



NHS South East Essex  
and NHS South West Essex

# **Public Sector Equality Duty Assurance Report NHS South Essex**

**January 2012**

**Copies of this report are available in other languages and formats (eg audio-cassette, Braille) upon request from our Communications Team on 01268 245789 or email [info@see-pct.nhs.uk](mailto:info@see-pct.nhs.uk)**

## Introduction

**The Equality Act 2010** replaced previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with it. It also strengthened the law in important ways, to help tackle discrimination and inequality.

The public sector Equality Duty (section 149 of the Act) came into force on 5 April 2011. The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

The Equality Duty is supported by specific duties, set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives. These equality objectives must be published by 6<sup>th</sup> April 2012.

Publishing relevant equality information will make public bodies transparent about their decision-making processes, and accountable to their service users, carers and staff. It will give the public the information they need to hold public bodies to account for their performance on equality.

In line with the Equality Act, as a public sector body NHS Trusts will have the following requirements to:

- Publish information to show their compliance with the Equality Duty, at least annually; and
- Set and publish equality objectives, at least every four years.

The information will be published having due regard to the need to:

- **Eliminate unlawful discrimination**, harassment and 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 share it
- **Foster good relations** between people who share a protected characteristic and people who do not share it

The protected characteristics covered by the Equality Duty are:

1. Age
2. Disability
3. Gender re-assignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race – this includes ethnic or national origins, colour or nationality
7. Religion or belief – this includes lack of belief
8. Gender
9. Sexual orientation

## 1. Equality Delivery System (EDS)

The Equality and Diversity Council commissioned the development of an Equality Delivery System (EDS), aimed at improving the equality performance of the NHS and embedding equality into mainstream business. EDS is a national tool for both current and emerging NHS organisations, in partnership with patients, the public, staff and staff-side organisations, to review their equality performance and to identify future priorities and actions. The EDS requires NHS organisations, in collaboration with local interests, to analyse and grade their performance, and set defined equality objectives, supported by an action plan. Performance against the selected objectives will be reviewed annually. These processes should also be integrated within mainstream business planning.

The EDS covers all those people with characteristics protected by the Equality Act 2010 referred to above.

To assist in the delivery and monitoring of Equality duties, the EDS identifies 18 outcomes that NHS organisations should be seeking to achieve. A list of all 18 outcomes can be seen [by clicking here](#) and are grouped into the following four broad areas or 'goals':

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

NHS organisations were required to analyse and provisionally grade their performance against these 18 EDS outcomes. These provisional gradings were then reviewed by local interest groups and staff, who could decide to either increase or reduce these gradings if there was a consensus view that they were inaccurate.

There are 4 possible grades as follows:

- Excelling – Purple
- Achieving – Green
- Developing – Amber
- Undeveloped – Red

It is expected that there will be an incremental improvement in gradings in future years as the learning from the engagement and grading workshops is applied, robust equality monitoring is put in place and the improvement action plan is implemented.

The NHS South Essex PCT cluster is working with colleagues from the following organisations as part of an Essex EDS Implementation Group to implement the EDS: Basildon & Thurrock University Hospitals NHS Foundation Trust; Colchester Hospital University NHS Foundation Trust; East of England Ambulance Service NHS Trust; Essex & Southend LINK; NHS North Essex PCT Cluster; North Essex Partnership NHS Foundation Trust; Mid Essex Hospital Services NHS Trust; Princess Alexandra

Hospital NHS Trust; South Essex PCT Cluster; South Essex Partnership University NHS Foundation Trust; Southend University Hospital NHS Foundation Trust.

Essex engagement activities in September and October 2011 were arranged to facilitate a community conversation on health inequalities with local interests. 5 events were held in Chelmsford, Southend, Thurrock, Colchester and Harlow. Details of the events can be seen [by clicking here](#) and the feedback related to the specific EDS outcomes can be seen [by clicking here](#).

The gradings for the South Essex PCT Cluster, including a comparison with the two Acute Hospitals in South Essex, which [are summarised here](#) and the detailed assessments can be seen [by clicking here](#). Goals 1 and 2 were assessed separately for South East Essex and South West Essex in order to ensure a locality focus and in order to best reflect local interests' views. Some outcomes were graded differently for South East Essex and South West Essex, which reflected local perceptions. In some instances the local interests gave a higher grading than our self-assessment. Goals 3 and 4 were assessed for the PCT Cluster by the Staff Involvement Group (SIG), which included trade union representation, and a representative from NHS Employers.

