MEETING DATE:	8 August 2013	NHS North Lincolnshire Clinical Commissioning Group **REPORT TO THE** **CLINICAL COMMISSIONING GROUP** **GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 7.4	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Jane Ellerton Assistant Senior Officer; Commissioning Support and Service Change NL CCG	

NORTH LINCOLNSHIRE CCG EQUALITY AND DIVERSITY PLAN 2013-2015

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	*This should identify each key Committee/Group which has led prior involvement/consultation in developing the recommendations in the paper*
FREEDOM OF INFORMATION:	*Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)* Public

1. PURPOSE OF THE REPORT:

The attached document; North Lincolnshire CCG Equality and Diversity plan, 2013-2015 outlines CCG's commitment to the Equality Act 2010 and Human Rights Act 1998 and how CCG plans to achieve compliance with the Acts to ensure the North Lincolnshire population have equality of access to services regardless of any protected characteristics they have. The plan sets out key actions required to ensure this both strategically and at a work stream level.

This document also provides the NL CCG self-assessment against the NHS Equality Delivery System (EDS) Tool. The EDS aims to assist organisations to achieve compliance with the Public Sector Equality Duty by encouraging them – in engagement with stakeholders – to review their equality performance and to identify future priorities and actions.

Whilst the majority of criteria are considered to be either achieving, or developing, one area is currently scored as undeveloped; the organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes. The plan incorporates relevant actions to improve performance against the EDS outcome measures.

CCG is asked to approve this plan.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**x**
Reduce unwarranted variations in services	**x**
Deliver the best outcomes for every patient	**x**
Improve patient experience	**x**
Reduce the inequalities gap in North Lincolnshire	**x**

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	x	No	

Failure to assess and address equality issues may result in failure to comply with the Equality Act, 2010 or Human Rights Act 1998

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x

5. LEGAL IMPLICATIONS:

Yes	x	No	

Failure to assess and address equality issues may result in failure to comply with the Equality Act, 2010 or Human Rights Act 1998

6. RESOURCE IMPLICATIONS:

Yes		No	x

7. EQUALITY IMPACT ASSESSMENT:

Yes	x	No	

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	x	No	

Please explain briefly what involvement/communication has taken place or is planned

The plan outlines the requirement for Equality Impact Assessment on policies and service specifications. Best practice would incorporate views of a range of stakeholders in the assessment process

Does this paper need to be forwarded on to another Committee Group?

Plan to be submitted to CCG Committee for approval.

9. RECOMMENDATIONS:

The CCG Governing Body is asked to: -

- Approve the attached Equality and Diversity Plan 2013- 2015

NHS
North Lincolnshire
Clinical Commissioning Group

NORTH LINCOLNSHIRE
CLINICAL COMMISSIONING GROUP

Equality and Diversity Plan
2013 - 2015

1 INTRODUCTION

From 1 April 2013, NHS North Lincolnshire Clinical Commissioning Group (CCG) is an NHS organisation responsible for commissioning the majority of healthcare services for its local population. As a CCG, we believe the only way we can succeed in delivering high quality services for the community and improving the health of our population is by involving members of the public, partner organisations and our member GP practices in the development of services. Therefore, we are committed to ensuring the public and clinical community are not only informed of the process but engaged in it and offered the opportunity to be involved.

*'**Equality** is ensuring individuals or groups of individuals are treated fairly and equally and no less favourably, specific to their needs.'*

We are committed to eliminating any form of discrimination and aim to commission services that are accessible, delivered in a way that respects the needs of each individual whilst being inclusive to everyone.

This Equality and Diversity Plan reinforces these commitments and is the first step in outlining our approach to equality and diversity, whilst ensuring compliance with the Equality Act 2010 and the Human Rights Act 1998. It highlights the national and local drivers that will shape and influence our approach to promoting equality in our commissioning decisions and valuing the diversity of service users and employees.

*'**Diversity** aims to recognise, respect and value people's differences to contribute and realise their full potential by promoting an inclusive culture for all.'*

Health inequalities persist across our area and this is a real pressing concern for the CCG. This drive to eliminate discrimination and health inequalities is clearly seen in Our Mission:

Our Mission

'To achieve the best health and well-being possible for the residents of North Lincolnshire, within the resources available to the CCG'

Our Mission is supported by a set of Values that embody the culture and style of working that enables our clinical commissioning group to become an organisation that local communities, practices and staff can be proud of:

Our Values

- Preserve and uphold the values set out in the NHS Constitution
- Value the input of patients and carers into the design and delivery of services we commission
- Work with all our Partners for the benefit of North Lincolnshire residents
- Treat patients, carers and colleagues with dignity & respect

We are determined that this Plan and the delivery of its supporting actions will make a significant difference to the communities we serve – both in terms of the experience of accessing and using health services as well as achieving better health outcomes. We are also committed to ensuring that our staff are empowered, engaged and well-supported at a time of significant organisational change.

