



*East Staffordshire  
Clinical Commissioning Group*

**NHS East Staffordshire CCG  
Equality and Inclusion Annual Report 2015**

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## **Foreword**

As Chair of East Staffordshire Clinical Commissioning Group (ESCCG), I am delighted to introduce our Equality and Inclusion Annual Report 2015. This report sets out how ESCCG has performed in meeting its legal duties set out within the Equality Act 2010 and the Human Rights Act 1998.

These duties are:

- 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.

This report cements our continuing commitment to addressing health inequalities across our community. It shows how we take equality and human rights into account in the commissioning of all local health services, including the employment and development of staff, the development of CCG strategies, policies and the development of health care services. These all ensure that equality is at the heart of our CCG's business, in response to the legal requirements of the Equality Act 2010.

This report builds on the work of our Equality Strategy 2012-16. This provides a statement of our vision and how we will discharge our responsibilities. It is the responsibility of our CCG Governing Body to monitor our progress on a regular basis. This Strategy also includes the CCG's Equality Objectives, which we will refresh and renew very four years in line with legislative requirements. Each year we receive a report of our progress against the CCG's Equality Objectives and to review our progress against associated action plans. This report and the CCG's full Annual Report both commit to this.

ESCCG believes that equality and diversity is fundamental to addressing health inequalities and shall be embedded into all of our commissioning activities. We aspire to enabling equality of opportunity for all of our residents, patients, their families or carers and strive to work towards the elimination of all discrimination.

We will work with partners to continue to develop action plans, make further improvements to our commissioning processes and to ensure that healthcare services reflect the needs of our local population, thereby reducing health inequalities.

The CCG works proactively to involve local people in the development and monitoring of services we commission, with the over-riding aim of ensuring these are the right health care services. We also work closely with providers of health care services to ensure these are provided by well trained staff. Through this we will ensure that the NHS locally meets all of the equality duties as set out in the Equality Act 2010 and promotes people's rights.

We will continue to ensure that our patient engagement work focusses on all aspects of Equality and Diversity, and commit to this through the work of our Patient Board and other patient engagement and public involvement mechanisms.

Dr Charles Pidsley  
CCG Chair

## **(1) Introduction and Local Context**

This is the third ESCCG Equality and Inclusion Annual Report. The first report was published as a section within our CCG Annual Report 2013-14, which is available on our website.

This report sets out how the CCG has been continuing to demonstrate 'due regard' since 1<sup>st</sup> April 2014 to the three aims of the Public Sector Equality Duty (PSED). It will also provide evidence for our meeting of the specific duty which requires all public sector organisations to publish their equality information annually.

Having due regard means that the CCG has given advanced consideration to issues of equality and discrimination before making any policy decision that may impact protected groups. This is a valuable, integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010.

The CCG is responsible for commissioning a wide range of healthcare services in East Staffordshire. We are a membership organisation made up of local General Practitioners, with support from people with other health professional backgrounds.

The CCG works to ensure that health services are commissioned, designed and procured to best meet the health needs of local communities and to reduce health inequalities, ensuring that all patients can access treatment of the highest quality and have a good experience whilst receiving care.

We aim to meet the health needs of local people within the resources that are available to us, and will do this in an open and transparent way. We work with a wide range of partners and stakeholders, including other NHS bodies, patients, public sector organisations and the voluntary sector.

Through our communications and engagement work, we aim to consult as widely as possible to make sure that the needs of local people are given priority and that our activities reflect these.

The CCG has adopted an equality analysis tool which provides a framework for undertaking Equality Analysis, Privacy Impact Assessments and Human Rights screening as part of commissioning activities. This enables the CCG to show due regard by ensuring that all requirements around equality and human rights are given advanced consideration before the CCG's Governing Body or senior managers make any policy decisions that may be affected by them. Due regard is also given as part of any service transformation or redesign.

We agreed our Equality and Diversity Strategy for 2012 to 2016 and published this onto our website. A new strategy will be devised for 2017-2020 following review of the previous one. The current one is available at: <http://www.eaststaffccg.nhs.uk/strategies>.