At the start of the EDS process, engagement workshops were held in September in both Southend and Thurrock. These were attended by representatives of local communities (including LINK) and chaired by non-executive directors of the respective PCTs. The discussions at these workshops focussed on barriers that local people have experienced when accessing healthcare services. Key themes identified included the need to engage with communities in order to promote health services and disseminate information; the requirement for information to be easily accessible and in user-friendly language; and the need for staff to have cultural awareness. Mental health patients particularly identified that services can be difficult to access and that physical problems are sometimes ignored as the doctor considers the problems they are experiencing are due to their mental health condition rather than having some other physical cause.

Joint grading workshops were held on 9th January for South East Essex, and on 13th January for South West Essex. Each grading workshop was jointly organised by the PCT and local hospital. Representatives of the local community (including LINK) attended the workshops. Following robust discussions of the organisations' self-assessments and the evidence supplied, a consensus of opinion was reached on the grades to be applied to each organisation. The EDS guidelines state that if there is a difference in grading, the local interests' grading assessment will over-ride the organisation's self-assessment.

To ensure ongoing engagement with the community, it has been agreed that the grading panels will re-convene in a few months' time to review implementation and action plans, and the progress made. Chairs and representatives from all the local LINKs groups are members of these panels. At the community engagement events held in September, participants requested that further community engagement events be held, and these will be arranged during 2012.

The gradings and evidence for the PCT cluster were reported to the Board meeting on 26th January. The board paper can be seen [by clicking here](#). Chairs of the 3

local LINKs attend the Board meetings and have speaking rights. The gradings will also be reported to the 3 local Shadow Health and Well-being Boards .

The resulting annual improvement action plan, based on all the EDS work undertaken to date, and replacing the Single Equalities Scheme, will be developed and monitored by the Equality & Diversity Working Group and will be fed into mainstream business planning. Progress will also be monitored by the Quality and Governance Committee.

From the feedback received from both the engagement and grading workshops, and based on the gradings received, draft equality objectives have been developed for each EDS goal. These are:

**Goal 1 Better health outcomes for all:**

Ensure that patients are treated according to their individual needs, enabling the patient to be treated as a whole rather than focusing on their primary condition

**Goal 2 Improved patient access and experience:**

Improve communication and accessibility of information

**Goal 3 Empowered, engaged and included staff:**

Improve health & well-being of staff by putting in place interventions in the workplace

**Goal 4 Inclusive leadership at all levels:**

Embed Equality and Diversity at Board level

Once confirmed, the equality objectives and annual improvement plan will be published on the cluster's website and intranet.

The implementation of the EDS is reviewed by our Equality and Diversity Working Group (chaired by a non-executive director of the PCT cluster) and monitored by the Quality and Governance Committee (also chaired by a non-executive director), which is a sub-committee of the Board. The Director of Finance and Performance has the executive lead for Equality & Diversity within the organisation, and is a member of both the Equality & Diversity Working Group and the Integrated Governance Committee.

### **3. Compliance with the general equality duty**

The PCT cluster information that evidences compliance with the general equality duty has also been identified as compliance evidence for the new NHS Equality Delivery System (EDS).

Work is being done to make changes to the appropriate data sets to ensure that information/data related to the protected characteristics is able to be captured and used to facilitate the analysis of service provision. This work will also include reviewing the capturing and monitoring of data related to the workforce.

### **3.1 Eliminate unlawful discrimination**

The PCT cluster is constantly improving the way it addresses unlawful discrimination to ensure that staff, service users and carers receive appropriate protection and that redress is open and fair to all.

Recruitment processes are fair and equitable through the use of NHS jobs, whereby all personal identifiable data is withheld until shortlisting has taken place. Occupational health practices in relation to pre-employment health screening have also been amended in line with the Equality Act 2010. The cluster is an equal opportunities employer. Reports are generated via the reporting facility available in NHS jobs to enable monitoring of the E&D data behind job applications, through each stage of the recruitment process.

Managers lead by example to demonstrate an inclusive approach to the work place where no individual is disadvantaged by new working practices. Managers encourage and support staff to do their best at work, taking into account cultural differences not only of staff but in dealing with the protected groups across the community as well. Managers promote a culture of openness where behaviours can be challenged in a constructive way.

Specific relevant policies and procedures for the workforce include:

- Whistleblowing policy
- Equal Opportunities policy
- Grievance procedure
- Principles and Values for the PCT Cluster

The PCT cluster is signed up to the two ticks charter.

The majority of NHS South Essex staff are paid on agenda for change pay scales, which are nationally determined. As a result of recent organisational change, all posts in the new structure were subject to an agenda for change job matching process to ensure fairness and transparency of all jobs. Staff were able to see the grades of all posts in the new structure and a fair application process was put in place and communicated to all.

Although not a requirement of the PSED, the PCT cluster will continue to undertake Equality Impact Analysis (which looks at the possible effect on protected characteristics) on policies and commissioning cases.

The outcomes of these analyses are reviewed by our Equality and Diversity Working Group and monitored by the Quality and Governance Committee, which is a sub-committee of the Board.

The Principles and Values document was developed and implemented for the South Essex PCT Cluster. This has been personally promoted by the PCT Cluster chair and chief executive, and specifically makes reference to:

- the Equality Act 2010,
- the improvement of the quality of patient services, the safety of patients and their experience of the NHS
- patients being offered informed choice regarding their treatment and care
- the needs of our population being appropriately identified, understood and prioritised
- valuing staff and offering appropriate personal and professional development opportunities

Any complaints from patients, public or staff containing one or more of the following issues will automatically be classed as serious and brought to the attention of the Director of Quality, Safety, Patient Experience and Nursing for further review:

- Alleged discrimination on the grounds of the protected characteristics under the Equality Act 2010
- Alleged failure in standards of basic care/dignity and respect, eg failure to provide assistance with feeding and toileting
- Alleged treatment without valid consent

Reports on issues raised through PALS and complaints are regularly reported to and monitored by the Quality and Governance Committee. Work is being undertaken to make changes to the appropriate data sets to ensure that information/data related to the protected characteristics is able to be captured and used to facilitate the analysis of issues raised through PALS and complaints.

The PCT cluster is encouraging practices to take up the Patient Reference Group Directed Enhanced Service (PRG DES), which will enable them to undertake patient profiling, and contact people with protected characteristics to gain their input into the development of commissioning plans.

The Choose Well information campaign, to encourage people to seek the right treatment at the right time at the right place, was rolled out across South Essex. Different methods of communication were used, including leaflets, Twitter, radio interview, press releases and e-mail distribution through community groups and organisations (such as the Associations of Voluntary Services). As it had been identified that members of the local Polish community were known to attend A&E rather than a GP practice, the leaflet was translated into Polish.

### **3.2 Advance equality of opportunity**

Annual appraisals are mandatory for all eligible staff and must be accompanied by an up to date personal development plan (PDP). A stringent training process means each request for cluster-funded training will be considered against core criteria which are applied to all staff at all grades to ensure consistency. Action has been taken to ensure that all staff in the new structure receive an early appraisal with a specific

focus on a new PDP and objectives to ensure the cluster becomes an efficient and effective organisation with an appropriately skilled and well-motivated workforce.

The PCT aims to meet health needs and reduce health inequalities, for all protected groups, and uses all available information to develop their forward planning to facilitate this. The local Joint Strategic Needs Assessment (JSNA), Public Health Annual Report and local health profiles provide information on the health needs of the local community, and the PCT's commissioning plans are based on this evidence.

The PCT aims for its providers, through contracts, to provide services that are informed by effective and inclusive health assessments of its patients.

The PCT has supported, through its voluntary grants scheme, projects such as 'Go Girls Self-Esteem' courses, South East Essex Advocacy for Older People, Southend YMCA SOS Bus, Keeping Carers Healthy, Chairfit, Castle Point Sports Club for Disabled, Family Voice.

An immunisation 'catch up' programme has been put in place for new primary school starters who had missed MMR or doses of other vaccines. This is delivered as outreach in schools, and has resulted in an increase in uptake. In order to encourage older people to have their flu vaccination, a seasonal influenza invitation letter is sent by the PCT. Information about flu vaccinations is also sent out to community and patient groups for inclusion in their newsletters/websites etc. This distribution list includes Talking Newspapers. A headline article on the importance of flu vaccination for pregnant women appeared in the local newspaper. Engagement, marketing and insight work is undertaken to understand why patients from some protected characteristics are reluctant to access vaccination and screening programmes.

### **3.3 Fostering good relations**

A small number of complaints involving bullying and/or harassment have been received from staff over the last year. Of these, one resulted in a formal recommendation that the entire organisation receives up to date equality and diversity awareness training. The cluster has a zero tolerance approach to bullying, harassment and other negative behaviours and has taken punitive action where appropriate.

Conflict resolution training is offered to staff, and new training focussing on conflict resolution when speaking to patients on the telephone has been instigated. Equality and Diversity training is offered to all staff.

Patient representatives are included in procurement processes, particularly for GP or dental practices. Patient representatives are regularly members of project boards, such as for the recent musculo-skeletal (MSK) project, and the new NHS 111 project. We liaise with local specific interest groups and organisations, such as Breatheasy and the Southend Zimbabwean Network to ensure that their feedback is reflected in our work.

We always have a presence at the Southend Community in Harmony event, the aim of this event is to bring together people from different communities and faiths. We also attend other community events, such as the Castle Point LSP Community Breakfasts.

We work with the Southend Ethnic Minority Forum and Essex Asian Women's Association to organise health events, and to raise awareness of screening.

Together with colleagues at the hospital, we are working with leaders and members of the local Muslim community to facilitate the issuing of the Medical Certificate of Cause of Death, as it has been identified that delays in issuing this can cause great distress to the bereaved families.

The chairs of the three local LINKs are invited to attend the Board meetings held in public, and have speaking rights at these meetings.

When planning and developing the new primary care centres in Westcliff, we have ensured that the views of the local disabled community have been included, and have met with them to discuss the building design and materials.

Equality impact assessments are undertaken on all new commissioning plans/service redesign activities, etc. to ensure no section of the community – in particular protected groups - is disadvantaged by or excluded from a new service. Senior leaders continue to develop and maintain effective working relationships with partner organisations and have high expectations of these organisations that they also follow good practice in relation to E&D. This also extends to procurement activities, sub-contracting and any other form of contract negotiation from a business perspective as well as internal HR policy formation and implementation.

#### **4. Workforce**

Workforce data is published on both the staff intranet and the two PCTs' websites, and can be found [by clicking here](#).

An equality assessment has been undertaken of the staff who were made compulsorily redundant as part of the PCTs' cluster alignment programme over the summer of 2011. The outcome of this assessment is published on both PCTs' websites, and indicates the demographic breakdown of the workforce affected by this programme taken at 6th June 2011 against outcome of the programme taken as at 1<sup>st</sup> September 2011. This information has been used to identify any significant differences between the two and to ensure equity of profiles, which will indicate any possible risk of discrimination in that the profile of the staff made redundant did not impact on a specific group of people through any of the protected characteristics. This assessment can be found [by clicking here](#).

In future, all workforce reports will be broken down into the protected characteristics as per information available through ESR (Electronic Staff Record).

To facilitate good staff engagement, we have in place a well-established Staff Involvement Group (SIG). EDS is a regular item on Staff Involvement Group (SIG) agendas.

The EDS grading assessment panel for goals 3 and 4 included SIG members, trade union representation and a representative from NHS Employers.

We also have a Joint Staff Forum (JSF) and have started to work with ACAS in relation to staff engagement. It was agreed with the participants of the grading panel for goals 3 and 4 that the panel would meet again in order to review the implementation action plans and progress made for these goals

EDS is a standing item on Equality and Diversity Working Group agendas. This group monitors equality and diversity work for both staff and patients, and is in turn monitored by the Quality and Governance Committee.

## **5. Health Needs of Population**

An analysis of the population of South Essex is given in the Annual Public Health Report 2010/11, which can be seen [by clicking here](#). The information contained in the Joint Strategic Needs Assessment (JSNA), which can be seen here: <http://www.essexpartnershipportal.org/pages/index.php?page=jsna>, is also a key source of information on which commissioners base their planning. An updated JSNA has recently been drafted specifically for Thurrock, which can be seen [by clicking here](#). The Executive Summary has a comparison between a resident from Tilbury and a resident from Orsett that highlights quite starkly the health inequalities that exist between two areas of Thurrock that are only a few miles apart. There is further information on health inequalities in the individual sections of chapters 2,3 and 5.

In addition, specific needs assessments are undertaken as required – for example a sexual health needs assessment is currently underway in South East Essex, which will include working with members of the LGBT community.

The PCT commissioned an independent review of Learning Disability services in 2010, which involved clinicians, managers, service users and carers as well as the Learning Disability Partnership Boards. This review informed the commissioning plans for services for people with a learning disability.

The PCT cluster, with local authority commissioning colleagues and mental health GP leads, has established a Joint Mental Health Commissioning Board. The initial focus of this Board will be to develop an overarching mental health strategy, working with local interests. Engagement events and workshops have already taken place, and the information from these is helping to draft the initial draft of the strategy.

## **6. Key health inequalities being tackled in 2012/13**

The Annual Public Health report for the PCT cluster contains recommendations around the following key areas:

- Cardiovascular Disease (CVD)
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Mental health
- Alcohol

- Falls
- Health protection

The feedback from the engagement events and grading panels, together with the recommendations from the Annual Public Health report and health needs assessments for specific areas (such as sexual health) will be used to address identified health inequalities for people with protected characteristics in 2012/13. This information will also be shared with Clinical Commissioning Groups (CCGs), in order to ensure that it informs their commissioning plans.

Actions already identified in the PCT Cluster's Integrated Plan 2012-13 include:

- Dementia strategy implementation plan is being actioned, in conjunction with partners – *age, disability*
- Older People Falls Strategy being developed – *age, disability*
- Stop Smoking service being promoted – *socio-economic*
- Specialist stop smoking service for pregnant women - *pregnancy & maternity*
- Breast screening being promoted, with need to improve uptake by BME women – *gender, race*
- Cervical screening being promoted, with need to improve uptake by BME women and Lesbian women – *gender, race, sexuality*
- Immunisation and healthy weight for children being promoted in Children's Centres – *age, pregnancy & maternity*
- Health checks provided in workplace, to increase uptake by working age men and women – *age, gender*
- Breastfeeding action plan to improve uptake – *pregnancy & maternity*
- Chlamydia screening programme action plan – *age*
- Vitality Health & Well-being Service (SWE) and Health Trainers (SEE) provide community based service to empower and assist patients who wish to become more active, stop smoking, eat more healthily and drink sensibly – *age, disability, gender, race, pregnancy & maternity, religion, socio-economic*
- Population profiling re bowel cancer screening - *age*
- Joint mental health board established, and strategy being developed – *evidence shows particular relevance for race, LGBT, maternity & pregnancy*
- Joint Commissioning Board for drugs and alcohol established, and strategy being developed – *evidence shows particular relevance for LGBT*
- Increase uptake of health checks for people with a learning disability – *disability*
- Commission abdominal aneurysm ultrasound screening for men aged 65+ - *age, gender*
- Reduce incidence of fragility hip fractures in the elderly, especially women – *age, gender*

## **Next steps**

Following the feedback from the community engagement events, grading workshops with local interests and a review of the available evidence, we are now starting to develop our EDS annual improvement plan. This will include any relevant actions remaining from the previous Single Equality Scheme, and will identify the key areas on which to focus in 2012/13.

The improvement action plan will be developed in conjunction with our colleagues in Clinical Commissioning Groups, which will ensure that the CCGs' commissioning plans are aligned with the identified key areas and required actions.

The draft improvement action plan will be discussed and agreed by the PCT cluster's Equality & Diversity Group, and formally approved at the March Board meeting for the PCT Cluster. CCGs' and the PCT Cluster's progress against the plan will be reviewed at the regular meetings of the Equality & Diversity Group, and monitored by the Quality and Governance Committee (which is a sub-committee of the Board).

The PCT cluster's equality objectives will be formally approved and adopted at the March Board meeting.