



Southampton City
Clinical Commissioning Group

NHS Southampton City Clinical Commissioning Group

Equality and Diversity Strategy & Action Plan

2017 - 2020

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NHS Southampton City Clinical Commissioning Group

EQUALITY AND DIVERSITY STRATEGY

Foreword

Southampton City CCG is committed to equality of opportunity for all people and to eliminate unlawful discrimination, harassment and victimisation. We recognise and value the diversity of the local community and believe that equality is central to the commissioning of modern, high quality health services. This document sets out our commitment to taking equality, diversity and human rights into account in everything we do whether that's commissioning services, employing people, developing policies, communicating with or engaging local people in our work.

This strategy and action plan will help the Clinical Commissioning Group to tackle current health inequalities, promote equality and fairness and establish a culture of inclusiveness that will enable health services in Southampton City to meet the needs of all.

Our Governing Body commits to monitoring our progress and reporting regularly and openly on the developments in this plan. We acknowledge and accept our roles in supporting the strategy and will play our full part in making its aims a reality.

Dr. Sue Robinson

Chair

1. Introduction

We recognize and value the diversity of the local community and believe that equality is central to the commissioning of modern, high quality health services.

Our strategy sets out the Clinical Commissioning Group's overall approach to equality, diversity and human rights as both an employer and a health commissioner. This includes how the CCG will:

- Develop a governance structure for equality, diversity and human rights.
- Ensure all staff have the necessary skills to commission services in line with the Equality Act 2010 and the associated Public Sector Equality Duty.
- Complete Equality Analysis and Assessment of Impact to identify potential risks to the outcomes for patients as part of the decision making and commissioning processes.
- Ensure that communications and engagement activities effectively reach people from all protected groups, including carers and marginalized communities.
- Work with statutory and voluntary sector partners on equality issues and to tackle health inequalities.
- Ensure human resources' policies are fair and transparent, and work in partnership with staff to improve working lives.
- Monitor complaints, comments and compliments by protected characteristic.
- Make sure services are complying with the Equality Act 2010, including the carrying out of access audits to ensure services are accessible.

The approaches set out here relate to all of the 'protected characteristics' of equality as defined by the Equality Act 2010 (see Appendix One). These are:

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

The practical effect of the Act is that the NHS Southampton City Clinical Commissioning Group is legally required to consider how its policies, plans, procedures, projects and decisions will affect people (patients, carers, communities and employees) with the protected characteristics.

Further information about the work of NHS Southampton City CCG is available on our website www.southamptoncityccg.nhs.uk This includes details of the health inequalities in Southampton City that have informed our commissioning priorities.

2. NHS Southampton City CCG

Our vision

A Healthy Southampton for all

The purpose of our vision is to set out a clear and memorable statement of the desired future state of health in the City. This vision is not solely within our direct control – by setting our vision in the context of the whole system and entire City, we are cementing our commitment to playing a clear leadership role in steering it forward, working through our wider partnerships with the Health and Wellbeing Board and the wider system of healthcare provision. A key part of our role is to help create the right conditions for improvement.

Our vision statement means:

- ✓ **Healthy:** strong and resilient communities that are supported to maximise their potential to live fulfilling and prosperous lives; underpinned by strong, healthy organisations working together in a climate of trust and open, business-like healthy relationships
- ✓ **Southampton:** our City's future is our purpose, firmly shared with our partners
- ✓ **For all:** we are determined to tackle the unacceptable inequalities in health and wellbeing.

Our values:

Our values underpin our vision, drive our behaviour and determine what we do and the way we go about it. We try to live up to these values and they provide a compass to guide us at all times.

- ✓ Patients First, Every Time
- ✓ Relentless about the quality of care
- ✓ Respect for others and their dignity
- ✓ Integrity – be honest and decent
- ✓ Courage to do the right thing

Our mission:

Our mission summarises our purpose and the work we are doing right now to set us on the way to delivering our vision:

To ensure that care is coordinated, safe, sustainable and designed to meet the needs of the people of Southampton.

We have established five goals:

- A. **Make Care Safer:** We will commission care from safe competent providers. We will listen to local people, gather their feedback on their experiences of local services and act upon it.
- B. **Make it Fairer:** We will tackle the inequalities in access to care across our population.
- C. **Improve Productivity (doing more for less):** We will prepare the ground for a transformation in care, doing all we can to bring control to the acute healthcare system.
- D. **Shift the Balance:** We will integrate health and care services to ensure a better more streamlined experience for local people. Together with patients, communities and partners we will co-produce coordinated care through the Better Care Southampton programme.
- E. **Sustainable Finances:** We will plan strategically for sustainable finances ensuring that we are driven by quality whilst being pragmatic about our resources.

Our approach:

We have established some key principles to help guide our work. These principles will underpin all our plans and objectives over the coming years.

We will:

- Lead and coordinate the system, bringing people and organisations together in order to find the best solutions to our challenges.
- Adopt a fully integrated approach to commissioning health and social care with our partners in the City Council.
- Create real clinical ownership throughout the system of the quality and costs of care.
- Focus our efforts on the areas where we will make the greatest impact.
- Change our approach to allocating funding to cement our ambitions to bring the system together; by changing the way we buy services we will change the way health and care services are delivered.

We will know we have achieved our goal of a healthy and sustainable system when:

- **Patients and carers say they**
 - are empowered
 - have access to right services at right time in right place
 - have a good experience of health care
 - experience good health and wellbeing
- **Health and social care staff are**
 - working together operationally and strategically to deliver better outcomes

- **Practices are:**

- The 'Hub' of health care, combining care provision and commissioning
- working together in localities
- connected to the CCG
- feeling they own the CCG and subscribe to its goals

- **The CCG is serving communities by:**

- working constructively and imaginatively with partners in the Health and Wellbeing Board
- Involved in developing the JSNA and acting on its findings

There are fundamental reasons why equality is so crucial to the delivery of healthcare locally:

1. Southampton City's registered population is one of the most diverse in the South East and there are significant health inequalities which are expected to grow in the current financial climate.
2. Nationally, Southampton is the 81st most deprived local authority (out of 326) In order to shift health outcomes and address life expectancy gaps, equality and diversity must be at the centre of everything that we do. There is also the recognition that the diversity of the city requires specific and targeted commissioning interventions to address these issues.
3. The Joint Strategic Needs Assessment (JSNA) shows that a significant number of people are classified as highly disadvantaged in the city and that within the city there is considerable variation in the level of deprivation experienced by and between local communities.
4. There are legislative requirements and the CCG has to ensure compliance as an organisation (Health and Social Care Act and Equality Act 2010 and the Health and Social Care Act 2012).
5. Southampton City CCG needs to ensure that equality and diversity factors influence the way services are commissioned and procured to meet the needs of the local population.