2 NATIONAL DRIVERS

2.1 Health and Social Care Act 2012

The Health and Social Care Act 2012 states that 'each commissioning group must, in the exercise of its functions, have the regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services.
- Reduce inequalities between patients with respect to the outcomes achieved for them by provision of health services.
- Promote the involvement of patients and their carers in decisions about provision of the health services to them.
- Enable patients to make choices with respect to aspects of health services provided to them.'

2.2 The NHS Constitution

The NHS Constitution has been created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that's free and for everyone. The Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.

'NHS North Lincolnshire Clinical Commissioning Group believes in fairness and equity, and above all values diversity in all matters as a commissioner of health services, and as an employer.'

The Constitution includes clear values and principles about equality and fairness and sets out patient and staff rights:

As an NHS patient:

- "You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age."

As a member of staff:

- You have a duty "Not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation."
- You have the right "To a working environment (including practices on recruitment and promotion) free from unlawful discrimination on the basis of race, gender, sexual orientation, disability, age or religion or belief."

2.3 Care Quality Commission Registration Standards (pertaining to Equality)

The Care Quality Commission (CQC) is charged with ensuring that hospitals, care homes, GPs, dental practices, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and they encourage them to make improvements.

They do this by inspecting services and publishing the results on their website to help people make better decisions about the care they receive.

The CQC's 16 essential standards of quality and safety are central to their work in regulating health and adult social care. Each of the standards has an associated outcome that they expect all people who use services to experience as a result of the care they receive. When the CQC checks providers' compliance, they focus on one or more of the 16 that most directly relate to the quality and safety of care. Providers must have evidence that they meet these outcomes.

The CQC standards pertaining to equality are:

Outcome 1: Respecting and involving people who use services –
People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.

Outcome 7: Safeguarding people who use services from abuse –
People should be protected from abuse and staff should respect their human rights.

At the same time as we were developing this Equality & Diversity Plan the CQC was consulting on the introduction of new standards to judge the quality and safety of health and social care services. These standards are likely to include fundamentals of care, expected standards and high quality care. Equality measures are expected to feature at each of these levels.

As a commissioner of health care services, we closely monitor the outcomes of the CQC's work and expect our providers to demonstrate robust compliance with these outcomes.

2.4 Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010. The Act brings together and replaces the previous anti-discrimination laws with a single piece of legislation which aims to simplify and strengthen the law, removing inconsistencies and making it easier for people to understand and comply with it. The Act covers the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (only in relation to the requirement to have due regard to the need to eliminate discrimination)

- Pregnancy and maternity
- Religion or belief (or lack of belief)
- Race, including ethnic or national origin, colour or nationality
- Sex
- Sexual orientation

Public Sector Equality Duty – General Equality Duty

The Act also includes a general equality duty that replaces previous separate duties on race, disability and gender equality. This came into force on 5 April 2011.
The aim of the general equality duty is to ensure that public authorities, and those carrying out public functions, consider how they can positively contribute to a fairer society through advancing equality and fostering good relations in their day to day activities. The duty ensures that equality considerations are built in to the design of policies and the delivery of services and that they are kept under review.

We are required to have due regard of the need to:

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

Having *"due regard"* means consciously thinking about the three aims of the Equality duty as part of the process of decision making. This means that consideration of equality issues must influence how our decisions are reached on how services are commissioned and procured.

To make sure we comply with the Act we must:

- Remove or minimise disadvantages experienced by people due to their protected characteristics.
- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encourage people with protected characteristics to take part in public life or in other activities where their participation is disproportionately low.

Public Sector Equality Duty – Specific Duties

Specific duties set out in the Equality Act 2010 promote better performance of the general equality duty by requiring the publication of:

- Equality objectives, at least every four years.
- Information to demonstrate compliance with the equality duty, at least annually.

These tell us the steps we need to take to demonstrate we are paying due regard to the general duty.

2.5 The Human Rights Act 1998

The Human Rights Act (HRA) 1998 details how the UK complies with and implements the rights and freedoms guaranteed under the European Convention on Human Rights. All public bodies have an obligation to ensure respect for Human Rights, acting in ways that positively reinforce the principles of the HRA 1998.

The HRA 1998 came into force in October 2000 and enabled people to enforce the European Convention on Human Rights in the UK courts. Article 14 of the HRA 1998 refers to the prohibition of discrimination, and states that the enjoyment of the rights and freedoms set out in the European Convention on Human Rights shall be secured without discrimination on the grounds of sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

A summary of the HRA Convention Rights is attached at Appendix 1.

2.6 NHS Equality Delivery System

The NHS has introduced an Equality Delivery System (EDS) tool designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS aims to assist organisations to achieve compliance with the Public Sector Equality Duty by encouraging them – in engagement with stakeholders – to review their equality performance and to identify future priorities and actions.

