

## NHS East Staffordshire CCG Equality Strategy 2012-15

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### Approvals

This document requires the following approvals. A signed copy should be placed in the authorisation office.

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Project Lead	Rebecca Woods		Authorisation Domain 5 Manager Lead		
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## East Staffordshire Clinical Commissioning Group

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### Foreword

As Chair of East Staffordshire Clinical Commissioning Group [CCG], I am delighted to introduce our Equality Strategy, which includes our plans for the Equality Delivery System [EDS]. This Strategy sets out our commitment to addressing health inequalities across our community and shows how we intend to take equality and human rights into account in the commissioning of local health services including the employment and development of staff; the development of strategies, policies and procedures; and the development of services.

This Strategy had been developed with the need to ensure that equality is at the heart of all CCG business, and in response to the legal requirements of the Equality Act 2010. It builds on the previous Equality Objectives [South Staffordshire Primary Care Trust, April 2012] and on the actions set out in the PCT's Single Equality Scheme [2008]. This document is also designed to meet the requirements of the new national NHS Equality Delivery System.

The Equality Delivery System sets us four goals:

- Goal 1: Better health outcomes for all
- Goal 2: Improved patient access and experience
- Goal 3: The NHS as a fair employer
- Goal 4: Inclusive leadership at all levels.

An initial baseline assessment of how our CCG currently performs against these goals has been undertaken. On the basis of this, we will engage with our partner provider organisations, patients and members of the public, specifically engaging with our local interest groups to discuss and agree this baseline assessment position. The next step will be to work with these partners to develop an action plan to make further improvements to our commissioning processes in order to ensure that healthcare services reflect the needs of our local population; and to support the reduction of health inequalities.

This Strategy provides a statement of our vision and how we will discharge our responsibility in this area. It will be the responsibility of our Governing Body to monitor our progress on a regular basis. Each year we will submit a report of our progress against the Equality Objectives to review progress against the action plan; revise the EDS assessment; and agree actions to make further improvement. Every four years we will update and publish our Equality Objectives in line with legislative requirements.

Through implementation of this Strategy, supported by the Equality Delivery System, East Staffordshire CCG will ensure that equality is firmly embedded into all commissioning processes.

Dr Charles Pidsley

CCG Chair

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### 1.0 Introduction

This is East Staffordshire CCG's Equality Strategy. It sets out our approach to equality, diversity and inclusion both as an employer of staff and as a commissioner of health services to meet the needs of local people. It explains how the CCG is committed to ensuring fair and equitable access to services and compliance with national legislation. The CCG is working towards becoming a statutory organisation by April 2013. As a statutory organisation, East Staffordshire CCG will be required to fulfil its legislative responsibilities; this Strategy is designed to make a clear statement of how the CCG will ensure equality of provision for groups of people who have specific protected characteristics as defined by the Equality Act 2010.

This Strategy has been written taking in to account the CCG's ambition for delivering equality and fairness to all the people across East Staffordshire and in particular in relation to members of staff of the organisation, and patients and carers.

There are a number of national equality drivers, which guide how the CCG will work with members of its diverse communities, commission services which reflect the needs of local people, and how it builds and maintains its workforce. These national drivers include:

- Human Rights Act (1998)
- Human Rights in Health Care – A Framework for Local Action, Department of Health (2007)
- Navigating Equality and Diversity: Guidance for the NHS, NHS Employers (2008)
- The NHS Constitution, Department of Health (2012)
- The White Paper Equity and Excellence: Liberating the NHS, Department of Health (2010)
- The Equality Act (2010)
- The Public Sector Equality Duty (PSED) (2011)
- The Health and Social Care Act (2012)
- CCG authorisation

The NHS has also further embedded the significance of equality into two key national documents for CCGs:

- 2012/13 NHS Outcomes Framework  
The Department of Health advises CCGs that *"In selecting outcomes and determining how they should be measured, active consideration has been given to how the indicators can be analysed by equalities and inequalities dimensions to support NHS action on reducing health inequalities. In addition to the legally protected characteristics, particular consideration has been given to socio economic groups and area deprivation as these are key drivers of poor health outcomes."* (December 2010)
- Quality, Innovation, Productivity and Prevention (QIPP) Plans  
In meeting the QIPP challenge of improving quality, whilst making efficiency savings to be reinvested in care, the Department of Health reminds organisations that "it is

