NHS
Herts Valleys
Clinical Commissioning Group

Equality and Inclusion Strategy

2014 - 2017

Foreword

NHS Herts Valleys Clinical Commissioning Group's (HVCCG) first year as a clinical commissioning group has been both rewarding and challenging. It has been a period of development, which has involved defining our vision, values and gaining clarity about how we will deliver local health improvements to the people we serve by agreeing our clinical strategy. We have implemented organisational changes, refreshed our policies and practices and have entered into meaningful engagement with our partners, public and patients.

We have used our first year to consider our approach to how we will promote equalities. As a result of the work we have done with our patients and partners we have developed this strategy. Aligning our equality obligations with our approach to quality of service and our plans to reduce local health inequalities, we have developed an inclusive equality and inclusion model. We believe this strategy will help us to improve services and care for all of our population, providing equality for all.

This strategy lays down the framework, organisational arrangements and translates our equality challenges into equality objectives which we will deliver over the next three years. HVCCG will empower and engage with patients, the public and our staff, along with our providers and partners to work as a united team enabling the organisation and the health economy to make a real difference to patients, public and staff.

Jan Norman
Director of Nursing and Quality

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Introduction

In this, our first equality and inclusion strategy we set out how we aim to move towards an inclusive model that will embed equality in everything that we do as an organisation, as teams and as individuals.

This strategy sets out how Herts Valleys CCG will ensure that everything we do as an organisation and the services we commission offer equity of access, meet the diverse needs of all our population and that no groups, communities or individuals are marginalised.

From the outset HVCCG acknowledges that to meet our legal obligations and priorities there are certain actions that we need to take in order to make progress. However, we also accept that to make real progress in improving quality as well as equality outcomes for the people we serve, we need to work as a united team with all our partners - private, public or community/voluntary sector; strategic, operational and at a local level.

Our inclusive approach needs to be seen in the context of:

- The challenges facing HVCCG and our response
- Aligning our approach to equality obligations with that of reducing local health inequalities and improving patient experience, safety and clinical effectiveness

We continue to evolve as an organisation and are determined to meet the equality needs of our rapidly changing diverse population. However, we know that to make further progress we need to integrate equality into our core business.

Background

NHS Herts Valleys Clinical Commissioning Group (HVCCG) is a clinician-led body responsible for planning, buying and monitoring health and care services for the population of west Hertfordshire. This is what we mean by 'commissioning'.

Herts Valleys has 70 member GP practices serving more than 600,000 people across four localities, with a budget of £656 million. Our localities are:

- Dacorum
- Hertsmere
- St Albans and Harpenden
- Watford and Three Rivers

Herts Valleys' role is to ensure that we secure the best possible care for our patients and public within the resources available. Putting clinicians at the forefront of decisions about how health and care services are designed and delivered and working closely with our public and our partners will give us the best chance of doing this well.

Our changing population

The demographic profile of our area is changing significantly.

- White 85.4%
- Asian 8.4%
- Black 2.9%
- Mixed 2.6%
- Other 0.7%

Our Joint Strategic Needs Assessment (JSNA) tells us that in the next two decades there will be:

- 23% population increase
- An ageing population with a 68% increase in over-65s – i.e. 58,000 people.
- More people living with complex health conditions
- Rising numbers of children and young people in some localities
- Growing cultural diversity:
    - 68% associate themselves with a religion. Hinduism, Muslim and No Religion are the largest non-Christian groups
    - 6% of population have a main language that is not English