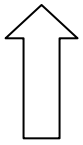
At the heart of the EDS is a set of 18 outcomes grouped into four objectives. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The four EDS objectives 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

For each EDS outcome, there are four grades to choose from:

- Excelling (all protected groups) – **Purple**
- Achieving (for most (6-8) protected groups) – **Green**
- Developing (for some (3-5 protected groups) – **Amber**
- Undeveloped (no evidence at all, few or no protected groups) – **Red**



It should be recognised that the grades are intended to help organisations clearly identify equality progress and challenges. While both good and poor performance may come to light, the purpose of the EDS and its grades should, primarily, be about helping good organisations maintain and further improve their performance, and helping poor organisations address and overcome their difficulties and so embed equality into mainstream business.

The provisional grades for the performance of our CCG are set out below. The gap analysis has been used to inform our equality objectives and help identify what actions we might take.

Goal/Outcome	Rating	Agreed Actions
1. Better Health Outcomes for All		
1.1. Services are commissioned, designed and procured to meet the health needs of local communities, promote wellbeing, and reduce health inequalities.	**Developing**	**Actions** • Undertake more detailed work to understand whether people from all protected groups are readily accessing services. • Identify specific actions where inequalities have been flagged up from the JSNA and other reports e.g. difference of 10 year life expectancy between the top and bottom of the socio-economic gap.
1.2. Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways.	**Achieving**	**Actions** • Review equity profiling information currently available from providers. • Explore mechanisms available for detailed profiling of patients from providers. • Ensure a regular feedback loop into the commissioning process is established.
1.3. Changes across services for individual patients are discussed with them, and transitions are made smoothly.	**Developing**	**Actions** • Ensure that experience led commissioning and service redesign takes particular account of the views of people with protected characteristics.
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.	**Achieving**	**Actions** • Develop a mechanism which enables the Quality Group to regularly examine quality issues in relation to the protected groups.
1.5. Public health, vaccination and screening programmes reach and benefit all local communities and groups.	**Not Scored**	**Actions** • Work in partnership to support commissioners of public health and screening programmes in engaging with general practice and support the delivery of their equality and diversity objectives.

Goal/Outcome		Rating	Agreed Actions
2.	**Improved Patient Access and Experience**		
2.1	Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.	**Developing**	**Actions** • Develop further a database of individuals and groups with interests in discreet areas of health and social care to support meaningful engagement. • Roll out Personal Health Budgets to all people in receipt of Continuing Health funding by April 2014. • Support Public Health social marketing campaigns in areas such as obesity and sexual health to further the equality plan objectives in relation to identified diverse groups accessing primary care services and screening/ health checks. • Utilise new Internet and Intranet arrangements for the CCG, including the facility to enhance the use of social media. • Establish via the Commissioning Support Unit a mechanism whereby patient feedback and insights can systematically gathered to influence our commissioning decisions.
2.2	Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment.	**Achieving**	**Actions** • Ensure through quality contract monitoring that providers include feedback on patient involvement in patient satisfaction surveys and develop appropriate action plans.
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.	**Achieving**	**Actions** • Work with providers to ensure that the design and analysis of all surveys allows for more information to be gathered regarding the experiences of patients from protected groups • Establish via the CSU a mechanism whereby patient feedback and insights can be systematically gathered to inform commissioning decisions • Establish via the CSU an experience, engagement & communications database to be used to produce regular reports for consideration at CCG Quality Group meetings.
2.4	Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.	**Achieving**	**Actions** • Introduce an annual audit to monitor complaints and incidents in relation to Equality and Diversity. • Ensure that there are no protected groups being disproportionately represented in the numbers of complaints.

3.	**Empowered, engaged and well-supported staff**		
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.	**Achieving**	**Actions** • Review and update the Recruitment and Selection Policy • Routinely publish equality data of Governing Body members.
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.	**Achieving**	**No actions identified**
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.	**Achieving**	**Actions** • Ensure that E&D training opportunities are available for all CCG staff, Governing Body members and the Council of Members. • Provision of training to Council of Members and Practice Managers • Support GP practices in accessing appropriate E&D training.
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.	**Achieving**	**Actions** • Ensure that the provisions of the Whistleblowing policy are fully implemented • Develop systems to monitor the effectiveness of the Whistleblowing policy
3.5	Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives.	**Achieving**	**Actions** • Finalise new Flexible Working policy.
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.	**Achieving**	**Action** • Review staff access to health and wellbeing initiatives.
4.	**Inclusive Leadership at all Levels**		
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.	**Developing**	**Actions** • Take forward the messages from the Equality Impact Analysis training for Governing Body members • Review all relevant policies and procedures and carry out an Equality Impact Analysis on them as part of the review.

