

An Open Culture

Engagement – Equality – Experience

Annual Report 2016



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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, 2016: *Our Open Culture*.

This report sets out progress against our equality objectives, first published in 2013, and highlights the future direction of our work to promote equality and reduce health inequalities. It also gives some examples of how GCCG 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 2016, we have continued to develop an open culture which aims 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.

I would also like to take this opportunity to thank Valerie Webb, until recently the Chair, Equality and Health Inequalities Working Party and my co-sponsor of last year's report. Sadly Valerie has moved on from the CCG, but I am hopeful that the CCG will be able to announce a replacement lead for this important area of work soon. I would like to also welcome a new Lay Member, Joanna Davies, who joins me in taking a particular interest on the Governing Body in matters associated with public and patient engagement.

Going forward into 2017, we aim to strengthen our partnership working in relation to equality and engagement, to support the development and delivery of our Sustainability and Transformation Plan: *One Gloucestershire*.

We will work with our provider organisations to understand the requirements of new equality reporting, develop closer links with our "communities of interest" and ensure that the NHS in Gloucestershire is an employer of choice.



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 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 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/>

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 characteristics 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;
- 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 2015*, 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: <http://www.gloucestershire.gov.uk/inform/> Public Health England also provides an annual Health Profile for each county. A copy of the profile for 2016 is included in Appendix 1.

5.3 An overview of our county population, by each of the protected characteristics² is given below. Further detail can also be found on the Inform Gloucestershire website: <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=110774>

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 2014 the resident population of Gloucestershire was estimated to be 611,332 people, of this:

- 22.6% are aged 0-19
- 57.1% are aged 20-64
- 20.3% 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 24.9% Gloucester has the highest representation of children and young people and exceeds the county and national average.
- At 59.7% 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 24.3% 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**

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 Gloucestershire 53.1% of people aged 65-84 are female, while males account for 46.9%. For people aged 85+ the difference is even more marked with females accounting for 65.9% of the total population.

5.7 **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 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 2,900 and 4,900 adults.

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

Among residents of Gloucestershire:

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

Gloucestershire has a lower proportion of people who are single or separated when compared to the national average. In contrast the proportion of people who are married, divorced or widowed exceeds the national average.

5.9 **Current Population: Pregnancy and Maternity**

There were 6,631 live births in Gloucestershire in 2014. The largest number of live births was among the 30-34 year old age group, continuing the trend of later motherhood.

5.10 **Current Population: Race**

Gloucestershire is characterised by a comparatively small Black and Minority Ethnic population:

- The 2011 census showed Black and Minority Ethnic groups account for 4.6 % of the population; this was much lower than the England average of 14.6%.
- Gloucestershire's 0-19 year old population is more diverse than other age groups; 7.6% of 0-19 year olds are from BME groups.
- The population of Gloucestershire is however, becoming increasingly diverse. The Black and Minority Ethnic population has increased by 70% since 2001. The number of people classed as "White Other" which

includes migrants from Europe, increased by 105.9% during the same period.

5.11 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.

5.12 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, generating a range of different results.

A recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.5% of people aged 16 and over. If this figure applied to Gloucestershire, it would mean there were around 8,000 Lesbian, Gay and Bisexuals 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](#)
- [Engaging our communities](#)
- [Primary care](#)

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

6.4 Staff engagement

Our Equality Objectives and Action Plan (April 2015 – March 2018) aims to raise staff awareness of how they can engage with disadvantaged and vulnerable groups, to ensure their feedback informs decision-making.

A series of “lunch & learn” sessions are being arranged to support this: the first of these was held in October 2016 and focussed on the transgender community. A guest speaker from Gloscats, a local organisation providing social support for the transgendered in Gloucestershire, led the well-attended session.

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 will 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 2016 to 31 December 2016 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 2016):

- The CCG had a total of 277 employees as at 31 December 2016.
- 57% of our staff work full time while 43% work part time.
- 75% of our workforce are female.
- 3% of our workforce describe themselves as having a disability; 17% of our staff have not declared whether or not they have a disability.
- 9% of our workforce declared that they are from ethnic minority groups; 8% of our staff have not specified their ethnicity.
- 69% of our workforce is aged under 50.
- 60% per cent of our workforce declared a religion or belief.
- 82% of our workforce declared they are heterosexual; 1% per cent of our workforce declared that they are lesbian, gay or bisexual; 16% 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 latest staff survey, conducted in February 2016, aimed to help us monitor equality issues, identify areas for action and evaluate the initiatives such as Time to Change and other support mechanisms available to our staff. It will also help us to fill some of the gaps in data that are required as part of WRES reporting.