

**North East Lincolnshire CCG**

**on behalf of North East Lincolnshire CTP**



**North East**

**Lincolnshire**

**Equality and Diversity Implementation Strategy and Action Plan**



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# Introduction

North East Lincolnshire Clinical Commissioning Group (NELCCG) is committed to the promotion of equality and diversity and the prevention of any form of discrimination in the planning, development or commissioning of services.

NELCCG is also committed to commissioning the best possible quality of service for all service users within its area of operation and seeks to ensure that all services are being commissioned so that they are provided in an equally accessible way and do not discriminate against any member of, or group within, the community.

Within the planning process the following information is considered to ensure equality:

* Demographic data and other statistics, including information from the JSNA
* Recent research findings, including studies of deprivation
* The results of consultations or recent surveys
* The results of equality monitoring data.
* Information from groups and agencies directly in touch with particular groups in the communities we serve, for example qualitative studies by trade unions and voluntary and community organisations
* Analysis of records of public enquiries about services or policies, or complaints/praise about them
* Analysis of complaints of racial discrimination in employment or service delivery
* Recommendations of inspection and audit reports and reviews, such as ‘best value’, Care Quality Commission, Audit Reports etc.
* Recommendations form consultations carried out with local groups with protected characteristics

NELCCG does recognise that there will be some areas of targeted work to address disadvantage in order to further work to address the gap in inequalities within areas of social deprivation.

This document sets out the strategy and approach to implementation for NELCCG in relation to ensuring Equality and Diversity is prioritised within the organisation and that fairness, equity and the celebration of diversity forms part of the core of every function we undertake.

It follows on from the Humber Equality and Diversity plan approved by the CCG and Humber Cluster and NELCCG

NELCCG will ensure it meets the equality duties through putting the patient at the heart of what they do e.g. through effective engagement and involvement of local people in decision making, buying health care to meet local needs, involving local people in recruiting CCG posts, showing improved health outcomes for those protected groups.

# Section 1: Strategy

# Authorisation requirements

The NHS Institute for Improvement and Innovation in their Preparing for Authorisation Workbook (2012) states that CCGs ‘must have meaningful engagement with patients, carers and their communities’1, this requirement clearly links to the 3 aims of the Equality Duty as set out in the Equality Act 2010 (EA2010).

Meeting the Equality duties as set out in the EA2010 is a statutory requirement for CCG’s as they take over the reins of commissioning local health and wellbeing services ground

*Failure to have in place sound governance arrangements to meet these duties can result in the CCG not obtaining authorisation.*

## Public Sector Equality Duties (Equality Act 2010)

NELCCG will ensure that all the policies and practices carried out in the area or on behalf of the CCG are informed by decisions based on equality analysis and assessment of impact that has identified if there are any effects on people; specifically with protected characteristics; within our community who may use our services or on the people we employ in line with the EA2010.

## Equality Delivery System

The Equality Delivery System (EDS) is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and a better working environment for staff.

The EDS is a tool for both current and emerging NHS organisations in partnership with patients ,the public, staff and staff side organisations to use to review their equality performance and identify future priorities and actions .It offers local and national reporting and accountability mechanisms.

The EDS is a set of 18 outcomes grouped into four goals. (Appendix …..) These outcomes focus on the issues of most concern to the patients, carers and communities, staff and Boards .It is against these outcomes that performance is analysed, graded and action determined.

The NHS EDS has an underpinning principle to undertake meaningful engagement with patients, carers and their communities.

The EDS has four clear goals aimed at enabling local people to grade their NHS organisations in relation to their performance against these four goals.

1. **Better health outcomes for all**
2. **Improved patient access and experience**
3. **Empowered engaged and included staff**
4. **Inclusive leadership at all levels**

***Each organisation that implements the EDS will be enabled to fulfil its requirements under the General Duty and the Specific Duty of the Equality Act***

# Equality objectives for the CCG

The current Equality objectives have been developed in line with the Local Implementation Plan and approved by the CCG

**Our Equality Objective**

**To improve dementia care to people with protected characteristics whilst recognising and respecting a person’s individual history, in particular:**

* **The experience of dementia for an older person may be very different to the experience of a younger person.**
* **The experience of dementia may be different for individuals who are approaching the end of their life:**
  + **Who have a learning disability**
  + **Who are from a black or minority ethnic background**
  + **Who are lesbian, gay, bisexual or transgender**
  + **Gender**

This objective is in line with our Dementia Strategy which demonstrates that the operation of service will affect the over 65 years group of the population in North East Lincolnshire. This is expected to increase by 38% from 2008 to 2025 with an increase of 52% in the incidence of dementia. There are around 800 individuals currently registered with their GP as having dementia compared with the expected total of around 2000, based on national incidences.

Full consideration has been given the human rights of people considering the equality, dignity, respect, autonomy and fairness through equality impact analysis.