SCCCG has adopted the NHS Equality Delivery System (EDS) as its performance management tool which helps the organisation to demonstrate to the local community how it is meeting the three requirements of the Equality Act. This system is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and create better working environments for staff, which are personal, fair and diverse. The EDS is all about making positive differences to healthy living and working lives.

At the heart of the EDS are four goals with a set of eighteen outcomes. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against

these outcomes that performance is analysed, graded and action determined.

The 4 EDS Goals are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Our Equality Objectives

Following a review of the requirements SCCC has set six equality objectives, these are:

- a) Reduce health inequalities through a targeted approach and improve access to existing services by protected groups
- b) Improving access to equality information and data for commissioning and service planning
- c) Monitor outcomes for our patients and patients, carer and public experience of our commissioned services
- d) Develop a culture which is inclusive of Equality, Diversity and Human Rights, where staff are confident and feel valued
- e) Ensure regular reporting of harassment, bullying and perceived victimisation relating to our staff
- f) To have good governance to improve Equality Diversity and Human Rights performance through the Equality Delivery System and engage local population in grading CCG performance

3. Meeting our duties

The CCG are making a clear commitment to valuing diversity and achieving equality through the publication of this strategy and action plan. The CCG will aim to reflect all the communities and people it serves, and tackle all forms of discrimination. The CCG will aim to reduce health inequalities and ensure a reduction in barriers to health and wellbeing.

The CCG recognises:

- Legal duties around equality and human rights – not simply to be compliant, but to promote cultural change. This includes commissioning and procurement processes which must ensure health providers also meet the legal requirements
- The moral case for equality and diversity – health inequalities are unacceptable and must be tackled
- The business case for equality and diversity – the additional annual cost to the NHS arising from inequality is estimated to be £5.5 billion (The Marmot Review¹)
- The rights outlined in the NHS Constitution

3.1 The Equality Act 2010 ²

The general equality duty (Section 149 of the Equality Act 2010) states that public authorities must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are the three aims of the general equality duty. To comply with the general duty, a public authority needs to have due regard to all three of these aims in relation to the 9 protected characteristics (Appendix One). Health bodies are covered by the general equality duty in relation to all their functions.

In addition, the CCG must comply with the specific duties of the Public Sector Equality Duty as set out in the Equality Act 2010 (Specific Duties) Regulations 2011 ³:

- To publish equalities information to demonstrate its compliance with the general equality duty at least annually.
- To prepare and publish one or more equality objectives that it needs to achieve to further any of the aims of the general equality duty. This must be done every four years.

See Appendix Two for more details. Guidance is available on the Equality and Human Rights Commission website

3.2 The Human Rights Act 1998 ⁴

This confers a range of rights (Appendix Three) which have implications for the way the CCG commissions services and manage their workforce. In practice this means NHS Southampton City Clinical Commissioning Group 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.

The Department of Health suggests that a good way to understand human rights is to see them as a vehicle for making Fairness, Respect, Equality, Dignity and Autonomy (the FREDA principles) central to everyone's lived experience as human beings.

We recognise human rights underpin the aims of the Equality Act 2010, and lay at the heart of the

NHS Constitution⁵. As an organisation we have stated our commitment to integrating these principles in our policy making, as well as the day to day running of the CCG. This commitment is set out in the NHS Southampton City Clinical Commissioning Group Constitution.

1 [The Marmot Review](#), Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post

2010 (2010)

2 HMSO, [The Equality Act 2010](#)

3 HMSO, Equality Act 2010 (Specific Duties) Regulations 2011

4 <http://www.legislation.gov.uk/ukpga/1998/42/contents>

5 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalassets/dh

3.3 The NHS Equality Delivery System ⁶

The Equality Delivery System (EDS) is intended to support NHS commissioners and providers to comply with the PSED, delivering better outcomes for patients and communities and ensuring better working environments and conditions for staff that are personal, fair and diverse.

EDS is based on promoting the equality of people sharing any of the nine protected characteristics in the Equality Act 2010 and those that do not.

The CCG will use EDS to help:

- Achieve compliance with the PSED
- Deliver the NHS Commissioning Outcomes Framework (2010)
- Deliver the NHS Constitution (2010)
- Deliver the CQC's Essential Standards of Quality and Safety (2010)
- Deliver the Human Resources Transition Framework (2011)
- The EDS is based on 18 outcomes grouped into four goals
- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

The CCG will undertake a grading exercise annually to ensure performance has improved and is being sustained to set new goals where this has not been the case or where other areas are identified for improvement.

This Strategy takes into account and aligns with the EDS goals and outcomes to ensure delivery of The CCG's equality and diversity objectives for 2017/2020

3.4 Implementing the PSED

The CCG will need to ensure that the three General Duties of the PSED are fully considered when making decisions. The PSED will be one of a number of factors that will need to be considered and the weight given to the PSED will depend on the extent to which the issue being decided affects discrimination or equality of opportunity.

For compliance purposes, the CCG will follow the following principles drawn from case law as part of the decision making processes:

- **Knowledge** – decision makers must be aware of the requirements of PSED.
- **Timeliness** – PSED must be complied with before a policy, strategy or service is developed, not afterwards.
- **Real consideration** – the PSED is not a tick box exercise, but an integral part of the decision making process.
- **Sufficient information** – decision makers must consider what information they need to ensure proper consideration is given to the PSED.
- **No delegation** – whilst third parties may exercise functions on behalf of public bodies, the PSED cannot be delegated.
- **Review** – The PSED is a continuing duty, which extends from the development stage to decision making to implementation and review.
- **Demonstrating Compliance** - with the PSED through evidence.

