

Wakefield Public Sector Equality Duty 2021

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Annual Public Sector Duty Report

This report provides an overview of the equality work undertaken by the Clinical Commissioning Group (CCG) in the last year to demonstrate and provide assurance to the Governing Body and our public that the CCG has discharged their statutory and legislative responsibilities for Equality.

Equality Act 2010 and the Public Sector Equality Duty

Publishing equality information and setting equality objectives demonstrates compliance with the Equality Act 2010 and is one of the ways the CCG meets the Public Sector Equality Duty.

For more information on the - [Equality Act](#) and [Public Sector Equality Duty](#)

Population profile, demographic data and health inequalities

- [Joint Strategic Needs Assessment \(JSNA\)](#)
- [Wakefield health inequalities](#)
- [Wakefield State of the District Report](#)

To replace the Director of Public Health Annual Report in 2020 '[Local Story](#)' created a snapshot of our community's response to Covid-19. It is an interactive archive created by an arts organisation.

For more information on the Wakefield population, demographics and health inequalities go to [Wakefield Joint Strategic Assessment \(KJSA\)](#).

Population Diversity

The resident population of the district is 345,083 people. The health of people in Wakefield is generally worse than the England average.

Wakefield is one of the 20% most deprived districts/unitary authorities in England and 19.2% (12,075) of children live in low-income families. IMD 2019 shows that 54,200 people in the district are living in neighbourhoods amongst the top 10% most deprived in England. This is 15.7% of the district's population.

Life expectancy for both men and women is lower than the England average.

It is estimated 18,000 males and 23,700 females aged 16-64 in the Wakefield district have a work affecting disability

There are around 4,000 births a year in the Wakefield district. In 2017 16.7% of all births were to mothers born outside of the UK

Census 2011 estimated the population, who reported as other than White British, was around 7% (circa 25,000 people). South Asian heritage population was estimated circa 8,000. The largest ethnic minority in Wakefield is Polish (estimated at around 15,000 people).

Around 200 households live in temporary accommodation in the Wakefield district.

The most common spoken languages (after English) were Polish, Urdu, Panjabi, Latvian, Lithuanian and Kurdish at the 2011 census, more recent primary care data shows that the highest requests for interpreting were for Arabic and Polish.

Equality – how we deliver

Our [Communications, Engagement and Equality Strategy](#) outlines our commitment and intentions to promote equality, tackle health inequalities and improve health outcomes for our local people and communities

The [Equality Delivery System](#) is an NHS equality framework to help organisations improve the services we provide for our local communities, consider health inequalities in our local area and provide better working environments free of discrimination. It is delivered in partnership with other NHS organisation and the public.

Our [Equality objectives](#) have been developed with the local voluntary sector, staff and public sector partners, including through the EDS2. The objectives are our equality priorities for the next four years.

The [Accessible Information Standard](#) establishes a framework for patients and service users (carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss, receive accessible information and communication support when accessing NHS or adult social services.

We work to make sure all the work we do is [accessible](#) and considers the needs of our communities and staff.

The [Workforce Race Equality Standard](#) requires NHS organisations to demonstrate progress against nine indicators of workforce equality for BME staff. It was developed in recognition of the poorer experiences of BME staff in the NHS.

In 2020 the BAME Network was established for Black, Asian and minority ethnic (BAME) staff employed by NHS Wakefield CCG, those

working in primary care and in the West Yorkshire and Harrogate Health and Care Partnership. Staff from the Calderdale, North Kirklees and Greater Huddersfield CCGs joined later.

The initial aims of the CCG BAME Network are to:

- Encourage the organisation to maintain a safe and positive working environment for BAME staff and the elimination of racial discrimination for employees and the population.
- Support the organisation to develop and maintain a representative workforce with inclusive leadership and decision-making and to raise the visibility and profile of the contribution that BAME staff members make.
- Establish and expand the membership of the organisation's BAME staff network to provide a forum where BAME staff can share experiences and issues affecting their work and professional development.
- Engage with other groups, including other internal and external staff networks, trade unions, and community groups who share a common agenda or experience of eliminating disadvantage, addressing unmet needs or increasing participation.
- Offer support and encouragement to other underrepresented or marginalised staff networks. Work in partnership with the organisation and the Governing Body BAME Workforce Champion to ensure compliance with Equality and Human Rights legislation relating to race equality and to develop and implement policies and strategy.

In 2020 we assessed the CCG against the [Workforce Disability Equality Standard](#) ahead of it becoming mandatory. This enables us to focus on the issues for disabled staff.

We worked with our [Equality Health Panel](#) to integrate into a new subcommittee of the governing body, the Patient and Community Panel this gives a regular opportunity for protected groups and their representatives to share their views, information and feedback with the CCG and providers in Wakefield.

Workforce

The small number of staff employed in the CCGs means we have to be careful when reporting staff equality profiles. This is to avoid being able to identify staff by their protected characteristics.

