Equality and Inclusion Strategy

2017-2020

Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups

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Cannock Chase CCG, Stafford and Surrounds CCG and South East Staffordshire and Seisdon Peninsula CCGs are pleased to present our Equality and Inclusion Strategy which sets out how each of the three Clinical Commissioning Groups intend to promote equality and inclusion through its commissioning activities.

This strategy defines our commitment to promote equality and inclusion in all we do and how we value the diversity of our staff and local population. In the development of this strategy our aim is to ensure that all commissioned and contracted services deliver better health outcomes for our population in an equitable and inclusive way.

Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula CCGs are led locally by clinicians in partnership with members of the health economy. Our core purpose is to commission good quality services that ensure value for money within the resource available and offer the best possible outcomes for the local population of Staffordshire. The aim of this strategy is to improve our work with local service providers, thus ensuring that services are provided which meet the needs of the local health economy. We are particularly keen to ensure we meet the needs of the protected groups and to address some of the key issues in health inequality.

Through the development of the Staffordshire and Stoke on Trent Sustainability Transformation Plan (STP) we will ensure that the needs of different groups are taken into account by factoring equality into the decision making process in the development of the various work streams within the STP.

Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula CCGs are highly committed to equality and inclusion and this strategy demonstrates our vision for achieving equality and Inclusion and how this will be maintained until 2020. We are dedicated to developing an organisational culture that promotes inclusion and embraces diversity, ensuring that the focus on equality and inclusion is maintained across the three CCGs.

1. Introduction

This strategy sets out how we will continue to meet the Public Sector Equality Duty as set out in the Equality Act 2010. The strategy will also define how we will progress equality and inclusion to ensure that it is at the heart of everything we do. This strategy has both an internal and external focus in relation to equality and diversity. The internal focus is primarily concerned with the work that we need to do to ensure that our staff feel valued for the work that they do and are well trained to deliver culturally sensitive services to the local population of South Staffordshire. The external focus is in relation to our role as a commissioner and buying services based on the health needs of the local population.

Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups (CCGs) exist to commission healthcare on behalf of the communities we serve. GPs are at the heart of clinical decision making, and each GP practice is a member of a CCG. GPs bring both clinical expertise and local knowledge of patient need and it is therefore essential that they lead the healthcare decisions being made for the local population. For example;

- South East Staffordshire and Seisdon Peninsula CCG has: 29 member practices with a population of 216,500.
- Stafford and Surrounds CCG has: 14 member practices with a population of 146,700.
- Cannock Chase CCG has: 25 member practices with a population of 131,800.

There is a legal requirement for each of the three CCGs to have due regard to the need to reduce inequalities between patients with respect to their ability to access health services and to reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health care services.

In Staffordshire the Joint Strategic Needs Assessment (JSNA) and census data outlines the demographics for our local population and highlights areas of inequality that may have an impact on health outcomes and access to services. This helps to provide a context within which we can begin to develop priorities in commissioning services according to local needs. This also helps us to determine how to contribute effectively to the reduction of health inequalities in the local area by working closely with service providers to commission services based on the needs of different groups.

The development of the Sustainability and Transformation Plan (STP) will provide further exciting opportunities to ensure that equality and inclusion is at the heart of each of the STP work streams. To ensure that this takes place Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula CCGs will ensure that appropriate equality analyses is undertaken for each of the Sustainability and Transformation Plan (STP) work streams by considering key issues such as equality of access, experience of services and health outcomes for local people covered by a protected characteristic.

This commitment to ensuring that equality is at the heart of commissioning will enable the CCGs to meet the Public Sector Equality Duty and at the same time demonstrates that equality and inclusion is part of our core business and embedded throughout all of the commissioning cycle.