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crucial that we do not lose momentum in improving the standards of care we deliver. We need to protect and promote quality while releasing savings everywhere. In doing so, we will continue to ensure that NHS values are at the heart of what we do and we remain committed to tackling inequalities and promoting equality.” (2010)

The CCG will use the Equality Delivery System (EDS) to support implementation of our strategy and to help the CCG

- Achieve compliance with PSED;
- Deliver the NHS Commissioning outcomes Framework (2010);
- Deliver the NHS Constitution (2012);
- Deliver the CQC’s Essential Standards of Quality and Safety (2010);
- Deliver the Human Resources Transition Framework (2011).

The CCG will demonstrate its commitment to commissioning local health services that respect and respond 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 9 specific protected characteristics:

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

More details about groups with protected characteristics covered by the Equality Act 2010 are shown in Appendix A.

The CCG will work to ensure that health services are commissioned, designed and procured to meet the health needs of local communities and to reduce health inequalities, that all patients can access treatment of the highest quality and have a good experience whilst receiving care. We will also ensure that staff reflect our local community and ensure that, as an employer, we value the diversity and richness that this brings to our organisation, which will support us to be even more effective commissioners. We will ensure that our human resources policies are fair and equitable; training and development of our staff will be accessible to all; and we will support all staff to achieve their career development potential. Our board is committed to ensuring that equality is core to all CCG business and that the organisation operates in a culturally competent way, which is free from discrimination.

This reflects the EDS goals and the CCG believes that a useful starting position for taking this work forward was to undertake an initial self- assessment of how our CCG currently performs against these goals. We look forward to working with our partner provider

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organisations, patients and members of the public, specifically engaging with our local interest groups, to discuss and agree a baseline assessment position and to develop and update action plans for improvements. This baseline assessment is included in Appendix B.

This Strategy will ensure that the organisation

- Contributes to reducing inequalities in people's health across the CCG;
- Delivers access to healthcare to all groups who then have the same positive experience;
- Becomes a model employer in respect of equality in employment recognising the need for a diverse workforce that is capable of understanding the needs and cultures of the population it serves and of its staff;
- Meets its statutory duties and complies with current and future equality and human rights legislation.

Equality is a golden thread, like quality of services, which runs throughout everything which the CCG does. This Strategy should specifically be read in conjunction with the Public and Patient Engagement Strategy as there are key dependencies between these documents. Public and patient engagement is critical to delivering an effective equality strategy by ensuring that services are being commissioned which reflect the needs of our population, through engagement with local community groups and obtaining patient views on current services, especially in relation to patient experience, across the 9 protected characteristics.

[NB This also involves ensuring that the PPGs, District Group etc. are representative of local populations.]

This Strategy also supports the East Staffordshire CCG commissioning cycle and Integrated Governance Framework as referred to in the sections below.

### **2.0 The legislative context**

The Equality Act 2010 harmonised and consolidated existing equality legislation to ensure that there is no discrimination against groups of people with any of the 9 protected characteristics.

This Act creates a new general duty on the NHS and statutory organisations established as part of the NHS when carrying out their functions to have 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.

Public bodies were required to comply with the general duty by April 2012 and East Staffordshire CCG has been working to meet this obligation in anticipation of being authorised as a statutory organisation by April 2013.

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The Equality Act 2010 places another new duty on the NHS and other 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.

The Equality Act 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. More information about types of discrimination covered by the Equality Act is included in Appendix C.

The Equality Act allows for positive action to be carried out as a means by which the NHS can give additional support to some disadvantaged groups. In East Staffordshire, some people with protected characteristics are disadvantaged or are under-represented; or may have particular needs related to their specific characteristics which may not currently be understood and the performance of health practitioners and others in meeting these needs not yet known. East Staffordshire will prioritise proactive engagement with all groups with protected characteristics as they may need support or encouragement to engage with the CCG. To deliver our aim of achieving equitable access and quality of services for all, we need to be engaging with groups across all protected characteristics. (This links to our patient engagement plan)

### **3.0 Our vision and values**

Our vision is that by 2016 the people of East Staffordshire will live longer, healthier and happier lives.