**Through this, the CCG has met its Specific Equality Duty by publishing equality information (in accordance with section 149 of the Equality Act 2010) within this Strategy.**

The CCG will demonstrate its continued commitment to commissioning local health services that respect and correspond to the diversity of our local population. The CCG opposes all forms of unlawful and unfair discrimination; this includes discrimination against

people who have specific “protected characteristics” as defined by the Equality Act. There are nine specific protected characteristics:

- ☑ Age
- ☑ Disability
- ☑ Sex
- ☑ Race
- ☑ Religion or belief
- ☑ Sexual orientation
- ☑ Gender reassignment
- ☑ Pregnancy and maternity
- ☑ Marriage and civil partnership

## **(2) Compliance with Equality Legislation and the Public Sector Equality Duty**

The Equality Act 2010 harmonised and consolidated existing equality legislation to ensure no discrimination against groups of people with any of the protected characteristics outlined in the previous section.

It provides protection from “prohibited conduct” for groups of people with protected characteristics. Examples of prohibited conduct include direct discrimination (including combination discrimination), indirect discrimination, associative discrimination, perceptible discrimination, harassment, and victimisation.

It also created a general duty for the NHS, and statutory organisations established as part of the NHS, to comply with when carrying out their functions. The CCG must give due regard to:

- ✓ *The need to eliminate discrimination, harassment and victimisation;*
- ✓ *The need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not; and*
- ✓ *The need to foster good relations between people who share a protected characteristic and people who do not.*

**These are all contained within our Equality Strategy.**

Since 1<sup>st</sup> April 2014, the CCG has worked with local people and its employees to show due regard to the aims of the Public Sector Equality Duty (PSED) laid out in the Equality Act:

**Aim One: Eliminate unlawful discrimination, harassment and victimisation**

**Aim Two: Advance equality of opportunity between different groups**

**Aim Three: Foster good relations between different groups**

The Act places another duty on public bodies to have due regard to the desirability of carrying out their functions in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.

The Equality Act also requires the NHS and public bodies to publish annual details of their:

- Gender pay gap
- Minority ethnic employment rate
- Disability employment rate

**These are all outlined in the next section.**

Our Human Resources policies are fair and equitable. Staff training and development is accessible to all and we support all of our staff to achieve their career development potential.

Our Governing Body is committed to ensuring that equality is core to all CCG business and that the organisation operates in a culturally competent way, free from discrimination.

### **(3) Monitoring our Workforce**

We aim to ensure that the CCG's staff reflects our local community and ensure that, as an employer, we value the diversity and richness that this brings to our organisation, which in turn supports us to be even more effective Commissioners. However the CCG is a small organisation – employing significantly less than the 50 staff threshold for mandatory publication of workforce data covered by various legislative requirements. CCG employees are both full and part-time posts.

Staff costs represent half of the CCG's management costs. The remainder is allocated to the annual Service Level Agreement held with the Midlands and Lancashire Commissioning Support Unit. Within this there are the outsourced “back office” support services and functions.

*[Data in the tables below relates to the period ending 31<sup>st</sup> August 2015]*

- **Full-Time Equivalent (FTE) by Ethnic Origin Description**

<b>Ethnic Origin</b>	<b>FTE In Post</b>	<b>% of Total</b>
White British/Mixed British	16.89	86.73%
Black Caribbean	1.00	5.13%
White Other	1.00	5.13%
Not Stated	0.50	2.56%
Asian Indian/British Indian	0.05	0.24%
Chinese	0.04	0.21%
<b>Grand Total</b>	<b>19.48</b>	

- **FTE by Ethnic Origin Description and ‘Agenda for Change’ Pay Scale / Band**

<b>Ethnic Origin</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8a</b>	<b>8b</b>	<b>8c</b>	<b>8d</b>	<b>Me d</b>	<b>VS M</b>	<b>Total</b>
White / Mixed British	1.0 0	1.0 0	1.0 0	2.8 0	5.8 0	0.6 7	1.0 0	1.0 0	0.22	2.40	16.89
Black Caribbean	1.0 0										1.00
White Other						1.0 0					1.00
Not Stated									0.50		0.50
Asian Indian/British Indian									0.05		0.05
Chinese									0.04		0.04
<b>Grand Total</b>	<b>2.0 0</b>	<b>1.0 0</b>	<b>1.0 0</b>	<b>2.8 0</b>	<b>5.8 0</b>	<b>1.6 7</b>	<b>1.0 0</b>	<b>1.0 0</b>	<b>0.81</b>	<b>2.40</b>	<b>19.48</b>

- **FTE by Sexual Orientation**

<b>Sexual Orientation</b>	<b>FTE In Post</b>	<b>% of Total</b>
Heterosexual	13.07	67.09%
I do not wish to disclose my sexual orientation	6.41	32.91%
<b>Grand Total</b>	<b>19.48</b>	

- **FTE by Sexual Orientation and 'Agenda for Change' Pay Scale / Band**

<b>Sexual Orientation</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8a</b>	<b>8b</b>	<b>8c</b>	<b>8d</b>	<b>Med</b>	<b>VSM</b>	<b>Total</b>
Heterosexual	2.00	1.00	1.00	2.80	1.60	1.67	1.00	1.00		1.00	13.07
Not disclosed					4.20				0.81	1.40	6.41
<b>Grand Total</b>	<b>2.00</b>	<b>1.00</b>	<b>1.00</b>	<b>2.80</b>	<b>5.80</b>	<b>1.67</b>	<b>1.00</b>	<b>1.00</b>	<b>0.81</b>	<b>2.40</b>	<b>19.48</b>

- **FTE by Gender**

<b>Gender</b>	<b>FTE In Post</b>	<b>% of Total</b>
Female	13.89	71.32%
Male	5.58	28.68%
<b>Grand Total</b>	<b>19.48</b>	

- **FTE by Gender and 'Agenda for Change' Pay Scale / Band**

<b>Gender</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8a</b>	<b>8b</b>	<b>8c</b>	<b>8d</b>	<b>Me d</b>	<b>VS M</b>	<b>Total</b>
Female	2.0 0	1.0 0	1.0 0	0.8 0	5.2 0	0.6 7	1.0 0	1.0 0	0.22	1.00	13.89
Male				2.0 0	0.6 0	1.0 0			0.58	1.40	5.58
<b>Grand Total</b>	<b>2.0 0</b>	<b>1.0 0</b>	<b>1.0 0</b>	<b>2.8 0</b>	<b>5.8 0</b>	<b>1.6 7</b>	<b>1.0 0</b>	<b>1.0 0</b>	<b>0.81</b>	<b>2.40</b>	<b>19.48</b>

- **FTE by Disability Status**

<b>Disability Status</b>	<b>FTE In Post</b>	<b>% of Total</b>
No	12.14	62.35%
Not Declared	5.93	30.46%
Yes	1.40	7.19%
<b>Grand Total</b>	<b>19.48</b>	

- **FTE by Disability Status and ‘Agenda for Change’ Pay Scale / Band**

<b>Disability Status</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8a</b>	<b>8b</b>	<b>8c</b>	<b>8d</b>	<b>Me d</b>	<b>VS M</b>	<b>Total</b>
No	1.0 0	1.0 0	1.0 0	2.0 0	4.8 0	0.6 7	1.0 0		0.68		12.14
Not Declared	1.0 0			0.8 0	1.0 0			1.0 0	0.13	2.00	5.93
Yes						1.0 0				0.40	1.40
<b>Grand Total</b>	<b>2.0 0</b>	<b>1.0 0</b>	<b>1.0 0</b>	<b>2.8 0</b>	<b>5.8 0</b>	<b>1.6 7</b>	<b>1.0 0</b>	<b>1.0 0</b>	<b>0.81</b>	<b>2.40</b>	<b>19.48</b>

Where employees identify as having a disability or Long-Term Condition as set out in the Equality Act 2010, access audits and reasonable adjustments are put in place to support employees.