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.	**Achieving**	**Actions** • Ensure all CCG staff receive appropriate E&D training
4.3	The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes.	**Undeveloped**	**Actions** • Review whether E&D is adequately covered in the competency framework used to recruit CCG leaders

The full EDS baseline assessment is available on our Website at www.northlincolnshireccg.nhs.uk

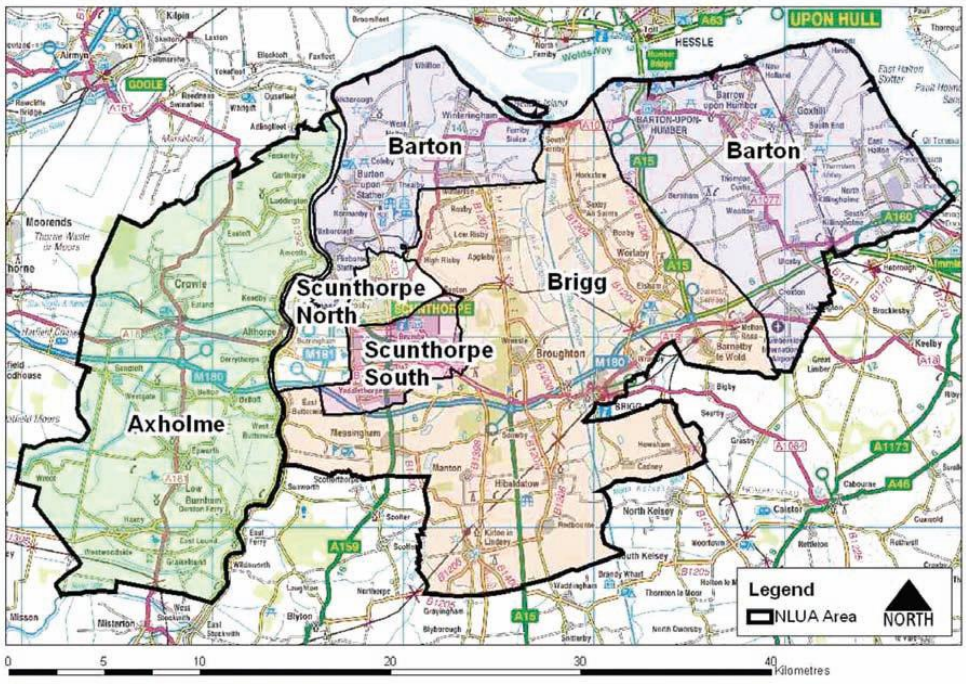
3 ABOUT US

Commissioning is the process of assessing health needs, identifying the services required to meet those needs and then buying those services from a wide range of healthcare providers, which can include NHS, private sector and voluntary organisations. We commission health services such as:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

North Lincolnshire sits on the south side of the Humber estuary and covers an area of 85,000 hectares. There are 21 GP practices covering a population of about 167,400 (2012) - an increase of 10% since 2001. North Lincolnshire encompasses the major population centre of Scunthorpe, where almost half of our resident population live. It also includes a number of growing market towns and rural areas which have more scattered populations. With the exception of the villages of

Hibaldstow and Redbourne the area covered by CCG is coterminous with the North Lincolnshire Council local authority boundary.



Age - Although birth rates have increased recently, our population remains slightly older than the national and regional average, and this trend looks set to continue for the next 20 years. Between now and 2015 our population is projected to rise by a further 8% and our older population by 26%. This compares with 5.5% and 17% respectively across the country as a whole. In particular, the Axholme locality comprises a higher number of more affluent, older people, living in private accommodation, with a higher incidence of long term conditions associated with the older population.

Disability – In 2001, 19.2% of North Lincolnshire residents stated that they had a long term illness or disability, (LLI), which "limited their daily activities". This was slightly above the national figure of 17.9% and represented just under 30,000 people in that year. More than half of those reporting a limiting long term illness were aged 60+, with the percentage increasing with age. In 2011, the Census information showed that 19.3% of residents felt their day to day activities were limited either a little or a lot. It is generally agreed that the number of older people with disabilities is likely to increase by at least 40% over the next 20 years,

including an increasing number of adults with profound and complex disabilities surviving into older age.

Census Category	Year	%
Long Term Health Problem or Disability	2011	19.3%
Limiting Long Term Illness	2001	19.2%

Gender – The gender split in the North Lincolnshire CCG area is 49.3% male and 50.7% female (2011 Census). There is a 10.7 year gap in life expectancy at birth for males, a 9.5 year gap at birth for females, and a 10 year gap in healthy life expectancy. In other words, our most disadvantaged residents are not only more likely to die 10 years before our richest residents; they are also more likely to spend 10 more years in poor health. This gap in life expectancy is wider than the national average and has not narrowed significantly over the last decade.

Race - People from Black and Minority Ethnic (BME) communities currently make up 4% of our population, compared with 2.5% in 2001. The Scunthorpe North locality comprises mainly younger citizens, high levels of rented accommodation, with higher levels of BME residents than elsewhere in the CCG area.
The largest groups are people of Pakistani, Indian and Bangladeshi heritage. By 2030, our BME communities are projected to grow by a further 30%. The number of economic migrants settling in the area from Eastern Europe has also grown.

Ethnicity					
Census Year	White	Mixed	Asian	Black	Other
2011	**96%**	**0.7%**	**2.7%**	**0.3%**	**0.3%**
2001	**97.5%**	**0.4%**	**1.6%**	**0.2%**	**0.3%**

Religion & Belief – Christianity remains the most common religion in North Lincolnshire (2011 Census), identified by 66% of the local population. The next most common is the Muslim faith, identified by 1% (1,740) of the resident population. Just over 1 in 10 North Lincolnshire residents stated they had no religion, whilst 7% did not state their religion or belief.