To achieve this vision, East Staffordshire CCG will commission for a top class healthcare system that delivers integrated care services based on strong partnerships delivering locally agreed goals.

Over the last five years, female life expectancy in East Staffordshire has increased by over fourteen months and now exceeds the national average; we intend to repeat this success for men in the area.

By 2016 the people of East Staffordshire will:

- See a measureable reduction in health inequalities;
- Be an integral part of the commissioning process to help us improve the quality of care;
- Be enabled to take control of their own health needs wherever possible;
- Know where to go for their health care and will understand what choices they have;

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- Have a health system with no duplication of services and “No Wrong Door” culture; all providers will work together demonstrating that compassion, quality and safety are at the core of service provision;
- Avoid unnecessary hospital admission and prolonged length of stay once admitted;
- Receive the highest quality care from the beginning to the end of their lives; and
- Regard the CCG as a national exemplar that people want to work with and for.

The values that lie at the heart of the Group’s work are as follows (in addition to those included in the ‘*GPC Fair Commissioning Charter*’):

- Develop a culture of genuinely clinician-led commissioning, taking decisions in the best interests of the local population;
- Engage with patients and the public with respect to decisions taken about their health services;
- To ensure that all selected providers have the right level of capacity and capability to undertake the work specified by the CCG;
- Focus on quality first by emphasising the importance of getting it right first time. From this efficiency and productivity will follow.
- Establish and strengthen working relationships with Local Medical Committees, further enabling successful outcomes in commissioning; and
- To work in partnership with other CCGs, the Health and Wellbeing Board and local authorities to improve outcomes for our residents and to maximize efficiencies in commissioning and offer value for money services.

Further to the above we wish to confirm our intention to adhere to the values outlined in the NHS Constitution, namely:

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

### **A statement of the CCG’s equality aims**

East Staffordshire CCG strives for excellence in its approach to delivering equality for its population and workforce. In striving for excellence, the CCG will ensure that all elements of the local population have equal access to high quality services that meet their needs irrespective of any protected characteristic.

The CCG is committed to ensuring that the CCG develops a workforce to reflect the needs of the local population and that we recruit, retain and develop staff from diverse backgrounds.

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Key measures will be that our patients and communities will give positive feedback regarding their involvement with commissioning of services and of their healthcare experiences across the EDS areas, with no differences across the 9 protected characteristics. This will link into our local public and patient engagement mechanisms and also with 'Insite', whereby we collate patient intelligence on local services. Staff will advise us whether we are providing a positive and valued work environment; giving training and support to staff, by means of which they are encouraged achieve their career development potential; and whether this is being applied to everyone equally and fairly irrespective of their protected characteristic. This will require some small changes to our existing data collection processes so that further analysis can be undertaken across all protected characteristics.