- **FTE by Participation (full-time vs. part-time)**

<b>Participation</b>	<b>FTE In Post</b>	<b>% of Total</b>
Full-Time	15.00	77.02%
Part-Time	4.48	22.98%
<b>Grand Total</b>	<b>19.48</b>	

- **FTE by Participation Status and ‘Agenda for Change’ Pay Scale / Band**

<b>Status</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8a</b>	<b>8b</b>	<b>8c</b>	<b>8d</b>	<b>Me d</b>	<b>VS M</b>	<b>Total</b>
Full-Time	2.0 0	1.0 0	1.0 0	2.0 0	4.0 0	1.0 0	1.0 0	1.0 0		2.00	15.00
Part-Time				0.8 0	1.8 0	0.6 7			0.81	0.40	4.48
<b>Grand Total</b>	<b>2.0 0</b>	<b>1.0 0</b>	<b>1.0 0</b>	<b>2.8 0</b>	<b>5.8 0</b>	<b>1.6 7</b>	<b>1.0 0</b>	<b>1.0 0</b>	<b>0.81</b>	<b>2.40</b>	<b>19.48</b>

#### **(4) What have we done in 2015?**

##### **(a) Developing Commissioning Plans**

The CCG buys a range of healthcare services to meet the needs of the people of East Staffordshire so as to reduce health inequalities. The CCG develops plans every year setting out what it will buy to deliver these objectives – these are known as our “Commissioning Intentions”.

They are a key part of the annual planning cycle which culminates in agreed / signed contracts with health care providers. Another major part of the planning cycle is the development of an integrated Operational Plan which responds to the requirements of the NHS annual planning guidance which is published each year. For all of these, the CCG considered information, including data held by Public Health on health inequalities, and assessed them against our statutory equality obligations.

This also extends to where we have undertaken any service design or redesign as part of our wider corporate strategic developments. These have seen the CCG work with local partners to implement ambitious service redesign plans and a “Prime Contract” model, which comes to fruition in April 2016.

This is our “Improving Lives” procurement and will impact upon large cohorts of our population, thereby affecting many people falling within the nine protected characteristics.

Therefore we have ensured that robust Equality Impact Assessments and Equality Analyses (based on EDS 2) were fully carried out as part of the development phase to ensure equality was at the heart of the process.

### **(b) Staff Equality and Diversity Training, working towards a training programme**

CCG employees will continue to receive Equality and Diversity training, utilising the Skills for Health e-learning modules. This delivers an understanding of the following modules:

*Module 1: General Awareness*

*Module 3: Disability*

*Module 5: Race and Ethnicity*

*Module 7: Sexual Orientation*

*Module 2: Age*

*Module 4: Gender and Gender Reassignment*

*Module 6: Religion and Belief*

*Module 8: Pregnancy and Maternity*

### **(c) Other CCG Plans, Strategies and Policies**

CCG personnel have undertaken equality analysis and human rights screening as appropriate when carrying out their duties. This is undertaken before any final decisions are on plans by the CCG Governing Body.

All formal papers requiring a decision by the Governing Body are required to include the outcomes of the Equality Analysis and what risks are involved in the decision-making process.

The assessment tool also requires that all CCG projects undergo an initial assessment to identify any potential impacts, either positive or negative on quality<sup>1</sup>, privacy<sup>2</sup>, equality and human rights from any proposed changes to the way services are commissioned, decommissioned or projects / pilots discontinued.

All areas of risk scoring greater than eight must go on to a detailed assessment. All assessments must be signed and dated by the person carrying it out. All completed assessments must then be reviewed and signed off by a senior manager. Any high-scoring risks are also transferred onto the Corporate Risk Register.

All CCG Business Cases and key strategic documents presented to Committees or Governing Body meetings must be accompanied by a completed Equality Impact Assessment, according to the table below:

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<sup>1</sup> Quality considerations are as outlined in the NHS Constitution, the NHS Outcomes Framework and are undertaken by the CCG’s Quality Team according to the various requirements of the CCG’s Quality Strategy.

<sup>2</sup> Privacy covers appropriate information sharing, the correct use of personal, highly sensitive or sensitive data in projects whereby the use of any must be assessed in accordance with the requirements of the Data Protection Act 1998 and the CCG’s Information Governance policies and procedures.

Standard	Source of Assurance	Responsibility
Impact assessments required to accompany all Business Case, Plans + Strategy proposals to CCG Committees / Boards / Governing Body	Papers should be scrutinised; those without completed impact assessments must be returned to lead manager before being progressed	CCG Committee Chairs, Heads of Commissioning, Project Leads
As appropriate, Risk Registers contain appropriate risks in relation to the potential impact of business plans etc	CCG Risk Registers are reviewed by CCG Committees and at meetings of the Governing Body	All Executives
All assessments judged as high impact referred to Quality Committee for further scrutiny	Minutes of CCG Quality Committee	Chief Nurse

#### **(d) Implementing our Equal Opportunities Policy**

The CCG is committed to equality of opportunity for all employees and is committed to employment practices, policies and procedures which ensure that no employee, or potential employee, receives less favourable treatment on the grounds of gender, race, colour, ethnic or national origin, sexual orientation, marital status, religion or belief, age, trade union membership, disability, offending background, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or any other personal characteristic.

Diversity is viewed positively and, in recognising that everyone is different, the unique contribution that each individual's experience, knowledge and skills can make is valued equally. The promotion of equality and diversity will be actively pursued through CCG policies and ensure that CCG employees receive fair, equitable and consistent treatment and ensure that employees, and potential employees, are not subject to direct or indirect discrimination.

The CCG also carries out fair and equitable access to recruitment. This means that where an applicant indicates they have a disability or Long-Term Condition as set out in the Equality Act 2010; reasonable adjustments are put in place to support the applicant.

Fair recruitment and selection procedures are critically important in achieving our aims. The CCG will therefore take the following steps:

- *All job opportunities, including secondments, are advertised widely to all employees*
- *We also take positive action to ensure that information about job opportunities is publicised as widely as possible within local communities*
- *All recruitment / promotion decisions are made in accordance with fully objective and completely justifiable person specification criteria; the recruitment process does not commence until the criteria are described, fully justifiable and amenable to measurement; recruiters are supported / advised in relation to the preparation of these*
- *A formal record of all shortlisting decisions and interview notes is maintained (including the reasons that candidates were / were not selected) and kept for a minimum of six*

months; all job applicants are entitled to receive honest, accurate and helpful feedback following their applications and/or interviews

- We aspire to ensuring that all those involved in recruiting and selecting staff have received recruitment and selection skills training; in the short term, we will aim to ensure that at least one member of each short-listing and interview panel has received training

### **(5) Outcomes of our Equality Objectives (as set by our Equality Strategy 2012-16)**

In order to assure the Governing Body about the design and then implementation of our Equality Strategy, we undertook an internal baseline self-assessment early in 2013-14 to help us formulate the following Equality Objectives.

A summary of our performance against these is included within the table below, next to each Objective.

<b>Objective 1</b>	<b>To embed the Equality Delivery System (EDS) into the new commissioning infrastructure of the NHS</b>	
<b>Progress</b>	<i>Adopted as a performance management tool; it is expected to be used to present our evidence to local people to grade our performance – see below</i>	
<b>Objective 2</b>	<b>Undertake a baseline assessment against EDS and develop an action plan as part of the Authorisation process</b>	
<b>Progress</b>	<i>A baseline assessment was undertaken for Authorisation and an action plan developed; the action plan identified the following actions:</i>	
	<i>To identify local community groups across the nine “Protected Characteristics”</i>	<i>Some identified; CSU Engagement Officer attending meetings / groups to develop links and relationships; further work to be undertaken with CSU / Public Health</i>
	<i>To prioritise proactive engagement with all groups as they may need support / encouragement to engage</i>	<i>Action plan developed to make contact with all groups identified covering relationships and specific concerns; agree key actions to improve / increase engagement. This has been implemented to great effect with public engagement on Improving Lives Procurement.</i>
	<i>Ensure HR processes and staff questionnaires capture data across the protected characteristics</i>	<i>Complete</i>
	<i>Provide training on Equality, Diversity and Inclusion and how it is to be considered in business processes</i>	<i>Ongoing</i>
	<i>Ensure HR policies and procedures are updated to ensure they comply with 2010 Equality Act</i>	<i>Complete</i>

<i>Prepare / publish equality information annually and equality objectives at least every four years starting from April 2013</i>	<i>CCG website outlines statutory duties and Equality and Inclusion; Annual Report to be published on website as evidence of compliance and outcomes of the objectives</i>
<b>Objective 3</b>	<b>Consider equality issues as part of core business processes</b>
<b>Progress</b>	<i>Governing Body receive progress updates; staff undertake equality analysis when developing commissioning plans including service redesign / development</i>
<b>Objective 4</b>	<b>Ensuring that data systems and capture of data are sufficiently, robust to support equality analysis</b>
<b>Progress</b>	<i>CCG is working closely with Public Health and CSU to ensure staff have robust information to support Equality Analysis</i>

### **(6) Equality Delivery System (EDS2)**

We have adopted the NHS Equality Delivery System (EDS2) as a supporting framework to help us demonstrate to the people of the area we serve how we are meeting the three aims of the PSED.

This information has included the CCG's performance against the four goals set out in EDS2, and by demonstrating how people have a say in how the CCG is performing in:

- (1) Making health care services more accessible to everyone;*
- (2) Improving people's health regardless of their; race, gender, age, sexual orientation, religious and philosophical beliefs, gender status, disability or ability, pregnancy, maternity status or their marriage and civil partnership status;*
- (3) Ensuring our employees are trained and supported to ensure they are able to help the CCG to meet the Equality Duties and can make decisions that are fair, objective and legal;*
- (4) Ensuring that the CCG Governing Body and leaders understand their responsibilities and accountability in meeting the PSED and make fair, equitable and objective decisions and promote best practice in everything they do.*

As part of this, we also assessed our compliance of the usage of EDS2 as our performance toolkit to support us in demonstrating our compliance. This noted four under-performing areas from the individual evaluation criteria, which have become our Equality Objectives.

These will guide our equality work for the next three years and will continue be monitored throughout this period by the CCG's QIPP Finance & Performance Committee, on behalf of the Governing Body.

The EDS2 system has been further expanded nationally by NHS England, and as a result, the CCG is planning to overhaul the grading process with the aim of enabling patient representatives to help co-design our Equality Objectives. This will help us to ensure that improvements in the experiences of patients, carers, employees and local people are factored into their further development.

We will use the processes as established by our Communication and Engagement Strategy, and utilise the support of the Engagement Team at the Midlands & Lancashire Commissioning Support Unit, to achieve this.

The initial self-assessment for EDS2 (using the 2013-14 CCG analysis) indicates the following results to further develop our Equality Objectives:

<b>EDS2 Goals</b>	<b>EDS2 Outcomes</b>	<b>CCG results mapped to EDS2</b>
<b>Better health outcomes</b>	1.1 = services are commissioned, procured, designed and delivered to meet the health needs of local communities	<b>Achieving</b>
	1.2 = individual people's health needs are assessed / met in appropriate and effective ways	<b>Achieving</b>
	1.3 = transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>Achieving</b>
	1.4 = when people use NHS services their safety is prioritised and they are free from mistakes, mistreatment, abuse	<b>Achieving</b>
	1.5 = screening, vaccination and other health promotion services reach / benefit all local communities	<b>Developing</b>
<b>EDS2 Goals</b>	<b>EDS2 Outcomes</b>	<b>CCG results mapped to EDS2</b>
<b>Improved patient access and experience</b>	2.1 = people, carers, communities can readily access hospital, community or primary care services; they should not be denied access on unreasonable grounds	<b>Achieving</b>
	2.2 = people are informed and supported to be as involved as they wish to be in decisions about their care	<b>Developing</b>
	2.3 = people report positive experiences of the NHS	<b>Achieving</b>
	2.4 = people's complaints about services are handled respectfully and efficiently	<b>Achieving</b>
<b>Representative and supported workforce</b>	3.1 = fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<b>Achieving</b>
	3.2 = committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil legal obligations	<b>Achieving</b>

	3.3 = training and development opportunities are taken up / positively evaluated by all staff	<b>Achieving</b>
	3.4 = when at work, staff are free from abuse, harassment, bullying and violence from any source	<b>Achieving</b>
	3.5 = flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<b>Achieving</b>
	3.6 = staff report positive experiences of their membership of the workforce	<b>Developing*</b>
<b>Inclusive leadership</b>	4.1 = Boards and senior leaders routinely demonstrate commitment to promoting equality within / beyond their organisations	<b>Developing</b>
	4.2 = papers that come before the Board / major Committees identify equality-related impacts including risks and how managed	<b>Achieving</b>
	4.3 = middle / other line managers support staff to work in culturally-competent ways in an environment free from discrimination	<b>Developing</b>

\*East Staffordshire CCG employs under 50 people and so does not meet the statutory threshold necessary for a staff survey, however, staff are invited to provide feedback via a variety of methods including; regularly scheduled “Town Hall” events and both formal and informal reviews with line managers etc.

### **(7) Engagement with Local People**

The CCG is committed to engaging with all local people, not just from the nine protected characteristic groups, but also from the wider communities we serve. The following examples illustrate how the CCG is enabling local people to be more involved in determining what healthcare services need to be in place to improve health outcomes and reduce health inequalities.

- **Individual Participation**

- In-depth care pathway work in “improving Lives” areas, with partners, staff, patients and carers;*
- A Patient Representative and Carer Representative are present on the “Improving Lives” Programme Board;*
- Encouraging the sharing of ‘Soft Intelligence’ and working closely to ensure quality services;*
- The CCG continues to work closely with Staffordshire Healthwatch;*
- The CCG is building closer relationships with representatives from local peer support groups and voluntary organisations.*

- **Public Participation**

- ☑ *Our Patient Board and District / Practice Patient Participation Groups continue to work effectively to incorporate the patient voice throughout the CCG. The Board reports directly to Governing Body and a sense of trust has been developed where members know that issues raised will be acted upon;*
- ☑ *The CCG supported the consultation process for the County Health & Wellbeing Strategy and analysis has fed into the CCG strategic and operational plans;*
- ☑ *The CCG utilises quality data from patient opinion, “Friends and Family Test”, in-house surveys and monitoring arrangements to inform the planning process;*

- **Partner and Staff Participation**

- ☑ *Internal communications and staff feedback channels have improved with the introduction of more structured, themed team meetings, regular whole team briefs and use of various survey tools;*
- ☑ *External communications are also improving with continued work on the CCG website, including in support of CCG/Provider health promotion initiatives and the production of various reports and newsletters (including ‘you said – we did’ reports);*
- ☑ *The CCG continues to develop alternative channels with social media accounts;*
- ☑ *Staff development with a focus on understanding where participation fits within their other CCG priorities, accessing the best tools to enable participation and know how to feed findings in to the strategy and planning mechanisms;*
- ☑ *Staff and partners are encouraged to take part in consultations internally and externally;*
- ☑ *Staff and partners are encouraged to participate in open training sessions around a variety of areas to improve workforce knowledge breadth and depth e.g. “Lunch and Learn” sessions.*

### **(8) Meeting Statutory Human Rights Requirements**

The Human Rights Act 1998 sets out a range of rights which have implications for the way the CCG buys services and manages our workforce. In practice this means that we must:

Act compatibly with the rights contained in the Human Rights Act in everything we do

Recognise that anyone who is a ‘victim’ under the Human Rights Act can bring a claim against the CCG (in a UK court, tribunal, hearing or complaints procedure)

Wherever possible existing laws that the CCG as a public body deals with, must be interpreted and applied in a way that fits with the rights in the Human Rights Act 1998

Where any potential negative impact is identified it should be risk assessed using the CCG's standard risk assessment procedure. Where a potentially negative risk score is identified, this indicates that a more detailed assessment is required in this area.

## **(9) Findings**

The evidence set out in this report demonstrates that East Staffordshire CCG has made some significant progress across a range of issues, in particular around the Equality Objectives outlined above and continues embedding Equality and Human Rights as part of its decision making.

The CCG will continue to make progress in line with its Equality and Diversity Strategy (including a refresh during the 2016-17 financial year), and report progress regularly.

The following areas highlight where progress has been made:

- Business Cases, Service Specifications and subsequent reports to Governing Body and CCG Committees evidence patient and public involvement*
- Patient and public involvement included on commissioned provider contract meeting agendas, especially around the "Improving Lives" programme*
- Initial Equality Analysis completed at the start of all commissioning activities*
- Training programmes set and agreed*

Although there are significant areas of where progress has been made, there are some areas where further work is required in relation to ensuring that Equality and Inclusion is a standing item at all contract meetings, and in meeting the emerging new national requirements on Equality Workforce Metrics.

## **(10) Conclusion**

The CCG continues to embed equality and human rights into its decision making processes and the CCG's teams supporting the CCG have integrated the key principles as part of its project management tool.

This ensures that the CCG considers both equality and human rights when making decisions on what health care to purchase and what services it might need to change in order to meet our local people's needs.