Fundamental to a person centred approach are the concepts of equality, diversity and inclusion. It is important to understand that each person’s experience of dementia is unique. It is essential to recognise and respect a person’s individual history, and our objective reflects this. Our action plan is attached at Table 5.

Our Equality Objective and associated actions help us meet the aims of the Equality Duty and links to the following Goals and Outcomes of the EDS:

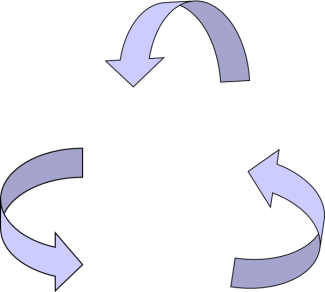
|  |  |
| --- | --- |
| **Objective** | Objective 1 |
| **EDS Goals** | Outcome |
| Goal 1 | 1.1, 1.2, 1.3, 1.4 |
| Goal 2 | 2.1, 2.2, 2.3 |
| Goal 3 | 3.3 |
| Goal 4 | 4.1, 4.2 |

# Mechanisms for consultation

## Local engagement in North East Lincolnshire

Within NEL a community engagement model is in place which utilises a community membership (Accord) of over 2500 citizens that focuses specifically on ideas/proposals for service change. This ensures public involvement at each stage of the commissioning cycle.

To lead reviews into service change we use a triangle basis of approach that consists of a lead commissioning clinical representative, a managerial representative and a public representative



Public Rep

Clinical Rep

Managerial Rep

The public representatives’ responsibilities are to ensure that there has been public involvement in each stage of the commissioning cycle and to challenge any proposals that do not appear to fulfill that requirement. This also applies to equality and diversity considerations where the public representative will ensure that the protected groups are considered. There is a lay member that leads on Equality and Diversity and offers support and advice to community members and clinicians.

There is a list of representative groups including those with protected characteristics throughout the community and service plans and changes are tested through these groups as appropriate.

Representatives from the Accord community membership have been involved in setting priorities for both health and social care for the forthcoming financial year. A process was developed to involve clinicians and public representatives to judge health and social care priorities. The result was that access to services for dementia, together with treatment, are a real issue for those with learning disabilities. It is anticipated the same groups will be involved in grading the CCG and providers against the EDS goals and outcomes.

# Mechanisms for governance and assurance

**Governance**

NELCCG will need to demonstrate that it has created proper constitutional and governance arrangements with the capacity to deliver on all its duties and responsibilities.

NELCCG will determine what to DO itself, BUY from CSS or other providers or SHARE with other CCGs, Public health or LAs. These areas are articulated in the action plan.

**Proposed governance structure for NEL**

|  |  |
| --- | --- |
| **Action** | **Oversight group** |
| **Strategy development and EQIA review** | **Equality and Diversity Strategy Group** |
| **Strategy approval** | **CMM, CCG Governing body and Council of Members** |
| **Ongoing monitoring** | **Equality and Diversity Group, Delivery and Assurance Committee** |
| **Strategic Review** | **CCG Governing body receives quarterly summary reports on progress of delivery** |

## Ongoing monitoring

NELCCG Delivery and Assurance Committee will receive progress reports every 2 months and progress will be published annually in May as part of Year End Reporting.

Monitoring will include:

* Standing item including performance of CCGs against equality objectives and progress of EDS (evidence collected , EIA completed and complaints and SI)
* Exception reports on providers performance CSS, Public Health and Governance committee
* Involving Accord members to scrutinise CCGs provider performance
* Clear process on how goals were determined

## Progress so far

Protected groups distribution contact list available

Engagement at a local and regional level has been carried out with consideration to the protected groups

Equality Impact Assessment training completed by:

• Twelve Accord community volunteers

• Fifteen NELCCG employees

North East Lincolnshire Community Profile available to provide key statistics about the protected characteristics as outlined in the Equality Act 2010

Local priorities in relation to demographic considerations have been identified through the local JSNA and a Dragons Den consultation with a range of stakeholders and service users.