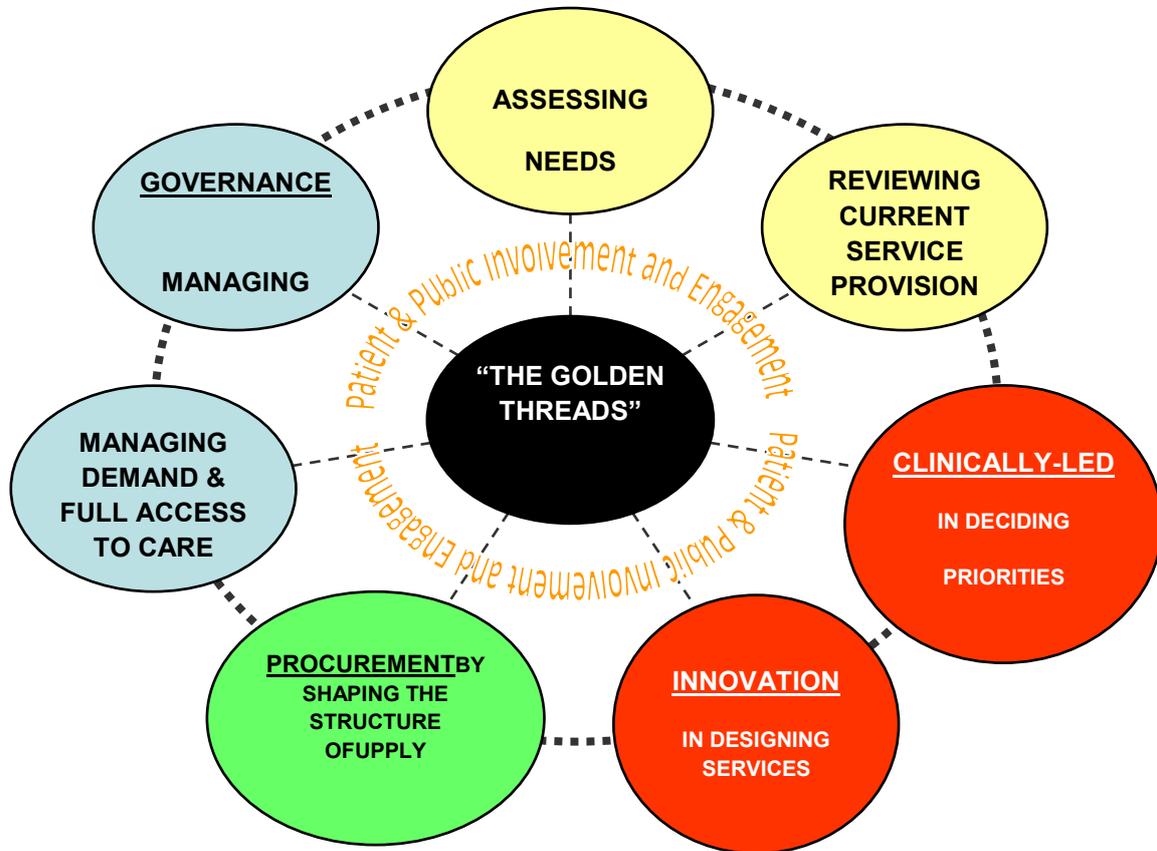
These aims are consistent with and support our delivery of our

- Clear and credible plan
- Quality Improvement ambitions
- Public and patient involvement
- Quality, Innovation, Productivity and Prevention Plans
- Organisational Development Plan
- Integrated Governance Framework
- Health and Wellbeing Strategy
- CCG Constitution
- CCG commissioning cycle

The East Staffordshire commissioning cycle consists of four main steps with associated activities (there will be flexibility in applying these: each step will be proportionate to the scale of what is being commissioned)

This Strategy contributes to all sections of the commissioning cycle especially through health needs analysis, patients' views on current services, patient involvement in redesign of services, equality analyses, equality evidenced in procurement processes, patients' feedback through complaints and quality review processes.

**PLANNING** **DOING (Procurement)** **REVIEWING(Contract Management)** **ANALYSING (Assess & Review)**



East Staffordshire CCG through this document is demonstrating how it is implementing South Staffordshire PCT's Equality Objective: 'To embed the Equality Delivery System into the new commissioning infrastructure of the NHS', including:

- Undertaking a baseline assessment against the EDS and developing an action plan, as part of their authorisation processes;
- Considering equality issues as part of core business processes;
- Ensuring that data systems and capture of data are sufficiently, robust to support equality analysis.

#### 4.0 Our population and health profile

The population of East Staffordshire has a population of c. 135,000 which is projected to grow by 22% between 2010 and 2035 and, whilst population increases will be across all age groups, the biggest rise and the biggest impact will be in the 65+ age group. Forecasts indicate that there will be an 81% growth in over 65s and 109% growth in over 75s between 2010 and 2035. The over 75's age group is growing faster in East Staffordshire than in the rest of the country.

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2009 estimates reveal that 8% of the population are from minority ethnic groups, lower than the national average of 13%, with the largest single minority group being Pakistani (4%).

Data from both National Insurance Number registrations to migrant workers and Flag 4 GP registrations reveals significant increases in the number of migrants living and working in East Staffordshire, many from Eastern Europe.

Over a quarter of the East Staffordshire population is classified as rural (slightly higher than Staffordshire overall and England) and the area is characterised as a relatively affluent area; however, there is a real split between Burton and the rural areas of the CCG.

There are 12 Lower Super Output Areas (LSOA), in the most deprived quintile (20%) of the country, which equates to 19% of the total population of East Staffordshire; a further 22% live in the second most deprived quintile. There are 10 LSOA in the most deprived quintile (20%) for child wellbeing which equates to 18% of the child population (3,800 children).