2. Why do we need an Equality and Inclusion Strategy?

The Equality Act 2010 sets out specific duties for each of the three CCGs to establish an Equality and Inclusion Strategy containing at least one objective and review this at least every four years. There is also a requirement to carry out an annual review of our equality objectives and report on the findings. This strategy describes how we will support the reduction of health inequalities through commissioning and take account of the health needs of each of the protected groups namely age, sex, disability, gender reassignment, race, pregnancy and maternity and religion and belief, sexual orientation and marriage and civil partnership. The strategy also sets out how we will ensure compliance with the Public Sector Equality Duty and embed NHS mandated standards such as the Equality Delivery System2, the Workforce Race Equality Standard, Workforce Disability Equality Standard and Accessible Information Standards.

The Sustainability and Transformation Plan (STP) will ensure that the health needs of protected groups are fully taken into account when commissioning health care services; we recognise the need to ensure that services are delivered to all sections of the population in South Staffordshire in a fair and consistent manner.

3. South Staffordshire population profile

Below is a summary of information pertaining to each of the protected groups and the local context:

- Staffordshire has a population of around 862,600 (2015 mid-year population estimates) and covers an area of around 1,010 square miles. It is made up from a mixture of towns and villages, covered by nine local government organisations: Staffordshire County Council and eight district councils (Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth) Staffordshire is a largely rural area which is relatively affluent but with a few notable pockets of high deprivation. Only 9% of its population live in the most deprived areas nationally. However some of the remote rural areas in Staffordshire have issues with hidden deprivation and in particular around access to services. Overall there is little ethnic diversity across Staffordshire with the population being predominantly White British.
- Life expectancy (LE) and healthy life expectancy (HLE) for both men and women in Staffordshire is similar to the England average. There is however a six year gap in LE

and a 12 year gap for HLE in Staffordshire between people living in the most deprived and least deprived communities.

- Preventable mortality rates are lower in Staffordshire than the national average. However, similar to life expectancy and healthy life expectancy some areas experience higher rates of preventable mortality compared to the England average. *Source : Staffordshire Observatory 2017*

Age

Within Staffordshire there is a relatively high concentration of people in the older age groups, for example the mid-year population estimates for 2015 show that 40% of people are aged 50 or over. This is higher than the national average in England which is currently 36%.The population is set to increase by 3% by 2025. This means that the ageing population will have an impact on long term conditions in the future. The total number of people aged 65 and over with a long term illness is set to increase by 12% between 2017 and 2020.

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Evidence suggests that disabled people experience increased levels of disadvantage and health inequalities in comparison to non-disabled people. Within the Staffordshire region the census data from 2011 informs that people living in Staffordshire registered as blind or partially sighted have more than one disability e.g. physical disability /hearing impairment. The census data also informs that one in five people have a limiting long term illness which is higher than the England average. Information on the total numbers of people living in Staffordshire with a disability/long term health condition is limited.

Race

There are many studies which show that people from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including susceptibility to certain health issues (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

By nearly all measures of health, the health of the UK's minority ethnic populations is poorer than that of the majority White British population. Even where inequalities in health status are not present, there is evidence of inequity in access to health care and preventive services, and worse patient experience.

Around 8% of the population were from a minority ethnic background (defined as non-White British) in Staffordshire and Stoke-on-Trent. The local ethnic population is

concentrated in East Staffordshire and Stoke on Trent, the largest group being from the Pakistani community.

Gender (or sex)

Gender is being male or female. The table below highlights some of the differences in health outcomes between men and women living in Staffordshire and Stoke-on-Trent.

Men	Women
▪ Men in the most deprived areas in Staffordshire live six years less than those in the least deprived areas; for Stoke-on-Trent the gap is 10 years ▪ Men in Staffordshire and Stoke-on-Trent both spend 16 years of their life in poor health ▪ Higher rates of preventable mortality, in particular from cardiovascular disease, cancer, respiratory disease and liver disease ▪ Higher suicide and accident mortality rates ▪ Higher rate of alcohol-related hospital admissions	▪ Women in the most deprived areas in Staffordshire live six years less than those in the least deprived areas; for Stoke-on-Trent the gap is seven years ▪ Women in Staffordshire spend 21 years of their life in poor health; for Stoke-on-Trent the number of years in poor health is 23 years ▪ Prevalence rates of dementia is higher amongst women, particularly older age groups ▪ Women are more likely to have been treated for a mental health problem than men ▪ Higher hospital admission rate of injuries due to falls