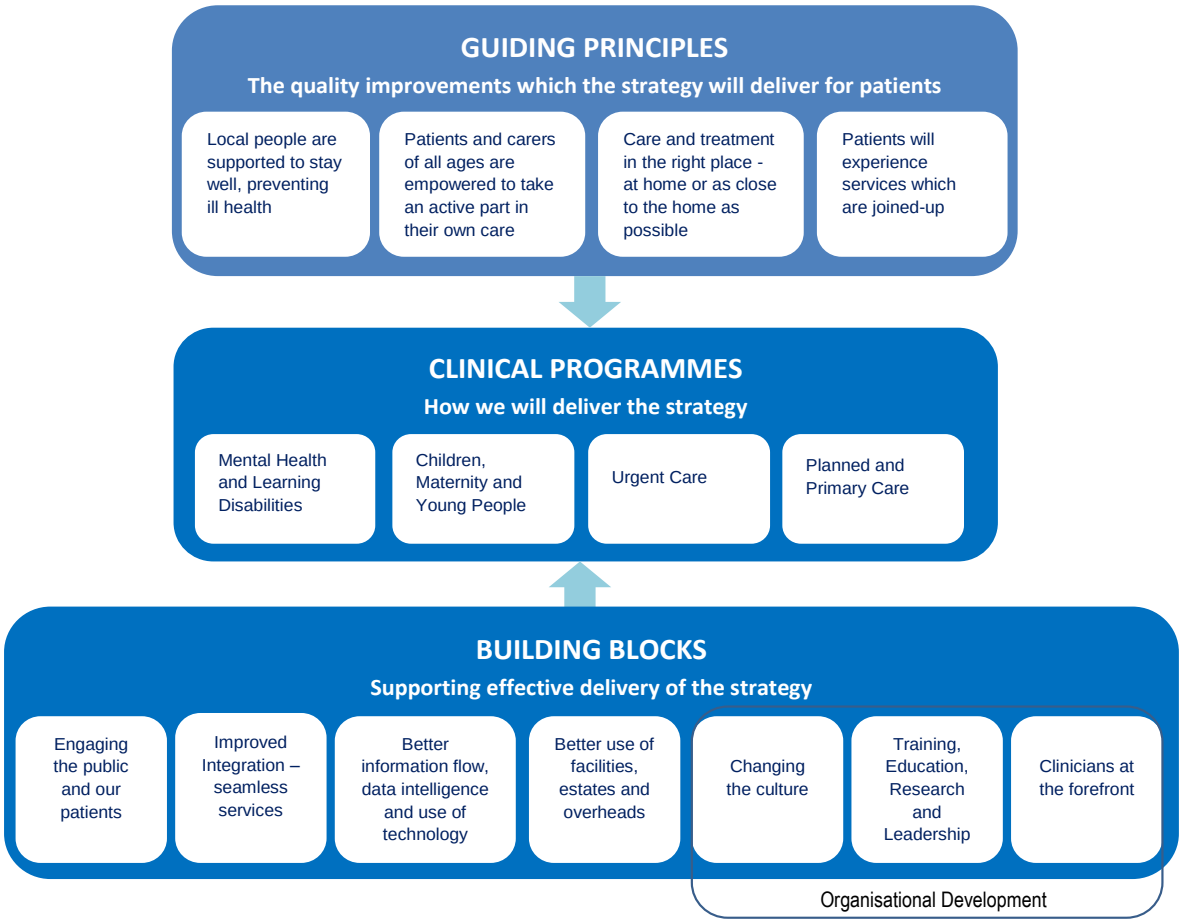
Key national and local policies and drivers

- The NHS Constitution - The Rights of Patients and the Public.
- The NHS Mandate Everyone Counts – A Call to Action
- NHS Outcome Framework
- 6 C's: Care, Courage, Commitment, Compassion, Communication and Competence
- Equality Act 2010
- Equality Delivery System 2 (EDS2) (NHS Equality Framework)

We recognise that our approach to equality needs to be embedded in all of our work. In order to do this we need to ensure that what we do around equality and inclusion links closely with our other key strategies and plans.

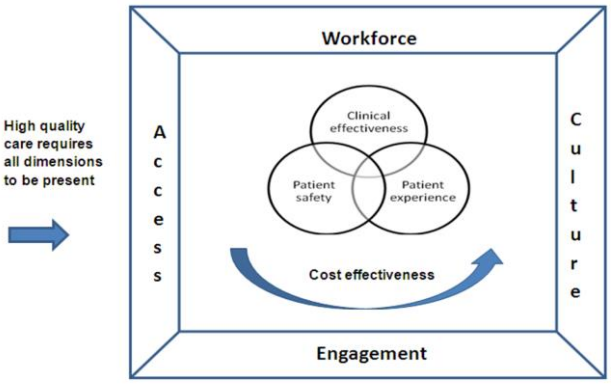
Clinical strategy

Our clinical strategy aims to transform health and care services in west Hertfordshire. It is driven by four guiding principles and will be delivered through four clinical programmes, supported by a series of enabling building blocks.



Approach to quality

We recognise that there is a close link between quality and equality. Our Quality Strategy outlines our focus on the three domains of quality; Patient Experience, Patient Safety and Clinical Effectiveness. We also consider that there are some other key elements to ensure that commissioned services are of a high quality, including access, workforce, culture and patient engagement. These are all demonstrated working together in the model below, underpinned by cost effectiveness.



Carers Strategy 2015-18

Compassion in Practice (2012), The Francis Report (2013) and the NHS Outcomes Framework (2012-15) all emphasise the importance of engaging family carers to ensure services are safe and of high quality. NHS England also published Carers Commissioning

Support Principles for Carers in December 2014 to support the NHS England Commitment to Carers.