The most deprived areas in the CCG are Eton Park, Stapenhill, Shobnall, Winshill, Horninglow, Anglesey and Burton. Four of these areas have higher levels of people living with limiting long-term illness (Burton, Stapenhill, Horninglow and Shobnall) and all seven have fertility rates higher than the England average. Teenage pregnancy is also higher in Burton, Eton Park, Heath and Stapenhill.

The Joint Strategic Needs Assessment (JSNA) recognises that the population figure is an estimate and states that any analysis of the local population reveals shortfalls in the data available and inconsistencies in the way it is collected. It is not yet possible to analyse the CCG population and to reference this with confidence against the 9 protected characteristics. We are working in partnership with colleagues in public health to improve the intelligence by protected characteristic.

### **The 2012 Health Profile**

The Department of Health, Health Profile 2012 draws on and interprets the data available for East Staffordshire and paints a picture of health for the locality to help local organisations understand their community's needs so that they can work to improve people's health and to address and reduce health inequalities.

The key messages from the East Staffordshire 2012 health profile includes:

- Stillbirths appear to be increasing although perinatal and infant mortality rates appear to be falling;
- Life expectancy for men is 14 months lower in East Staffordshire than the England average; this is largely due to lower life expectancy in areas of Burton and this is likely to be rooted in the wider determinants of health, inequalities and lifestyle factors.
- Life expectancy between the best and worst ward is 10 years for men and 8 years for women. Seven wards have a higher All-Age All-Cause Mortality (AAACM) rate than

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the England average and overall premature mortality rates are higher than the England average in Eton Park, Horninglow, Shobnall, Stapenhill and Winshill wards.

- The main causes of death amongst the 1200 people who die in East Staffordshire every year are: circulatory disease (33%), cancer (27%) & respiratory disease (13%).
- We also have higher than expected mortality for suicide and undetermined injury, circulatory disease and gastrointestinal disease.
- The numbers of patients recorded on GP disease registers are lower than expected for chronic kidney disease, dementia, heart failure, hypertension, learning disabilities and obesity. This means that there are potentially large numbers of patients who are unrecorded, undiagnosed, and untreated for these conditions.
- Hospital data suggests that locally there are higher rates of admission in the following areas:
  - Self-harm
  - Accidents - unintentional injuries
  - Falls in the over 65 age group
  - Smoking attributable hospital admissions
  - Alcohol related hospital admissions

### 5.0 Partnership working

The main function of the CCG is to commission health services for the local population and to then assure ourselves that these services are appropriate, timely and safe across the local health system. To achieve this, the CCG works collaboratively with many partners, including:

- Burton Hospital Foundation Trust
- South Staffordshire and Stoke on Trent Partnership Trust
- South Staffordshire and Shropshire Healthcare Foundation Trust
- Derby Royal Foundation Trust
- Other CCGs, including South East Staffordshire and Seisdon CCG and Derbyshire CCG
- Commissioning Support Unit
- LINKs
- East Staffordshire Borough Council
- Staffordshire County Council
- GP practice public and patient groups
- Voluntary organisations
- Community organisations

The CCG is committed to working with partners across the community to learn from feedback relating to the EDS to improve local services, and is also committed to ensuring

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that any organisation from whom it commissions services, or with whom it works, or which works on CCG premises complies with the Equality Act 2010. This is included in the procurement processes for contract award.

### **6.0 Involving stakeholders in developing this Strategy**

We are committed to involving service users, carers, the community and our staff in the continuous and on-going development of this Strategy. This document is an attempt to outline our intentions and we know that, as we discuss and involve others, the content and objectives of this Strategy will develop to reflect what people tell us and what we learn.

East Staffordshire CCG has a history of commitment to public and patient involvement in informing decision-making and has developed a local patient engagement strategy to ensure that this continues to happen in an effective, structured and transparent way when the CCG becomes authorised.

East Staffordshire CCG recognises that engaging with patients and carers in their own healthcare results in better outcomes, service development and delivery. Stakeholder engagement is important and is core to how the CCG makes its decisions. Local people and the users of local health services are increasingly seeking more say in how the NHS is developed, what services are provided and to what standards, in the context of limited resources. This is underpinned by the Health and Social Care Act 2012. East Staffordshire CCG is committed to delivering this in a transparent and accountable way.