Source: Taken from Staffordshire Observatory 2016

Gender reassignment

Gender reassignment is the process of transitioning from one sex to another. Protection for gender reassignment is provided under the Equality Act 2010 where someone has proposed, started or completed a process to change their sex. It is estimated that one in 4,000 people are receiving medical help for gender dysphoria in the UK. This equates to around 280 people in Staffordshire and Stoke-on-Trent. However, there may be many more people with the condition who have yet to seek help. On average, men are diagnosed with gender dysphoria, five times more often than women.

Pregnancy and Maternity

Under the Equality Act 2010, protection against maternity discrimination is for 26 weeks after giving birth, including as a result of breastfeeding. For all areas covered by the Act, a woman is protected from unfavourable treatment because of pregnancy or because she has given birth.

During 2015/16 there were almost 11,300 maternities to women registered with a GP practice in Staffordshire and Stoke-on-Trent CCGs.

Marriage and Civil Partnerships

Marriage is the legal union between a man and a woman. Civil partnership has the legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters

According to data from the 2011 census around 50% of Staffordshire and Stoke-on-Trent's population are married or in a registered same-sex civil partnership. Of these around 1,300 people were in a registered same-sex civil partnership. This equates to 0.1% of the population.

Religion and Belief

Religion or philosophical belief is covered under the Equality Act 2010 and includes a lack of belief, for example Humanism and Atheism.

The most popular religion in Staffordshire and Stoke-on-Trent is Christianity (Table 2). Muslims are the next biggest religious group.

	Staffordshire	Stoke-on-Trent	Staffordshire and Stoke-on-Trent	England
Christian	68.2%	60.9%	66.5%	59.4%
Buddhist	0.2%	0.3%	0.3%	0.5%
Hindu	0.3%	0.6%	0.4%	1.5%
Jewish	0.0%	0.0%	0.0%	0.5%
Muslim	1.3%	6.0%	2.4%	5.0%
Sikh	0.4%	0.2%	0.3%	0.8%
Other religion	0.3%	0.4%	0.3%	0.4%
No religion	22.8%	25.2%	23.4%	24.7%
Religion not stated	6.4%	6.4%	6.4%	7.2%
Total	**848,489**	**249,008**	**1,097,497**	**53,012,456**

Source: taken from Staffordshire Observatory

Sexual Orientation

The official government figure for Lesbian, Gay and Bisexual people (LGB) living in in the UK is 5-7% of the population which Stonewall, the lesbian, gay and bisexual charity, feels is a reasonable estimate. A survey completed by HM Treasury Department to help the Government analyse the financial implications of the Civil Partnerships Act (such as pensions, inheritance and tax benefits) concluded that there were 3.6 million gay people in Britain - around 6% of the total population.

The 2015 Annual Population Survey estimates 1.7% of the England population aged 16 and over are gay, lesbian or bisexual. The GP patient survey also asks about sexual orientation. From respondents who replied to the question on sexual orientation, 1.9% of Staffordshire and Stoke-on-Trent's population are gay, lesbian or bisexual compared with 2.3% across England. Both estimates are considerably lower than the government estimates of 6%.

There will be a lesbian, gay and bisexual community living in Staffordshire and Stoke-on-Trent, and this means that there will be pockets of the Lesbian, Gay and Bisexual community that are invisible to the CCGs and providers.

4. How will we ensure equality and inclusion is at the heart of commissioning?

The NHS Five Year Forward View sets out the need to address the health and wellbeing gap, preventing any further widening of health inequalities. To do so requires a move towards greater investment in health and health care where the level of deprivation is higher.