⁶<http://www.nhsemployers.org/EMPLOYMENTPOLICYANDPRACTICE/EQUALITYANDDIVERSITY/Pages/TheNHSEqualityDeliverySystem.aspx>

The CCG must also as part of the Specific Duties end regulations 2011:

- Publish Equalities data and information to demonstrate its compliance with the general equality duty at least annually.
- Prepare and publish one or more equality objectives that it needs to achieve and further the aims of the General Equality Duty.

(There is further information and guidance available on the Equality and Human Rights Commission website <http://www.equalityhumanrights.com/>).

Demonstrating Compliance with PSED

The Specific Equality Duty

In addition to the general duty, the CCG must comply with the specific duties of the Public Sector Equality Duty. These require the CCG to:

- Publish equality information to demonstrate compliance with the general duty at least annually. This information must include how the decisions the CCG makes and the services it commissions affect people who have different equality protected characteristics
- Publish how activities as an employer affect people who have different equality protected characteristics. NB. Southampton CCG has a workforce of less than 150 employees and is therefore not required to publish this information.
- Set and publish one or more specific and measurable objectives which will help to further the three aims of the Equality duty.
- Publish Communication and Engagement Activities

Equality Delivery system 2 (EDS2) and the Workforce Race Equality Standard (WRES)

EDS2 and WRES have become mandated by NHS England from April 2015, for all NHS commissioning organisations and their larger providers. The CCG is also required to monitor the EDS and the WRES performance of their larger providers.

Accessible Information Standard

This standard requires a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs, where those needs relate to a disability or sensory loss. All providers of NHS and/or adult social care must follow the standard in full from July 2016.

4. Leadership and governance

Governing Body members have a collective responsibility to ensure compliance with the Public Sector Equality Duty (PSED). The governing Body provides strategic leadership to the equality and diversity agenda.

Equality and diversity (E&D) is monitored by the Clinical Governance Committee and they have responsibility to ensure E&D is an integral part of their decision making and policy development responsibilities. Any issues relating to quality or risk is reported via the Quality lead into the Clinical Governance group.

Regular updates are provided to the Clinical Governance Committee on the progression of the Equality and Diversity Strategy, overarching action plans and any other related E&D issue.

The Head of Stakeholder Engagement oversees the implementation of the strategy and the supporting action plan.

Managers of the CCG have a responsibility for ensuring employees have access to appropriate training opportunities, access to policies and procedures, and support their staff to work within an environment free from discrimination, harassment and bullying.

4.1 What we have already done:

- Identified the Chief Officer, as Governing Body Lead, for equality and diversity as set out in the CCG's Constitution.
- Identified the Lay member with a lead for Patient and Public Involvement as the lead for equality and diversity as set out in the CCG Constitution.
- Published our second Equality and Diversity Annual Report, 2016 detailing progress and achievements against our equality objectives. (the report can be found on our website)

5. Equality analysis

Equality analysis or equality impact assessment is designed to allow public authorities like CCGs to identify the impact or effect (either negative or positive) of their policies, procedures and functions on various sections of the population, paying particular regard to the needs of protected groups and minorities. Where negative impacts are identified the organisation then needs to take steps to deal with this. Statutory authorities are required to carry out equality analysis under the Equality Act 2010.

All functions or activities of Southampton City CCG are relevant at some level to the general or specific duties set out in the equality legislation. Therefore all strategies, policies, action plans and projects undertaken must be assessed for equality impact. This includes Human Resources policies and procedures.

The Equality Impact Analysis (EIA) process is central to being a transparent and accountable organisation. The EIA ensures we do not disadvantage people from protected and marginalised groups by the way we commission services. The EIA helps us to develop a better understanding of the communities we serve. EIAs are an integral part of the business case and policy development and, as such, they are required to be completed whenever we plan or change a service or policy. This assessment is incorporated in the cover sheet for each paper to the Governing Body.

Our process requires individual staff and teams to think carefully about the likely impact of their work on different communities or groups. It involves anticipating the consequences of the organisation's strategies and policies on different communities and making sure any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

The Head of Stakeholder Engagement has produced guidelines and supports staff to make the

process of equality analysis easier to understand and implement.

6. Communications and engagement

It is essential that the CCG works with local people, staff and partner organisations to ensure they have a voice which will influence the planning and commissioning of local health services. Ensuring that minority groups and the 'seldom heard' have their say is also important.

The CCG understand that high quality, accessible communications and engagement activity is a key priority. In response we are committed to listening to and working in partnership with the people of Southampton City, to better understand the health inequalities and needs of local people and take action to ensure a better experience of care.

6.1 What we have already done:

SCCCG has a number of mechanisms in place to engage and involve local people from across the city from a range of protected groups, for example when the CCG is considering making changes to services or when they are looking to buy new services.

We try to ensure that all of our engagement activities include the collection of demographic information to ensure inclusion of all protected characteristics.

Our member's network is continuing to expand and there are several ways in which patients, carer and the public can be involved in the co-production and co-design of our work. Opportunities include:

- Joining our members network
- Joining our Patients forum
- Joining our communications and engagement reference group
- Joining our Equality Reference group
- Becoming a volunteer with the CCG
- Joining the People's Panel

Feedback about people's experience of services is also gathered from a variety of sources including Patients Forum, Engagement Reference Group, Equality Reference Group, Consult and Challenge Group, GP Annual Survey, local authority residents' survey, website and social media, national surveys and the Friends and Family Test. All feedback is collated and analysed to identify trends and patterns and report on outcomes. A quarterly Patient Insight report is submitted to the Clinical Governance Committee. From 2017, Patient Stories will be a regular feature at Board meetings.

6.2 What we plan to do:

Having adopted the NHS Equality Delivery System the CCG will engage protected groups each year in order to grade the CCG against the NHS EDS goals and outcomes.

“Building Relationships with Our Community”

Increasingly we are working collaboratively with local voluntary and community sector organisations to develop effective involvement. We have commissioned voluntary organisations to undertake engagement programmes where they have specific expertise, e.g. the Stroke Association. We also regularly meet with a range of community and voluntary groups to ensure that we engage with

groups representing the nine protected equality characteristics

As a result of our engagement with local communities we have a number of community initiatives plans for 2017, including continued work with local BME communities to improve the uptake of cervical screening, working with a social enterprise to undertake a series of roadshows to promote self-care and behaviour change services.

