NHS North East Essex
Clinical Commissioning Group
Embracing ***better health*** *for all*

NHS

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Equality and Diversity Strategy

Version Number	Date	Contributors
1.0	21st August 2012	KF, JL, VS, HC

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1. Introduction from Dr Hasan Chowhan, Equality and Diversity Lead

NHS North East Essex CCG's mission statement is "Embracing better health for all". As an organisation we are committed to commissioning inclusive services which meet the needs of our community and ensuring that everyone has equal access to those services.

Equality and diversity is integral to everything that we do and is part of everyone's role. We will continue to work closely with our Health Forum, member practices, voluntary groups, local providers and other partners to increase our awareness and understanding of the needs of all people in North East Essex.

As an emerging employer we are also committed to equality and diversity in the workplace. We will create and promote an environment where staff are empowered and valued.

As we move forwards towards authorisation, I am pleased to be able to confirm our commitment to equality and diversity and to build on the work previously done by NHS North East Essex and NHS North Essex. The CCG has taken ownership of the outcomes and the action plan arising from the implementation of the Equality Delivery System by NHS North Essex and will work to deliver any necessary improvements.

We are very much aware that this Strategy is a live document and following authorisation we will review the action plan and work with stakeholders and partners to set new objectives where appropriate.

Dr Hasan Chowhan

2. Background

2.1
The Equality Act 2010 replaces previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthened the law in important ways, to help tackle discrimination and inequality.

2.2
The public sector Equality Duty (section 149 of the Act) came into force on 5 April 2011. The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

2.3
The Equality Duty is supported by **specific duties,** set out in regulations which came into force on 10th September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives.

2.4
Publishing relevant equality information will make public bodies transparent about their decision-making processes, and accountable to their service users, carers and staff. It will give the public the information they need to hold public bodies to account for their performance on equality.

2.5
In line with the Equality Act, as a public sector body, Clinical Commissioning Groups will have the following requirements to:-

- Publish information to show their compliance with the Equality Duty, at least annually; and
- Set and publish equality objectives, at least every four years.

The information will be published having due regard to the need to:

- **Eliminate unlawful discrimination,** harassment and victimisation and any other conduct prohibited by the Act;

- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it: and

- **Foster good relations** between people who share a protected characteristic and people who do not share it.

2.6

The protected characteristics covered by the Equality Duty are:-

1. Age
2. Disability
3. Gender re-assignment
4. Marriage and civil partnership (but only in respect of eliminating unlawful discrimination
5. Pregnancy and maternity
6. Race – this includes ethnic or national origins, colour or nationality
7. Religion or belief – this includes lack of belief
8. Sex
9. Sexual orientation

The CCG

3. Process for Meeting Requirements

3.1
The Equality Delivery System (EDS) has been adopted by NHS North East Essex CCG in its capacity as a sub-committee of NHS North Essex PCT Cluster (the Cluster). Developed by the Equality and Diversity Council it starts the analysis that is required by section 149 of the Equality Act 2010 ("the public sector Equality Duty"). The public sector Equality Duty came into force from April 2011. NHS organisations should have been responding to, and ensuring compliance with the public sector Equality Duty from that date. The processes and content of the EDS align with the public sector Equality Duty and work on the EDS will contribute to the evidencing of compliance with the general duties, but of itself the EDS does not satisfy the public sector Equality Duty.

3.2
Implementation of the EDS requires NHS organisations in collaboration with local interests to analyse and grade their performance against the goals and outcomes and set defined equality objectives, supported by an action plan. Performance

against the selected objectives should be reviewed annually. These processes should also be integrated within mainstream business planning.

3.3

At the heart of the EDS is a set of 18 outcomes grouped into four goals as follows, with the full version provided in Appendix A.

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

3.4

The Equality Objectives which derive from the EDS analysis were approved by the Cluster Board at its meeting in March 2012.

3.5

The Single Equality Schemes, each developed and adopted by the three PCTs of the Cluster, outline a coherent approach to promoting equality and diversity across all the equality strands of diversity and to ensuring that each PCT was meeting its statutory and legal duties around equality and diversity. The Single Equality Scheme for North East Essex will be published on our website.