East Staffordshire CCG believes that, in order to be an effective organisation, it must strive for excellence in engaging the public so that everyone can be engaged in health and health service decision making processes, including those that involve taking responsibility for using the NHS appropriately and determining prioritisation of limited resources.

This Equality Strategy and the Patient and Public Engagement Strategy will underpin the development of future strategies.

As we further engage with our community, people can expect to see evidence including where key clinicians and managers within the CCG acknowledge the contribution made by the public, patients and carers and where action has been taken reflecting what people have told us. Equally important to us will be ensuring that we engage and involve all stakeholders, including members of diverse communities, in monitoring and improving our services so that we can see the impact that discussion has had on our performance in meeting the needs of local people in particular those with protected characteristics.

An important process in this will be the use of an Equality Analysis to assess the impact of changes on the 9 protected characteristics and any resulting actions. This is to ensure that all new or existing policies and practices do not discriminate against any individual and that they comply with the equality agenda. The main aims of the Equality Analysis are to

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- Take account of the needs, circumstances and experiences of those intended to benefit from a policy, strategy or service development;
- Identify actual and potential inequalities in outcomes;
- Consider other ways of achieving the aims of policies and practices;
- Increase confidence in the fairness of our activities;
- Develop better policies, strategies and projects to support service improvement;
- Commission services which are more reflective of the needs of our diverse population across the 9 protected characteristics.

The Equality Analysis documentation is available on our website:

East Staffordshire CCG at this stage has identified a senior manager who has responsibility for implementing this Strategy and reporting progress to the CCG Governing body and governance team. This responsibility also includes ensuring that the Strategy is further developed through engagement with our community members, reporting back on progress to these groups.

### **7.0 Workforce monitoring**

The CCG is committed to ensuring that the CCG becomes an 'Employer of Choice' and develops a workforce to reflect the needs of the local population and that we recruit and retain staff from diverse backgrounds. A key measure will be that our staff will advise us whether we are providing a positive and valued work environment; giving training and support to staff which encourages them to achieve their career development potential; and that this is applied to everyone equally and fairly irrespective of their protected characteristic.

In addition to our staff survey, the collection and analysis of workforce statistics will capture protected characteristics and will enable us to assess our performance in meeting our workforce objectives and delivering the Equality Act requirements.

### **8.0 Governance and Accountability**

Whilst the PCT is currently responsible for compliance with national legislation, East Staffordshire CCG is clear where the governance and accountability for the Equality Strategy sits in our current delegated responsibilities under the PCT and when the CCG becomes a statutory body from April 2013:

- The Governing Body is directly accountable for compliance with equality and diversity legislation within the CCG and all commissioned and contracted services, and for ensuring that equality analyses are undertaken on all strategies, policies and service developments.
- The Board receives quarterly progress reports as a standing item; these will be included in the annual report on compliance with legislation. Every four years the Board will update the CCG's Equality Objective(s).

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- The Executive Team has delegated operational responsibility for ensuring that all commissioning decisions comply with equality legislation and that equality analyses are undertaken.
- The Quality Committee will monitor the Strategy implementation bi-monthly, review annually with staff and stakeholders and compile and submit an annual report to the Board accordingly.
- The Patient Board will have oversight of delivery against the Equality Strategy.
- This also forms part of the CCG integrated governance framework, in particular in relation to corporate governance and leadership.

### 9.0 Roles and Responsibilities

The CCG has identified the following roles and responsibilities for ensuring that this Equality Strategy is successfully further developed with key partners and implemented and its aims achieved. :

- The Chief Accountable Officer is accountable for CCG compliance with equality legislation and delivery of the Strategy and for developing a culture within the CCG of embedding the importance of equality and diversity in the workplace and in CCG business.
- The Chief Finance Officer has delegated responsibility for delivery of the Strategy, including compliance with legislation, standards and governance arrangements
- The PPI lay member on the Governing Body is responsible for checking that the Governing Body is delivering in the context of the Strategy
- The Practice Integration Manager has day to day operational responsibility for developing and implementing the strategy.
- The 'Clinical lead' and General Manager have delegated responsibility for ensuring that all services commissioned comply with this strategy, advance its aims and promote the principles of equality and diversity amongst staff, providers, service users and the wider public.
- CCG membership of constituent practices, managers and staff have a duty to comply with and implement legislation, ensuring that CCG commissioned services deliver their responsibilities and that service users and the public are treated with dignity and respect and act equitably.
- We encourage patients and the public to treat staff and colleagues with dignity and respect and report any concerns to the CCG.