7. Workforce and training

The CCG are committed to working in line with current employment legislation, including the Equality Act 2010. This means the CCG aims to provide a working environment free from discrimination, victimisation, and harassment, whether on an individual or institutional basis on the grounds of:

“age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation, or any other grounds that infringe on Human Rights”

The CCG aims to recruit a representative workforce from all sections of the community in order to commission healthcare services that respect and respond to the diverse needs of the people of Southampton City. The CCG’s responsibilities and commitments as an employer are set out in its Human Resources Framework.

As part of the requirement of the PSED, organisations with over 150 employees are required to publish information relating to their employees. As our workforce is less than 150, our approach is to review and monitor workforce data through our internal reporting mechanisms.

Workforce Race Equality Standards

From 1 April 2015, NHS commissioned providers was required to publish results of the NHS workforce race equality standards. The standard requires us to demonstrate progress against a number of indicators of workforce equality. There are nine metrics; four of the metrics areas are based specifically on workforce data and four are based on data derived from the national NHS staff survey indicators. We do not currently undertake the NHS survey but, as best practice we will incorporate some of the questions into our annual staff survey.

7.1 What we have already done:

We promote an organisational culture that enables individuals to flourish through their skills and experience by providing support in appraisals to set realistic SMART objectives that identify further learning or training but also further support that we, as an employer can provide as part of a personal development plan. The support that we offer our staff is through the provision of a working environment that enables dignity at work, an employee assistance programme providing counselling, training and development and access to flexible working that can support in the provision of a healthy work life balance. All the provisions and policies in place to support employees are thoroughly equality assessed to ensure that we harvest a fully inclusive and equal opportunities culture.

In line with agreed employment policies and guidance SCCCG’s human resources service monitor staff concerns in order to identify issues of discrimination and other prohibited conduct.

In line with most NHS organisations SCCCG advertises jobs and processes applications via the national recruitment system NHS Jobs. All applicants are asked equalities monitoring questions covering 7 of the 9 protected characteristics. Equalities information for successful candidates is then pulled into the Electronic Staff Record system. Applicants have the option to not disclose their protected characteristics, if they wish.

A range of core employment policies are in place which enable managers across the organisation to make sure the workforce is treated fairly, is representative at all levels and staff have a positive experience at work. Equality and Diversity training is mandatory and is part of corporate induction training. These policies include:

- Recruitment procedure
- Absence management policy
- Disciplinary Policy
- Grievance Policy
- Harassment and Bullying at Work Policy

To support managers and commissioners to further understand the diversity of the population, our Public Health team have developed an equality profile tool for Southampton. The profile will be used to support the completion of equality analyses of CCG commissioning decisions, functions and policies. This tool is available on the Southampton City Public Health website

The CCG has a Harassment and Bullying at Work Policy which is monitored by the Human Resources Senior Business Manager. If serious issues occur they are flagged with the Chief Executive of SCCCG.

To compliment formal policies and employment practices, Human Resources hold 'surgeries' on a monthly basis for SCCCG staff. These are open to any employee who may wish to raise an issue or seek support, including about equality or diversity related matter.

During the last year we signed the Charter for Employers Who Are Positive about Mental Health. As an employer we recognise that:

- People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
- Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.
- Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.

As an employer we aim to:

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.
- Ensure that all staff involved in recruitment and selection are briefed on mental health issues and The Equality Act 2010, and given appropriate interview skills.

- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.
- Not make assumptions that a person with a mental health problem will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- Provide non-judgmental and proactive support to individual staff who experience mental health issues.
- Ensure all line managers have information and training about managing mental health in the workplace.

7.2 What we plan to do:

- Arrange further training in equality analysis for relevant managers as part of our commitment to increase the number and quality of equality analyses undertaken.
- Complete an equality analysis on all new human resources policies and procedures, and assess the impact on all nine protected characteristics as existing employment policies come up for review.
- Having adopted the NHS Equality Delivery System, the CCG will engage staff from protected groups and staff side organisations in the process of grading the CCG against the NHS EDS goals and outcomes each year.
- Conduct a staff survey which will include some questions from the Workforce Race Equality Standard (WRES)

8. Commissioning and procurement

The CCG is required by law to make sure that when it buys from another organisation to help it provide health services, that organisation will comply with equality legislation. Therefore the CCG's aim to ensure all contracts and Service Level Agreements contain clauses and performance measures around duties and responsibilities under equality and diversity legislation (including access to services and information in appropriate formats).

The robust collection of quantitative and qualitative data is central to the CCG's ability to commission high quality health services. Performance data should be disaggregated by the nine protected characteristics wherever possible, in order for the CCG to monitor the impact of commissioned services on the corresponding population groups.

8.1 What we have already done:

SCCCG uses the NHS Standard Contract which includes a mandated set of Service Conditions, one of which covers equality and diversity.

SCCCG has included a requirement to collect equality data on patients using services for all in addition to including this requirement in all our service contracts over the next year.

Additionally, providers tendering for new contracts now have to demonstrate how they are

addressing equality issues throughout the tender process. A good example of this was the procurement of the minor injuries service in Southampton.

SCCCG's performance managers and quality team monitor performance of commissioned providers against the agreed contract schedules and service specifications, including around equality and diversity requirements

To ensure E & D is embedded in commissioning we:

- ✓ Ensure all staff (including new starters) receive training in how to embed E&D into day-to-day practices.
- ✓ Ensure providers monitor fair access to services by protected groups.
- ✓ Build equality returns into contract reviews.
- ✓ Build E&D criteria into all contracts.
- ✓ Involve all protected groups in service design and re-design.
- ✓ Show "due regard" – undertake equality impact assessments on commissioning programmes, strategies and policies where appropriate.
- ✓ Specify required equality outcomes within service specifications.
- ✓ Engage local protected groups to identify health needs and any negative impacts on protected groups from healthcare changes under consideration by the CCG.

Performance Monitoring of Providers

Provider contracts have been reviewed in terms of reporting and monitoring the requirements as set out in service condition 13, Equality and Diversity, of the NHS contract. We have developed a robust E&D schedule that is included in all provider contracts to ensure they comply with E&D requirements. The schedules are tailored and proportionate in relation to the size of the organisation. Regular Clinical Quality Review Meetings are held to ensure compliance and understanding from providers and assurances are given via the Quality Team to Clinical Governance Committee.