3.6

Equality Impact Assessments (EAIs) have been used by the Cluster PCTs to assess how policies and plans affect groups who have a protected characteristic. EIAs challenge the assumption that a policy or plan affects everyone in the same way, by assessing any adverse effect on a particular group before the policy or plan is introduced. EIAs are undertaken at an early stage and are a way of making sure, as far as possible, that the negative consequences are eliminated or minimised, and that opportunities for promoting equality and diversity are maximised. They can be seen as part of a risk assessment of particular new approaches and initiatives.

4 Population Information

4.1

The population information that is required to be published relates to people who are affected by our policies and practices who share protected characteristics. The summary of the population profile for our CCG is provided together with the key health inequalities for the area.

4.2

References to key documents containing information regarding the population is provided in Appendix C which includes access to the Joint Strategic Needs Assessment, PCT Public Health Reports, PCT Annual Reports etc. Electronic links are made to each of the websites to access these reports or can they can be made available in hard copy and provided in different formats

4.3

Pen Portrait of NHS North East Essex

4.3.1

North East Essex consists of the two local authority areas of Colchester Borough and Tendring District and has an overall GP registered population of approximately 325,000. Colchester (177,000) has the larger population compared to Tendring (148,000). Using population projection data it is possible to estimate population changes to 2033. Over the next 20 years, the population of NEE is set to rise by nearly one third, rising to approximately 441,000 individuals Although the total population of Colchester will remain higher than that of Tendring, Tendring will see an overall higher percentage growth and also higher growth in the older age groups.

4.3.2

In mid 2009, Colchester had much higher proportions of 15-34 year olds, compared to the England average, but a smaller proportion of other age groups, particularly 45-54 year olds. Tendring has the second highest proportion of older people in the East of England (behind North Norfolk); with over 25% of residents over the age of 65 (the England average is 16%).

4.3.3

Tendring is the most deprived district in Essex and also houses the most deprived small area in England. Pier ward in Tendring has the lowest level of life expectancy within Essex (70.1yrs). Deprivation in Colchester is lower than the average. However there are some pockets of deprivation in areas such as Greenstead, New Town and Castle. Although life expectancy for both men and women are higher than the England average, there is disparity between the most and least deprived areas in Colchester; men can expect to live 8.4 years less, and women 3.9 years less.

4.3.4
It is estimated that 13.1% of residents in Colchester were from BME groups in 2007, an increase of 82% from 2001 Census data. Tendring has one of the lowest BME communities in Essex.

4.3.5
Data from 2010 shows that house prices in Colchester (£175k) and Tendring (£155K) are the third lowest and lowest respectively in Essex. In 2010-11, levels of unemployment in the working age population in Tendring (10.6%), were amongst the highest in Essex, although Colchester (4.8%) was below the Essex average (7.3%).

4.3.6
Data from 2008 showed that Colchester had the lowest fertility rate in Essex and Tendring (23.5%) has the highest percentage of children in poverty.

4.3.7
All cause mortality rates have fallen in both Tendring and Colchester over the last 10 years, and early death rates from cancer, heart disease and stroke have fallen and are better than the England average.

4.3.8
Across north east Essex, there are hotspots for under 18 conceptions, in Harwich, west Clacton and central Colchester. Conception rates in these areas are similar to those in other hotspot areas of Essex.

4.3.9
In Tendring, the percentage of both adults and children engaging in physical activity is significantly lower than the England average. The percentage of individuals registered as having diabetes in Tendring is also significantly worse than the England average, as is the rate of road injuries and deaths.

4.3.10
In both Colchester and Tendring, smoking in pregnancy is worse than the England average. Levels of alcohol consumption and alcohol-related hospital admissions are also key issues that need to be addressed. Colchester also has an issue with the rate of statutory homelessness.

5. Key Health Inequalities

5.1
We are responsible for improving the health of all the population we serve. This requires a focus on the needs of both deprived and excluded groups, but also more universal outcomes to improve the health of the population as a whole. While the

health of the population in many areas generally good, there are still too many people in all areas dying early from conditions such as heart disease and stroke; suffering from mental health issues; and/or at increased risk of diseases due to poor lifestyle choices around smoking, physical activity, diet and risky behaviours with respect to sexual health and substance misuse. We therefore need to introduce a range of interventions that improve the health of the wider population as well as focused early interventions that will provide better opportunities for health improvement in socially deprived and excluded groups.