Religion	2011	2001
Christian	66%	79.5%
Buddhist	0.2%	0.1%
Hindu	0.3%	0.2%
Jewish	0%	0%
Muslim	1.8%	1.2%
Sikh	0.3%	0.3%
Other Religion	0.3%	0.1%
No Religion	24%	11.4%
Religion Not Stated	7.1%	7.2%

Sexual Orientation - There are no accurate statistics available regarding the profile of the lesbian, gay, and bisexual (LGB) population in North Lincolnshire, the region, or indeed, across England as a whole. Sexuality is not incorporated into the census or most other official statistics. Using research estimates that LGB and transgender people comprise 5% of the total population, we can estimate the numbers in North Lincolnshire to be in the region of 8,000 people.

Transgender - There are no official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society) estimate that 1% of the population are gender variant to some degree (i.e. seeking or receiving treatment or undergoing or undergone transition).

Marriage & Civil Partnership – This protected characteristic generally only applies in the workplace.

4 OUR APPROACH

4.1 Leadership

The Governing Body accountability for Equality and Diversity sits with the Chief Officer of the CCG who is supported by a Clinical Lead for equality and diversity –

General Practitioner, Dr James Mbugua. In addition, our Lay Member for Patient and Public Engagement is an active Equality Champion. Our Equality and Diversity Committee meets quarterly and will monitor delivery of our Equality Objectives and action plan.

Our leadership approach will ensure that there is fairness in our commissioning decisions and that business is planned and conducted to meet the equality duty.

4.2 Equality Impact Analysis

An Equality Impact Analysis is a way of estimating the likely equality implications of either:

- The introduction of a new policy, project, or function or,
- The implementation of an existing policy, project, or function within the organisation.

Once equality implications have been identified, steps can be taken to amend the proposed policy, project or function or amend the way in which it is currently implemented to ensure it is inclusive and does not discriminate (either deliberately or accidentally).

We have developed and implemented a tool and guidance for use by staff to help identify the likely impact. Specific training has been provided to our CCG members and staff and our Governing Body will consider the results of this analysis during the decision making process.

Equality Impact Analysis is published, either as part of a policy document or separately, on our Website at www.northlincolnshireccg.nhs.uk

This tool is available on our Website at www.northlincolnshireccg.nhs.uk

4.3 Our staff

As a CCG, we only directly employ 16 staff (as at June 2013). However, we are committed to attracting, retaining and developing a diverse and skilled workforce. To demonstrate this, we have chosen to publish the routinely publish equality data of our Governing Body members.

We actively work to remove any discriminatory practices, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices.

Policies and processes in place to support this include:

- Managing Performance
- Disciplinary / Conduct
- Grievance
- Staff Induction
- Bullying and Harassment
- Flexible working
- NHS Code of Conduct for Managers
- Job descriptions (including statements regarding equality and diversity expectations)
- Health policies
- Annual appraisals with staff
- Employment equality monitoring forms

We also routinely provide Equality and Diversity training which is mandatory for all our staff. Enhanced training is available, as appropriate to individual staff roles.

4.4 Communications and Engagement

We are committed to operating openly and transparently with the best interest of our patients at the heart of all our decisions. We recognise that individual members of the public and sections of the community may experience barriers in accessing

information and services. Our Communications and Engagement Strategy encourages the use of a wide range of communication methods to promote access to information and will ensure the engagement process is open and accessible to all. The Strategy sets out how we will establish mechanisms for:

- **Informing** – Acting as a signpost and raising awareness of topics such as new changes to services and performance updates. This level of communication can be done through a huge number of channels including the local media, our website, newsletters, our annual report, leaflets, public Governing Body meetings and use of technology such as Twitter and text messaging.

- **Consulting** – Listening to patients and public e.g. offering them the opportunity to engage in low-level two-way communications. This is usually done through methods that they may already engage with such as social media, GP practices and other health and social care services.

- **Involving** – Users actively participating in planning groups, focus groups, developing services that are not necessarily for them but for communities, and participating in formal consultations.

- **Partnership** – Direct involvement in decision making with all parties having a clear role and responsibility usually for a defined purpose e.g. lay members on CCG Governing Body, lay involvement in key CCG planning and commissioning groups.

We are committed to fully involving all sections of the community in the development of our objectives and associated action plans. We will continue to strive to give every opportunity to our key stakeholders to comment on health services in North Lincolnshire to inform priorities for action. This includes:

- Finding out what barriers people face and taking steps to remove them.

- Asking if people are satisfied with health services e.g. through surveys, focus groups.
- Setting priorities and planning changes.
- Monitoring and reviewing current data and provision.
- Reviewing and revising this Plan.
- Providing feedback on how people's views have influenced our decisions and actions.