When exercising their duties CCGs must

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved
- 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, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved
- 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.
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities

We believe that equality and inclusion is essential to achieving better outcomes for our population and staff and therefore must be an integral part of decision making across the three CCGs. The purpose of the Sustainability and Transformation Plan (STP) is to help ensure health and social care services in England are built around the needs of local populations.

At Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula we need to know who we are commissioning our services for, therefore local insight into the community within Staffordshire and their specific health needs is imperative to help us achieve our vision and goals.

In the early stages of the development of the Sustainability and Transformation Plans (STP) we will ensure the following activities are carried out;

- We will ensure that for each priority or STP work stream, systematic and robust Equality Impact and Risk Assessments are completed to ensure that any potential health inequalities for disadvantaged groups are minimised.
- We will use the outcomes of the Equality Impact and Risk Assessment to ensure that protected groups are fully involved in any potential reconfiguration of health and social care services by carrying out meaningful and targeted engagement.
- We will use the intelligence gathered for the Joint Strategic Needs Assessments (JSNA) combined with qualitative feedback from diverse communities and organisations to ensure that our commissioning decisions are meeting the needs of local communities.

All of the above activities will support the CCGs to meet the Public Sector Equality duty and the specific requirement for CCGs to reduce health inequalities.

5. Our values

Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups (CCGs) are a clinically-led organisation led by local GPs. We work together to improve health outcomes in Staffordshire. At the heart of our strategy are our values and vision which influence all we do as an organisation.

Our values are consistent across the three CCGs, and were agreed following engagement with clinicians, staff and members of the public and are displayed below

6. Our goals around equality and inclusion

Our work around equality and inclusion in South Staffordshire is closely aligned to our goals and these are as follows;

- To be the healthiest place to live and work by 2025- We will ensure that disadvantaged groups have good health outcomes in relation to life expectancy with the rest of the population of South Staffordshire. This will be done by ensuring that the health needs of these groups are taken into account when planning and commissioning services.
- Change the culture: hospital to home, professional to patient- we will ensure that comprehensive engagement and consultation processes are in place to support the change of culture that is required. We will do this by working more closely with

health and social care professionals in relation to the health needs of people from disadvantaged groups and in areas where there are high levels of deprivation.

- Focus more on prevention- we will carry out targeted interventions in areas where we know there are high levels of deprivation and proactively work with third sector organisations who have access to disadvantaged groups to promote healthier lifestyles with a key focus of prevention.
- Involve everyone for improved health and care- we will ensure that we carry out a review of traditional methods of engagement and consultation and adapt our methods to meet the needs of disadvantaged groups to ensure that they are fully involved in any plans to adapt our services.
- Empower and support patients to take control of their own health- through the Sustainability and Transformation Plan we will develop innovative new ways of working to ensure that processes are in place to empower patients to have more control and a say in how they want to receive health care in the future.
- Ensure services support people to make informed decisions- we will work closely with our providers to ensure that there are specific mechanisms in place to support people to make informed decisions about their healthcare.

7. Our vision for equality and Inclusion

Our vision is to:

- Ensure inclusive leadership at all levels with the Board and senior leaders conducting their business so that equality and inclusion is advanced and robust relationships maintained with patients, staff, providers and partners, protected groups and the local population.
- Ensure that all commissioned and contracted services deliver better health outcomes for our population as a whole, as well as those with protected characteristics.
- Ensure we are an employer of a choice with empowered, engaged and well supported staff. In order to achieve this we will carry out a review of all of our policies to ensure that they are fair and do not disadvantage our staff. We will also invest in the training and development of our staff in order that they can continue to deliver excellence in health care for the communities that live within South Staffordshire.
- Fully embed Equality Impact and Risk Assessments throughout the commissioning cycle on all policies, strategies, service specifications, business plans and projects.

8. What have we done to progress equality and inclusion in 2016?

Developing commissioning plans

The CCGs buy a range of healthcare services to meet the needs of people in Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula to close the health inequalities gap. The CCGs develop plans every year setting out what it will buy and these are called Commissioning Intentions and allow us to take into account the health needs of our local community.