## **Appendix A: Details of groups with protected characteristics covered by the Equality Act 2010**

### **Age**

This means a person belonging to a particular age or age group. An age group includes people of the same age and people of a particular range of ages. Where people fall into the same age group, they share the protected characteristic of age.

### **Disability**

A person who has a disability is the person who has a physical or mental impairment, and the impairment has a substantial and adverse effect on a person's ability to carry out normal day-to-day activities.

### **Gender re-assignment**

A person has this protected characteristic if they are proposing to undergo, are undergoing or have undergone, a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex.

### **Marriage and civil partnership**

People who have or share the common characteristics of being married or of being a civil partner can be described as being in a marriage or civil partnership. A married man or woman and a man or woman in a civil partnership share the protected characteristic of marriage and civil partnership. People who are not married or civil partners do not have this characteristic.

### **Pregnancy and maternity**

This characteristic relates to women who are pregnant or within their allocated maternity period. Women who are not pregnant, nor within their maternity period, do not share this characteristic.

### **Race**

For the purposes of the Act, 'race' includes colour, nationality and ethnic or national origins. People who have or share characteristics of colour, nationality or ethnic or national origins can be described as belonging to a particular racial group. A racial group can be made up of two or more different racial groups. [Linguistic characteristics can disadvantage people and prevent them from accessing services. I usually refer to linguistic and cultural characteristics.]

### **Religion or belief**

The protected characteristic of religion or religious or philosophical belief, is also stated to include a lack of religion or belief. It is a broad definition in line with the freedom of thought,

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conscience and religion guaranteed by Article 9 of the European Convention of Human Rights. For example, Baha’l faith, Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Rastafarianism, Sikhism, and Zoroastrianism are all religions for the purposes of this provision. Beliefs such as humanism and atheism would be beliefs for the purposes of this provision but adherence to a particular football team would not be.

### **Sex**

People having the protected characteristic of sex refers to being a man or a woman, and that men share this characteristic with other men, and women with other women.

### **Sexual orientation**

The protected characteristic of sexual orientation relates to a person’s sexual orientation towards people of the same sex as him or her i.e. a gay man or lesbian; towards people of the opposite sex from him or her i.e. heterosexual; or towards people of both sexes i.e. bi-sexual.

Appendix B

Equality Delivery System and Action Plan

Goal 1 – Better Health Outcomes for All	Underdeveloped	Developing	Achieving	Excelling
<i>Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.</i>			X	
<i>Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways.</i>			X	
<i>Changes across services for individual patients are discussed with them and transitions made smoothly.</i>			X	
<i>The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all.</i>			X	
<i>Public health, vaccination and screening programmes reach and benefit all local communities and groups.</i>		X		

<b>Goal 2 – Improved Patient Access and Experience</b>	Underdeveloped	Developing	Achieving	Excelling
<i>Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.</i>			X	
<i>Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment.</i>		X		
<i>Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised.</i>			X	
<i>Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.</i>			X	

<b>Goal 3 – Empowered, Engaged and Well-Supported Staff</b>	Underdeveloped	Developing	Achieving	Excelling
<i>Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.</i>			X	
<i>Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay</i>			X	
<i>Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned appropriately.</i>			X	
<i>Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all.</i>			X	
<i>Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives.</i>			X	
<i>The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.</i>		X		

Goal 4 – Inclusive Leadership at All Levels	Underdeveloped	Developing	Achieving	Excelling
<i>Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond.</i>				
<i>Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.</i>				
<i>The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes.</i>	X			

