

Addendum to the WECCG 2014/15 Annual Report on Tackling Health Inequalities

Reason for the Addendum

As part of the assessment process supporting the May and November 2015 mandate assurance process the Department of Health have looked at a small sample of CCG annual reports and commissioning plans to see if they followed the requirements of the NHS Act 2006.

Part of the Act requires CCGs to include in their annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities, and include in their annual report an assessment of how they have discharged their health inequalities duty.

West Essex CCG was one of the sample of CCGs selected and in the 2014/15 annual report on page 6 there is recognition of the health inequalities duty, however, there is no mention of how you we had discharged our health inequalities legal duty.

<http://www.westessexccg.nhs.uk/about-us/library/annual-reports/1882-2014-15-annual-report/file>

This addendum to the Annual Report of 2014/5 provides the assurance on how this CCG discharged our health inequalities legal duty.
It also describes the work programme in 2015/6-8.

Health inequalities duty

The specific legal duties for the CCG from **The Health and Social Care Act 2012** are to:

- have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved
- exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (health-related services can be any services which impact on health, including those outside health and social care);
- include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities
- include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities.

'Have regard to the need to reduce' means health inequalities must be properly and seriously taken into account when making decisions or exercising functions, including balancing that need against any countervailing factors. This includes accurate record keeping of how the need to reduce health inequalities has been taken into account when making decisions or exercising functions.

The duty must be exercised with rigour and an open mind and should not materialise as an afterthought in the process of reaching a decision.

We fulfilled our CCG Constitutional commitment to the need to reduce inequalities by:-

- ensuring the Joint Strategic Needs Assessment (JSNA) reflects the differences in our population allowing us to target those communities with poorer health outcomes to reduce health inequalities
 - working in partnership with public health and our second tier authorities to ensure we are well informed of where and what our inequalities are and supporting innovative ways in reaching out to those communities with identified poorer health outcomes
 - adapting our engagement activities to meet the specific needs of the different patient groups and communities
 - ensuring our commissioning and investment decisions evidence the needs identified in the JSNA and our engagement activities.
- considering the following as part of our planning and commissioning processes:-
- the impact on inequalities as part of all decision making processes, and keeping a record of such processes
 - which dimensions of inequalities are relevant to our work, taking account of how inequalities could be reduced
 - the potential impact that we could have strategically on reducing health inequalities and the application of the duty to our functions.
- providing an explanation in our annual commissioning plan of how we propose to discharge its duty to have regard to the need to reduce inequalities – reference the CCG’s Operational Plan 2015/6-7
<http://www.westsexccg.nhs.uk/news/docs/news-events/the-library/plans/operational-plan>

Our entry to the annual report for 2014/5 on how we have effectively discharged our duty relating to the need to have regard to reducing inequalities is aided by this addendum.
<http://www.westsexccg.nhs.uk/about-us/library/annual-reports>

We demonstrated our due regard to the Public Sector Equality Duty (PSED) by publishing information on our employees who share a protected characteristic and on the population that we serve through the publication of the Joint Strategic Needs Assessment. We also had in place equality objectives that had been informed by the undertaking of the Equality Delivery System assessment.

In November 2015, the CCG’s 2016/9 Equalities and Diversity strategy was approved by the Board. This sets out the strategic direction going forward and includes the equality objectives for 2016/2019. These have been informed following the undertaking of the Equality Delivery System² assessment process. The strategy also provides the Board’s commitment in adopting the Brown principles which are also relevant to the health inequalities duty and keeping an adequate record showing the duty has been considered. The principles are that:-

1. the decision maker must be aware of his / her duty to have 'due regard';
2. the 'due regard' must be fulfilled before and at the time a particular decision is considered;
3. the duty must be exercised in substance, with rigour and an open mind;
4. the duty is non-delegable;
5. the duty is a continuing one; and
6. it is good practice to keep an accurate record.

[Equality and Diversity Strategy – 2016/19 \(Board Approved – Nov 2015\)](#)

Throughout 2015 the CCG has made significant progress on its approach to equality and diversity including its role in tackling health inequalities. The Equality Impact Assessment (EIA) process has been revised and is overseen by an Equality and Diversity Group chaired by the Associate Director of Governance and Corporate Services. The Equality Impact Assessment template has been amended to encompass inequalities generally not just the protected characteristics. The Equality and Diversity Group has had several learning & development sessions and is in the process of rolling out the training throughout the organisation. It has developed materials to assist those developing proposals and making decisions to more appropriately assess the health inequalities impact of their decisions.

Proposals for decisions are required to indicate whether equality impact has been assessed and this is advocated at key meetings by the Consultant in Public Health. The terms of reference for key decision making groups make explicit the role to assess the impact on equality & diversity and health inequalities.

The CCG works with other CCGs and Essex County Council on joint commissioning; each of these have EIA processes.

One of The CCG's 7 principles is Provision built around and **responsive to the different needs** of our communities and localities. The CCG has strategic intentions and operational plans for the children's, frailty, learning disabilities and mental health (parity of esteem agenda) agendas. The CCG has continued to invest in the community and voluntary sector (in collaboration with Essex County Council to shared outcomes) which includes initiatives to work with marginalised groups. The CCG works with the 3 local district councils on the shared wellbeing agenda which includes shared intelligence on areas of inequalities.

The Joint Strategic Needs Assessment makes some but not complete reference to inequalities across Essex. In addition to the JSNA there are other products – district profiles, the report on 'Groups at risk of disadvantage in Essex' - which are presented to the CCG which identify inequalities in health and outcomes.

During 2015/6-8 our planned & ongoing work includes:

- training and development for CCG staff in addition to the mandatory training package
- programme boards and E&D group to assess the cumulative impacts of individual EIAs to ensure no systematic discrimination
- examples of positive impacts to be recorded and shared
- request to communications and public engagement team to report on diversity within its engagements
- implementation of the equality objectives

- continuing to meet our Public Sector Equality Duty which will include meeting the Workforce Race Equality Standard

We know that further consideration needs to be given to the monitoring of impacts. The CCG is improving on the need to have impact assessments to inform the design of, but more work is needed to ensure that the impacts are as predicted especially where mitigating actions are required.

The monitoring of the implementation of our Equality and Diversity Strategy and in particular our equality objectives will be taking place during 2015/6-9 and will be reported on within the Annual Report for 2015/6.

Clare Morris
Chief Officer
18th December 2015