In partnership with North Lincolnshire Council and Voluntary Action North Lincolnshire we are developing links with the nine protected groups to better understand barriers in accessing services, patient experience and to engage them in equality impact analysis on key decisions.

4.5 Our Commissioning Intentions

In preparation for becoming an authorised NHS body, we have been working hard to identify areas of the health system which could be improved, based on the needs of the local population and an assessment of health inequalities. The health priorities that were identified during this process for 2013/14 included:

- Improving quality - working with all providers and the Area Team, ensuring response to Francis and Winterbourne reports, supporting Sir Bruce Keogh's review of NLAG.
- Improving the quality of primary care
- Improving mortality and preventing people dying prematurely
- Improving outcomes for people with long term conditions including focusing on diabetes, chronic neurological disorders, circulatory and stroke.
- Improving care at end of life
- Supporting peoples mental health and wellbeing with a particular focus on dementia and IAPT
- Improving outcomes for children and improved care for women during pregnancy
- Implementing the Urgent Care model including NHS 111

- Support to carers

Stakeholders had the opportunity, for example through a stakeholder event held on 22 January 2013, to discuss the key priorities and identify specific issues in relation to these. A common equality theme was improved communication of services to patients, ensuring that appropriate medication, treatment, services, financial support, etc, is proactively offered to all (not just those who are already aware). Further themes included:

- Long Term Conditions – involving carers when undertaking risk profiling for patients with learning difficulties.
- Urgent Care – improving information regarding care of patients, the range of services available and appropriate use of services, especially for people with learning disabilities.
- Mental Health and Wellbeing – supporting younger people with dementia and general awareness raising.
- Children and Maternity – pre-counselling for those adults with mental health issues who are contemplating becoming parents. Providing support to women and their partners to help them stop smoking prior to becoming pregnant. Reviewing services for young people with mental health issues as admission to the paediatric ward is not always appropriate.

4.6 Partnership Working

We are committed partners on the North Lincolnshire Health and Wellbeing Board which allows health and local authority representatives and other local organisations to work much more closely together to address local health needs and inequalities, and improve health and social care services. As part of the Health and Wellbeing Board we will support actions to deliver against the Joint Health and Wellbeing Strategy key priority of preventing early deaths.

The Council and North Lincolnshire CCG have a strong and practical approach to partnership working. We have good links with the voluntary sector and see this as

being particularly important in improving health and wellbeing. Similarly we are committed to working with our local HealthWatch to support their work in influencing the design and delivery of health services and adult social care.

4.7 Publishing Information

We are committed to publishing a range of equality information to help our local residents gain a greater understanding of the decisions we are making and why they are being taken. In line with good practice, we will aim to ensure our published equality information:

- Is available on-line and up-to-date.
- Is easy to find, clearly linked together and (ideally) available in one place.
- Covers both potential and actual service users.
- Provides information on the core functions of the organisation.
- Includes evidence on how equality impact is assessed, particularly with regard to the most relevant functions and policies.
- Is accessible to everyone and available in relevant alternative formats and languages, where required.

We will undertake a review of our published information at least annually.

5 DEVELOPING OUR OBJECTIVES

Objective 1

Increase input from representatives of the protected groups in the commissioning process and ensure systems are in place to embed equality in all our commissioning decisions.

Actions	Lead / Support	Timescale	Measure
Establish an Equality and Diversity page on our Website.	Chief Officer / Engagement Services Manager (CSU)	October 2013	Webpage live
Further develop a database of individuals and groups with interests in discreet areas of health and social care to support meaningful engagement.	Senior Officer Commissioning Support & Service Change / Engagement Manager (CSU)	End July 2013 and on-going	Database updated to support Healthy Lives, Healthy Futures engagement and monitored by Equality and Diversity Committee.
Plan engagement activity with the aim to capture the particular views of diverse groups.	Senior Officer Commissioning Support & Service Change / Engagement Manager (CSU)	End July 2013 and on-going	Engagement feedback reports demonstrate equality issues.
Ensure systems are in place to demonstrate how views have influenced commissioning decisions.	Senior Officer Commissioning Support & Service Change / Assistant Senior Officer; Commissioning Support and Service Change	End December 2013 and on-going	Governing Body reports and commissioning plans.

Actions	Lead / Support	Timescale	Measure
Ensure the CCG Governing Body acts as gatekeeper so that no projects or workstream programmes move forward without considering equality issues.	CCG Chair	End July 2013	Governing Body covering reports. Workstream scope checklists incorporate mechanisms to consider equality issues.
Routinely publish equality data of Governing Body members.	Chief Officer / Engagement Services Manager (CSU)	By March 2014	CCG Annual Report Website
Monitor uptake of Equality and Diversity training.	Chief Officer / Business Manager	By March 2014	CCG Annual Report
Review all relevant policies and procedures to include an Equality Impact Analysis.	Chief Officer / CCG Chair	On-going as part of policy review	EIA completed and published. Governing Body/Committee Reports and minutes.
Ensure appraisals are in place for all staff.	Chief Officer / CCG Chair / Learning & Development Specialist (CSU)	October 2013	Paperwork completed.
Raise awareness of equality issues with CCG member GP practices.	GP Lead for Equality / Relationship Managers	25% practices by March 2014	Practice policy in place Attendance at awareness session.
Review our arrangements for translation and interpretation services.	Chief Officer / Engagement Services Manager (CSU)	March 2014	Policy / Process in place and CCG staff aware of access arrangements.
Develop performance monitoring and reporting on equality data with providers, ensuring that patient monitoring information is systematically collected across equality groups and is contained within service specifications and contracts management.	Senior Officer Commissioning Support & Service Change / Principal Contract Manager (CSU)	January 2014	Data being fed back into the commissioning process

Actions	Lead / Support	Timescale	Measure
Develop mechanisms to enable the Quality Group to regularly examine quality issues, patient experience, feedback, complaints and insights in relation to the protected groups.	Senior Officer Quality & Assurance / Director of Quality (CSU)	December 2014	Quality Dashboard
Undertake more detailed work to develop our understanding of whether people from all protected groups are readily accessing services.	Chief Officer / Engagement Services Manager (CSU)	March 2015	Plan in place
Ensure all procurement and tendering activities ensure providers supply evidence that they meet the requirements of the Equality Act 2010.	Senior Officer Commissioning Support & Service Change / Principal Contract Manager (CSU) / Head of Procurement (CSU)	October 2013 and on-going	Existing contracts and incorporated into future tendering documentation.

Objective 2

Ensure that appropriate E&D initiatives are taken forward in current year's work plan.

Service area	Actions	Lead / Support	Timescale	Measure
Review of respiratory services to improve diagnosis and increase delivery of community based care	Ensure any proposals for change developed in relation to respiratory services incorporate service user views and include EIA	Project Lead- CSU	Sept 2013	EIA completed and considered within CCG decision making process
Review of services for circulatory problems, including improved community based management and patient education	Service review to assess whether current services meet the needs of those with protected characteristics Identify areas of low uptake or non access of services, particularly where there is high prevalence of the condition Ensure that any proposals for	Project Lead- CSU	Mar 2014	EIA completed and considered within CCG decision making process

Service area	Actions	Lead / Support	Timescale	Measure
	change incorporate service user views and an EIA			
Implementation of community pain service	Work with contacting team to ensure performance monitoring data is systematically reported	Principal Contract Manager (CSU)	Nov 2013	Data is fed back into the commissioning process
Primary care variation	Ensure that in developing and implementing pathways in primary care, GP practices are encouraged to assess equality implications specific to their practice	Project Lead-CSU	Dec 2013	Provider data demonstrates equality of access for all protected groups
Experience Led Commissioning of Dementia Care	Ensure engagement with the programme captures the diverse views of the population. Ensure an EIA is completed on the arising commissioning intentions	Project Lead-CSU	Mar 2014	EIA completed and considered within CCG decision making process
Mobilisation of unplanned care model (including implementation of 111)	Ensure that as part of mobilisation, any recommendations of the EIA are implemented Ensure the provider reports equality data in line with contract requirement	Project Lead-CSU, Principal Contract Manager (CSU)	Nov 2013	Provider data demonstrates equality of access for all protected groups
Review of follow ups across key specialties - Ophthalmology, Urology, Rheumatology, Diabetes	Ensure that in developing and implementing discharge criteria, GP practices and other relevant healthcare providers are encouraged to assess equality implications specific to their practice	Project Lead-CSU	Oct 2013	Provider data demonstrates equality of access for all protected groups
MSK - new community service	Ensure service user views are considered in the development of the specification. Ensure that in developing the service specification, an EIA is completed	Project Lead-CSU	Mar 2014	EIA completed and considered within CCG decision making process
Review of Long Term Conditions in Children;	Service review to assess whether current services meet the needs of those with	Project Lead-CSU	July 2013	EIA completed and considered within CCG

Service area	Actions	Lead / Support	Timescale	Measure
	protected characteristics Ensure that any proposals for change incorporate service user views and an EIA			decision making process
Winterbourne	Ensure any proposals for change developed in relation to LD incorporate service user views and include EIA	Project Lead- CSU	June 2014	EIA completed and considered within CCG decision making process
Review of Carers services	Ensure the proposals for change developed in relation to carers services incorporate views of local carers and include EIA . Response to recent completed engagement results in positive actions to address needs of those with protected characteristics	Project Lead- CSU	Mar 2014	EIA completed and considered within CCG decision making process
Review of diabetes services and development of a community based model	Identify areas of low uptake or non access of services, particularly where there is high prevalence of the condition. Ensure service user views are considered in the development of the specification. Ensure that in developing the service specification, an EIA is completed	Project Lead- CSU	Sept 2013	EIA completed and considered within CCG decision making process
Review of LES agreements	Ensure service user views are considered in the development of any specifications. Ensure that in developing the service specifications, an EIA is completed	Project Lead- CSU	Sept 2013	EIA completed and considered within CCG decision making process
Increasing Dementia diagnosis rate	Assess whether any groups with protected characteristic have increased likelihood of developing dementia. - Identify areas of low uptake or non access of services, particularly where there is high prevalence of the condition	Project Lead- CSU	Dec 2013	Completed EIA

Service area	Actions	Lead / Support	Timescale	Measure
	Ensure that in any awareness raising, needs of protected groups are taken into account GP practices are encouraged to assess equality implications specific to their practice			
CAMHS	Ensure provider compliance with requirements to submit relevant data on assess to the service by protected characteristics	Principal Contract Manager (CSU)	Mar 2014	Data is fed back into the commissioning process
Maternity	Complete research. Ensure any proposals for change incorporate views of local population and include EIA .	Project Lead- CSU/ NLC Public Health	Sept 2013	EIA completed and considered within CCG decision making process
Length of Stay efficiencies	Ensure implementation of any revised pathways include completion of EIA	Project Lead- CSU	Mar 2014	EIA completed and considered within CCG decision making process
Review of Chronic wound management service	Ensure implementation of any revised pathways include completion of EIA	Project Lead- CSU	Jan 2014	EIA completed and considered within CCG decision making process
Telehealth	Ensure implementation of any revised pathways include completion of EIA	Project Lead- CSU	Oct 2013	EIA completed and considered within CCG decision making process
Development of 2014/15 Commissioning Plan	complete EIA	Ass Snr Officer; Comm Support	Mar 2014	EIA published with Commissioning Plan

7 MONITORING

The Governing Body will receive progress reports every 6 months and progress will be published annually in May as part of Year End Reporting.

We will review our equality objectives at least once every 4 years.

APPENDIX 1

SUMMARY OF THE HUMAN RIGHTS ACT 1998

Article 1 **THE CONVENTION**

Article 2 **RIGHT TO LIFE**

Article 3 **PROHIBITION OF TORTURE**

Article 4 **PROHIBITION OF SLAVERY AND FORCED LABOUR**

Exclusions from meaning of “forced labour” defined (military service, penal sentence etc).

Article 5 **RIGHT TO LIBERTY AND SECURITY**

No deprivation of liberty except in the cases specified in accordance with law. e.g. of those of unsound mind. Right to damages for unlawful arrest/detention

Article 6 **RIGHT TO A FAIR TRIAL**

Provides for a fair, timely, and public hearing except in the interests of morals, public order, national security, juveniles or the protection of the private life of the parties.

Article 7 **NO PUNISHMENT WITHOUT LAW**

Article 8 **RIGHT TO RESPECT FOR PRIVATE AND FAMILY LIFE**

No interference except in accordance with the law or in the interests of national security, public safety, the economic well being of the country, the prevention of disorder or crime, the protection of health or morals, or for the protection of the rights and freedoms of others.

Article 9 **FREEDOM OF THOUGHT, CONSCIENCE AND RELIGION**

Includes freedom to change religion or beliefs and to manifest these in worship, teaching, practice and observance.

Article 10 **FREEDOM OF EXPRESSION**

Includes freedom to hold opinions and to receive and pass on information and ideas. Exclusions include the rights of others and disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.

Article 11 **FREEDOM OF ASSEMBLY AND ASSOCIATION**

Includes the right to form and join trade unions, or refuse membership of a union.

Article 12 RIGHT TO MARRY

Article 14 PROHIBITION OF DISCRIMINATION

The enjoyment of Convention rights and freedoms irrespective of sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Article 16 RESTRICTIONS ON POLITICAL ACTIVITY OF ALIENS

Nothing in Articles 10, 11 and 14 shall be regarded as preventing the High Contracting Parties from imposing restrictions on the political activity of aliens.

Article 17 PROHIBITION OF ABUSE OF RIGHTS

The Convention does not authorise any activity aimed at the destruction of any of the rights and freedoms it contains.

Article 18 LIMITATION ON USE OF RESTRICTIONS ON RIGHTS

Restrictions permitted under the Convention on rights and freedoms shall not be applied for any purpose other than those for which they have been prescribed.

The First Protocol

Article 1 PROTECTION OF PROPERTY

Entitlement to peaceful enjoyment of possessions subject to the securing of payment of taxes or other contributions or penalties.

Article 2 RIGHT TO EDUCATION

No person shall be denied the right to education. Where the State assumes functions in relation to education and teaching, it shall respect the right of parents to ensure such education and teaching conform with their own religious and philosophical convictions.

Article 3 RIGHT TO FREE ELECTIONS

Free elections at reasonable intervals by secret ballot.

The Sixth Protocol

Article 1 ABOLITION OF THE DEATH PENALTY

Article 2 DEATH PENALTY IN TIME OF WAR

A government may derogate from its Convention obligations during war or other public emergency.

Source: Human Rights Unit (2002) *Study Guide Human Rights Act 1998*, Lord Chancellor's Department**.**