Implementing the Equality Delivery system

The CCGs adopted the Equality Delivery System 2 (EDS2) (Department of Health, 2013) as our performance toolkit, to support the CCG in demonstrating its compliance with the three aims of the Public Sector Equality Duty. The EDS2 grading process has provided each of the CCGs' Governing Bodies with an assurance mechanism for compliance with the Public Sector Equality Duty.

In 2016, we undertook grading of goals 3 (a representative and supported workforce) and goal 4 (inclusive leadership) with both staff and members of the public. We were assessed as achieving for the majority of the goals and developing for two of the criteria and have action plans in place to ensure continuous improvements.

In 2017 we are undertaking public grading for Goal One (Better Health Outcomes).

Equality and Inclusion development

All three Governing Bodies across the three CCGs have undertaken an equality and inclusion development session. The session covered the Public Sector Equality duties, (including the Brown Principles and the Gunning Principles for engagement as well as information on due regard and the importance of Equality Impact and Risk Assessments.

All staff working across the three CCGs are required to undertake online mandatory equality and inclusion training.

All commissioning staff working across the three CCGs have participated in Equality Inclusion and Risk Impact Assessment training and the new online Equality Inclusion and Risk Impact Assessment toolkit will be rolled out across the three CCGs in 2017.

Implementing the Accessible Information Standard

Our CCGs have a legal and moral responsibility under the Equality Act 2010 to provide any of our documents, leaflets, electronic resources in an alternative format if requested.

We have a fair access document on the CCG websites with information about who to contact to request information in an alternative format such as braille, larger print, audio or

other format. If additional support is required this can be provided e.g. a British Sign Language (BSL) interpreter or language support where the first spoken language is not English.

We have assured our actions through contracting and performance management arrangements with providers through the NHS Standard Contract. In line with national guidance we are ensuring that our commissioning and procurement processes, including contracts, tariffs, frameworks and performance management arrangements with providers of health are robust to enable and support implementation and compliance with this standard.

Engagement with local people

During the last year, the CCGs have considered local implementation and new joined-up thinking, to make participation a reality and engagement a key 'feed' to drive quality improvement. The team (including patients) have co-created a new model for engagement across the three CCGs which has been approved by all three Governing Bodies. Governance has been strengthened, and information about engagement activity is reported to both the Quality Committee and the Governing Body. The new Patient Council will be instrumental in their involvement in our equalities and diversity work across the three CCGs.

The CCGs are committed to engaging with local people, both from the nine protected characteristic groups and the wider community, including deprived and vulnerable groups, such as the homeless. The CCGs are enabling local people to be more involved in determining what healthcare services need to be in place, to improve health outcomes and reduce health inequalities.

Progress against our equality objectives

The CCGs prepared and published their equality objectives in April 2012, whilst in shadow form, and these have been refreshed in 2014. These objectives further the aims of the Public Sector Equality Duty, and will be refreshed in the first quarter of 2017, and revised every four years. Below is a table outlining our progress against our equality objectives.

Objective 1	Ensure all our commissioned and contracted services deliver better outcomes for our population as a whole, particularly those with protected characteristics, by including targets and key performance indicators into contracts, and performance managing closely.
	The CCGs have worked with local people and the Patient Council and District and Locality Engagement Networks to ensure that its commissioning plans are inclusive and meet the needs of local people. The CCGs have identified through our engagement model where we need to develop key performance indicators to ensure our providers are

	accessible across all universal and specialist services.
Objective 2	Involve our patients, service users, carers, protected groups, staff and wider public in improving access to services and patient experience, ensuring that under-represented groups are heard.
Progress	Throughout 2016, we have continued to involve local people in decision making, utilising the Human Rights based approach as set out in our Equality Strategy. We have also developed a new and improved engagement model to meet these aims.
Objective 3	Perform equality analysis on all policies, strategies, service specifications, business plans, and projects and incorporate findings into contracts with providers.
Progress	Equality analyses have been carried out on the development of the CCGs commissioning plans and our policies during 2016/17 and where required has influenced service specifications, and contracts and grants contributions.
Objective 4	Make the three CCGs employers of choice, with empowered, engaged and well-supported staff and a workforce that better represents the communities that we serve.
Progress	We have a fair and accessible recruitment process in place. We monitor recruitment equality data to ensure no group is being disadvantaged in the process and employees are supported. An internal review has identified areas for improvement, which are now being worked on to support staff further through an organisational development plan which is monitored by the HR/OD Committee. A staff grading of EDS2 Goal 3 and 4 took place in 2016.
Objective 5	Ensure inclusive leadership at all levels, with the governing bodies and senior leaders conducting their business so that equality and diversity is advanced, and robust relationships are maintained with patients, staff, providers, protected groups and the wider public.
Progress	All CCG staff including the Governing Bodies and senior managers have undertaken equality training to ensure they understand how this maps to their roles and responsibilities. The Governing Bodies have shown clear commitment to equality and inclusion through the work they do. CCG employees have undertaken equality and inclusion training in 2016 and are keen to be involved in the development of the new equality strategy and objectives in 2017.

9. Governance of equality and inclusion

The CCG Governing Body is directly accountable for compliance with equality and inclusion legislation. Each Governing Body receives regular updates as a standing item and an annual report on compliance with equality and Inclusion.

The HR/OD Committee has oversight and scrutiny of equality and inclusion and has responsibility to ensure that equality and inclusion is a key feature in the decision making process.

We have ensured there are Lay Members that sit on each of the Governing Bodies with specific responsibility for equality and inclusion and patient and public involvement.

The role of our Lay Members is to champion equality and inclusion and to make sure that there is sufficient oversight and scrutiny of equality and inclusion at Governing Body meetings.

The Director of Corporate Governance, Communications and Engagement oversees all of the equality and inclusion work for the CCG and is supported by the Health Engagement and Equalities manager.

The three CCGs have also secured a dedicated part time resource from the Commissioning Support Unit in the form of an Equality and Inclusion Business Partner who is on hand to provide additional support, guidance and expertise.

10. What we plan to do going forward: our equality objectives 2017-2020

Refreshed Equality Objectives 2017-2020

Overall objective: to determine specific local needs in the development of the Sustainability and Transformation Plan and ensure equal access to services and good health outcomes.

Objective 1: To work with stakeholders to ensure the consideration and engagement with all groups of the community in the development of the future commissioning plans

The Communications and Engagement team will be important in forging strong links with 'hard to reach 'members of the local population, through an effective engagement strategy aligned with the equality & inclusion agenda. We will also work with the Patient Council and Staffordshire Health Watch to gain a broader perspective.

Objective 2: To work with protected and disadvantaged groups to identify specific needs and to improve any inequalities and improve access and experience in health care services.

We will work with our Health and Wellbeing Board, and local communities to determine the specific key issues and needs and play a key role in the development of Joint Strategic Needs Assessments. The collation and analysis of data will be essential in order to identify the needs of the protected characteristic groups, and the extent to which they are accessing local services, as well as determine our equality and inclusion priorities for the Sustainability and Transformation Plan.

Objective 3: Fully embed the Equality Impact and Risk Assessment process into commissioning activity. As a commissioner, the CCG must ensure that the services it

commissions meet the needs of all sections of the community. The Equality Impact and Risk Assessment is a tool to support our CCGs to consider the impact of any policy, strategy, service or project on service users and communities. This will help to mitigate or eliminate any negative impact and put in place mitigating actions to avoid unlawful discrimination.

Objective 4: To ensure that equality is everyone's business by embedding an equality and inclusion framework throughout the organisation to support improved equality in health outcomes and workforce diversity. The Organisation Development Programme will be reviewed annually at regular intervals throughout the year to ensure it is having an impact on behaviours and organisation culture. To achieve this we will ensure that we invest in the learning and development of our staff and carry out a review of our policies and procedures to ensure that fairness is at the heart of everything we do. As well as the delivery of Equality and Inclusion masterclasses, there will also be the sharing of best practice from local organisations to further improve the knowledge and expertise of staff.

11. How will we measure impact of the Equality and Inclusion Strategy?

The HR/OD Committee will steer, review and monitor the performance of the CCG against its agreed action plans and ensure that Governing Bodies are kept appraised of progress and developments.

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ANNEX A- EQUALITY AND INCLUSION

Equality

The government's equality strategy 'Building a Fairer Britain' is underpinned by the two principles of equal treatment and equal opportunity. Equality is the current term for 'Equal Opportunities' and is based on the legal obligation to comply with anti-discrimination legislation. Equality protects people from being discriminated against on the grounds of group membership i.e. sex, race, disability, sexual orientation, religion and belief, age, marriage and civil partnership status and pregnancy and maternity.

Inclusion

Inclusion at its simplest is ‘the state of being included’ it is about valuing all individuals, giving equal access and opportunity to all and removing discrimination and other barriers to involvement.

The Legal Context

The Equality Act 2010 came into force on 1 October 2010 and harmonised existing legislation under one umbrella. A key measure of the act is the Public Sector Equality Duty, which came into force on 5 April 2011. The PSED ensures that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all.

The PSED has three general duties. It requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination
- Advance equality of opportunity between people who share a protected characteristic and those that do not –
- Foster good relations between people who share a protected characteristic and those that do not

The nine protected characteristics are

- Age
- Disability
- Sex
- Gender Reassignment
- Race
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion and Belief
- Sexual Orientation

Having due regard, means that CCGs must consciously think about the three specific aims when planning and making decisions. Equality and inclusion must influence the decisions the CCG makes when developing and evaluating policies, designing and delivering services and in helping determine how services are commissioned.

The Health and Social Care Act 2012

The Health and Social Care Act 2012, states that each Clinical Commissioning Group must act in such a way as to reduce inequalities between patients with respect to their ability to access health services. There is also a requirement to reduce inequalities between patients with respect to their outcomes.

Human Rights approach

The Human Rights Act 1998 came into effect in the United Kingdom in October 2000, and meant that we need to ensure our engagement and interaction with patients and service users and each other are in line with the FREDA principles, which means that service users, carers and staff can expect to be treated with: Fairness, Respect, Equality, Dignity and Autonomy.

NHS Mandated Standards

Equality Delivery System 2

The Equality Delivery System (EDS) is intended to support NHS commissioners and providers to comply with the PSED, delivering better outcomes for patients and communities and better working environments for staff that are personal, fair and diverse. EDS is based on promoting the equality of people sharing any of the nine protected characteristics in the Equality Act 2010 and those that do not.

We will use the EDS2 to;

- help the CCGs to continuously improve in its equality and inclusion performance
- Achieve compliance with the PSED
- Deliver the NHS Commissioning Outcomes Framework
- Deliver the NHS Constitution (2010)

Each CCG is required to assess, grade and publish their equality performance using the EDS 2 Framework four goals; Better health outcomes; Improved patient access & experience; A representative & supported workforce; Inclusive leadership at all levels.

Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups (CCGs) has been using the EDS2 since 2011 and carried out grading exercise in 2016 for goals 3 and 4. A similar exercise will be completed in 2017 for goals one and two in partnership with one of the service providers- SSSFT.

Workforce Race Equality Standard

The Workforce Race Equality Standard (Wednesday, 03 May 2017WRES) sets out a systematic approach to progressing workforce race equality within the workforce and contains of set of workforce indicators that CCGs and providers are expected to adhere to and comply with. There are requirements to collect and publish workforce equality data and workforce training data (race equality) and demonstrate a year on year improvement. Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula Clinical Commissioning Groups (CCGs) have published their own workforce report on its website and are committed to progressing workforce race equality issues.

Workforce Disability Standard

The NHS Equality and Diversity Council (EDC) has taken another pivotal step to advance equality within the NHS. The Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18.

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