5.2
We continue to work closely with partners including Public Health to target health and wellbeing programmes in those communities that demonstrate greatest deprivation and also with hard to reach groups, including migrant workers, gypsies & travellers and other members of the BME (Black, Minority and Ethnic) community. Using the evidence from a range of sources including the Joint Strategic Needs Assessment, Health Needs Assessments and social marketing insight reports, commissioning intentions can be systematically targeted at areas of greatest need.

5.3
The CCG plays an active role across North East Essex including the Essex Health and Wellbeing Board and has been instrumental in the development of action plans focussing on delivering outcomes associated with reducing health inequalities and narrowing the gap in life expectancy.

5.4
In order to ensure that service provision is focussed on reducing health inequalities all service specifications will include key performance indicators relating to focussed delivery of services to the most deprived communities and hard to reach groups.

Key priority groups have been identified as follows:-

- People with long term conditions
- Older adults
- Carers
- People with mental health problems including dementia
- People with learning disabilities
- End of life care

6. Workforce Information

6.1
Our CCG is committed to ensuring that our own staff is treated equally and that diversity is respected

6.2
We will aim to collect data on the following in order to monitor equality and diversity across the workforce.

- Applicants
- Short listing
- Employed staff
- Leavers
- PDP & Appraisal
- Pay Grade
- Involvement in Disciplinary & Grievance procedures
- Gender Pay Gap
- Applications for Flexible Working1`
- Return to work rates for those on maternity leave

6.3
Workforce information that has already been published for NHS North East Essex is provided in Appendix C.

7. Governance Structures

7.1
During transition the NHS North Essex Cluster Equality and Diversity Group lead the implementation of the EDS and reports to the Quality and Governance Committee. It will recommend grading of the EDS goals and objectives and proposed equality objectives following engagement activities. The Single Executive Board will consider the proposed objectives and recommend a final version to the NHS North Essex Board.

7.2
The CCG will establish its own monitoring and reporting arrangements which will take effect from 1st April 2013.

8. Awareness of Public Sector Equality Duty

8.1
Board members need to ensure that the Public Sector Equality Duty is met in how they set the strategic direction, review performance and ensure good governance of the organisation.

8.2
Senior Managers need to ensure that Equality Impact Assessments are carried out when considering and developing policies, plan and service development initiatives.

8.3
Equality and diversity mandatory training needs to ensure that awareness is raised on the Equality Duty and to support staff on delivering on their responsibilities.

8.4
Human resources staff need to be aware of how they have built equality considerations in employment policies and procedures.

8.5
Policy leads and analysts need to ensure that they have built equality considerations in all stages of the policy making process including review and evaluation and that they understand the effect of the policies and procedures on equality.

8.6
Front line staff need to ensure that they use equality considerations in the delivery of services to the public.

8.7
Procurement and commissioning staff need to ensure that they have built equality considerations in the organisations' relationships with suppliers.

9. Risk Areas in Equality Assurance

9.1
The risk areas in our equality assurance are:-

The Delivery of the Equality Objectives

Risk - 1

Achievement of the equality objectives will be delayed or lost during or post transition from the PCTs to the newly established organisations of the Clinical

Commissioning Boards, NHS Commissioning Board and the transfer of the Public Health function to the Local Authority.	
Risk Level Rating **(High) Amber**	**Actions to Mitigate Against Risk** • Development and recommendation of Equality Objectives will be through the Single Executive Board to the NHS North Essex Cluster Board for approval – both these meetings have the leads of the Clinical Commissioning Groups and the Director of Public Health as members • Support will be provided to Clinical Commissioning Group leads in integrating Equality Objectives into business planning processes during shadow form with a proposal to include the requirements of the public sector duty within the organisational development programmes • Obtain support from the Health and Well Being Board to the Equality Objectives to ensure continuity of support during shadow H&WB • Ensure executive support for equality objectives to be delivered during transition • Ensure CCGs adopt the PCT Equality Objectives and action plan
Risk: 2 **Risk that not all the workforce data on protected characteristics can be obtained as this has not been recorded or that where it has, that the organisation is unable to commit the time to extract information for reporting purposes.**	
Risk Level Rating **(High) Amber**	**Actions to Mitigate Against Risk** • SHA guidance has been received and will be followed • Executive decision to ensure that workforce analysis time is provided to use whatever workforce information data is available to produce the workforce profiles for publication.
Risk: 3 **Risk that not all of the information available will meet the public sector**	

requirements	
Risk Level Rating **(High) Amber**	**Actions to Mitigate Against Risk** • Ensure that a comprehensive set of information is provided where possible • Continue to encourage service users to provide information about protected characteristic needs

9.2
Implementation of the Equality Delivery System

To inform the equality objectives, NHS North East Essex adopted the Equality Delivery System (EDS) framework and in collaboration with local interests has analysed and graded its performance against the goals and outcomes. The outcome has informed the defined equality objectives, supported by an implementation plan.