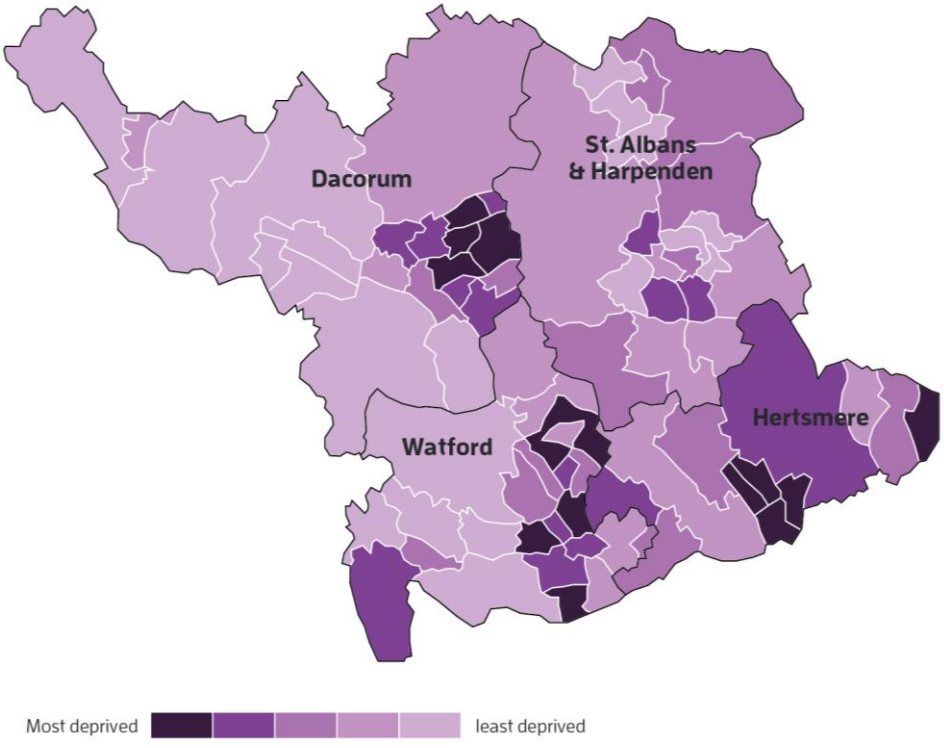
Our strategy is designed to ensure better recognition and support for carers. There are 55,000 family carers in west Hertfordshire providing care to the value of £1bn+. There is growing evidence that carers face greater health challenges than the population as a whole but also that earlier and better support to carers can save the NHS money. A crisis for a carer can lead to the patient themselves being admitted to hospital or residential care. It is therefore critically important that we factor the needs of carers into all our policy and commissioning decisions so as to minimise preventable crises.

Health inequalities

Our clinical strategy describes how we are responding to our legal obligations as prescribed in the Social Care Act 2012.

Over the years, various research findings have been published by government, Equality Human Rights Commission and leading charities highlighting discrepancies in people's life expectancy due to where they live and difficulties in accessing health services being experienced more by people from the lower income groups as well as those 'protected groups' covered by the Equality Act 2010.

Deprivation map for Herts Valleys



Although generally less deprived than most of the country, there are some significant health inequalities across west Hertfordshire and these are not narrowing. There is a ten-year difference in life expectancy between the most and least deprived wards and also variations in mortality rates. In addition those on low incomes and long term unemployment encounter worse health outcomes.

There are estimated 109,000 people in Hertfordshire providing unpaid care, although the largest numbers are in the 50-64 age group, there are significant numbers children and young people who are carers too.

Whilst the health of all groups in England is improving, health inequalities amongst the lower income groups is widening. Health inequalities exist between different genders, ethnic groups, the elderly and those suffering from mental health or learning disabilities. These groups have worse health than the rest of the population in the following ways:

- People with disabilities may experience inequality in accessing services due to lack of physical access, negative attitudes or information not being available in the right format
- People from lower income groups are more likely to continue to have long term conditions
- Mortality rates amongst people with learning disabilities are three times higher than in the population
- LGBT experience isolation, prejudice and discrimination which contribute to them being at risk of alcohol and substance abuse, self-harm, suicide and violence
- Some disadvantaged pregnant women may require support to access antenatal care services
- BAMER (Black, Asian, Minority Ethnic and Refugees) groups may experience a range of health inequalities, which lead to poor clinical outcomes, due to a number of reasons, such as lifestyles and socio-economic status

The legal framework

The Health and Social Care Act 2012, Child Poverty Act 2010 and Children Act 2004 all place a duty on Clinical Commissioning Groups to:

- Promote the NHS Constitution
- Reduce inequalities
- Involve patients and the public
- Contribute towards the joint Child Poverty Strategy for the local area with partners
- Co-operate with Local Authorities to improve the well-being of children
- Be a Board partner of the local Safeguarding Children's Board
- Co-operate with the Local Authority under Section 3 of the Carers (Equal Opportunities) Act 2004.

Human Rights Act 1998

Human Rights are fundamental rights and freedoms for individuals. These rights are based on FREDA values – fairness, respect, equality, dignity and autonomy alongside PANEL Principles - Participation, Accountability, Non-discrimination and Equality, Empowerment of Rights Holders, and legality of rights. These rights and principles are critical to the quality of health care.

The Equality Act 2010

The public sector equality duty (PSED) is made up of a **general equality duty** which is supported by **specific duties**.

PSED requires public authorities, in the exercise of their functions, to have **due regard** to the need to:

- **Eliminate** discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
- **Advance** equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- **Foste**r good relations between people who share a relevant protected characteristic and those who do not share it.

