaid care in HVCCG, 2011 Census	
Provides 1-9 hours unpaid care per week	6.9% (n=38,900)
Provides 20-49 hours unpaid care per week	1.1% (n=6,200)
Provides 50 or more hours unpaid care per week	1.8% (n=9,900)

Brief description of how the CCG commissions and assesses the delivery of healthcare

Clinical Commissioning Groups (CCGs) are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are 191 CCGs in England.

Commissioning is about getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc. It is an ongoing process. CCGs must constantly respond and adapt to changing local circumstances. CCGs are responsible for the health of their entire population, and measured by how much they improve outcomes.

CCGs are:

- Membership bodies, with local GP practices as the members;
- Led by an elected governing body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members;
- Responsible for commissioning healthcare including mental health services, urgent and emergency care, elective hospital services, and community care;
- Independent, and accountable to the Secretary of State for Health through NHS England;
- Responsible for the health of populations ranging from under 100,000 to 900,000, although their average population is about a quarter of a million people.

Grading EDS2 – the Herts Valleys CCG approach to grading

To answer the basic EDS2 question of “how well do people from protected groups fare compared with people overall?” we can look for evidence for each of the protected equality groups.

Where, for example, we find evidence for the Age and Disability protected groups we can say that is two protected groups covered and we, therefore, expect a grade of Undeveloped.

We believe that this approach is unfair on CCGs who aim to commission in a way that ensures that all patients can access the services they need. If the CCG considers equalities when planning the commissioning of services the requirements of people from protected characteristic groups will be met.

There is no evidence that suggests that any equality group is being unreasonably denied a service because they are part of an equality group.

As part of developing our plans we undertake equality impact assessments (EqIA) to identify where we need to consider the needs of the equality groups and then what needs to be done to remove or reduce any negative impact. This is how we know what we need to include in our plans, for example, the need for translation services, private/quiet spaces, accessible buildings etc.

If an appropriate EqIA is in place, we can start our assessment of EDS2 by saying each equality group was considered in the planning and development of the services. We can also say that as part of the planning and development particular needs have been identified and addressed and that the expected outcome is that every patient can access the service and fare as well as someone without the protected characteristic.

Starting with the relevant EqIA we can then check that any requirements identified in the EqIA are being delivered and for any evidence that any of the equality groups are excluded from the services.

If no appropriate EqIA is in place then that suggest that the process may not have been followed and we cannot be assured that the proper consideration of equality has taken place.

If there is opportunity for patients to feed back on services and there is no evidence that patients cannot access the service we can reasonably argue that the all equality groups do fare as well as people not from those equality groups.

This approach is not totally outside of the principles of EDS2. The EDS2 guidance clearly states that, “commissioners should focus on commissioning and procurement of services, and providers on design and delivery”.

Our approach to EDS2 helps us to focus on the commissioning side, where our intention is that every patient will be able to accesses the services commissioned by removing barriers as early as possible in the development of services so that there is a seamless service for every patient.

It also gives us an evidence pathway that explores how well the processes have been followed and is a way to focus our approach to collecting that evidence.

Evidence requirements:

CCG wide evidence:

1. Complaints/comments policy and evidence of how it's used.

2. Consultation/engagement policy and examples of when and how consultation and engagement that have taken place, particularly interested in those with a focus on, or high participation by, equality groups.

3. Corporate documents such as:

   • Governance policy/procedure showing how E&D is incorporated

   • Annual reports that include E&D

For each project being considered:

1. Committee decision report, including the EqIA, or some other way of showing how equality impact was identified, and minutes of the committee meeting showing how equalities was considered as part of the decision making process.

2. Contract/specifications showing how equality issues identified in the EqIA are to be addressed and/or (if there were no specific equality considerations identified in the EQIA) showing that generic equality considerations are included in the contract.

3. Evidence from the provider that shows how they are meeting the requirements of the EqIA/contract. Could be provider submitted reports, notes of contract monitoring meetings etc.

4. Provider complaints/comments policy and procedure, showing how equality considerations are identified and will be actioned if raised.

5. Monitoring/dashboard reports that include equality data. Where the data provided indicates that equality considerations may be an issue, evidence to show how those issues were addressed.

   And/or

   Reports on complaints/comments. Where the data provided indicates that equality considerations may be an issue, evidence to show how those issues were addressed.

6. Examples of patient feedback, consultation event reports etc. that give a picture of patient satisfaction with the service. Good news stories, and not so good news stories we have learnt from.

The CCG's approach to gathering and presenting the EDS2 evidence to be graded.

The Senior Leadership team (SLT) established an EDS2 steering group in September 2018. The group is Chaired by the Deputy Director of Nursing and Quality and reports to the CCG Quality Committee.

At the first meeting of the EDS2 steering group the Equality and Diversity Lead explained EDS2 and what was needed to undertake an audit. The approach of gathering evidence based on a focus areas approach was agreed.

The working group worked through the agreed approach, agreeing the focus areas to look at and collecting and collating the evidence presented in this report.

Grading

The evidence portfolio for the Better health outcomes for all, Improved patient access and experience and Inclusive leadership goals the EDS2 report was presented to a combined meeting of the Herts Valleys CCG Patient and Public Involvement Committee and Patient Participation Group Network. These groups represent patients that use, or are interested in, a wide range of NHS services, including those commissioned by the CCG.

The equality and diversity lead and the assistant director of nursing and quality, the chair of the EDS2 working group, explained the background and requirements of EDS2 and the CCGs approach to assessing EDS2. The focus areas assessed and the evidence used to develop a proposed grade were introduced and discussed. Following questions and discussion, participants were asked to consider the proposed grades and, either, agree those grades or, based on the evidence presented, agree alternative grades.

A key message that came from the grading event was that members of the group wanted the CCG to use its influence to ensure that providers be held to account for meeting EDS2, as it applies to that provider, and improve equality outcomes in the services they provide

The evidence portfolio for the goal A representative and supportive workforce was presented to the Herts Valleys CCG Staff Involvement Group (SIG). This group is the independent representative group of the staff members of the CCG.

Final grading.

The following grades were agreed at the grading events held with the Herts Valleys CCG Patient and Public Involvement Committee and Patient Participation Group Network and the Herts Valleys CCG Staff Involvement Group.

Outcome	Agreed Grade	Description
Better health outcomes for all	Developing	There is evidence that the CCG undertakes good quality consultation and engagement activities and that the equality impact assessment process is used to identify patient needs and that the information gathered is used to shape the design of services to achieve equality of access and outcomes. It was not clear from the evidence that this happens all the time. Areas for improvement were identified around the equality monitoring of providers. Improving this area of work will ensure current patient equality needs are met and provide data for designing and delivering future services. To move towards Achieving: 1. It is recommended that the CCG should improve data collection, including through consultation and engagement, on the specific needs of the equality groups. 2. It is recommended that the CCG actively monitor the equality outcomes of provider contracts and the results are shared appropriately within the CCG to improve service design and delivery.
Improved patient access and experience	Developing	There are established policies in place to consult with and obtain the comments of patients. West Herts Hospital Trust, one of our major providers, reports a good level of patient satisfaction. Overall, however, there is more evidence covering the policy and strategy around patient access and experience than clear evidence of results by equality group and the analysis of results to identify what works well, or less well, for the equality groups. To move towards Achieving: 1. It is recommended that CCG and provider complaints/comments/complements are regularly reported on and reviewed, including looking specifically at the comments etc. of the

		equality groups. Where the comments etc. of the equality groups cannot be separated from the results, processes should be changed to facilitate this. Where there are no complaints etc. from the equality groups, further investigation is undertaken to ensure that this is not the result of the groups not being able to access the process or believing that there is no point accessing the process 2. It is recommended that consultation and engagement results clearly show the equality groups views to support the development of appropriate services that ensure patient access.
A representative and supported workforce	Developing	There is an appropriate policy environment in place. Any gaps tend to be around the implementation and monitoring of the policies. Many of the HR and ODL policies and procedures have been either refreshed or (re)written in the last year as the HR and ODL Shared Service has taken on responsibilities for a wider group of CCGs. It is possible that the policies are in a 'bedding in' phase and that an EDS2 assessment in a year or two will show an improvement in those areas currently considered to be developing. To move towards Achieving: 1. It is recommended that all recruiting managers attend the CCGs recruitment and selection training. 2. It is recommended that consideration be given on how to monitor informal complaints/concerns raised and the outcomes of those informal complaints/concerns. This is currently managed by line managers so there is no evidence to show that there is a consistent approach being implemented across the organisation. 3. It is recommended that the findings of and actions arising from exit/stay interviews be regularly reported.
Inclusive leadership	Achieving	The CCG leadership has committed to delivering the equality and diversity agenda in the CCG and through the services commissioned. The CCG has a clear equality

		and diversity process in place to support the organisation to identify, recognise and consider the needs of the equality groups. All levels of leadership are aware of the need for equality impact assessments. Committees are aware of the need to consider equality and diversity as part of the business of the committee. There are processes in place to support this. It is not clear that the processes are implemented across the CCG. To move towards Excelling: 1. It should be easy for the public to identify how the potential equality impact of the CCGs decisions were considered, at whatever the decision making level was (Governing Body, Committee, Directorate etc.). It is recommended that a review be undertaken on how equality and diversity considerations are reported. 2. It is recommended that the CCG participate in the NHS Employers Diversity and Inclusion Partners programme to learn from the good practice of, and share the CCGs good practice with, other NHS Organisations.

Conclusion

The work undertaken to achieve our EDS2 grades has been challenging. The CCG has had to look very closely at the processes in place to ensure that all the equality groups fare as well as others. Looking at the processes is not enough to meet the requirements of EDS2. The CCG has had to test that those processes are both followed and are robust.

Looking in detail at how the CCG delivers on its equality and diversity commitments has highlighted areas where the CCG does well. It has also highlighted areas where there is room for improvement.

Changes are already taking place, some are mentioned in this report, but there is more that can be done. The CCG is committed to undertaking that work, as it means we will be assured that we are meeting the need of all the different equality groups.

The CCG respects, and agrees with, the grades decided by our patients, patient representatives and staff.

The CCG commits to carry on with the work identified as needed to improve the grades in future EDS2 assessments.

Appendix 2 - Equality Impact Assessment (Screening) Form

Very occasionally, it will be clear that some proposals will not impact on the protected equality groups and health inequalities groups.

Where you can show that there is no impact, positive or negative, on <u>any</u> of the groups please complete this form and include it with any reports/papers used to make a decision on the proposal.

Name of policy / service	The NHS Equality Delivery System (EDS2) –Herts Valleys CCG assessment
What is it that is being proposed?	That the Board agree to the publication of the final EDS2 report and grading.
What are the intended outcome(s) of the proposal	That the final EDS2 report and grading be published.
Explain why you think a full Equality Impact Assessment is not needed	EDS2 is an equality improvement tool designed for NHS commissioners and providers. Undertaking the assessment and acting on the findings will support the CCG to improve performance for all protected equality groups, based on the needs of each group. This report does not require a decision that stops, starts or changes a policy, practice or procedure that could impact on a person because of their protected equality characteristic. The recommendations in the report will support the CCG to address inequalities, where they exist. Any plan to meet the recommendations will require further consideration of equality impact.
On what evidence/information have you based your decision?	It is my opinion that this is an appropriate and proportionate approach to assessing the equality impact of the report and recommendations and meet the requirements of the Equality Act 2010.
How will you monitor the impact of policy or service?	Not applicable
How will you report your findings?	Not applicable

Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full Equality Impact Assessment is not required.	
Assessors Name and Job title	Paul Curry –Equality and Diversity Lead

Date	10 April 2019.