# Section 2: Action Plan for Equality and Diversity in NELCCG

| Action | Responsible person | Target date |
| --- | --- | --- |
| **General Duty**  **Aim 1: Eliminate unlawful discrimination, harassment and victimisation** | | |
| NELCCG will develop a Governance structure for Equality, Diversity and Human Rights | Lisa Hilder | July 31st 2012 |
| CCG leads should be informed and involved to assure equality, diversity and human resource practices |
| NELCCG will ensure all staff undertake equality and diversity training at a level pertinent to supporting them to carry out their role effectively | Zena Robertson | March 31st 2013 |
| Equal opportunity policies are in place and reviewed in accordance with the organisation’s policy guidance and amended as new legislation and guidance requires | Lisa Hilder | July 31st 2012, then ongoing |
| Human Resources (HR) recruitment policies (and exit interviews) are fair and transparent | Helen Lambert | November 2012 |
| Staff record any ‘Serious Untoward Incidents’ relating to the identified equality strands | Zena Robertson | March 31st 2013 |
| Customer Care Monitoring based on complaints, comments, compliments and concerns is carried out |
| Organisations carry out access audits to ensure services are accessible. |
| **Aim 2: Advance equality of opportunity between different groups** | | |
| NELCCG will have in place an Equality Analysis and Assessment of Impact Toolkit which allows the CCG to identify potential risks to the outcomes of patients as part of its decision making process | Lisa Hilder | July 31st 2012 |
| The commissioning process will include the need to undertake Equality Analysis and Assessment of Impact | Strategic Leads for Service Redesign | October 31st 2012 |
| NELCCG will have an Engagement Strategy which aims to ensure that people of protected groups are engaged effectively | Janet Gaiger | July 31st 2012 |
| NELCCG will demonstrate how it is committed to promoting Staff Side activities and will work with partner agencies from the public and voluntary sector | Helen Lambert | November 2012 |
| **Aim 3: Foster good relations between different groups** | | |
| NELCCG will aim to carry out:  Engagement with the workforce, partners and statutory partners  Engagement with service users and carers | Janet Gaiger | March 31st 2013 |
| **Specific Duty** | | |
| NELCCG will meet the requirements of the Specific Duties of the Equality Act by publishing equality information | Lisa Hilder | Ongoing |
| **Actions to support CCG Authorisation** | | |
| Publish annual equality data information JSNA, Equality Impact Assessments, Staff Profile | Lisa Hilder | July 31st 2012, then ongoing |
| Publish equality objectives annual report on the outcomes as a result of objectives |
| Implement EDS showing year on year improvement |
| Robust assessment of impact of EIA which have been carried out as part of the decision making process from the beginning and enables the CCG to have full understanding of the equality risks to patients of decisions they have made |
| NELCCG should undertake Equality and Diversity development to embed an Equality and diversity approach to decision making as part of their authorisation and beyond |
| **Performance of Priorities** | | |
| Equality and Diversity outcomes including EDS are written in to all provider contracts including SLA and MOU with Commissioning Support Services | Eddie McCabe | Ongoing |
| Develop assurance measures in Quality and contract reports |
| **Protected groups are engaged in the decision making including those communities which are seldom heard or marginalised** | | |
| CCG needs a clear understanding of the demographics of the people they will be serving including protected groups | Janet Gaiger | Ongoing |
| Local interest groups across protected groups are engaged and involved in grading the CCG and its providers against the 4 goals in the EDS |
| **HR requirements** | | |
| The CCG undertakes robust equality analysis on transition plans | Helen Lambert | November 2012 |
| The CCG has JDs and selection criteria appropriate to delivery of expectations within available resources | Helen Lambert | November 2012 |
| When recruiting and advertising the CCG considers ED requirements. The CCG can demonstrate reasonable adjustments | Helen Lambert | November 2012 |
| All the Human resource policies have been assessed for their impact on protected groups. | Helen Lambert | September 2013 |
| **Equality Delivery System Implementation** | | |
| All groups with protected characteristics will be considered whenever any service changes are planned, to identify unfair disadvantages for any group whilst fostering good relations between groups. | Strategic Leads for Service Redesign | Ongoing |
| Equality Impact Assessment training to be undertaken by Service Leads (managers / Clinicians) |
| A ratification group will be set up and will be representative of the protected groups and of the local demographics. Any gaps will be identified. | Lisa Hilder | October 31st 2012 |
| The ratification group will set the EDS gradings, and any differences of opinion will be logged together with the grading to be reviewed as per the action plan |
| The outcomes of the grading process will be published on the internet and website and will be embedded into the mainstream NHS objectives |
| Service providers contracts will include EDS requirements | Eddie McCabe | Ongoing |
| Accountability for fulfilling the EDS requirements rests with the CCG governing body, therefore EDS information will be reported to the governing body as required | Lisa Hilder | Ongoing |

# Appendix 1 Equality Delivery System

**EQUALITY DELIVERY SYSTEM EDS OBJECTIVES AND OUTCOMES**

**(V7 – 23 Feb 2011)**

**The analysis of the outcomes must cover each protected group, and be based on comprehensive engagement, using reliable evidence**

| **Objective** | **Narrative** | **Outcome** | **Lead** |
| --- | --- | --- | --- |
| 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 | Commissioning |
| 1.2 Patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways | Public Health |
| 1.3 Changes across services are discussed with patients, and transitions are made smoothly | Commissioning,  Service Re-design |
| 1.4 The safety of patients is prioritised and assured | Commissioning |
| 1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups | Public Health |
| 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 | Engagement,  Quality |
| 2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment | Quality, Commissioning |
| 2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised | Quality |
| 2.4 Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently | Quality |
| 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 | Human Resources |
| 3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally | Human Resources |
| 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 | Human Resources |
| 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 | Human Resources |
| 3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives | Human Resources |
| 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 | Human Resources |
| 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 | Corporate Affairs |
| 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 | Human Resources |
| 4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes | Human Resources |