Specific duties on public authorities

- Publish one or more measurable equality objectives, review progress and revise or change objective(s) every four years
- Publish equality information by January 31st each year. This must include information relating to people who share a relevant protected characteristic who are:

  - its employees (for authorities with more than 150 staff)
  - people affected by its policies and practices (for example, service users)

The information must be published in a manner that is accessible to the public

Protected characteristics

There are nine characteristic groups that are protected by the Act:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership*
- Pregnancy and maternity
- Race including colour, nationality and ethnic or national origins
- Religion or belief, including a lack of religion or belief, and where belief includes any religious or philosophical belief
- Sex
- Sexual orientation, meaning a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex

*Marriage and civil partnership does not apply to the public sector equality duty, but organisations must be mindful of the other provisions of the Act that prohibit discrimination on the grounds of marriage and civil partnership.

Equality Delivery System 2 (EDS 2)

This is an Equality Framework and Toolkit that supports NHS organisations to create a fair and diverse workforce, provide inclusive leadership and to commission and offer services that are responsive to diverse communities. NHS England launched the refreshed EDS2 in November 2013.

This has four equality goals and 18 defined outcomes: (See Appendix 1)

1. Better health outcomes
2. Improve patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Grading also falls into four categories:

1. Under developed
2. Developing
3. Achieving
4. Excelling

Our response: an inclusive approach

During our first year as an NHS clinical commissioning group we have continued to progress our work on equality. We commissioned an independent audit of how we promote equality. This was followed by:

- Publishing our first Equality Information Report (January 2014). We recognised that we have a number of gaps in our equality information.

- Providing equality training or briefing to most of our staff across the organisation, including Board Members and Senior Managers. Equality Awareness has been added into our Induction Training for all new staff and 73% of our staff (September 2014) have completed their mandatory equality e-learning training

- Working collaboratively with other local NHS organisations and Hertfordshire County Council, particularly with the Joint Strategic Needs Assessment Team, to develop equality information and data relating to the local protected groups population and their health inequalities

- To promote inclusion we undertook a staff engagement exercise on our approach to promoting equalities and piloted a new Equality and Quality Analysis Template. We also undertook some external engagement.

The feedback and analyses from the above has led to identifying the equality challenges we face which are:

- Narrowing the gaps in local health inequalities for the equality protected groups
- Promoting equality and inclusion both within the organisation and beyond
- Integrate carers' needs into our Equality and Inclusion Model and the EQA template
- Improving patient access and experience for everyone
- Improving our equality data and information both for employment and service delivery to include the nine protected groups
- Building strong partnerships within the local NHS system and other partners so

that we can share equality data, intelligence and benchmark our equality performance
- Developing further our engagement arrangements with the nine protected groups
- Ensuring our staff have robust knowledge of equality and inclusion through mobile and accessible training
- Embedding Equality and Inclusion in all of our commissioning decisions including the use of the new EQA template (See Appendix 2)

Taking account of our equality obligations and recent learning from the above experience we have defined our equality and inclusion vision as:

Herts Valley CCG will engage with our public, patients, providers, partners and staff to continuously improve and mainstream equality and inclusion into everything that we do; leading to improving outcomes for local people.

This three year strategy is driven by our vision, built on principles of fairness and respect; meeting the needs of our diverse population. Our focus is on effective engagement with all stakeholders, ensuring that the right policies and practices are in place, that staff are supported and that there is an improvement in equality and inclusion outcomes for all the people we serve. This is demonstrated in the model below.

HVCCG Equality and Inclusion Model

Aims and principles

- To address health inequalities and wellbeing of all our residents irrespective of their background or protected group or status
- To integrate equality into everything that we do
- To become an inclusive employer of choice, where staff are valued, treated with dignity and respect
- To build our reputation as an exemplar employer and commissioner of services

These equality challenges have been translated into the following three new equality objectives:

- Being an inclusive commissioner
- Driving and developing an equality partnership
- An inclusive and diverse workforce

The key actions we will take are:

- All decisions will take account of PSED and an equality quality analysis will be undertaken prior to decisions being made
- We will have full equality monitoring data available by nine equality characteristic groups and other marginalised groups for example homelessness, those on low incomes, carers and refugees in relation to service delivery and workforce by 2017. The Equality Analysis of this information will assist in making evidence based decisions.
- We will formally establish an engagement forum with the nine equality characteristic groups about our equality and inclusion approach and performance and meet at least twice per year
- Staff will receive bespoke training, briefing and support as required to improve our equality performance and outcomes
- We will work collaboratively with our key providers to ensure that PSED is embedded in our contracts and that this is continuously monitored
- We will continuously evaluate and consider equality issues emerging from our annual staff and patient surveys, complaints and engagement events. Any evidence or allegations of discrimination or harassment will be fully investigated and acted upon.

In the implementation of the equality objectives the building blocks will be utilised as described in HVCCG's Clinical Strategy, by ensuring that equality and inclusion challenges are fully integrated, as appropriate, into their work programmes.

We will ensure that everyone takes responsibility for equality and proactively contributes to the delivery of HVCCG's commitments as outlined in the Equality and Inclusion Strategic Action Plan (See Appendix 3).

Public and patient engagement

We actively encourage and value engagement with all stakeholders. We currently involve:

- Patient leaders who are actively and regularly involved in influencing at a strategic level including through the Patient and Public Involvement Committee, which is a committee of the Board
- Expert Patients who have significant knowledge and experience of a specific service or condition and who wish to be involved in discussions and plans associated with their interest and form the 'Patient Bank'
- Patients and public, who have a general interest in health, wish to know what is going on and may get involved if there is something that interests them

We will promote engagement actively through regular communication through Herts Valleys Voices (our stakeholder ebulletin), Twitter, Facebook and the HVCCG website.

In addition, our clinical programmes and locality teams organise engagement events with the public, patients and community groups about their policies and services and collect patient stories to drive change. We will continue to improve our engagement, incorporating the nine protected characteristic groups and this has been built into our strategic action plan.

We recognise the need to broaden the range of local people who contribute to our work. There are too many groups who currently do not engage with us or do so in a very limited way. This includes, among others: children and young people, those in full time work, people from BMER. We will work with Hertfordshire Healthwatch, Herts Equality Council and others to help us engage with these groups who are 'seldom heard'. Our approach will need to involve 'going out' to people with less reliance on our own meetings and events. This approach will support the drive to reduce health inequalities.

Equality analysis

The term 'due regard' entails taking account of the three aims of the equality duty as an integral component of the decision making processes. This includes how policies develop, are designed, delivered, reviewed, commissioned and procured as well as how we gather equality data and information. Evidence from engagement with patients, public and staff need to consider the impact of the decision on the nine protected groups.
In line with our inclusive approach, we have widened the scope for undertaking equality analysis by embedding quality within our new EQA as well as adding the category of carers and other 'seldom heard' groups into our assessment.

Diverse workforce

The Human Resources Team will engage with staff around equality and report on workforce composition, equality and inclusion staff training, access to training including mandatory training, employment relations issues and recruitment and selection of staff.

We have a full suite of employee relations policies which are compliant with employment legislation and reflect HVCCG's culture and values. No employment policies are implemented prior to consultation with all staff and Trade Unions for comment and input.

Reasonable adjustments

We will take all necessary steps to ensure that reasonable adjustments are made when required due to a person's disability or health condition.

Governance and monitoring

Our aim is to integrate equality into everything that we do. Leadership is provided by the Board with the Director of Nursing and Quality taking the lead responsibility on behalf of the Board for driving forward the equality agenda throughout the organisation.

The new Equality Leadership Network Group comprising key representatives from each directorate is being established. The group will oversee the detailed action plan relating to equalities.

The Organisational Development Group will oversee work related to supporting staff and their development. The Human Resources Team will lead on compiling workforce equality data and analysis.

An annual equality report (including publication of equality information) will be presented to the Board during January and a six monthly progress report to the Quality and Performance Committee.

Resources

Resources are available to deliver our equality obligations, provide equality training and other support to staff as well as engagement with our various stakeholders.

Report, review and refresh

During the three year period, we will regularly monitor, report and review our progress and refresh the equality and inclusion approach and action plan as necessary. Updates will be included in HVCCG's annual publication of the equality information during January each year. This will also include evidence of progress that has been made in relation to the Equality and Inclusion Strategic Action Plan.

Conclusion

By delivering on all the commitments outlined in this report and action plan, by 2017 we will have become an exemplar employer, recognised for being an inclusive commissioner of health services addressing health inequalities and credited with effective community engagement.

Appendix 1: EDS2 Objectives and outcomes

Objective	Outcome
1. Better health outcomes for all	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities
2. Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services, and should not be denied access on unreasonable grounds
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3 People report positive experiences of the NHS
	2.4 People's complaints about services are handled respectfully and efficiently
3. Empowered engaged and well-supported staff	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3 Training and development opportunities are taken up and positively evaluated by all staff
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5 Flexible working options are available to all staff consistent with needs of the service and the way people lead their lives
	3.6 Staff report positive experiences of their membership of the workforce

4. Inclusive leadership at all levels	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix 2: HVCCG Guidance for Conducting Equality & Quality Analysis (EQA)

Introduction
Herts Valley Clinical Commissioning Group (HVCCG) is committed to integrating equality throughout our decision making process. Our approach for undertaking Equality Analysis is to go beyond the legal obligations under the Equality Act 2010, by embracing the guiding values of Human Rights and by adding other groups of people to the nine protected characteristic groups in our considerations.

Background – the legal framework
Public Sector Equality Duty (PSED) requires public bodies to consider due regard to the three aims of the duty:

1. Eliminate unlawful discrimination, harassment and victimisation
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it
3. Foster good relations between people who share a protected characteristic and people who do not share it

Equality & Quality Analysis (EQA)
In complying with the above legal requirements, there is a need to undertake an equality analysis to support our decision making. This entails taking account of all the evidence, qualitative and quantitative, from various sources. By conducting an analysis of all the information and assessing the likely or potential impact of the decision on the nine protected equality groups, pertaining to the three aims of the equality duty, will ensure compliance.

The equality duty is a continuous one and therefore the equality analysis also needs to be conducted as an on-going process that allows equality considerations to be assessed prior to decisions being made. Should the impact be negative, then you should consider taking any mitigation to minimise the level of impact. It is advisable that a formal written record is kept to show 'due regard' has been considered. Completion of the EQA form will assist with this.

In our new inclusive approach, we aim to broaden our scope of the equality duty by including other groups who may also experience inequality due to their 'characteristic'. These include carers, homeless, unemployed, various social economic groups e.g. asylum seekers/refuge seekers, low income families, prisoners and offenders.

Given HVCCG's responsibility for commissioning local NHS services where quality is an integral component, we have broadened the scope of the equality analysis to include quality issues. We believe that such an integrated approach will be efficient and effective, as well as being more aligned and help us to deliver our priorities and ensure that the patient is at the heart of this analysis.

Due regard
Having due regard to the aims of the General Equality Duty is about utilising the equality information and analysis as an integral part of the decision making process.

Case Law has established six principles known as the Brown Principles and these are:

- Decision-makers must be made aware of their duty to have due regard to the identifying needs
- The duty must be fulfilled both before and during consideration of a particular policy, and involve a "conscious approach and state of mind"
- It is not a question of ticking boxes, the duty must be approached in substance, with rigor and with an open mind, and a failure to refer expressly to the duty whilst exercising a public function will not be determinative of whether due regard has been had
- Is non-delegable
- The duty is continuing
- It is good practice for an authority to keep a record showing that it has considered the identifying needs

In reality, you need to concentrate on functions that are likely to have the most impact on the public, patients or employees. Please note that there may be occasions when numbers of people with a protected characteristic are small, but the potential impact on that group may be significant.

Collecting and utilising equality information
Having due regard to the aims of the PSED requires public bodies to have a good evidence base for their decision making. Case law is clear in that public bodies should ensure that they have enough relevant information about equality issues, including the impact of proposals and decisions on the people with protected characteristics.

Public bodies already have a great deal of information about their services, employees and functions including those outsourced. However, there may be gaps, e.g. data does not include breakdown by all the protected characteristics.

The following should be considered in planning and collecting your information:

- Consider what information is already available
- Identify any relevant information gaps
- Take steps to fill the gaps e.g. use in-house information, local, regional and national research or national organisations like the Equality Human Rights Commission (EHRC)
- Benchmarking your performance and processes can help to identify potential information gaps and new organisations to engage with

Engagement, involvement and consultation
Engagement with people with different characteristics can help develop evidence and gain a better understanding of the potential impact of your decisions on different people.

In deciding who to engage, consider the nature, the 'policy' and the groups who are most likely to be affected by it. Good equality information is the foundation of evidence base decisions, and it will enable public bodies to design and deliver effective and efficient policies.

Engagement helps to:

- Pool knowledge and experience of meeting the General Equality Duty
- Involve stakeholders including employees which will help base policies on evidence rather than assumptions
- Assess the impact of your policies on people with different characteristics
- Find solutions to problems or overcome barriers faced by particular groups
- Prioritise your objectives
- Consider making reasonable adjustments for disabled people during engagement
- Promote transparency and acknowledgement of the stakeholders contribution
- Address diversity within characteristics and the multiple barriers people face

Quality considerations:
Lord Darzi described quality as spanning three themes:

1. Patient safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.
2. Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
3. Patient experience – the patient's experience will be at the centre of the organisation's approach to quality.

Completing an Equality & Quality Analysis (EQA)

There are eight steps to completing the form

Step 1:
Provide the title of what is being assessed and highlight the appropriate category. Provide an outline of the purpose, aims and objectives.

The functions of a public body applies to all of its powers and duties e.g. policy, budget, service provision, employment of staff and procurement of goods.

Step 2:
Test for relevance. Identify if the 'policy' has any reference to equality and, if so, complete sections 3-8.

Step 3 and 4:
Complete all sections of the form and consider the potential impact (negative-neutral-positive) the 'policy or function' being assessed may have on the nine equality characteristic, social economic groups and the quality elements.

Please refer to the checklist prior to completing the form. The checklist is a prompt to identify potential issues that should be considered. Prior to completing the score you need to provide evidence of the information (data etc.) along with the type and level of involvement, engagement and consultation undertaken.

Should you require further information to complete the analysis then delay completion of the form until all additional information has been considered.

Step 5:
During your analysis you may identify certain actions that are necessary to be undertaken prior to you completing the form, including any mitigation factors. Please provide details.

Step 6:
Please provide a conclusion of your assessment and any recommendations. The latter could include an action plan that will be undertaken as necessary prior to review.

Step 7:
The EQA form may be completed by a lead manager; however, there will be occasions, particularly in complex cases when other colleagues and/or external representatives have been involved in conducting the EQA.

Please list the names of those who were proactively involved.

Step 8:
Depending on the 'policy' being assessed, the lead clinical or senior manager (Assistant Director or above) will need to approve the assessment.

The completed EQA form needs to be published in an accessible format and a copy forwarded to the Quality Team.

Checklist and definitions

Questions to consider when carrying out an EQA
In completing the EQA you may find our annual publication of equality information along with local health inequality data from our website and/or intranet useful, as well as Hertfordshire County Council and National charities and EHRC.

When completing this EQA please consider the following in a proportionate and relevant way:

Equality monitoring
- In line with our legal obligations, you may wish to consider how you will monitor our service users and/or workforce data by the nine equality characteristic groups.

Access to services and information
- If eligibility criteria is applicable, please ensure that this is not discriminative unless it can be justified.
- Please consider if our buildings are physically accessible to everyone or would some people such as those with a physical disability encounter barriers? If so, what mitigation steps have you undertaken?
- In some cases information about our policies, and/or publications may need to be available in Braille, large print, easy read or on a tape or in a different community language. Do images in our publications reflect the diverse population that we serve?

Respect, dignity and cultural awareness
- Please consider that our policies always treat service users, carers, members of the public and staff with respect and dignity and that, where appropriate, we take account of people's beliefs, languages and dietary needs.

Definitions of the relevant protected characteristic groups:

Age
Definition: Age refers to a particular age group.
If your service is open to people of all ages, how will you make sure it is used by people of all ages?

Disability
A person has a disability if they have:
a) A physical or mental impairment, and
b) The impairment has a substantial and long term adverse effect on the person's ability to carry out normal day to day activities

Race
Race includes:

a) Colour
b) Nationality
c) Ethnic or national origins

How will you make sure that people from a wide range of ethnic backgrounds use your service? (NB you may find it helpful to look at this section alongside the section on Religion and Belief as the actions are closely related).

Religion or Belief

a) Religion means any religion and a reference to religion including a reference to a lack of religion
b) Belief means any religious or philosophical beliefs and a reference to belief includes a reference to lack of belief

Sex
Definition: A reference to a person who has a particular protected characteristic is a reference to a man or to a woman.

Sexual orientation
Sexual orientation means a person's sexual orientation towards:

a) Persons of the same sex
b) Persons of the opposite sex, or
c) Persons of either sex

Gender reassignment
A person has a 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 the person's sex, by changing physiological or other attributes of sex.

Pregnancy and maternity
Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Marriage and civil partnership
A person has the protected characteristic of marriage and civil partnership if the person is married or is a civil partner.

Carers
A **carer** is a person of any age - adult or child - who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. Those receiving this care may need help due to frailty, disability or a serious health condition, mental ill health or substance misuse.

Young carers are children and young people who assume [age-]-inappropriate responsibilities to look after someone who has an illness, a disability, or is affected by mental ill-health or substance misuse. Young carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult (RCGP)*.

Other groups
For example; homeless people, drug users, refugees and people on low incomes.

Public Sector Duty regarding social/economic inequalities
An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.

Quality considerations

- Patient Safety:
  - provision of information, data quality improvement, clinical coding,
  - serious incidents, incidents, never events, complaints, PALs enquiries
  - medicines management
  - equipment management
  - safe environment
  - management of Healthcare Associated Infections (HCAI)

- Clinical effectiveness of care:
  - NHS Outcomes Framework: how will the business case impact on the delivery of the five domains?
    - Preventing people from dying prematurely
    - Enhancing quality of life
    - Helping people recover from episodes of ill health or following injury
    - Ensuring people have a positive experience of care
    - Treating and caring for people in a safe environment and protecting them from avoidable harm:
      - standards applied by relevant professional bodies i.e. mandatory training, qualifications, CPD, revalidation & accreditation, CRB
      - Compliance with regulatory bodies
      - Compliance with relevant guidance / appraisals from NICE
      - Application of national standards and outcome measures
      - Participation in relevant clinical networks, national and local clinical audit programmes
      - Service development and improvement

- Patient experience:
  - How is the service user engaged in planning and service design?
  - How are they listened too?
  - How do they get feedback on the service
  - How do we ensure equity of access equality and non-discrimination

HVCCG Equality & Quality Analysis Form

Step 1:

Name of 'Policy or function' – this may relate to: • Decisions made, Budget, Business Case, Care Pathways Commissioning or De-commissioning, Employees, Function, Practices, Procedure, Processes, Procurement, Projects, Programme, Protocols, Services, Service re-design, Strategy, Systems	Please summarise the purpose, aims and objectives

Step 2:

Test for relevance:

- **Will this help to deliver one or more of the aims of the Equality Act 2010? (**Eliminating unlawful discrimination, harassment and victimisation, Advancing equality of opportunity between people, Fostering good relation between people)
- **Will this have a potential impact on the nine protected groups and/or others ('seldom heard' groups) as described in the guidance?**

Does the above 'Policy' have any relevance to equality? **Yes** ☐ **No** ☐ Please give your reasons for your selection.

If you have selected yes, please complete section 3-8 below.

Step 3:

Engagement, involvement and consultation undertaken	PSED Due regard to	1. Eliminating unlawful discrimination, harassment and victimisation			2. Advancing equality of opportunity between people			3. Fostering good relation between people			Please provide details of equality evidence considered, service, workforce, research (national or local), demographic etc.
Internal ☐											
External ☐											
Provide details	**Equality Characteristic Groups**	**-ve**	**N**	**+ve**	**-ve**	**N**	**+ve**	**-ve**	**N**	**+ve**	
	Age										
	Disability										
	Gender										
	Gender Reassignment										
	Marriage & Civil Partnerships										
	Pregnancy & Maternity										
	Race or Ethnicity										
	Religion or Belief										
	Sexual Orientation										
	Carers										
	Other groups (please list)										

Key: +ve = positive impact, -ve = negative impact, N = no impact

Step 4:

Quality			
Patient/Programmes	**-ve**	**Neutral**	**+ve**
Patient Experience – will it: Impact on the experience of patients and service users? Impact on patient choice?			
Patient Safety – will it: Impact on safety? Impact on preventable harm? Impact on the risk of healthcare acquired infection? Impact on clinical workforce capability, care and skills?			
Clinical effectiveness – will it: Meet evidence based practice/NICE guidance? Impact on clinical leadership? Include systems for monitoring clinical quality supported by good information?			

Step 5:

Have you identified any gaps or potential negative impact from the above? If yes, please state:			
Do you plan any further engagements? Yes ☐ No ☐		Do you require further information or data to complete the analysis/actions? Yes ☐ No ☐	
Any actions to be undertaken (including mitigation) regarding the negative impact:			
Action	**Outcome**	**Lead**	**Date for completion**
Any changes made as a result of this assessment?		YES ☐	NO ☐
Please provide brief description of changes			

Step 6:

Conclusion and/or recommendations:

Following information (internal use only)

Step 7: Key individuals

Analysis conducted by:	**Lead Name:**	Job Title:	Contact Details:
Other key contributors involved:			

Step 8:

Date form completed:	**Clinical/Managerial approval:**	**Job Title/Directorate:**	**Date:**	**Signature:**
Does a Board or Committee or Senior Leadership Team need to be informed about this EQA? **Yes ☐ No ☐**		**Do you need to undertake monitoring/review Yes ☐ No ☐ If yes, date of Review:**		**Date of publication:**
Completed copy to be forwarded to Quality Team (Diane Curbishley)				

Appendix 3: Equality and inclusion Strategic Action Plan

Objective	Actions to be taken	Lead Manager	2015	2016
1. **Being an inclusive commissioner** by ensuring that equalities is fully integrated into the whole commissioning cycle	• Publish annual Equality Information in respect of health inequalities in the CCG area. Work with local Public Health to develop further JSNA information by nine protected characteristic groups	Equality & Inclusion Lead	31 January	31 January
	• Publish SMART Equality priorities to reduce identified health inequalities arising from the annual Equality Information report to inform future commissioning decisions	Equality & Inclusion Lead	1 April	Review April
	• An EQA will be completed for all relevant documents/plans e.g. policies, business cases, which is reviewed by the Quality Team	Quality & Nursing Deputy Director	Continuous	Continuous
	• Committee reports will evidence EQA completion	Equality & Inclusion Lead	1 January	
	• Embed PSED duty, EDS2 and equality monitoring throughout our commissioning cycle including contract management and procurement	Director of Commissioning	31 April	
	• To ensure all providers with whom the CCG contracts collect, and report at least annually on service usage data by protected characteristics	Contract Managers	31 October	Annual report April
2. **Driving and developing equality partnerships** by improving information flow, data intelligence and analysis	• Agree shared vision and a consensus on how we will deliver better equality outcomes between local NHS organisations for protected characteristic groups	Equality & Inclusion Lead	31 July	Refresh October
	• Regularly benchmark our equality performance with local and national NHS and public sector organisations	Assistant Director, Planning and Performance	31 January 2016	
	• Share best practice with our partners, exchange equality information and data analysis by nine protected groups	Equality & Inclusion Lead	Continuous	
	• Join up with other NHS organisations to host engagement events with nine protected characteristic groups	Director of Communications &	At least two events per year	

Objective	Actions to be taken	Lead Manager	2015	2016
		Engagement		
	• Establish an Equality Forum with community groups reflecting the nine protected characteristics	Equality & Inclusion Lead	31 July 2015	
	• Respond and report on equality issues emerging from patient surveys, engagement activity and PALS/complaints.	Quality & Nursing Deputy Director	Annual – March	
	• Sustain and develop the current network with local NHS equality leads and other public sector leads	Equality & Inclusion Lead	Quarterly	
3. **Inclusive and diverse workforce** by ensuring that a truly diverse workforce is represented at all levels	• To undertake a staff data verification exercised and produce an annual equality workforce report	HR Director	31 January	31 January
	• To agree SMART Equality priorities to address identified inequality arising from the workforce equality report	HR Director	1 April	Review annually in April
	• All staff – especially managers and Board members - will receive equality training and support as required	Director of Strategy/Director of HR	60% by September	90% by April
	• To establish an internal Equality Leadership Network Group	Director of Quality & Nursing	1 March	
	• Improve our equality monitoring of the workforce by nine protected groups	HR Director	70% October	90% October
	• Respond and report on equality issues emerging from staff surveys and complaints.	HR Director	Annually	
	• Board members and other senior managers promote equality within the organisation, with our partners and in the community	Accountable Officer	Continuous	
	• Join the Stonewall Equality Champions Programme	Equality & Inclusion Lead	30 June	
	• Grade our performance against EDS2	Equality & Inclusion Lead	3 October	Annually