We appreciate the contribution of local partners and organisations to the review and these are listed in Appendix B

10. Assessment outcomes

10.1
Assessment for Goals 1 and 2 – Better Health Outcomes for All and Improved Patient Access and Experience

10.1.1
The key themes for improvement from the participants' perspectives were:-

- Avoid making assumptions of needs
- Work strategically as a whole system with partners
- Further potential of role of voluntary sector
- Involve earlier in change, developments etc
- Access to interpreter services
- Signposting through the system
- Carer involvement in discharge planning
- Obtain complaints data breakdown by protected groups
- Obtain more information on lesbian, bisexual, gay and transsexual needs
- Have equality and diversity champions at every level

10.1.2

There was positive feedback on:-

- PALS and complaints services
- GP Carer Scheme
- Virtual Ward
- QIPP developments

10.2

Assessment for Goals 3 and 4 – Empowered, Engaged and Well Supported Staff and Inclusive Leadership at all Levels

10.2.1

There was an extremely limited staff response to the invitation to provide comment on the self-assessment for all 4 goals and/or to contribute to the evidence that had been obtained. The considerations by the Equality and Diversity Group as to why there was such a poor response was in part anticipated due it was felt to the transitional period which has been a challenging time and where perhaps individuals were less likely to contribute to a process where their main focus was on the implementation of the transitional structure and how it would affect them.

10.2.2

To improve the contributions by staff, the renewed emphasis on undertaking equality analysis (within Equality Objective 1) will engage staff as part of their delivery of their own work programmes as this will need to be integrated and embedded in their business processes. As such a greater awareness should result on equality and diversity and they will be in a position to provide more evidence on how we comply with the Equality Act.

10.2.3

In addition, the Equality and Diversity Group will develop a range of staff engagement activities to provide alternative ways of enabling staff to contribute such as through agenda items at staff team meetings, during one to one manager/staff meetings, through providing contact points for receiving contributions throughout the year rather than at the time of compiling the next publication of equality and diversity data.

The final assessment for Goals 3 and 4 is also provided in Appendix D.

11. Equality objectives

11.1
The findings on the outcomes of the assessments were discussed by the Cluster Equality and Diversity Group with the LINks lead representatives present. In conclusion the following equality objectives were recommended for all three PCT areas:-.

Goal 1 Better health outcomes for all:

Equality Objective 1 - Quality assure equality analysis to ensure compliance with the general and specific duties under the Equality Act 2010

Timeframe - By May 2012.

Goal 2 Improved patient access and experience:

Equality Objective 2 - Improve the individual experiences of protected groups accessing and using NHS Services

Timeframe – during 2012/13

Goal 3 Empowered, engaged and included staff:

Undertake more comprehensive workforce profiles to meet the public sector equality duty

Timeframe – (1) by May 2012 and (2) December 2012

Goal 4 Inclusive leadership at all levels:

Embed Equality and Diversity at Board level

Timeframe: by June 2012

12. Improvement plan

12.1
At the Equality and Diversity meeting a number of actions were identified to support the delivery of the equality objectives and these have been refined and enhanced in order to arrive at an improvement plan – Appendix E.

12.2
A commitment from the Single Executive Board has been provided to use part of the existing training budget provision to deliver the training part of Equality Objectives 1 and 4 – with the understanding that a formal request for funding will be made once the details for the training once the costs have been obtained.

12.3
Whilst acknowledging that with the promotion of interpreter and translation services under Equality Objective 2 may lead to a greater demand being made on the budget allocation, a revisiting of how the existing budget can be maximised for greater effect should be explored and include consideration of additional providers such as the voluntary sector as well as utilising community potential.

12.4
The Equality and Diversity Group will performance manage the implementation plan for the equality objectives and report to the current Quality and Governance Committee and the Internal Governance Group on the progress on the implementation of the improvement plan.

12.5
The Equality and Diversity Group reports will also be presented to North East Essex CCG Board according to the same schedule.

Appendix A **Equality Delivery System - Goals and Outcomes**

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities'	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent

Goal	Narrative	Outcome
	needs	to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes

Appendix B

North Essex Locality,

Essex and Southend LINk,

Sensory and Physical Planning Team – Essex County Council,

Policy and Strategy – Essex County Council,

Participation Network Forum – Essex County Council,

CVS Tendring,

CVS Colchester,

Outhouse East,

Colchester MIND/TaCMEP,

Age UK Essex,

National Childbirth Trust,

Essex Carers Network,

Essex Carers Support

Appendix C

NHS North East Essex	
NHS North East Essex Workforce Portrait – January 2011	http://www.northeastessexpct.nhs.uk/Downloads/Board%20Meeting%2024th%20May%202011/Agenda%20item%204%205%20Workforce%20Portait%20Jan%202011.doc
NHS North East Essex Single Equality Scheme – 2009	http://www.northeastessexpct.nhs.uk/Listening-to-You/Equality%20Scheme%20FINAL%2011-06-09.pdf
NHS North East Essex Diversity and Equality Review – 2009	http://www.northeastessexpct.nhs.uk/Listening-to-You/NE%20Essex%20Audit%20and%20Review%2011-02-09.pdf
NHS North East Essex Health Profiles (2011)	http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES
NHS North East Essex Sexual Health Profile (2010)	http://nww.eastern.nhs.uk/Essex/NEEssexPCTHomePage/PublicHealth/PublicHealthReports/HealthEquityAudits&OtherLocalReports/SexualHealthProfile2010.DOC
NHS North East Essex Annual Public Health Report and Needs Assessment 2009	http://www.northeastessexpct.nhs.uk/aboutus/APHR%20%20Needs%20Assessment%202008-09.pdf
North East Essex System Integrated Quality, Innovation, Productivity and Reform Plan	http://www.northeastessexpct.nhs.uk/About%20us/new_page_2.htm
NHS North East Essex Annual Report including Summary of Accounts 2010-11	http://www.northeastessex.nhs.uk/Downloads/newsandevents/NHS%20North%20East%20Essex%20Annual%20Report%20%20Accounts%202010-11.pdf
NHS North East Essex Pharmaceutical Needs Assessment – January 2011	http://www.northeastessexpct.nhs.uk/Downloads/healthservices/PNA%20DOCUMENT.Jan11Version2.pdf

Appendix D

EDS Assessment – Final Grades Following External Review of NHS North East Essex

Goal 1: Better health outcomes for all	
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities	Amber
1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Red
1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	Amber
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	Amber
1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Green
Goal 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	Amber
2.2 Patients are informed and supported to be as involved as they wish to be in decisions about their care, and to exercise choice about treatments and places of treatment	Amber
2.3 Patients and carers report positive experiences of their treatment and care outcome and of being listened to and respected, and of how their privacy and	Amber

dignity is prioritised.	
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficient	Amber

N.B. Assessment for EDS Goals 3 and 4 was done on a North Essex PCT cluster basis and it was not possible to split the results into the constituent PCTs.

However it is unlikely that results in North East Essex were very different to those across the cluster.

Goal 3: Empowered, engaged and well-supported staff	**NHS North Essex PCT Cluster**
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	Amber
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	Amber
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	Amber
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	Green
3.5 Flexible working options are made available to all staff, consistent with the needs	Amber

of the service, and the way that people lead their lives (flexible working may be a reasonable adjustment for disabled members of staff or carers)	
3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Amber
Goal 4: Inclusive leadership at all levels	
4.1 Boards and senior leaders conduct an plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Green
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	Amber
4.3 The organisation uses the NHS Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes	Red

KEY:

Purple: Excelling (all protected groups)

Green: Achieving (most protected groups)

Amber: Developing (some protected groups)

Red: Undeveloped (few or none of the protected groups)

Appendix E

Equality Objectives

1. Equality Objective in support of Goal One – Better Outcomes for All

Carry out a quality assurance of the equality analysis

Measurement Year 1 – Establish baseline ; percentage of equality analyses which withstand scrutiny and challenge

Year 2 – Improve the percentage of equality analysis which withstands scrutiny and challenge to 100%

No.	Action	Timescale	Lead	Progress
1.1	Identify best practice methodology for undertaking equality analysis and ensure it is formalised within policy.	April 2012	Chair of Equality and Diversity Group	
1.2	Arrange training from accredited equality and diversity training resource on equality analysis and provide in-house support and guidance in undertaking equality analysis.	May 2012	Chair of Equality and Diversity Group	
1.3	Use the developed cluster contact data base for engaging with protected groups and others to enable them to contribute to the equality analysis e.g. providing access to interpretation and translation services.	May 2012	All leads as required	
1.4	Establish quality assurance process to review equality analysis	April 2012	Chair of Equality and Diversity Group	
1.5	Embed equality analysis within all relevant decision making processes and in particular Board reports	May 2012	Report Authors	

1.6	Publish all equality analysis on websites and in other forms as requested	June 2012	Communications	

2. Equality Objective in support of Goal Two – Improved Patient Access and Experience

Improve the individual experiences of the protected groups in accessing and using NHS Services
Year 1 – Establish baseline of information that is or can be available to identify experiences from protected groups

Year 2 – Set measurable targets to achieve improvement in baseline assessment

No.	Action	Timescale	Lead	Progress
2.1	Ensure that the patient and public engagement and patient experience strategy takes full account of protected groups in all actions of the strategy and in particular the public and patient experience project.	According to PPE and PE Strategy milestones during 2012/13	Assistant Director of Quality	
2.2	Ensure that signposting to existing service availability is provided in different formats and incorporated into new developments and service re-designs e.g. as part of the QIPP and Integrated Plans particularly where these relate to discharge arrangements	From April 2012	Delivery leads Communications PALS	
2.3	Increase awareness of access to interpretation and translation services for those where English is not their first language, or where there are sensory or hearing impairments.	May 2012	Assistant Director of Quality	
2.4	Ensure commissioning plans are including the importance of invitation of carer involvement within any new care pathway designs, re-design of discharge processes	2012 – 2013	Delivery leads	

2.5	Request and analyse the data from protected groups for complaints and PALS service usage to inform areas where improvements in experience is required for relevant protected groups.	During 2012 - 2013	Assistant Director of Quality	

3. Equality Objective in support of Goal Three – Empowered, Engaged and Well-Supported Staff

Undertake more comprehensive workforce profiles to meet the public sector equality duty

Year 1 – provision of additional information compared to that provided for January 2012 public sector equality duty

Year 2 – new organisations to determine information provision requirements

No.	Action	Timescale	Lead	Progress
3.1	Obtain any remaining workforce information that can be provided from the Electronic Staff Registers for each of the PCTs to provide more comprehensive workforce information to meet the public sector equality duty e.g. gender pay analysis; offer of take up of flexible working options across the protected characteristics, applicants, shortlisting, offer and take up of posts etc.	May 2012 and December 2012	Assistant Director of Human Resources	
3.2	Present findings to the Board for their response on the information e.g. under-representation in the offer and take-up of options			
3.3	Provide the relevant workforce profiles to the new organisations post disestablishment of the PCTs	March 2013	Director of Transition and Governance	

4. Equality Objective to support Goal Four – Inclusive Leadership at all Levels

Embed equality and diversity at Board level

Year 1 – Measurement – audit of Board minutes to show how equality and diversity information has informed decision making

No.	Action	Timescale	Lead	Progress
4.1	Identify an equality and diversity Non-Executive Director Board champion to promote equality and diversity within the organisation – this champion will be supported by the Executive Lead for Equality and Diversity which is held by the Director of Transition and Governance. Thereafter to appoint champions at all levels of the organisation.	March/April 2012	1. Chairman 2. Director of Transition and Governance	
4.2	Arrange provision of equality and diversity training to all Board members and to shadow CCG Board members - to include Equality Act 2010, Public Sector Equality Duty, equality analysis	May 2012	Chair of Equality and Diversity Group	
4.3	Ensure Board members obtain an explicit reference to a clearly documented equality analysis on all relevant Board reports to demonstrate due regard to the aims set out in the general equality duty.	May 2012	Board Members	

4.4	Extract any equality and diversity leadership competencies from the Equality and Diversity Leadership Framework that are not currently included in the NHS Leadership Framework, and include these as the competency assessment to senior positions and for development of appointed senior members	May 2012	Director of Transition and Governance	