**North Staffordshire CCG and Stoke on Trent CCG**

**The Equality Act 2010 and the Public Sector Equality Duty (PSED) 2011**

**Publication of Equality Objectives:**

## 1 Background

The Equality Act 2010 brought together over 116 pieces of legislation into one Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity. The scope of the Act includes employment practices and the provision of services. The Act protects people from unfavourable treatment and discrimination because of the following protected characteristics

- Age including specific ages and age groups Disability
- Gender
- Gender re-assignment
- Disability
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief – including lack of belief Gender
- Sexual orientation
- Marriage and civil partnership (but only in respect of eliminating unlawful discrimination ie Aim 1 of the Equality Duty)
- Pregnancy, maternity and breastfeeding mums.

The Public Sector Equality Duty (PSED - section 149 of the Act) is designed to ensure that fairness (fair access to information, services, premises and any employment opportunities) is at the core of public services and that they meet the needs of protected characteristic groups who are protected under the Equality Act 2010. Regulations which came into force in September 2011 set out two Specific Equality duties:

- To publish information annually (by 31 January 2012) to show compliance with the Equality Duty.
- To set and publish one or more equality objectives (by 6 April 2012 ) and at least every four years after that.

The information published must include accessible information relating to employees who share protected characteristics and information relating to people (patients) who are affected by the CCG programmes / strategies / policies and practices and who share protected characteristics. However as CCGs employ less than 150 staff they are not required to comply. They will be reporting on workforce by protected groups in line with spirit of the PSED responsibilities.

The CCGs have already met the annual requirement to publish information (by 31 January 2012 onwards) to show compliance with the Equality Duties and this information is available on the CCG websites '*How CCG are meeting the PSED'*.

This report sets out the CCGs 3 new equality objectives together with details of how they will be measured and mainstreamed and integrated into the CCGs core business. These Objectives will go out electronically with requests for feedback, early in 2016, to local communities of interest (including protected group reps from both localities). It is suggested that the delivery cycle become aligned with the Equality Delivery System delivery timeframe from NHS England (ends 13 October 2017).

## 2 Equality Objectives

| **Overview: Embedding Equality , Inclusion and Human Rights into all we do including business planning and decision making** |
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| **Context**<br>CCGs are keen to evidence inputs, but also outputs / good outcomes for people from protected groups and to be able to evidence how they have shown 'due regard' or deliberate consideration of the protected groups. |
| **Equality Objective 1**<br>*Embed equality, diversity and human rights considerations into our commissioning and the culture of the CCG.* |
| **Measures:** EDS evidence gathering / presentation by senior CCG Clinicians / Staff of summary targeted evidence at annual EDS public grading / CCGs agree asap following the latest EDS grading event - priority care pathways for focus of evidence of equality performance; Board Development sessions for E&I, EDS, WRES focus on due regard evidence and appropriate challenge when Papers presented for sign off; EI&RA process embedded within training delivered to all commissioners in 2015; provider monitoring of their equality compliance displayed on website showing timely data reporting and analysis; evidence of You said. We listened. We did. ie build a library of good outcomes for local protected groups with summary patient stories. |
| **Timescale**<br>To be achieved by 1 September 2017 |
| **Deliverables / Outputs by CCG staff**<br>• Embedding routine evidence gathering on local protected groups take up and differential experience of services using both Equality Delivery System 2 (equality performance framework) and Equality Impact & Risk Assessment scrutiny; disaggregated Complaints; provider compliance reporting - into the Commissioning cycle and development of inclusive Service Specifications; E&I Progress reporting (6 monthly); new E&I Strategy and new Equality Objectives approved by Board; link E&I Strategy 2015-17 with new Patient Engagement Strategy in early 2016. |
| • Undertake robust Equality Impact and Risk Assessment screening / scrutiny embedding this into process management systems such as the commissioning cycle |
| • Influence Public Health colleagues to include protected groups considerations into JSNA sub sections via HNAs – commissioners refer to local JSNA when planning and buying healthcare services |
| • CCG to understand its local communities make up re demographics (joint working with local authority?). |
| • Ensuring effective engagement with local protected group patient and carer |

representatives to support Equality Act 2010 and Human Rights Act 1998 compliance (disaggregated feedback needed by CCGs).

**Mainstreamed**
Embed into core business planning – Lisa Murray and Laura Janda.
Report on Equality Objectives progress 6 monthly to joint ODC (operational) and Board (strategic).

**Transparent Reporting / Governance**

- Report annually to Board on EDS annual public grading, recommendations received and action plan for the next 12 months
- Standing agenda items for EDS and WRES at Board meetings
- Standing agenda items for EDS and WRES at joint ODC meetings
- Detail to CCGs of which staff have attended EI&RA training each year in Annual Equality & Inclusion publication
- Report of which EI&RAs are underway / completed each year
- Report annually on larger provider compliance (web-site display check).

**Overview: Senior leadership taking ownership of Equality, Inclusion & Human Rights in all we do**

**Context**
CCGs are keen to evidence leadership level inputs as well as outputs / good outcomes for people from protected groups and to be able to evidence how they have shown 'due regard' or deliberate consideration of the protected groups.

**Equality Objective 2**
*Ensure senior leadership is fully understanding of equality, diversity and human rights and effective in ensuring awareness and delivery of the Equality and Inclusion agenda across the CCG.*

**Measures**
Discussion noted in Board minutes of appropriate challenge evidencing CCG taking 'due regard' in line with the Brown Principles; Provider Monitoring Schedule discussed at cyclical contract review meetings with larger providers; annual awareness session delivered to Head of Contracts re provider monitoring and reporting to CCG; assurances via governance reports to CCGs of recognising and managing equality relate business risk via EI&RA process and robust QA check on completion; all Board members to complete 3 annual Board Development sessions; line managers to evidence discussions with staff on the 4 core All Staff Briefings for 2015-16 and links into annual performance development review meeting; E&I strategy approved by Board, and implemented via latest Comms & Engagement Strategy / Patient Engagement Strategy; 3 new draft Equality Objectives refined on receipt of feedback from local communities of interest (2016).

**Timescale**
To be achieved by September 2017

**Deliverables / Outputs by CCG staff**

- Embed Provider Monitoring Schedule of required Equality and Inclusion standards into contracts by March 2015, with summarised evidence submission to lead

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| commissioner organisation for scrutiny and assurances of Equality Act 2010 compliance to CCG |
| • Support through annual scrutiny of timely submissions and website display of compliance, all larger provider organisations to meet health inequalities and equality legal responsibilities, including implementation of EDS 2 – to drive improved outcomes for local protected groups |
| • Deliver Board and senior Committee development session annually (1.25 hours) with focus on local population demographics; health inequalities for protected groups; scenario based learning session; and identifying and managing equality business risk |
| • Develop a set of core Equality and Inclusion All Staff Briefings (5) to supplement 3 yearly e-learning. All staff to read Briefings within 9 months of launch or joining CCG. Learning tested in team meeting discussions |
| • Develop a short on line film made by local protected groups (local patient voice helping CCG to shape inclusive services) to illustrate to Board and senior Committees some of the barriers faced by protected groups in healthcare |
| • Use a variety of media to champion the need to hear the multiple perspectives of diverse people, patients and communities, including supporting development of the CCGs capability and producing guidance and resources. Evidence the vulnerable patient working with CCGs to shape more inclusive services. |
| • Ensure CCG workforce is representative of our local communities through fair and inclusive: recruitment opportunities and processes; workforce and wellbeing suite of policies and processes for continuous improvement; Equality and Inclusion trained and staff are aware as appropriate to their job role responsibilities |
| • Work closely with Human Resources colleagues to develop evidence for EDS Goal 3: A representative and supported workforce eg required Outcome 3.4: When at work, staff are free from abuse, harassment, bullying and violence from any source. |
| **Mainstreamed**<br>Embed into core business planning – Lisa Murray and Laura Janda.<br>Report on Equality Objectives 6 monthly to joint ODC (operational) and Board (strategic). |
| **Transparent Reporting / Governance**<br>• 6 monthly E&I progress report due Oct to Mar 2016 and Apr to Sept 2016.<br>• Report to joint ODC meetings on operational issues<br>• Report to Board meetings on strategic issues. |

| **Overview: Senior leaders taking ownership of recognising and addressing health inequalities re people from protected groups** |
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| **Context**<br><br>CCG have legal responsibilities for equality and reducing health inequalities (follow the link)<br><br>https://www.england.nhs.uk/wp-content/uploads/2014/12/hlth-inqual-guid-comms.pdf |

**Legal duties:** The Health and Social Care Act 2012 introduced the first legal duties on health inequalities, with specific duties on NHS England and CCGs, as well as duties on the Secretary of State for Health (covering Department of Health, its Special Health Authorities and executive agencies) and Monitor (Annex A). These duties took effect from 1 April 2013.

**Equality Objective 3**
*Ensure that health inequalities as they affect protected groups are measurably reduced.*

**Measures**
CCGs to develop a table of health inequalities by each of the protected groups and Inclusion Health Groups – based on research by locality / national findings.
CCGs to influence local JSNA to include sub sections focusing on protected group Health Needs Assessments.

CCGs may also wish to consider using:
• the analysis template document developed by and for NHS England; and
• the Equality Delivery System 2 may help to assure that equalities and health inequalities are being effectively addressed throughout the work of the organisation

Key steps to consider based on Brown's principles (Annex B)):
• Understanding and awareness of the duties
• Inequalities taken into account before and whilst decision is being considered
• Sound evidence and information underpins decision making
• Duty is considered continuously throughout the decision making process
• Keep sound record and evidence that the duty has been considered.

**Timescale**
To be achieved by September 2017

**Deliverables / Outputs by CCG staff**

- Working with NHS and local government colleagues to recognise and address health inequalities for local protected groups to ensure equity of access (and outcomes) to information, services and premises
- In partnership, develop a hub of national research summarising health inequalities for protected groups, for use by commissioners developing commissioning plans and service specs
- Leading the mainstreaming of approaches within the health economy to reduce health inequalities for protected group patients and carers
- Increased awareness and adoption of commissioning and care models that are evidenced to address the needs of 'inclusion health' groups
- CSU to develop HI Briefing 2015-16.

**Mainstreamed**

- Planners / decision makers / Commissions refer to and evidence giving 'due regard' to health inequalities findings when agreeing priority care pathways for CCG commissioning intentions / strategy.

**Transparent Reporting / Governance**

- 6 monthly E&I progress report due Oct to Mar 2016 and Apr to Sept 2016.
- Report to joint ODC meetings on operational issues arising
- Report to Board meetings on strategic issuearing.

**Background:**
**The CCGS have duties to:**

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (s.14Z1). (health-related services can be any services which impact on health, including those outside health and social care);
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities (s. 14Z11);
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities (s. 14Z15).

**CCGs have a duty to have regard to the need to reduce inequalities between patients in access to services that they commission.** This involves:

- Knowing the local population and local needs, particularly for groups with poor access or outcomes, commissioning through the use of joint strategic needs assessments (JSNAs) and additional supporting data and evidence, such as local health profiles and qualitative sources.
- Identifying the local health inequalities and commissioning for all of the population in the area, not just relying on General Practice registrations.
- Identifying evidence of what has previously worked in reducing inequalities and evaluating good practice, whilst also considering the 'clustering' of risk factors in some groups. Universal services should aim to reduce inequalities by being progressively aimed at those who need them the most.
- Carrying out evidence-based service reviews.

This requires considering whether:

- services are universal and should reach all members of society, which may be achieved by explicitly targeting specific population groups;
- services are commissioned on the basis of need, which may be achieved by ensuring the quantity and quality of services in deprived areas is adequate.

CCGs also have a duty to have regard to the need to reduce inequalities between patients in outcomes from services they commission. This involves:

- Effective monitoring and evaluation that identifies health inequalities and to support action to overcome inappropriate variations in outcomes for all people.
- Looking at how the outcome is distributed across society by area of deprivation and by different groups, rather than focusing on average outcomes for all people.
- Considering how services can be commissioned to reduce inequalities and prevent undesirable outcomes. For example, targeting life-style factors in health and compliance with treatment, and developing key provider indicators with health inequality outcomes.