At the end of December 2020 there were 233 staff, 203 full time equivalents (FTE).

'Undefined' means the information is missing from ESR.

'Not Declared' means the member of staff has chosen not to declare this information. The data is shown alongside that of the local population for comparison.

Where there are less than 5 full time equivalents within each field, these have been reported as "less than 5" to ensure that employees are not identifiable.

The % relate to the headcount of staff rather than the full time equivalents.

We report on the staff in our workforce using data taken from the electronic staff record at the end of December 2020. Staff do not have to give their information. The electronic staff record does not capture information on transgender staff.

The data used below to compare to the Wakefield district population is supplied by the local council.

Religion and belief

The majority of staff are Christian (50%) the next biggest group are those with no religion (24%) followed by those who have not disclosed.

Religious Belief	% of workforce	Wakefield District %
No religion	23.6	26.1
Christianity	49.8	71
Hinduism	0.4	0.3
Islam	3.0	2.1
Judaism	0.4	0
Not Disclosed	14.6	0
Other	6.9	0.5
Sikhism	0.4	0
Unspecified	0.9	0

Sexual Orientation

Sexual Orientation	% of workforce	Wakefield District* %
Gay, Lesbian,	3.4	4

Sexual Orientation	% of workforce	Wakefield District* %
Bisexual		
Heterosexual or Straight	84.9	96
Not Disclosed	10.7	0
Unspecified	0.8	0

Ethnicity

The majority of staff are from White British backgrounds, 88%, with the next biggest proportion the unspecified / not known categories, followed by Asian or Asian British – Indian, 2% and Asian or Asian British – Pakistani and White - Any other White background both just under 2%.

Ethnic Group	% of workforce	Wakefield District %
White - British	87.98	92.8
White - Irish	0.86	0.3
White - Any other White background	1.72	2.4
Mixed - Any other mixed background	0.43	0
Asian or Asian British - Indian	2.15	0.5
Asian or Asian British - Pakistani	1.72	1.5
Black or Black British - African	0.86	0.6
Chinese	0.43	0.3
Any Other Ethnic Group	0.43	1.6
Unspecified	0.43	0
Not Stated	3.00	0

Disabled staff

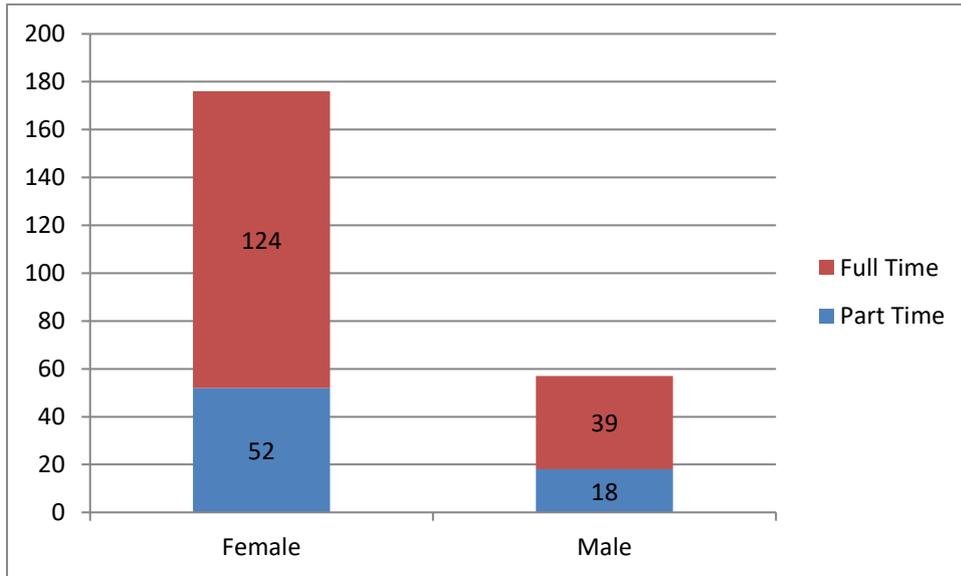
Disability	% of Workforce
Yes	4.7
No	90.6
Not Declared	3.9
Unspecified	0.9

Sex

76% women and 24% men

Breakdown of full time and part time staff

While the headcount is significantly different the proportions of female and male staff by employment status is similar.



Age

The age profile of the workforce is detailed below.

Age	% workforce
20 and under	0.9%
21-25	2.6%
26-30	7.3%
31-35	10.3%
36-40	12.0%
41-45	13.7%
46-50	15.0%
51-55	18.0%
56-60	12.9%
61-65	6.0%
66-70	0.9%
71+	0.4%

While there are limited numbers of people recorded as disabled on ESR, 19.4% of the staff responding to the Wakefield staff survey answered yes to 'Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?' (89% response rate)

Public and patient involvement

We are committed to ensuring effective patient and public involvement because the NHS belongs to us all. Listening to the public helps us understand what patients need and want. We want to make sure we hear voices from diverse patients and the public, we equality monitor our activities and target communities who may not have their voices heard. These views shape our decisions; the feedback we receive helps us improve local healthcare services. We publish what we learn and explain why decisions have been made.