Equality Delivery System Action Plan

No.	Action	Lead	Timescale
	General		
0.0	CCG to identify local community groups across the protected characteristics.	CSU Community relations team	January 2013
0.1	East Staffordshire to prioritise proactive engagement with all groups with a protected characteristic as they may need support or encouragement to engage with the CCG.	CSU Community relations team	January 2013
0.2	Ensure HR processes and staff questionnaires, etc... are able to capture data across the protected characteristics.	CSU	April 2013
0.3	Provide training on Equality, Diversity and Inclusion and how it is to be considered in CCG business processes	Practice Integration Manager  'Equality Works'	February 2013
0.4	Ensure HR policies and procedures are updated to ensure they comply with the Equality Act 2010.	CSU	April 2013
0.5	Discuss and mutually agree gradings against the four goals.	Practice Integration Manager	To be agreed
0.6	Agree an Equality Objective as a result of 0.5	Practice Integration Manager	April 2013
	<b>Goal one</b>		
1.0	<i>Public health, vaccination and screening programmes reach and benefit all local communities and groups.</i>		
	<b>Goal two</b>		

2.0	<i>Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment.</i>		
	Goal three		
3.0	<i>The workforce is supported to remain health, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population</i>		
	Goal four		
4.0	<i>The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes.</i>		

Further work is required on developing this action plan, in collaboration with key stakeholders.

## **Appendix C: Types of discrimination covered by the Equality Act 2010**

### **Direct discrimination**

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see perceptive discrimination below), or because they associate with someone who has a protected characteristic.

### **Dual (or combined) discrimination**

This applies only to direct discrimination. It is limited to a combination of two of any protected characteristics (except pregnancy / maternity and marriage / civil partnership).

### **Associative discrimination**

This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

### **Perceptive discrimination**

This is a direct discrimination against an individual because others think they possess a particular characteristic. It applies even if the person does not actually possess that characteristic.

### **Indirect discrimination**

Indirect discrimination can occur when you have a condition, rule, policy or even a practice in your company that applies to everyone but particularly disadvantages people who share a protected characteristic. Indirect discrimination can be justified if you can show that you acted reasonably in managing your business i.e. that it is 'a proportionate means of achieving a legitimate aim'. A legitimate aim might be any lawful decision you make in running your business or organisation, but, if there is a discriminatory effect, the sole aim of reducing costs is likely to be unlawful. Being proportionate really means being fair and reasonable, including showing that you've looked at 'less discriminatory' alternatives to any decision you have made.

### **Harassment**

Harassment is 'unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual'. Harassment applies to all protected characteristics except for pregnancy and maternity and marriage and civil partnership. Employees will now be able to complain of behaviour that they find offensive even when it is not directed at them, and the complainant need not possess the relevant characteristic themselves. Employees are also protected from harassment because of perception and association.

### **Third Party Harassment**

The Equality Act makes you potentially liable for harassment of your employees by people (third parties) who are not employees of your company, such as customers or clients. You will only be liable when harassment has occurred on at least two previous occasions, you are aware that it has taken place, and have not taken reasonable steps to prevent it from happening again.

### **Victimisation**

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint. The Equality Act protects people of all ages. However, different treatment because of age is not unlawful direct or indirect discrimination if you can justify it i.e. if you can demonstrate that it is a proportionate means of meeting a legitimate aim. Age is the only protected characteristic that allows employers to justify direct discrimination. The Equality Act continues to allow employers to have a default retirement of 65.

**Equality Analysis**

Piece of work being assessed:

Aims of this piece of work:

Name of lead person:  Other partners / stakeholders involved:

Date of assessment:

Who is intended to benefit from this piece of work?

Single Equality Scheme strand	Baseline data and research on the population that this piece of work will affect: what is available; what does it show; are there any gaps? Use both quantitative and qualitative research and user data & include consultation with users if available	Is there likely to be a differential impact?  Yes or no
Gender	<p>This Strategy clearly identifies the requirements of the CCG in relation to the Equality Act 2010 and the Public Sector Equality Duty. As part of core CCG business processes an Equality Analysis will be completed as part of any strategy development and commissioning redesign work stream to assess at an early stage the health needs of populations by each protected characteristic and to ensure that strategies and services deliver these needs. It will also ensure that any changes do not adversely impact on specific groups within the local population.</p>	NO
Race		
Disability		
Sexual orientation		
Age		
Gender reassignment		
Marriage and civil Partnership		
Pregnancy and maternity		
Religion / belief		
Human Rights	Will this piece of work impact on anyone's human rights?	NO

**Equality Analysis Action Plan**

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead