

NHS Wiltshire Clinical Commissioning Group
Strategy for Promoting Equality and Tackling Health Inequalities
April 2015 – March 2018

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1. INTRODUCTION

- 1.1** This is NHS Wiltshire Clinical Commissioning Group's (WCCG) strategy for promoting equality and tackling health inequalities for April 2015-2018. The use of terms equality/inequality here refer to all forms of disadvantage, discrimination or other forms of unfair treatment for example arising from social deprivation or economic status, these terms also embrace concepts of diversity, Human Rights and inclusion. To find out more about the role of the CCG and our current performance on meeting the Public Sector Equality Duty (PSED) please visit our equality information report on http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Equality-Information_compliance-report_2015.pdf
- 1.2** The strategy outlines WCCG's legal obligations and its approach to promoting equality and reducing health inequalities, it covers:
- i)** Why Equality, Diversity and Human Rights are important to WCCG
 - ii)** The Equality Act 2010 and the Public Sector Equality Duty
 - iii)** Our legal duty to reduce health inequalities under the Health and Social Care Act 2012
 - iv)** Meeting our responsibilities under the Human Rights Act
 - v)** The NHS Constitution
 - vi)** The NHS Equality Delivery System [EDS2] as a framework for assessing our equality and human rights performance and improving patient outcomes and experiences
- 1.3** The strategy also sets out action that we have taken and intend to take to make our services accessible, responsive and fair to all sections of our community and to promote equality and reduce health inequalities.

2. WHY EQUALITY, DIVERSITY AND HUMAN RIGHTS ARE IMPORTANT TO NHS WCCG

- 2.1** WCCG is committed to upholding the NHS Constitution and to equality, diversity and human rights principles which require us to provide "a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief".
- 2.2** We recognise that Wiltshire has a diverse population (see link at paragraph 1.1 above) and that we as individuals have multiple identities which can cover off more than one protected characteristic for example:

- We all have an age
- We all have a racial identity
- We are of a particular sex [male or female]
- We all have a sexual orientation that is to say we are either heterosexual, gay or lesbian, or bisexual.

Some of our characteristics may change over the course of our lives, for example:

- we may acquire a disability through illness, accident or age
- we may acquire or lose a particular faith or belief
- we may change our sexual orientation
- some of us may change our sex – gender reassignment

2.3 The management of equality and diversity is also important to WCCG as it helps to:

- promote the corporate reputation of the CCG as an employer of choice
- recruit a diverse workforce that meets capacity and service delivery needs
- increase productivity through maximising individual contributions to provide better patient care
- protect the CCG from financial detriment or corporate embarrassment as a result of litigation

(adapted from NHS Employers Briefing number 60)¹

2.4 In light of this, WCCG recognises that it has to understand the needs of its diverse community and aim to treat everyone as an individual, with dignity and respect in accordance with their human rights.

3. THE EQUALITY ACT 2010 AND THE PUBLIC SECTOR EQUALITY DUTY

3.1 The Equality Act 2010 brought together all the previous and separate pieces of anti-discrimination legislation into one Act of Parliament. The Act covers the following “protected characteristics”: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. It consists of a general duty and specific duties for public sector organisations called public sector equality duties.

¹ NHS Employers Briefing 60 – Managing Diversity: making it core business

3.2 The Equality and Human Rights Commission have in their guidance to public sector organisations stated that *“compliance with the general equality duty is a legal obligation, but it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently. A workforce that has a supportive working environment is more productive. Many organisations have also found it beneficial to draw on a broader range of talent and to better represent the community that they serve. Compliance with the general equality duty should also result in better informed decision-making and policy development, and better policy outcomes. Overall, compliance can lead to services that are more appropriate to the user, and services that are more effective and cost-effective. This can lead to increased satisfaction with public services”*²

3.3 The general duty has three aims and it applies to most public authorities, including CCGs (and bodies exercising public functions such as private healthcare providers), who must, in the exercise of their functions, pay due regard to them. These are:-

Aim 1: eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;

Aim 2: advance equality of opportunity between people who share a protected characteristic and people who do not share it; and

Aim 3: foster good relations between people who share a protected characteristic and people who do not share it.

3.4 The Equality Act contains special provisions for public sector bodies known as the Public Sector Equality Duties [PSED]. It is made up of the general duty which is the overarching requirement and ‘specific duties’ which are intended to help performance of the general duty.

3.5 Under the Specific Duties of the Public Sector Equality Duty, public authorities are required to publish, in a manner that is accessible to the public, the following information:

- Publish information to demonstrate its compliance with the public sector Equality Duty at least annually and no later than 31st January. This information must include, in particular, information relating to people who share a protected characteristic who are:
 - its employees – (public authorities with fewer than 150 employees are exempt)
 - people affected by its policies and practices. This includes information on:
 - community profile by protected characteristics;
 - results of consultations/engagement with protected characteristics

- patient profile
- patient satisfaction
- output of equality impact assessments (if appropriate)
- Equality objectives at least every four years. All such objectives must be specific and measurable.

Equality and Human Right Commission – the Essential Guide to the Public Sector Equality Duty (Jan 2012)

4. Reducing health inequalities – The Health and Social Care Act 2012

- 4.1** The Health and Social Care Act 2012 enshrines in legislation for the first time, explicit duties on the Secretary of State for Health, NHS England and the CCG to have regards to the need to reduce health inequalities in the benefits which can be obtained from health services. The duty on the Secretary of State extends to functions in relation to both the NHS and public health. The duties on NHS England and CCGs incorporate both access to, and benefits from, healthcare services.
- 4.2** Clinically-led commissioning - the Act puts clinicians in charge of shaping services. A number of CCGs' key responsibilities are directly designed to help reduce health inequalities these include:
- a. **Promoting integration** - NHS England and CCGs are responsible for promoting better integration of health services with health, social care and other health-related services, where this would improve service quality or reduce inequalities.
 - b. **Quality reward** - NHS England is able to reward CCGs for providing high quality services, for improving outcomes and reducing inequalities
 - c. **No decision about me, without me** - NHS England and CCGs are required to involve the public in the planning of commissioning arrangements and proposals to change those arrangements and decisions affecting them. (adapted from DH factsheet C2 provides details regarding health inequalities and the Health and Social Care Act 2012)³²
 - d. **New innovative services** – the act enables providers, including the independent 3rd sector, to develop innovative services to tackle complex problems such as health inequalities

3. Department of Health factsheet C2 Health and Social Care Act 2012

5. HUMAN RIGHTS ACT

- 5.1** Public sector organisations also need to have due regard to the Human Right Act 1998 [HRA]. There are five principles of human rights which are: fairness, respect, equality, dignity and autonomy called the FREDA principles which also form part of the NHS Constitution.
- 5.2** In commissioning and delivering services which are compatible with the HRA, the CCG commits to undertaking human rights based approach in line with PANEL principles: Participation, Accountability, Non-discrimination, Empowerment and Legality.

6. THE NHS CONSTITUTION

- 6.1** The NHS constitution revised in March 2012 contains seven principles that guide the NHS as well as a number of pledges for patients and the public. A number of these demonstrate the commitment of the NHS to the requirements of the Equality Act and the Human Rights Act.
- 6.2** The first of the seven principles requires that the NHS “provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief.”
- 6.3** There are also a number of rights contained in the constitution which underpin the NHS’s commitment to equality and human rights and which include:
 - the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age
 - the right to be treated with dignity and respect, in accordance with your human rights.
 - the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this
 - the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent
 - the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

7. THE NHS EQUALITY DELIVERY SYSTEM

- 7.1 Equality Delivery System is designed by NHS for the NHS. The main purpose of the Equality Delivery System v2(EDS2) is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. EDS2 provides a systematic way for the CCGs to show how it is doing against the four goals and outcomes (see APPENDIX 1).
- 7.2 The EDS2 eighteen outcomes are grouped under four goals⁴³:

Better health outcomes
Improved patient access and experience
A representative and supported workforce
Inclusive leadership

- 7.3 Essentially, there is just one factor for NHS organisations to focus on with the grading process. For most outcomes the key question is: how well do people from protected groups fare compared to people overall? There are four grades – undeveloped, developing, achieving and excelling.

In response to the question how well do people from protected groups fare compared with people overall, the answer is:

Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

Developing if evidence shows that the majority of people in three to five protected groups fare well

Achieving if evidence show that the majority of people in six to eight protected groups fare well

Excelling if evidence shows that the majority of people in all nine protected groups fare well

⁴.EDS2 - A refreshed Equality Delivery System for the NHD November 2013

8. ACCOUNTABILITY AND APPROACH TO PROMOTING EQUALITY AND REDUCING HEALTH INEQUALITIES

- 8.1** WCCG's governing body leads the organisation. It comprises GPs, lay members, clinical and health professionals from the workforce. Core attributes and competencies for all Board members include a requirement to 'be committed to ensuring that the organisation values diversity and promotes equality and inclusivity on all aspects of its business'.
- 8.2** Individual members of the governing body bring different perspectives, drawn from their different professions, roles, backgrounds and experience. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business.
- 8.3** The CCG has a lay member on the governing body with specific responsibility for Patient and Public Involvement.
- 8.4** The Director of Planning, Performance and Corporate Services provides strategic leadership on equalities and assurance to the CCG Board on whether the CCG is meeting its statutory obligations. WCCG has adopted an integrated and holistic approach to understanding health care needs of the CCG's population and commissioning services to meet these needs. We aim to develop a strong clinical and multi-professional focus with significant member engagement and meaningful involvement of patients, carers and the public in all our work. Our constant clinical focus is on improving quality and patient access outcomes/experiences. Health outcomes and patient experience are therefore key considerations in all our commissioning decisions and reducing health inequalities with particular regard to the nine protected characteristics as outlined in the Equality Act 2010 is viewed as a key factor in all our decision-making. Our aim is to consider equalities considerations as an integral part of commissioning business and not as an after-thought.
- 8.5** In line with planning guidance from NHS England our work is underpinned by the following values:
- We aim to prioritise patients in every decision we take.
 - We listen and learn.
 - We are evidence-based.
 - We are open and transparent.
 - We are inclusive.
 - We strive for improvement.

- 8.6** The following paragraphs show action that we have specifically taken so far and what we are planning to do over the short to medium term to promote equality and reduce health inequalities.

9. Leadership and Governance

WCCG has developed its constitution, governance and accountability mechanisms to enable it to meet all its duties and responsibilities including the delivery of statutory functions such as Equality, Diversity and Human rights and reduction of health inequalities.

9.1 What we have already done?

- Identified an Executive Director and governing body member with responsibility for the promotion of Equality and reduction of health inequalities
- Delivered an Equality and Diversity briefing to the CCG's Governing Body on their responsibility under the Equality Act 2010 (and associated Public Sector Equality Duties) and their responsibilities to reduce health inequalities
- Develop equality champions on our governing body.
- Make equality and diversity a standing item on the CCG Governing Body agenda at least once a year
- Report on CCG's performance against our equality objectives and EDS goals and outcomes at least once a year via the annual report.
- Secured, specialist resource from Central Southern Commissioning Support Unit to advise the CCG on matters of equality, Human Rights and inequalities
- Published on our website draft equality objectives for NHS Wiltshire CCG
- Published annual equality information report to show how we are meeting the Public Sector Equality Duty
- Provided training to relevant staff on how to conduct equality impact assessment
- Integrated equalities into our public engagement activities
- Determined the demographic profile of our population and consulted our communities in developing health priorities for our population

9.2 What we plan to do?

- Keep under review effectiveness of our current Governance and accountability mechanisms for the promotion of equality and reduction of health inequalities
- Provide training to all equality champions on how to perform their role most effectively
- Adopt the NHS Equality Delivery System Version 2 in a proportional manner as the framework for promoting equality and reducing health inequality

- Continue to publish annually equality data and information to meet the requirements of the specific Public Sector Equality Duty
- Ensure that exception reports on CCG, CSCSU, and other provider performance around equalities are on Integrated Governance and Quality Committee and the Governing Body or (or relevant sub-committee) agenda at least twice a year
- Strengthen Equality analysis and Equality Impact Assessment (EA/EIA) process and ensure that it remains an integral part of our commissioning cycle and is completed as part of the decision making processes from the beginning so that the CCG to develops a full understanding of the equality risks to patients of any decisions they make.

10. Equality Analysis/Equality Impact Assessment (EAs/EIAs)

EAs/EIAs allows public authorities such as the CCGs to identify the impact or effect (either negative or positive) of their policies, procedures, projects, services, and functions on different sections of the population, paying particular regard to the needs of protected groups and other disadvantaged groups. Where negative impacts are identified the organisation needs to take steps to deal with this. The Equality Act 2010 requires statutory authorities to carry out EAs/EIAs and show how they have reflected the result of EAs/EIAs to make their decision. This process also allows us to see where health inequalities persist and action we need to take to improve health outcomes/experiences for the vulnerable groups in our population.

We recognise that to a great degree all functions or activities of the CCG are subject to general or specific equality duties - this means that all strategies, policies, action plans and projects we undertake must be assessed for equality impact including our Human Resources policies and procedures.

10.1 What have we already done?

- Our key staff have participated in EA/EIA training to ensure effective application of EIA process in their day to day work so that it informs decision-making
- We have made a commitment to increasing the quality and number of EA/EIAs that we complete and making sure that EA/EIA is part of the policy formulation/service design from the very outset so that we can use the results more effectively in our commissioning and other decisions
- We have developed and disseminated a guide and template for managers and commissioners
- We have worked with a number of stakeholders including Health Watch to identify health inequalities and determine our key strategic health priorities for the next few years

10.2 What we plan to do?

- Assess how effectively we are using the outputs of our EIA process to inform decision-making and the difference it is making to health outcomes/experiences for our population
- Ensure that providers and CSCSU complete EA/EIA training for their staff as this will assure the CCG of further compliance with equalities legislation in undertaking the work commissioned by the CCG
- Work with our partners including CSCSU to improve data and information resources to better inform and facilitate the completion of EAs/EIAs

11. Communication and engagement

We recognise the importance of working with all our local communities, statutory partners, staff and the voluntary sector so that they have a voice which will inform the planning and commissioning of our local NHS services. We are committed to making our communication and engagement work inclusive ensuring that we make opportunities for minority groups and “seldom heard” groups to have their say.

We understand that accessible communication is a key to meaningful participation of our population in our decision-making. Consequently we have made a commitment to listen to and work in partnership with the people we serve as described in our Communication and Engagement Strategy we will make sure that this strategy is inclusive.

11.1 What we have already done?

- We have identified barriers to effective communication with our minority communities
- Made a commitment to removing barriers to effective communication and where necessary by making reasonable adjustments and creating opportunities for minority communities to have their say
- Worked in partnership with the Wiltshire Council to develop the joint Health and Well Being Strategy for our population
- Made a commitment to participating in joint consultation and engagement activities as and when appropriate
- Run specific consultation events when developing major service redesign or change programmes for example for mental health services
- Developed our approach to communicating with the general public through holding targeted events

11.2 What we plan to do?

- Ensure that our communication is accessible to all our service users and communities e.g. when requested we have the capacity to provide information in large print or Braille or in different languages
- Refresh our Communication and Engagement Strategy to ensure that we have identified and addressed all possible barriers to communication with the 9 protected groups and other vulnerable groups
- Implement the actions identified in the outcome of revised EA/EIA of our Communications and Engagement Strategy and review progress to ensure that we are compliant with the requirements of the equalities legislation
- Engage with protected groups at least once a year to as part of the review of our performance against the EDS goals and outcomes
- In partnership with Wiltshire Council commission an equality service governed under the Joint Business Agreement.

12. Workforce Training

We are committed to working in line with the current employment legislation including meeting the provisions of the Equality Act 2010. The CCG will aim to provide a working environment which is free from discrimination, victimisation and harassment on individual and/or institutional basis on the ground of any of the nine protected characteristics specified in the Equality Act 2010. We will also make sure that our employment policies and procedures are working in line with the Human Rights Act 1998.

We also aim to recruit, retain and develop a workforce which is representative of all sections of our communities. We believe this will enable us to embed equality, diversity and Human Rights into our business and help us to respond more effectively to the needs of our service users and communities. Our responsibilities as an employer are set out in our suite of Human Resources policies and procedures.

12.1 What we have already done?

- Ensured that CSCSU our provider of Human Resources services has developed and is employing policies and procedures which are compliant with the Equality Act 2010
- Decided to adopt EDS2 framework to help us to deliver tangible improvements for our staff and services users
- Decided to adopt EDS2 framework to help us in delivering improvement to working lives of our employees, and to comply with the workforce element of the Public Sector Equality Duty
- Placed a requirement on our employees to undertake statutory and mandatory training including equality and diversity (ideally annually but every three years as a minimum)

- made a commitment to periodically review data and information to inform us about the impact of our employment policies and decisions on our employees and potential employees

12.2 What we plan to do?

- Ensure that the CSCSU as the provider of our Human Resource services continue to assess the impact of employment policies and procedure in relation to an increasing number of protected characteristics as the policies come up for review
- Arrange, if required, further EA/EIA training for CCG staff responsible for undertaking EAs/EIAs – this will help us to deliver our commitment to increase the quality and numbers of EAs/EIAs completed.
- Ensure that we use the results of EA/EIA to improve our decision-making and deliver better health outcomes for protected groups
- Work in partnership with the Local Authority and CSCSU to Engage staff from protected groups and staff side bodies at least once a year as part of the review of our performance against the EDS goals and outcomes
- Periodically review and revise our statutory and mandatory training to ensure that it is still relevant

13. Commissioning and Procurement

We recognise that we are ultimately accountable for ensuring that services we commission are delivered in line with the equality legislation and that both we and our providers comply with the Public Sector Equality Duty. So we will aim to ensure that all our contracts and Service Level Agreements include clauses and performance measures around our equality and Human Rights duties and responsibilities e.g. access to services and information in appropriate formats or treating everyone with dignity and respect.

We understand that we need to work with our partners and providers to improve collection of qualitative and quantitative data to enhance our ability to commission high quality services. Whenever possible we will aim to disaggregate performance data by the nine protected characteristics so that we can monitor the impact of our commissioned services on different groups and take action to rectify any shortcomings in our performance.

13.1 What we have already done?

- Agreed, in principle, to adopt the NHS EDS2 as the framework to help us to gather and analyse equality information against EDS goals and outcomes
- Introduced specific equality clauses (relating to services and Human Resources) in our contracts to providers and incorporated equality performance into quarterly performance reports

- Have developed some capacity to disaggregate performance data by age, sex, race, some disabilities, and pregnancy and maternity

13.2 What we plan to do?

- We will annually complete an EA/EIA of our annual Commissioning Intentions to ensure that they take account of the needs of all our services users and communities
- Review that specific equality clauses in contracts are working as intended
- Incorporate specific equality clauses in all our Service Level Agreements
- Improve the use of existing disaggregated performance data to influence our decisions
- Explore the scope to extend our capacity to disaggregate performance data by all nine protected characteristics
- Review our providers' performance against the equality clauses as part of regular contract performance review process

14. Complaints, concerns and compliments

We recognise that complaints, concerns and compliments are an important indicator of people's satisfaction with our services. The feedback from service users and our communities also helps us to deliver continuous improvements to our services. We aim to respond to any complaints and concerns effectively, as fairly as possible and in a timely manner. Analysis of complaints information by protected characteristics can be a good indicator of potential inequalities likely to arise from our policies and procedures and the way we apply them in practice. In order to collect this information, a short Equality and Diversity survey is sent out with each of our consent forms. Information received from this survey is anonymous.

In order to capture service experiences of our people we are committed to providing information on how to complain, raise concerns and give compliments. We aim to provide and disseminate this information in accessible formats, via variety of means, across all groups of people protected under the equalities legislation as and when opportunities arise.

14.1 What have we already done?

- Made internal arrangements for the delivery of a complaints and concerns service

14.2 What we plan to do?

- The CCG's Governing Body will receive a report on complaints, concerns and compliments at least twice a year. The report will include an analysis of equality monitoring from responses received from the Equality and Diversity survey's, with an aim of better understanding the demographics of the complaints made directly to us.

Appendix 1: NHS Wiltshire CCG revised Equality Objectives and Action Plan
Appendix 2: NHS Equality Delivery System2: Goals
Appendix 3: EDS2 overview and steps for implementation

Date approved: May 2015
Approved by: Governing Body
Version: 2.0
Review date: September 2017

Appendix 1

NHS Wiltshire Draft Revised CCG Equality Objectives and Action Plan April 2015 – March 2018 (subject to annual review)

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
Objective 1 - To develop a fresh strategy and action plan for promoting equality, diversity, Human Rights, inclusion and reduction in health inequalities including the implementation of the revised Equality Delivery System.						
Draft strategy and action plan	To inform the CCG and its stakeholders how the CCG plans to promote equality and reduce health inequalities. Supports the adoption of EDS as recommended by NHS England	A draft strategy presented to the Governing Body and released for consultation with stakeholders	Draft strategy to be presented to the CCG's Governing Body for approval and release for consultation May 2015	An agreed strategy reflecting stakeholder feedback published on the CCG's website asap	Director of Planning, Performance and Corporate Services with support from CSCSU as required	August 2015
Publish a draft strategy as approved by the Governing Body on the	If patients and service users are to be at the	Feedback gathered and evaluated and strategy revised as	As above	As above	As above	August 2015

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
CCG Website and invite stakeholder feedback	centre of our commissioning decisions then we must listen to their voices in how we do our business	appropriate				
Make arrangements e.g. targeted focus group/survey to reach out to encourage participation from specific groups with protected characteristics as specified in the EA 2010	Meets requirements of the PSED, EDS, H&SCA and duty to consult, enables stakeholders to voice their views ensuring improvements in outcomes for them	The CCG creates opportunities to enable different protected groups to have their say and uses these views to influence its decisions	No opportunities for specific equality groups' participation have yet been created with respect to this strategy	Specific targeted opportunities are created to enable specific equality groups to have their say	As above	September 2015
Formally adopt and implement EDS 2 using the 9 step approach outlined in the NHS England guidance (refer to Appendix 2)	Helps to meet PSED, NHS Constitution, and NHS operations framework.	The CCG can show that it is taking appropriate steps to implement EDS 2	The CCG has not yet begun to implement EDS2	The CCG has implemented EDS2 involving its	Director of Planning, Performance and Corporate Services	October 2015

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
	Putting people first framework and enables the CCG to develop best practice by integrating equalities/health inequalities considerations in day to day business			stakeholders at each stage as advised by NHS England		
Objective 2 – to increase awareness of the importance of promoting equality/reducing health inequalities within the CCG and across member practices						
Review Governance and Accountability mechanisms for promoting equality and reducing inequalities	Open and transparent means of decision-making and accountability EDS and PSED requirements Management of legal risk in the	All decisions can withstand scrutiny in the event of a complaint of discrimination from individual and/or a group of service users	Robustness of Governance and Accountability procedures for equality issues is not tested and should be tested prior to emergence of any complaints of	It is easy to account for all decisions from equality and health inequality stand-point		

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
	event of litigation		discrimination or applications for judicial review			
Ensure that equalities and health inequalities consideration are available and are taken into accounts all decision-making processes. Raise awareness of staff and member practices by delivering regular briefings/training sessions/development sessions as required and making equalities/health inequalities for of all change/commissioning and service redesign processes	Supports integration of equalities and health inequalities into day to day business. Helps to meet legal and regulatory requirements as above	Staff and stakeholders become aware of why equalities and reduction of health inequalities is important and start to use it in their day to day work this results in an enhance organisational competency to manage equality and health inequality issues	Training delivered to date e.g. general awareness and specific EIA has helped to increase levels of awareness, however more can be done to ensure that the training is being applied to influence decision making for the benefit of service users/staff	Clear evidence that an understanding of equality and health inequalities issues is pervasive the CCG and its member practices	Communications/organisational development team???	September 2015
Identify and develop equality/health inequalities champions among member practices, different stakeholder groups including local	To build capacity at all levels and comply with legal obligations (PSED,	The CCG can show that it has a group of champions who are actively promoting equality and helping to reduce health	There are a few people involved with the CCG who understand the importance of equalities and	Formal specification of role of champions and designation	Director of Planning, Performance and Corporate Services	June 2016

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
partners and the community for specific service areas and health conditions and support these champions to network and share good practice	EA2010, H&SCA 2012, NHS England requirements) and develop good practice	inequalities, they are also challenging bad practice and taking opportunities to encourage good practice	health inequalities.	n for specific areas of activity is desirable		
Objective 3 - To improve quality of and accessibility to demographic profile of Wiltshire by protected characteristics and identify variations in health needs to enable staff to undertake meaningful equality impact analysis on the work as it develops.						
To raise awareness of the CCG staff about how to access information currently available on the demographic profile of Wiltshire and support them to use the information in conducting equality impact analysis at the right time in the right way.	Meeting business, legal and regulatory requirements	All staff are aware of how to access current information on demographic profiles of service users to carry out their day to day work, are able to identify gaps and make suggestions on how to get information to plug the gaps	Demographic information is held on the Wiltshire Council website portals staff are not generally aware of how to access or best use this information to support their work	CCG can show that its staff and stakeholders know what information exists and can use it in their day to day work	Director of Planning, Performance and Corporate Services	Ongoing

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
Ensure that staff use the EA/EIA process as a planning tool and consider equalities and health inequalities issues at all stages of the commissioning cycle and not as an after thought	As above	Demonstrate legal compliance with the Public Sector Equality Duty and other regulatory requirements	The CCG is committed to increasing the quality and number of EA/EIAs	The CCG carries out robust EA/EIA and uses the output to support its decision-making	Authors of relevant documents	Ongoing
Ensure that all Governing Body papers have good quality information on equality and health inequalities issues to support their decisions	Open and transparent decision-making meeting legal and regulatory requirements developing best practice and improving performance	CCG can show that it uses robust outputs of EA/EIA process to support its decisions and is confident of holding these decisions to any level of scrutiny	Although more EA/EIA are being undertaken it is not clear the extent to which the Governing Body's decisions are being influenced by outcome of EA/EIA	The CCG is confident and can show that it is capable of defending a legal challenge or application for a judicial review without	Director of Planning, Performance and Corporate Services	Ongoing

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
				expending too much resources		
Work in partnership with others such as the Wiltshire Council to develop easy to access information and resources on health variations among specific communities in Wiltshire	Better understanding of health needs of different protected groups and hence development of services to meet these needs	The CCG can show good understanding of health needs of its population by different protected groups and commissions service in line with what matters to people who use the services	Information is available e.g. via the JSNA and survey's undertaken by the Local Authority but it is not easy to find and it is not clear to what extent the CCG is using this information to support commissioning decisions	The CCG can show that it commission services based on an understanding of needs of different protected and vulnerable groups	Director of Planning, Performance and Corporate Services	November 2015
Develop resources on specific health conditions and their incidence for different protected and vulnerable groups	As above	CCG is working in partnership with others e.g. Healthwatch to develop easy to access information and resources on health variations	Some national and local level resources are available but they are not easy to find so do not get used	Easy to access resources are readily available to inform day to day commissioning	Head of Communications	October 2015

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
		among specific communities in Wiltshire		n business		
Objective 4 - Support staff to put equality/reduction in health inequalities at the heart of commissioning cycle.						
Develop a coherent communications and engagement strategy, carry out an EA/EIA to ensure that CCG's Communications and engagement is inclusive and secures input from all protected groups	Meeting legal and regulatory requirements under the Equalities and Health and Social Care Acts	A comprehensive stakeholder map is needed to ensure effective consultation networks are developed for 9 protected and other vulnerable groups	There does not appear to be a coherent communications and engagement strategy on the CCG's Website or associated EIA output	Clear and inclusive communication strategy including a map of stakeholders and arrangements for reaching out to disadvantaged and vulnerable groups	Head of Communications	July 2015
Raise staff awareness of how they can reach out to disadvantaged and vulnerable groups whose	Supporting and developing staff skills and competencies to	Staff know how to reach different protected groups and how to engage them	Consultation activities are undertaken but it is not clear if this	Staff and stakeholders have a clear	Head of Communications	Ongoing

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
voices are missing from decision-making	deliver equality and health inequalities duties and improve patient outcome and experience	in a dialogue to understand their perspectives on the likely impact of work that is being undertaken	is being done in a coherent framework and if all staff and stakeholders understand this to be the case	understanding of how to reach out people from different groups and the CCG can show that they are actively engaged		
Continue to build a stakeholder map to ensure that all the relevant stakeholders are engaging with the CCG and are supported to network amongst themselves to share knowledge and practice	As above	Evidence of CCG's proactive approach to fostering good relations with different communities and groups to enhance dialogue with these communities	Consultations and engagement activities are underway however gaps in communications persist. These need to be systematically recorded and put right	As above	Head of communications	July 2015
Develop an inclusive leadership with		Boards and senior leaders routinely		Boards and senior		

Action	Reasons required	Performance measurement	Current status	Desired Status	Responsibility	Target date
appropriate equality and reduction in health inequalities skills		demonstrate their commitment to promoting equality and reducing health inequalities within and beyond the CCG Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed. Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination		leaders routinely demonstrate their commitment to promoting equality and reducing health inequalities within and beyond their organisations.		

Appendix 2

Equality Delivery System goals and outcomes (taken from NHS England – A refreshed Equality Delivery System for the NHS)

The goals and outcomes of EDS2		
Goal	Number	Description of outcome
Better Health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local population
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care

The goals and outcomes of EDS2

		3
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including

The goals and outcomes of EDS2

		risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

EDS2 – Overview steps for implementation (taken from the NHS a refreshed Equality Deliver System for the NHS)

Equality Delivery System2 – Overview Steps for Implementation	
Step 1	<p>Confirm governance arrangements and leadership commitment</p> <p>NHS organisations should confirm their governance arrangements for using <i>EDS2</i>. Good governance is typified by two key attributes. First, the inclusion of members of the public, patients, carers, governors and members where relevant, communities, staff networks, staff-side organisations and local authority partners in governance structures. Second, by locating <i>EDS2</i> governance within existing mainstream governance structures. In this way, use of <i>EDS2</i> is not separate and isolated from mainstream business. At the outset, before organisations attempt to use <i>EDS2</i>, their Boards and senior leaders should confirm their own commitment to, and vision for, services with fair access and equivalent outcomes for people who use services, and workplaces where people can thrive based on their talent. They should stress that promoting equality is everyone’s business, and that no one organisation or stakeholder can work in isolation from others in making progress. Some of <i>EDS2</i>’s outcomes challenge the leadership of NHS organisations to positively demonstrate their commitment to equality and the values that underpin the NHS Constitution.</p>
Step 2	<p>Identify local stakeholders</p> <p>NHS organisations should identify those local stakeholders that will need to be involved in <i>EDS2</i> use. For <i>EDS2</i> to be effective, these local stakeholders should include patients, carers, members of community groups, other members of the public, representatives of voluntary and community organisations, NHS staff and representatives of staff-side organisations, and encompass all protected groups. CCGs should involve member practices and their patient forums. For NHS foundation trusts, the local stakeholders include their governors, representative memberships and staff. Specific local stakeholders may vary depending on the particular <i>EDS2</i> outcomes which are explored and in what way. Local stakeholders can help organisations to word <i>EDS2</i> outcomes in down-to-earth ways.</p>

	Step 3
Step 3	<p>Assemble evidence</p> <p>NHS organisations should assemble evidence for analysing their equality performance. They should consider gaps in evidence and how they can be filled. The evidence should draw on JSNAs (Joint Strategic Needs Assessments), public health intelligence, CQC registration evidence, NHS Outcomes Framework data, surveys of patient and staff experience, workforce data and reports, their own equality monitoring and demographic data, local Healthwatch insight, and complaints and PALS data. As long as it is reliable and valid, the evidence can be quantitative or qualitative. Early insight and evidence can help to determine which <i>EDS2</i> outcomes, which services, and which aspects of each protected group, are explored and how.</p>
Step 4	<p>Agree roles with the local authority</p> <p>NHS organisations should agree the part that local Healthwatch organisations, health and wellbeing boards, and public health and other parts of the local authority will play in <i>EDS2</i> use. The role of local Healthwatch organisations can be pivotal in making <i>EDS2</i> work well.</p>
Step 5	<p>Analyse performance</p> <p>With local stakeholders, organisations should analyse their performance on each or most <i>EDS2</i> outcomes, perhaps focusing on a few specific issues, taking account of each relevant protected group. Organisations should share the evidence they have assembled (at Step 3) with their local stakeholders in accessible formats, so that local stakeholders can play their part in the analysis of performance and setting of equality objectives. See “Assessing and grading performance” and “Outcome and grading tables” below.</p> <p>Step 6</p>
Step 6	<p>Agree grades</p> <p>Based on these analyses, organisations and local stakeholders should agree a grade for each assessed outcome. If there is a disagreement about any grade, the views of local stakeholders should be given weight. Results can provide information to demonstrate PSED compliance. See “Assessing and grading performance” and “Outcome and grading tables” below.</p>
Step 7	Prepare equality objectives and more immediate plans

	<p>Using the grades across all assessed <i>EDS2</i> outcomes as a starting point, organisations with local stakeholders should select no more than four or five equality objectives for the coming business planning period. It is further advised that at least one equality objective per EDS goal is chosen. But this is not a hard and fast rule. No doubt these equality objectives will focus on the most urgent challenges. But <i>EDS2</i> is not just a means for identifying equality objectives. It is a means for uncovering equality-related progress or concerns in general, and the organisation may need to spread good practice or tackle the most pressing problems within or outside the setting of equality objectives.</p>
Step 8	<p>Integrate equality work into mainstream business planning Work arising from the setting of equality objectives or more immediate plans should be integrated within organisations' mainstream business planning processes. For example, organisations can report on this work within their NHS Integrated Plans, saying how they will respond to the QIPP challenge.</p>
Step 9	<p>Publish grades, equality objectives and plans Grades, equality objectives or other equality improvement plans, plus subsequent progress, should be published locally by organisations on their websites, in Annual Reports, and in other accessible ways. They should be shared with health and wellbeing boards for comment and possible action. With agreement from all parties, grades and equality objectives or plans may be shared by NHS commissioners and their local stakeholders with NHS England Area Teams for comment and possible action. Providers may report their grades and equality objectives or plans with commissioners as part of contract monitoring processes. Where serious and/or persistent concerns about providers relate to CQC's Essential Standards of Quality and Safety, CQC should be notified for possible inclusion on CQC's Quality & Risk Profiles and potential action.</p>