You can find out more about how we have engaged and involved our communities in the past year on our [website](#).

We have continued to ask people about their experiences of using services through the pandemic; what was important or could be improved.

This included maternity services where we worked across Calderdale, Kirklees and Wakefield area with NHS, Local Authority and Maternity Voices Partnerships. As a result, Mid Yorkshire Hospitals and Calderdale and Huddersfield Foundation Trust took action in response to service user feedback including; reviewing how partners could attend early pregnancy, dating and anomaly scans, continuing face to face appointments, increasing birth partner support and adapting visiting hours all dependant and in line with national guidance.

We worked to understand how patients used our GP services. Many people shared their views. This has helped us to understand what is working in light of changes made because of the pandemic, how people are, and want to use GP services and whether there are any differences across our area or patient demographics. This work and the results were shared with our Primary Care Networks to inform their plans. This year, the CCG was officially recognised as 'outstanding' the highest possible ranking in NHS England's annual ratings. Engagement and the way the CCG involves people in their work and decision-making was given a specific 'outstanding' rating.

The rating recognises many improvements delivered in the preceding year which include:

- Delivering better services for people with a learning disability. Joint work between the CCG and the Council has allowed people needing specialist residential care, who were living miles from home to be moved to supported living closer to their families.
- We have reduced waiting lists and times for children and young people with mental health issues or autism as a result of concerted work with partners.
- Working with Mid Yorkshire Hospitals, the CCG has redesigned care to reduce waits for treatment and improved the experience and quality of care for people following a stroke and for people with sepsis so both now have the top rating.

Patient representatives have played a key part in our Outstanding rating through their ongoing support, challenge and feedback around care, quality and experience. This made sure we keep patient voice at the heart of all we do.

We have worked, virtually, to continue to listen to our public assurance group members and held meetings to share information, gain feedback and inform our steps in respect of projects, services and programmes, like the vaccination.

Covid 19

This year has been like no other for the NHS. The challenges faced by the community and NHS staff have highlighted how entrenched and significant health inequalities are for our communities.

We have listened to our communities and ensured that equality was part of any significant decisions regarding service updates and changes. An overarching Equality Impact Assessment (EIA) was developed at the start of the outbreak and as services were updated to respond to the pandemic, EIAs were undertaken to ensure no groups were negatively impacted.

[Engagement](#) has been undertaken by local Healthwatch on behalf of the NHS and local authority to understand the impact the pandemic has had on our communities.

The vaccination programme is subject to a full EIA and this has been developed alongside work with the local authority. A Vaccination

Inequalities group was set up to look at increasing uptake and reducing barriers to people accessing vaccination.

Providers

The CCG work with providers to make sure the equality agenda is delivered where it is most needed in interactions with patients and carers.

We support providers to achieve and we monitor progress through our contract meetings.

Below are links to the different providers' equality content. It is worth noting that due to the pandemic many equality duties were suspended in 2020, so reports may not have been published.

Mid Yorkshire Hospitals Trust

- [Equality, Diversity and Inclusion Annual Report 19-20](#)
- [WRES](#)
- [WDES](#)
- [Equality Objectives](#)
- [Strategy](#)

Yorkshire Ambulance Service

- [Workforce reporting](#)

South West Yorkshire Partnership Foundation Trust

- [Strategy](#)
- [Equality Objectives](#)
- [Gender pay gap](#)
- The workforce reporting can be found on their [website](#)

Next Steps

The CCGs will continue to deliver on the equality agenda and support providers. We will:

- Focus on integrating equality and improving health inequalities both through the pandemic and as we learn and embed what has worked well for patients and communities as we emerge ensuring we leave no one behind.
- Implement the EDS2, WRES, Workforce Disability Equality Standard (WDES) and use them to better understand how we can improve staff experience; including the establishment and development of staff equality networks.

- We will focus on ensuring accessibility in all that we do, including our new website.
- Continue to work with patients and the public to ensure their views are central to our work – through our engagement and consultation activities and EDS2 implementation.
- Continue to work collaboratively with system partners such as the West Yorkshire and Harrogate Partnership and local statutory and voluntary sector agencies to reduce health inequalities for people living in Wakefield.
- Implement the recommendations of the West Yorkshire and Harrogate BAME review and integrate the learning into our work with partners across Wakefield.

Further Information

For further information on the population profile, demographic data and health inequalities or on our organisational plans please see the links below.

- [Wakefield Health Profile 2019](#)
- [Wakefield Child Health Profile 2019](#)
- [Wakefield Health and Wellbeing Plan](#)
- [Wakefield State of the District Report 2021](#)

CCG Strategies and Plans

- [Wakefield Commissioning policy](#)
- [Wakefield health and wellbeing plan](#)