Additionally, providers tendering for new contracts now have to demonstrate how they are addressing equality issues throughout the tender process. A good example of this was the procurement of the minor injuries service in Southampton.

8.2 What we plan to do:

- Work to improve the use of existing performance data disaggregated by age, sex, race, disability and pregnancy and maternity.

9. Complaints, concerns and compliments

Complaints, concerns and compliments are an important measure of people's satisfaction with NHS services and help us to make sure there is continuing improvement in services. The CCG is to respond to any complaints or concerns as speedily, effectively, and fairly as possible through both formal and informal processes, within a clear framework and timescales. Complaints are also an important source of information for monitoring impact on equality and can support the identification of potentially unlawful discrimination and taking action to promote equality.

The CCG are committed to ensuring that minority communities know how to raise concerns, and that our processes are culturally sensitive and accessible to people with disabilities.

9.1 What we have already done:

Considering and responding to equality issues is a core function of the quality team.

The Patient Experience service monitors and responds to comments, compliments and concerns, as well as dealing with formal complaints about services commissioned by CCG. The service is run in accordance with Statutory Instrument 2009 No 309, NHS England, Social Care, England and the Local Authority Social Services and NHS Complaints Regulations 2009.

The service is publicised in a variety of ways including leaflets distributed to all GP practices, via the website and at communications and engagement events. Members of the Patient Forum and Equality Reference group were involved in developing the Patient Experience leaflet and also an easy read version for people with learning disabilities.

The Clinical Governance Committee receives monthly complaints reports, which identifies trends and patterns arising from complaints, and any subsequent action taken as a result of lessons learned.

An evaluation of the service was completed in 2015 to ensure continuous improvement.

9.2 What we plan to do:

The Patient Experience service has commenced equality monitoring of complainants, and a summary of this information will be reported in future annual reports.

Appendix 1

Actions Plans – Goal B. Make It Fairer

B. Make it Fairer– this means we will reduce the inequalities in access to care across our population through:

- Eliminating variations in the quality of and access to care
- Hearing the voice of disadvantaged people
- Putting people’s needs first when commissioning services
- Implementing our equality and diversity policy
- Being accountable for all we do

Our guiding principles/core standards to make care fairer:

1. We will recognise and value the diversity of the local community
2. We will ensure that equality is central to the commissioning of modern, high quality health services.

Make It Fairer – interventions:

- B1. Reduce Health Inequalities
- B2. Promote Equality and Diversity
- B3. Uphold the NHS Constitution

B1. Reduce Health Inequalities

What we plan to do by March 2019 (our aims)	What we will achieve by 2017 (our expected progress)	How we will track our progress	Update on progress (November 2016)
<ul style="list-style-type: none"> • We will have reduced health inequalities through targeted approaches and improved access to existing services by protected groups • Better information and advice will be provided about services available in appropriate and accessible formats • People will be able use a Single Integrated Point of Access to health and social care services, enabling rapid assessment of needs or be directed to the most appropriate service. 	<ul style="list-style-type: none"> • The expectation of reduced inequalities in health outcomes will be embedded in all our service specifications and contracts • Working to ensure that all 15/16 contracts include fairer access to all “<i>Ensuring equality of access to services and care in line with Equality System Delivery</i>” reflecting all 9 characteristics • We will have developed and introduced a standardised local system that informs healthcare providers of an individual’s learning disability and related health and care needs. 	<ul style="list-style-type: none"> • Achievement against the agreed Health and Wellbeing Strategy measures • Achievement against our Outcome Ambitions • Increase in dementia diagnosis rates 	<ul style="list-style-type: none"> • Southern Health completed an audit of annual health checks for LD patients and a health facilitator is continuing to work with surgeries. There is continuing work to improve the quality and uptake of annual health checks including the use of easy read information for LD patients. • The Learning Disability Mortality review programme has commenced and review deaths of people with learning disabilities to identify if they could have been prevented. Lessons from these reviews will then be used to improve the commissioning and delivery of services. • More easy read information is being developed for people with learning disabilities including service information

			<p>from southern Health Learning Disability Team and the use of Hospital passports is being promoted to support providers who can assist the people they support to fill them in.</p> <ul style="list-style-type: none"> • As part of the Transforming care agenda a pilot is due to begin in early 2017 to explore how GP surgeries can be made more LD friendly. • Dementia diagnosis plans are well developed, and contains national best practice guidance. Area Teams are commissioning a new enhanced service and the CCG are monitoring the sign up process, the sign up deadline is the 17th November 2014. Monthly monitoring is now in place and additional support will be offered to those practices that require it • Dementia awareness sessions with GP reception staff
<ul style="list-style-type: none"> • We will in particular have reduced health inequalities for people with a learning disability 	<ul style="list-style-type: none"> • Increased dementia diagnosis and improved support following diagnosis 	<ul style="list-style-type: none"> • The number of people with learning disabilities and/or mental health issues accessing health screening increases year on year. 	<ul style="list-style-type: none"> • Southern Health completed an audit of annual health checks for LD patients and a health facilitator is continuing to work with surgeries. There is continuing work to improve the quality and uptake of annual health checks including the use of easy read information for LD patients.
<ul style="list-style-type: none"> • We will have addressed health inequalities for people with mental health conditions by fully implementing the <i>Parity of Esteem Programme</i> – a national initiative to reduce the 20 year gap in life expectancy for people with severe mental health illness. This includes working in partnership to tackle areas such as: <ul style="list-style-type: none"> ○ Support for young people ○ Employment ○ Carer support ○ Assessing physical and mental health needs holistically ○ Rapid access to support ○ Learning disabilities ○ More services in local settings ○ Increasing access to psychological therapies for all sections of our communities 	<ul style="list-style-type: none"> • Emotional wellbeing is important in minimising the risk of children and young people making poor choices in relation to their long term wellbeing. We will: <ul style="list-style-type: none"> ○ Introduce a systematic approach to earlier identification and improved support for young people with mental health problems. ○ Improve prevention approaches, especially suicide prevention and improved health promotion for those with severe mental illness ○ Implement an 'Emotional First Aid' programme in 	<ul style="list-style-type: none"> • Annual increase in the number of carers who received health checks. • All mental health providers commissioned by the CCG can evidence assessment of the physical health of inpatients and service users, liaising with their GP's as appropriate. • Increases in number of people appropriately accessing mental health services in Emergency Departments and Inpatient wards. • Tracking the number of older people, BME communities, veterans and children and young people accessing psychological therapies, to ensure improvements. 	<ul style="list-style-type: none"> • Commissioned new carer support and advice service • Work with SHFT is progressing to ensure they can evidence assessment of physical health needs of inpatients – staff have been trained and methods of undertaking this activity are in progress. There is also a wider piece of work looking at physical health needs of patients within the community as well as inpatient settings. • Commissioned local CQUIN to support and improvement in the identification and treatment of patients from BME communities who have a common mental health problem such as depression, anxiety and phobias as this group is underrepresented in accessing commissioned (Improving Access to

<ul style="list-style-type: none"> Staff will work with confidence to identify and meet the needs of people mental health conditions across all service areas, ensuring an approach that treats people holistically – addressing both mental health and physical health – through planned programme of training and support. 	<p style="text-align: center;">schools across the city</p> <ul style="list-style-type: none"> Training programme to improve capacity and confidence of frontline staff when addressing both mental health and physical health needs will be running. Provision for those with dual diagnosis will have improved People will have early access to “talking therapies” and services which help people retain and return to employment 	<ul style="list-style-type: none"> Take up of places on training courses increases year on year. Increase in dementia diagnosis and post diagnosis support 	<p>Psychological Therapies) services which have a clear evidence base</p> <ul style="list-style-type: none"> National CQUIN scheme; National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia Commissioned Local CQUIN scheme; SHFT to increase the uptake of physical health screening for patients with Serious Mental Illness (SMI) in line with or greater than that of the population without SMI, this includes the development and implementation of a Wessex Health Passport will be based on the HEALTH Passport is a patient owned tool that aims to help people achieve long term health Continuation of 2013/14 acute liaison CQUIN to redesign psychiatric liaison services alongside those currently provided in acute trust hospitals (UHS & HHFT), developing robust community pathways and improving assessment, interface with other services and effective discharge into appropriate community services. Funding now available for 24/7 psychiatric liaison pending successful recruitment. Investment in CAMHS for earlier intervention and prevention services, reduction in waiting times for access to therapies including CBT and diagnosis times for autism. Further investments in community counselling services to reduce waiting times has also been supported. Commissioned local CQUIN to support and improvement in the identification and treatment of patients from BME communities who have a common mental health problem such as depression, anxiety and phobias as this group is underrepresented in accessing commissioned (Improving Access to Psychological Therapies) services which have a clear evidence base
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<ul style="list-style-type: none"> • We will have made improvements in addressing health inequalities by implementing the five most cost-effective high impact interventions (see next column) which have been recommended by the National Audit Office's <i>Health Inequalities Report</i> and the Public Accounts Committee Report into <i>Tackling Inequalities in life expectancy</i> 	<ul style="list-style-type: none"> • We will have made progress against the five high impact interventions by: <ul style="list-style-type: none"> ○ Increasing prescribing of drugs to control blood pressure ○ Increasing prescribing of drugs to reduce cholesterol ○ Working with Public health colleagues to increase ○ smoking cessation services, (including focus on people ○ with serious mental health conditions) ○ Increasing anticoagulant therapy in atrial fibrillation; ○ Improving blood sugar control in diabetes 	<ul style="list-style-type: none"> • Impact on years of life lost from all cardiovascular disease 	<ul style="list-style-type: none"> • Smoking cessation services - Southampton Behaviour Change services are commissioned by Southampton City Council Public Health to support people to make healthier life style choices. Extensive engagement has taken place to inform the development of a service model to address the outcomes required. • Last year we supported GPs to download the GRASF AF tool from PRIMIS to identify patients with AF not on appropriate anticoagulation. All patients have been followed up and given treatment where appropriate. Right Care identified that we have a high level of patients with undiagnosed AF so we (the CCG) are going to carry out a pilot with 7 GP practices (at long term clinics and health check clinics) using 'Watch BP meters' that can detect AF which can then be confirmed with an ECG. If the pilot proves successful we will roll out the use of these devices to all surgeries. • Effective control of blood sugar levels is measured by a constant / controlled HbA1C level. We would support this by ensuring that patients have access to Blood Glucose Testing Meters and strips that are of the correct ISO standard and are the most cost effective. •
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What will change as a result of our plans:

- We will close the gap on health inequalities
- Our patients and staff can recognise that the all elements of the Health and Wellbeing Strategy are being implemented locally
- People will experience parity of esteem – that is the same access to mainstream services and improved health outcomes if they have mental health needs and or a learning disability

B. Make It Fairer

B2. Promote Equality & Diversity

What we plan to do by March 2019 (our aims)	What we will achieve by 2017 (our expected progress)	How we will track our progress	Update on progress (November 2016)
<ul style="list-style-type: none"> Services will be commissioned in ways that ensure all patients and citizens have the opportunity to take control by adopting a co-production, co-design and co-delivery approach We will have a truly embedded culture which embraces Equality, Diversity and Human rights, and where staff are confident and feel valued 	<ul style="list-style-type: none"> Improved equality information and data for commissioning and service planning Proactive engagement of diverse communities and disadvantaged groups in commissioning decisions Ensuring all providers collect equalities data and information as part of their contract responsibilities to measure equality and drive improvements Embedded approaches to monitoring outcomes and patient, carer and public experiences Established a representative Citizens Panel in partnership with the City council Embedded the use of the NHS Equality Delivery system across the CCG and local health system 	<ul style="list-style-type: none"> Achieving across all outcomes of the NHS Equality Delivery system (EDS2) Equality & Diversity Reference group to assess CCG against the 9 patient focused outcomes of the Equality Delivery System Providers will achieve access rates which more closely reflect the population of Southampton Increase in numbers of Equality Impact assessments undertaken 	<ul style="list-style-type: none"> Working to ensure Parity of Esteem is embedded in 15/16 contracts, and discussing the possibility of Parity of Esteem theme running across all providers schemes Assessment undertaken and forms part of the E&D annual report People's Panel now established. We have developed a robust E&D schedule that is included in all provider contracts to ensure they comply with E&D requirements. The schedules are tailored and proportionate in relation to the size of the organisation. Regular CQRM meetings are held to ensure compliance and understanding from providers and assurances are given via the Quality team to clinical governance. Additionally, providers tendering for new contracts now have to demonstrate how they are addressing equality issues throughout the tender process Regular Patient experience reports to clinical governance to monitor outcomes for patients, carers and public. The Transforming Care programme aiming to improve services for people with learning disabilities and autism regularly reports to the LD partnership board and has people with LD and carers represented on each of the working group. EIAS are an integral part of the business case and policy development

			and, as such, they are required to be completed whenever we plan or change a service or policy. This assessment is incorporated in the cover sheet for each paper to the Governing Body.
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What will change as a result of our plans:

- People in the most deprived communities and protected groups have access to services and improved health outcomes which more closely reflect the population of Southampton.

B. Make It Fairer

B3. Uphold the NHS Constitution

The NHS Constitution runs through everything we do and all the actions described in these plans will help us not only fulfil, but exceed our obligations. This intervention is therefore not an end in itself but is intended to ensure we are able to capture our progress in all these different endeavors against the expectations in the Constitution and to ensure that any additional actions are carried out to ensure full compliance.

B3. Uphold the NHS Constitution

What we plan to do by March 2019 (our aims)	What we will achieve by 2017 (our expected progress)	How we will track our progress	Update on progress (November 2016)
<ul style="list-style-type: none"> We will have delivered and upheld the principles, values and pledges concerning provision of care within the NHS constitution, including: Commissioning sufficient capacity, and creating a vibrant range of provision to ensure equal access, patient choice (as appropriate) and high quality care All components relating to urgent and emergency care services consistently throughout the year Having informed health providers who are able to support patients in making a choice about local health services. Delivery of safe, effective and patient-centred care across the whole health system Enable active and influential citizen participation in shaping and developing health and care services 	<ul style="list-style-type: none"> We will have developed strategic modelling tools to test scenarios across health and social care to help refine future commissioning plans to ensure sufficient capacity is available We will be commissioning efficient and effective emergency care services to provide consistent clinical standards and outcomes seven days a week (in line with the 10 national clinical standards for seven day working) We will have the systems and processes in place to be able to offer Personal Health Budgets to adults, young people and children who would benefit from this. We will be working closely with NHS England's direct commissioning teams and the Wessex Strategic Clinical Networks to ensure that Specialised Services are safe and sustainable, with is sufficient capacity in the local system. 	<ul style="list-style-type: none"> Achievement of NHS constitution standards monitored through regular reports to the Governing Body. Friends and Family test results and patient experience surveys. 	<ul style="list-style-type: none"> Friends and Family Test (FFT) continues to be rolled out across all providers, updated following review published in July 2014 and latest guidance from NHS England. Emergency Department response rates for FFT remains a challenge locally and nationally

What we plan to do by March 2019 (our aims)	What we will achieve by 2017 (our expected progress)	How we will track our progress	Update on progress (November 2016)
<ul style="list-style-type: none"> • We will have delivered and upheld the principles, values and pledges concerning staff and members: • We will have active leadership from, and engagement with CCG members, using appropriate processes and systems with clear, relevant and timely feedback • We will be a knowledgeable and high performing organisation which attracts motivated people and members • We will be an organisation where people can develop and progress in their careers • Our employees will have access to effective support to improve their own health and wellbeing (see also Organisational Development Plan) 	<ul style="list-style-type: none"> • We will have made great progress against our Organisational Development (OD) framework, which is aligned to our 5 year strategy and annual business plans, and covers staff and CCG membership development. • We will be running bespoke packages of leadership development opportunities (clinical and managerial) aligned to organisations strategy; there will also be identification of leaders and active succession planning • We will continue to develop apprenticeship opportunities and graduate trainee opportunities • We will have in place a clear method for encouraging, capturing and acting on new ideas and innovations amongst CCG members will be encouraged and acted upon through a clear method of capturing and sharing these with the members 	<ul style="list-style-type: none"> • GP membership satisfaction ratings regarding to their relationship with the CCG • Use of feedback tools by clinicians • Delivery against the OD action plan • Staff feedback and personal development plan reviews • Successful recruitment of apprentices and graduate trainees • Staff retention rates 	<ul style="list-style-type: none"> • OD plan continues to be developed and delivered in line with CCG expectations • Staff survey currently being completed • Apprentice role established within CCG • Good staff retention rate within CCG
<p>What will change as a result of our plans:</p> <ul style="list-style-type: none"> • Our patients and staff can recognise that the all elements of the NHS constitution are being implemented locally 			

Equality & Diversity - Action Plan – 2017 - 2020

The 4 goals of the Equality Delivery System are:

1. Better Health Outcomes for all
2. Improved Patient Access and Experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

	CCG Objective	EDS Goal	Actions	Lead	Time	Evidence/Comment	RAG
1.	Reduce health inequalities through targeted approach; and improved access to existing services by protected groups to legislative requirements	1	Partnership approach with SCC to identify both the needs of the local population and health inequalities through the development of the JSNA	SR	Ongoing	JSNA CCG 5 Year plan, A Healthy Southampton For all Health and Wellbeing strategy	
Consultation and engagement to inform the development of CCG 5 year strategy with range of stakeholders including nine PCS			DB	Completed	Southampton Health Conference report "A Healthy and Sustainable Future"		
Community development approach to ensure collaboration with multi- agencies, vol. sector and community groups to improve health and well-being focusing on those experiencing the greatest inequalities			DB	Ongoing	Health Road shows across the city Health Event at local temple West Itchen Healthy walks Increased uptake of Steps to well-being services Chances 4 change project Involvement in the Better Care programme via the community solutions group Partnership work with the Stroke association to raise awareness of		

						stroke and healthy lifestyle with bme communities. Established health committees with Sikh temple Support to City of Sanctuary and CLEAR to respond to health and wellbeing enquiries of refugees and asylum seekers	
2	Improving equality information and data for commissioning and service planning	1 & 2	Ensure that all the providers from which we commission improve equality and diversity and meet the Public Sector Equality Duty by asking for evidence using the NHS standard contract.	Quality & Performance Leads	Completed	Gathering of E&D data is included in the contract of our main provider UHS E&D issues are raised at Clinical quality review meetings	
			Potential providers must demonstrate how they will address equalities issues throughout the procurement process	Sen. Commissioner	Ongoing	Minor injuries Service contract NHS 111 Community Wellbeing Service	
3	Monitor outcomes and patients, carer and public experience	1 & 2	Establish Patient Experience Service to monitor and respond to comments, compliments and concerns and formal complaints	DB	Completed	Patient Ex. Service Quarterly reports to Clinical gov.	
			Complete evaluation of the Patient Experience	DB	Completed		

			Collect feedback and patient insight to improve services. Collate and analyse feedback to identify trends and patterns and report on outcomes.	DB	Quarterly Reports	Patient Insight reports Patient Experience Service reports Patient and Public involvement activity log Friends and family tests	
4.	To develop a culture which is inclusive of Equality, Diversity and Human rights (EDHR) and where staff are confident and feel valued	3	Collect robust workforce data on 9 Protected characteristics	Human Resources	Report annually	E & D annual report	
			Provide training on Equality and diversity and equality analysis	Human resources DB	On-going	E. learning module for staff E&D training as part of induction	
			Establish a CCG staff forum to promote and progress equality and diversity for employees	Human resources	Completed	Equality is a standing item on the staff forum	
5.	To ensure regular reporting and monitoring of harassment, bullying and perceived victimisation	3	Process in place for central reporting of incidents and outcomes	Human Resources	Ongoing	Harassment and Bullying at work policy. Regular monthly 'surgeries' for staff, to raise issues or concerns	
6.	To have good governance to improve EDHR and engage local population in grading CCG performance.	4	Ensure robust corporate governance framework in place	CA		Clinical governance group which monitors progress and performance on equalities and receives regular progress reports. Board cover sheets have prompts to highlight E&D implications/impact and risks The Equality and Diversity reference group acts as a 'critical' friend to monitor the CCGs progress and	

						performance.	
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SR Stephanie Ramsey
CA Carol Alstrom
DB Dawn Buck
HR

Director of Quality and Integration
Associate Director of Quality
Head of Stakeholder Engagement
Human Resources Department

Appendix Two

The Public Sector Equality Duty 2010 (protected characteristics)	
1 Age	By being of a particular age/ within a range of ages.
2 Disability	A physical or mental impairment which has a substantial and long-term adverse effect on day to day activities. This includes people with mental health problems, learning disabilities and long-term or serious illnesses such as heart disease, cancer or HIV/ AIDS.
3 Gender (sex)	Being a woman or a man.
4 Gender reassignment (transgender)	A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex.
5 Pregnancy and maternity	If a woman is treated unfavorably because of her pregnancy, pregnancy related illness or related to maternity leave.
6 Race	People who have or share characteristics of colour, nationality, or ethnic or national origin can be described as belonging to a particular racial group.
7 Religion or belief or lack of belief	The full diversity of religious and belief affiliations in the United Kingdom.
8 Sexual orientation	A person's sexual preference towards people of the same sex, opposite sex or both.
9 Marriage and Civil Partnership	This is relevant in relation to employment and vocational training; the CCG will need to ensure that it considers this protected group in relation to employment.

Appendix Two

Equality Act 2010 Section 149 General Duty	
General Equality Duty	Due Regard
1. Eliminate discrimination , harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010	<p>Conduct prohibited by the Act.</p> <p>To comply with the general duty, a public authority needs to have due regard to all three of the aims.</p>
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	<p>The Equality Act explains that the aim of advancing equality of opportunity involves, in particular, having due regard to the need to:</p> <p>Remove or minimise disadvantages suffered by people due to their protected characteristics.</p> <p>Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.</p> <p>Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low</p> <p>Meeting different needs includes (among other things) taking steps to take account of disabled people's disabilities – for example making reasonable adjustments.</p>
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it	<p>Fostering good relations is described as tackling prejudice and promoting understanding between people from different groups.</p>
<p>Note: Organisations that are not public authorities are also required to have due regard to the needs listed above whenever they carry out public functions. This could include, for example, a private company or voluntary organisation with a contract to provide certain public services</p> <p>This means that as commissioner the CCG will need to assure that an organisation they intend to commission can comply with the general equality duty.</p>	
Specific Equality Duties	
Created by secondary legislation – The Equality Act 2010 (Specific Duties) Regulations 2011	
<p>Publication of equalities information</p> <p>Each public authority is required to publish equalities information to demonstrate its compliance with the general equality duty. This needs to be no later than 31 January 2012, and at least annually after that, from the first date of publication.</p> <p>This information must include, in particular, information relating to people who share a protected characteristic who are:</p> <ul style="list-style-type: none"> • Its employees • People affected by its policies and practices. <p>Public authorities with fewer than 150 employees are exempt from the requirement to publish information on their employees. This is likely to be the case for local CCGs.</p>	

Publication of equality objectives

Each listed public authority must prepare and publish one or more equality objectives that it thinks it needs to achieve to further any of the aims of the general equality duty. This must be done no later than 6 April 2012 and at least every four years after that. The objectives must be specific and measurable.

Both the equality information and the equality objectives must be published in a manner that is accessible to the public. They can be published as a separate document, or within another document such as an annual report or a business plan.

Appendix Three

The Human Rights Act 1998

The Human Rights Act came fully into force on 2 October 2000.

It gives further effect in the UK to rights contained in the European Convention of Human

Rights. The Act:

- Makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently
- Means that cases can be dealt with in a UK court or tribunal, and
- Says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.

The 15 rights contained in the Human Rights Act are:

- The right to life*
- The right not to be tortured or treated in an inhuman or degrading way*
- The right to be free from slavery or forced labour
- The right to liberty and security*
- The right to a fair trial*
- The right to no punishment without law
- The right to respect for private and family life, home and correspondence*
- The right to freedom of thought, conscience and religion
- The right to freedom of expression
- The right to freedom of assembly and association
- The right to marry and found a family
- The right not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention*
- The right to peaceful enjoyment of possessions
- The right to education
- The right to free elections

*Particularly relevant to work of NHS organisations

Appendix Four

NHS Equality Delivery System: Goals and Outcomes		
Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
		1.4 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
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 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
		2.3 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
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 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
		3.2 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
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		3.6 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

NHS Equality Delivery System: Goals and Outcomes

Goal	Narrative	Outcome
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes