

An Open Culture

Engagement – Equality – Experience

Annual Report 2017



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An Open Culture: Engagement – Equality - Experience

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Foreword

On behalf of our Governing Body colleagues I am delighted to present NHS Gloucestershire Clinical Commissioning Group's (GCCG) annual Engagement, Equality and Experience Report, 2017: *Our Open Culture*.

This report sets out our continued progress against our equality objectives and highlights the future direction of our work to promote equality and reduce health inequalities. It also gives some examples of how GCCG is working hard to ensure that the healthcare experiences and views of the people of Gloucestershire inform our commissioning priorities, service design and delivery.

The report is published on-line and contains web-links to a range of resources which support or promote the CCG's engagement, equality and experience activities. Case studies and "Real life stories" are used to illustrate examples of engagement activity from the last twelve months.

During 2017, our ambition has been to continue to:

- support our staff to understand the importance of engaging our diverse communities in the planning and delivery of local services;
- ensure equity of access to local health services for all our residents,
- support personalisation of care, diversity and fairness ; and
- provide a working environment where are staff can thrive and feel valued.

Going forward into 2018, we aim to strengthen our partnership working in relation to equality and engagement, working together to develop closer links with our "communities of interest".

I would also like to take this opportunity to welcome Peter Marriner, my colleague on the CCG Governing Body, who has recently taken the lead for equality. During the coming weeks, Peter and I will lead a refresh of both our engagement and equality strategies, developing new action plans to take this work forward for the next three years.



Alan Elkin

Chair, Primary Care Commissioning Committee
and Lay Member for Public and Patient
Engagement/Involvement, GCCG Governing Body

1. Introduction

1.1. *NHS Gloucestershire Clinical Commissioning Group (CCG)* is publishing this report as required under the specific equality duty of the Equality Act 2010. We have again chosen to combine our progress report on equalities work with examples of innovative practice in engaging and involving our local patients, carers, staff and communities.

1.2. The Public Sector Equality Duty¹ came into force in April 2011. It requires the CCG, in the exercise of its functions, to have due regard to the need to:

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

1.3 Reducing health inequalities is a key factor in all our decision-making, with particular regard to the nine protected characteristics as outlined in the Equality Act 2010: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. Our aim is to include equalities considerations as an integral part of commissioning business and not as an after-thought.

1.3. This report covers:

- “An Open Culture”: an introduction to our strategies;
- Legal requirements relating to engagement, experience and equality;
- A profile of the population of Gloucestershire;
- Innovative and established practice that demonstrates our commitment to engagement and equality (web links to case studies);
- Equality information regarding our workforce.

¹ Source: <http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

2. Promoting equality and valuing diversity: 'An Open Culture'

2.1. This strategy sets out how we will ensure that promoting equality and valuing diversity is embedded in the planning, commissioning and delivery of local health services. We are keen to build upon the work that has already been undertaken since GCCG was established in 2013. GCCG has adopted the following Equality Objectives:

- To develop a fresh strategy and action plan for promoting equality, diversity, human rights, inclusion and reduction in health inequalities including the implementation of the revised Equality Delivery System (EDS2).
- To increase awareness of the importance of promoting equality/ reducing health inequalities agenda within the CCG and across member practices.
- To improve quality of, and accessibility to, the demographic profile of Gloucestershire by protected characteristics and identify variations in health needs to enable staff to undertake meaningful equality impact analysis on the work as it develops.
- Support staff to put equality/reduction in health inequalities at the heart of the commissioning cycle.

2.2. The full Strategy and action plan is currently being refreshed. However, the existing documentation can be found on the CCG website at:

<http://www.gloucestershireccg.nhs.uk/about-us/equality-diversity/>

3. A Strategy for Engagement and Experience (incorporating Primary Medical Care from 1/4/2015) 'Our Open Culture'

3.1. We want to ensure that 'quiet voices' are heard and that we are recognised as 'commissioners on the ground'. The Strategy for Engagement and Experience, approved by GCCG in September 2014, describes how using a simple Framework, underpinned by three enabling principles and three methods of delivery, we achieve this.

- 3.2. 'Our Open Culture' Framework promotes 'Equality' and working in 'Partnership' and the desire to enable 'Anyone and Everyone' to have a voice. To achieve this we provide 'Information and good Communication', focus on 'Experience' feedback and undertake good 'Engagement and Consultation'.
- 3.3. The Strategy's aim is to ensure that the CCG: *achieves the essential conditions and culture within the organisation to make effective engagement a reality and to ensure that the individual's experience of care is a driver for quality and service improvement.*
- 3.4. The Strategy is available on the CCG website at:
<http://www.gloucestershireccg.nhs.uk/feedback/gccg-engagement-and-experience-strategy/> Work to update the Strategy is currently underway.

4. Legal Requirements

- 4.1. **Equality:** Our strategy recognises our commitment to, and legal obligations under, the Equality Act 2010 and Public Sector Equality Duty; Health and Social Care Act 2012; Human Rights Act 1998 and the FREDA principles; Convention on the Rights of the Child; NHS Constitution and NHS Workforce Equality Standard. Further information on current legislation can be found at: <http://www.gloucestershireccg.nhs.uk/about-us/equality-diversity/relevant-legislation/>
- 4.2. **Engagement and Experience:** There are several 'must dos' in the field of engagement, equality and experience. These are set out in national legislation and guidance. The key requirements and mechanisms we must work with are described within three key pieces of legislation: Health and Social Care Act 2012, The Equality Act 2010 and The NHS Constitution 2010. Details of these requirements, which ensure the CCG meets these legal responsibilities, can be found on the GCCG website:
<http://www.gloucestershireccg.nhs.uk/feedback/gccg-engagement-and-experience-strategy/relevant-legislation/>

5. Profile of Gloucestershire

5.1 We use a range of data and information when we develop policies, set strategies, design, review and deliver our services. We believe that it is important to understand the composition of our local population by protected characteristics² so that we can:

- engage effectively with different communities to understand their varying health and self-care support needs;
- commission services to meet their health and self-care needs in an appropriate manner;
- ensure equity of access to health services and support;
- assess the likely impact of our decisions on a diverse range of communities; and
- work with these communities to minimise any adverse impact and maximise any positive impact.

5.2 *Understanding Gloucestershire - A Joint Strategic Needs Assessment 2017*, aims to provide a common understanding of the County and its communities for use by decision makers and commissioners of services. It looks at need in the community and how we expect it to change in the future. The JNSA, together with a wealth of information about our county can be found at:

[https://inform.gloucestershire.gov.uk/MainMenu.aspx?page=Understanding Gloucestershire-JSNA](https://inform.gloucestershire.gov.uk/MainMenu.aspx?page=Understanding%20Gloucestershire-JSNA) Public Health England also provides an annual Health Profile for each county. A copy of the profile for 2017 is included in Appendix 1.

5.3 An overview of our county population, by each of the protected characteristics is given below. Further detail can also be found on the Inform Gloucestershire website:

<https://inform.gloucestershire.gov.uk/mainmenu.aspx>

² There are nine protected characteristics, as set out in the Equality Act 2010. Further information is available at: <http://www.legislation.gov.uk/ukpga/2010/15/contents>

5.4 **Current Population: Age**

In 2016 the resident population of Gloucestershire was estimated to be 623,129 people, of which:

- 22.6% are aged 0-19
- 56.6% are aged 20-64
- 20.8% are aged 65 and over.

Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds when compared to the national average. In contrast the proportion of people aged 65+ exceeds the national average. Projections suggest this trend will continue, with the number of people aged 65+ projected to increase by 85,000 or 72.2% between 2012 and 2037.

There is considerable variation at district level:

- At 25.0% Gloucester has the highest representation of children and young people and exceeds the county and national average.
- At 58.9% Cheltenham has the highest proportion of people aged 20-64, exceeding the county and national average.
- Cotswold, the Forest of Dean, Stroud and Tewkesbury all have an over-representation of people aged 65+ when compared to the county and national average. At 25.2% Cotswold has the largest proportion of people aged 65 and over.

5.5 **Current Population: Disability**

According to the 2011 Census 16.7% of Gloucestershire residents reported having a long term limiting health problem; this was below the national average.

Forest of Dean had the highest proportion of residents reporting a long term limiting health problem at 19.6% of the total population, and was the only district that exceeded the national average. Cheltenham had the lowest proportion of residents reporting a long term limiting health problem.

Given the ageing population the number of people with a limiting long term health problem is likely to increase in the future.

- Dementia is one of the major causes of disability in older people. Estimates suggest there are 9,042 people aged 65+ living with dementia in Gloucestershire.
- Learning disability is one of the most common forms of disability in the UK. Estimates suggest there are 11,434 people aged 18+ living with a learning disability in Gloucestershire.
- Sensory impairment: In 2012/13 approximately 1.0% of the 18+ population reported blindness or severe visual impairments. During the same period 4.0% of the adult population reported deafness or severe hearing impairments.

5.6 **Current Population: Gender Reassignment**

There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society (GIREs) estimate that between 0.6% and 1% of the UK's adult population are experiencing some degree of gender variance. For Gloucestershire, this equates to between 3,000 and 5,100 adults. GIREs also reported in 2011 that approximately 100 children and adolescents are referred annually to the UK's specialised gender identity service, compared with 1500 adults.

5.7 **Current population: Marriage and Civil Partnership**

The 2011 Census recorded that among residents of Gloucestershire:

- 30.5% were single and had never married, or registered a same-sex civil partnership
- 50.2% were married
- 0.3% were in a registered same-sex civil partnership
- 2.3% were separated but still legally married or still legally in a same sex civil partnership
- 9.5% were divorced or had formerly been in a same sex civil partnership which was now legally dissolved
- 7.2% were widowed or a surviving partner from a same sex civil partnership

At that time, Gloucestershire had a lower proportion of people who were single or separated when compared to the national average. In contrast the proportion of people who were married, divorced or widowed exceeded the national average.

5.8 Current Population: Pregnancy and Maternity

There were 6,697 live births in Gloucestershire in 2015. Gloucester and Cheltenham continued to account for the largest numbers of births in Gloucestershire, representing 26.8% and 18.6%.

Births to mothers aged 30-34 accounted for 32.4% of total births in Gloucestershire, followed by births to those aged 25-29 (29.3% of total births). This reflects the national trend for England.

5.9 Current Population: Race

Gloucestershire is characterised by a comparatively small Black and Minority Ethnic population (England average of 14.6%):

- The 2011 census showed that overall, 4.6% of the population were from Black and Minority Ethnic (BME) backgrounds; this figure increased to 8.4% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included.
- There is a wide variation at district level in the proportion of the population who are not White British. At the time of the 2011 Census, Gloucester and Cheltenham had the highest proportions at 15.4% and 11.7% respectively, whilst the Forest of Dean had the lowest proportion at 3.3%.
- At the end of the first quarter of 2016, there were 124 asylum seekers and their dependents living in Gloucestershire.

5.10 Current Population: Religion

According to the 2011 Census, 63.5% of residents in Gloucestershire are Christian, making it the most common religion. This is followed by 'no religion' which accounts for 26.7% of the total population.

Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national average. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.

5.11 Current Population: Sex

The overall gender split in Gloucestershire is slightly skewed towards females, with males making up 49.0% of the population and females accounting for 51.0%. This situation is also reflected at district, regional and national level.

As age increases gender differences become more noticeable, with females outnumbering males by an increasing margin. In 2015, 53.0% of people in Gloucestershire aged 65-84 are female, while for people aged 85+ the difference is even more marked with females accounting for 65.2% of this age group. This is due to the fact that women in Gloucestershire have a longer life expectancy than men; 83.7 years compared with 80.1 years. Figures for Gloucestershire also show that men have a shorter healthy life expectancy than women; 63.9 years compared with 66.9 years.

5.12 Current Population: Sexual Orientation

There is no definitive data on sexual orientation at a local or national level. A number of studies have attempted to provide estimates for the proportion of people who may identify as lesbian, gay or bisexual (LGB), generating a range of different results.

A recent estimate from the 2015 ONS Annual Population Survey (APS) suggests that nationally 1.7% of the population is LGB; if this figure was applied to Gloucestershire it would mean that there are approximately 8,600 LGB people in the county.

6. Innovative Engagement

6.1 The CCG is committed to effective engagement with our local communities to help us ensure that we provide equity of access and fair treatment, continuing to improve the quality of our services and achieve better health outcomes for everyone.

6.2 We have developed case studies to illustrate examples of activity undertaken in the last twelve months, which demonstrate how patient experience and engagement inform our commissioning priorities and decisions. It is our intention to continue to gather and publish such case studies, as well as Real Life Stories. These can be found at <http://www.gloucestershireccg.nhs.uk/feedback/>

6.3 Examples of innovative local practice

We have collated examples of our engagement activity under the following headings:

- [Information and Communication](#)
- [Patient Experience](#)
- [Engagement and Consultation](#)
- [Primary care](#)

Examples of our engagement activity are accessible via the hyperlinks above on the web-based version of this document.

7. Workforce Equality

7.1 We respect and value the diversity of our workforce and are committed to:

- making best use of the range of talent and experience available within our workforce and potential workforce;
- supporting our workforce through learning and development, recruitment and succession planning;
- ensuring that our legal obligations are fulfilled.

7.2 Workforce data

As a relatively new organisation we do not yet have any significant equality and diversity trend information available regarding our workforce. However, we collect this information year on year to enable us assess our progress, investigate any disparities in outcomes for our different employee groups, and identify where we may need to act.

More detailed information about our work force and recruitment activity from 1 January 2017 to 31 December 2017 is available in our on-line equality information <http://www.gloucestershireccg.nhs.uk/about-us/equality-diversity/reports> An overview of this information is presented below (source: Electronic Staff Records as at 31 December 2017):

- The CCG has 271.0 full time equivalent (FTE) employees.
- 53% of our staff work full time while 46% work part time
- 74% of our workforce are female
- 2% of our workforce describe themselves as having a disability; 13% of our staff have not declared whether or not they have a disability
- 8% of our workforce declared that they are from ethnic minority groups; 9% of our staff have not specified their ethnicity
- 61% of our workforce are aged under 50
- 73% per cent of our workforce declared a religion or belief
- 80% of our workforce declared they are heterosexual; 1% per cent of our workforce declared that they are lesbian, gay or bisexual; 19% did not specify their sexual orientation

- No staff have identified themselves as transgender
- We do not monitor our staff on their marital or a civil partnership status, but may consider doing so in the future

7.2 We have collated benchmarking data about our workforce to comply with the Workforce Race Equality Standard (WRES). This can be found on our website at <http://www.gloucestershireccg.nhs.uk/about-us/equality-diversity/reports>

7.3 Our annual staff survey helps us to monitor equality issues, identify areas for action and evaluate support mechanisms available to our staff. Over time, it will also help us to fill some of the gaps in data that are required as part of WRES reporting.