



Supporting the Improvement of Crawley Clinical Commissioning Group's Equality Activities

July 2016

Purpose

This document provides a local Healthwatch consumer perspective on Crawley Clinical Commissioning Group's (CCG) [Equality Report 2015-2016](#), which can be viewed here and from CCG's website by clicking on Annual Equality Report.

The aim of reviewing the report is to positively influence the development the CCG's Equality and Diversity Implementation for 2016-2017 and effectiveness of future reports.

Introduction

Local Healthwatch responsibilities include hearing from seldom heard people. As part of our priority work, and how we influence those who plan, buy and monitor (commission) local services:

- We are working actively with Coastal Clinical Commissioning Group on their development of a Equality Delivery System (known as EDS2)

The Equality Delivery System "has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all".

A refreshed Equality Delivery System for the NHS, p.4

- We want to understand how Crawley, Horsham & Mid Sussex Clinical Commissioning Groups have developed their EDS2 and offer to support them to achieve positive equality outcomes.

Observations and Feedback

Summary

The focus is on *why* and *what* but gives little indication of *how* and *when*. We would recommend future reports show examples of *what good looks like* and *how the CCG knows it has been successful*. We would welcome the opportunity to support the CCG with this.



It was unclear who the audience was for this report. However, as it is a publically available document which could potentially have positive impact on patient experience, we would **expect** it to be written for a wide public audience.

We have made 11 recommendations at the end of this short paper which we feel would help current and future Equality and Diversity activities.

General

We would **recommend** making it clear, at the beginning of the report, that this is a look-back at how well the CCG has performed against its EDS2 and to set new actions.

The report's purpose is stated to be "*to publish equality information to demonstrate our compliance with the Equality Act 2010*" (page 3) and "*we outline what we have been doing over the last year to comply with...*" (page 4). We would **challenge** the CCG to look at how well this report achieves this, as it appears to be a statement of policy/intention and not a roadmap of how it has been implemented.

The report makes reference to the CCG having a clinical director who is the Equality Champion (page 6). The website *About Us* page does not tell the public who this is and we would **recommend** that this is a simple way of showing an equality commitment to the public.

On page 7 the CCG states "*it is key that any information shared with lay members is in an appropriate format and with jargon free language*". Healthwatch would **recommend** the CCG to take a similar approach when making information publically available.

We **challenge** that this document does not meet the above aspiration. For example on page 5 the CCG states it needs to give "*due regard to using the WRES indicators*" but does not state what this acronym is. On the same page there is reference to EDS2 but no explanation is given.

There are places within the report where we would expect to see evidence of an outcome. For example, on page 6, the CCG states "*all officers to undertake mandatory Equality and Diversity training every three years. Both face-to-face training and an online training module have been provided over the last year*". The report does not make it clear if officers took up this training. However, the Equalities Action Plan 2016-2017, point 10.1 suggests this may not be the case.

Profile of Equality Groups

The report does not seem to contain the latest available statistics, as reference is made to mid-2012 data from the Office for National Statistics and the GP registered population from June 2011 (page 4).

It is disappointing to see national data being used, rather than localised information, in relation to people who describe themselves as lesbian, gay men, bisexual and transgender (LGBT).



Given Crawley's direct links and close proximity to London and Brighton, two areas with higher than average LGBT representation, and the lack of affordable housing in these areas, there is the potential for more people from the LGBT community to live in Crawley. We would therefore **expect** to see a better understanding of the local LGBT population.

Equality Analyses

This section states that Equality Analysis will be carried out during the commissioning process, or when redesigning health services. We have challenged both CCGs where they have put forward commissioning proposals where this has not happened. We **expect** the CCGs to ensure members of the Commissioning Patient Representative Groups (CPRG) understand their role in challenging commissioning processes to ensure equality impact assessments have been robustly carried out.

Stakeholder Engagement

The report demonstrates a number of ways stakeholders are being engaged in projects but it is not clear how the CCG engaged stakeholders in the development of its EDS2.

A sizeable section of the report is given over to describing how the CCG works and has invested in the Commissioning Patient Reference Group (CPRG). However, it does not detail the support given to this group, to help with understanding and championing of equality and diversity. However, Healthwatch is aware the CCG has invested in this area during 2015-2016.

We expect the CCG to demonstrate how it has worked to ensure the membership of this Group mirrors, where possible, Crawley's demographics. Consideration should also be given as to how minority voices are encouraged and heard within this group. Similarly, we would expect the CCG to seek assurance from GP Practices that Patient Participation Groups are representative of the patient population or that the GP Practices can demonstrate they have proactive ways of hearing from a diversity range of patients (not simply relying on surveys).

It is encouraging to see the CCG has recognised the need to find ways of talking to and hearing from young people and we would like to see the Communication and Engagement Team's plan for addressing the points detailed on page 8.

It is good to see the use of case studies within the report but we would expect to see evidence that these activities achieved public input aligned to the local demographics. We would also encourage the CCG to use these studies to demonstrate how this engagement influenced the CCG's decision-making.



The report states the CCG has strengthened its links within many groups. Given this is an equality report, we would expect to see a statement on whether or not the Health Network membership of 155 is representative of the local population. And, if not, where CCG will be targeting its recruitment focus to achieved greater representation where gaps have been identified. For example, if the membership did not have adequate Asian representation, the targeted awareness campaign in 2016 could be to take advantage of the local school across from their offices to look at how to engage with Asian parents of primary age children.

An explanation of the 'engagement toolkit' could help readers to make sense of the penultimate paragraph.

Healthwatch would be keen to hear more about how the CCG plans to monitor and achieve its goals detailed in the final paragraph. We could also incorporate our community engagement expertise on a consultancy basis to support this if required.

Equalities Action Plan 2016-17

For the purpose of transparency, we would expect to see some information showing the status at the start of 2016 and the target or outcome to be achieved, with the actual results against target shown in the Equality Report 2016-17.

With the introduction of the Accessible Information Standard (from 31st July 2016) we would **expect** to see some relevant actions within this report, other than those detailed in point 10. For example, how will the CCG monitor how commissioned providers are delivering against the standard?

Point 11 states the CCG will identify actions from the staff survey but there is no action to carry out the identified actions.

Recommendations

1. Make it clear, at the beginning of an equality report that it is a look-back at how well the CCG has performed against its EDS2 and to record the next year's actions.
2. Future reports show examples of *what good looks like* and *how the CCG knows it has been successful*.
3. On the CCG's website (About Us page), add to the appropriate Clinical Director's title that they are the Equality Champion.
4. Use appropriate format and avoids jargon when reporting on equality.
5. Use the most current and localised LGBT statistics available to the CCG.



6. Make sure the CPRG members understand their role in challenging commissioning processes to ensure equality impact assessments have been robustly carried out.
7. CCG seeks evidence that its member practices are proactively encouraging and hearing from patients from minority groups and how this is informing their service development.
8. The CCG publish its engagement plan to demonstrate how it intends to talk to young people.
9. Report on the make-up of the Health Network and steps taken to address any unrepresented groups.
10. The CCG revisits its Equalities Action Plan to make sure it can evidence outcomes which are being achieved and that any actions identified through the staff survey are addressed.
11. Include specific actions required through the implementation of the Accessible Information Standard.

Crawley, Horsham & Mid Sussex Clinical Commissioning Groups response