NHS
Castle Point and Rochford
Clinical Commissioning Group

NHS Castle Point & Rochford CCG Equality and Diversity Strategy

CPRCCG HR08

2017 – 2019

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If you would like this strategy in a different language or different format that would better suit your needs please contact us at:

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FOREWORD

This document sets out our commitment to ensuring that equality and diversity will be taken into account in everything we do, both as an employer and as a commissioner of healthcare.

It has been developed in response to the requirements of the Equality Act 2010. It is designed to meet the requirements of the Human Rights Act and the national NHS Equality Delivery System 2 (EDS2). The EDS2 replaces the EDS and is designed to ensure NHS organisations follow best practice in delivering serives that are free of discrimination and meet the requirements of the Equality Act.

Through the implementation of this strategy, our EDS2 action plan and our communications and engagement strategy, we will continue to promote equality of opportunity and ensure that potentially vulnerable groups and individuals are supported, and their needs addressed, in ways that are best suited to them.

This is a long-term commitment driven by both the needs and wishes of our local population and staff, and the new equalities legislation. For that reason, much of the work will be ongoing. Our Governing Body commits to monitoring our progress and reporting regularly and openly in line with the specific duties of the Equality Act 2010.

The CCG's equality objectives for 2016-2019 are:

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

We look forward to facing the challenges, and delivering the actions we have set ourselves, and ensuring that our population has the opportunity to be involved in shaping and influencing the decisions and services that affect them.

Signed 

Patricia D'orsi, Chief Nurse

Equality & Diversity Champion for Castle Point & Rochford CCG

1. INTRODUCTION

This draft document is a public commitment of how we aspire to meet the needs and wishes of our local population and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery System 2 (EDS2). It recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed.

This strategy will be reviewed annually. It builds on the work previously undertaken by NHS South Essex, and puts equality and diversity at the heart of all we do.

Our Castle Point & Rochford Clinical Commissioning Group (CCG) vision is

"Enable the people of Castle Point & Rochford to live longer, healthier and happier lives through commissioning high quality health related services sensitive to local needs, putting the patient and family at the centre of their care".

This strategy is inclusive of both our staff and the people who use the services we commission, including those who have protected characteristics and those who are vulnerable in our society.

We believe that our organisation should reflect all the communities and people we serve, and tackle all forms of discrimination. We need to tackle inequality and remove barriers which might hinder or prevent our population from accessing healthcare services.

We aim to implement this strategy by:

- challenging discrimination, identifying gaps and inequalities and promoting equalities in the services we develop and commission and for the people we employ; and

- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination

Implementing our Equality and Diversity Strategy will enable us to uphold the NHS Constitution, which sets out the purpose, principles and values of the NHS and explains a number of rights, pledges and responsibilities for staff and patients alike. The Constitution includes this pledge:

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

As we go forward, the following principles will underpin our work:

- support and respect for everyone's human rights as a fundamental basis for our work with people;
- identifying and removing barriers that prevent the people we serve from being treated equally;
- treating all people as individuals, respecting and valuing their own experiences and needs;
- finding creative, sustainable ways of improving equality and diversity and of supporting human rights;
- working with our staff and the people who use the services we commission towards achieving equality;
- learning from what we do – both from what we do well and from where we can improve;
- using everyday language in our work; and
- working to tackle barriers to equality.

2. MEETING OUR DUTIES

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

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

The PSED also encourages us to engage with our diverse communities to ensure that policies and services are appropriate and accessible to all, and that they meet the different needs of the communities and people we serve.

In line with the Equality Act, we are required to have due regard to the need to:

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

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

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

Having due regard means that we must take account of these three aims as part of our decision making processes –- in how we act as an employer; how we develop, evaluate and review policy; how we design, commission and evaluate services; and how we commission services from others.

The Equality Act also requires us to consider the need to:

- remove or minimise disadvantages suffered by people associated with their protected characteristics;

- meet the needs of people with protected characteristics;

- Encourage people with protected characteristics to participate in public life or in other activities.

Complying with the general duty of the Equality Act may mean that we treat some people differently from others - this will be to ensure that their needs are met as far as this is allowed in discrimination law. This may mean making reasonable adjustments or commissioning services to be provided in a different way to make sure they achieve the same outcomes.

The general duty is also underpinned by a number of specific duties which include the need for us to:

- have specific, measurable equality objectives;

- analyse the effect of our policies and practices on equality and consider how they further the equality aims; and

- publish sufficient information on an annual basis to demonstrate we have complied with the general equality duty.

Implementing the PSED will require all staff within the CCG who are delivering its core functions to have a sound knowledge of the Equality duty. It also requires the CCG to ensure compliance from the early initial stages of service/policy development through to key decision making stages, so the CCG's duties are timely. The CCG will ensure that its duties will be systemic in all its commissioning functions, with real consideration given to all principles. The CCG will ensure it has all the information required to make a sound decision with regard to equality and diversity, and ensure that the CCG's Equality Duties are the CCG's alone, and will not be delegated to a third party. This strategy and the CCG's activities in delivering its duties, is a dynamic process to be reviewed regularly.

This is reflected in the CCG's Equality Impact Assessment and decommissioning processes as set out in the Project Lifecycle through the Gateways checklist and the Quality Impact Assessment Process checklist.
Table 1 below provides an overview of the different types of discrimination an individual or individuals can experience.

Type		Description
Discrimination	**Direct**	Treating a person, without justification, less favourably than another, particularly because of one's feelings, assumptions or prejudices about the characteristic, attributes or circumstance of that person this can include certain forms of harassment or abuse.
	Indirect	Occurs when applying, without justification, a request or condition which on the face of it applies to everyone but which in practise, forms a greater obstacle to a person, or group of persons, with particular characteristics, attributes or circumstances.
	Associative	This is direct discrimination against someone because they associate with another person who possesses a protected characteristic. This applies to race, religion or belief, sexual orientation, age, disability, gender reassignment and sex.
	Perceptive	This is direct discrimination against an individual because others think they posses a particular protected characteristic. This applies even if the person does not actually possess that characteristic.
Harassment		Is unwanted conduct related to a relevant protected characteristic and is intended to be violating ones dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. It may also involve unwanted conduct of a sexual nature or be related to gender reassignment or sex.
Victimisation		Subjecting a person to a detriment because they have made a complaint of discrimination, or are thought to have done so; or because they have someone else who has made a complaint of discrimination.

3. THE PROTECTED CHARACTERISTICS

The nine protected characteristics covered by the Equality Duty are:

2. Age
3. Disability
4. Gender re-assignment
5. Marriage and civil partnership
6. Pregnancy and maternity
7. Race – this includes ethnic or national origins, colour or nationality
8. Religion or belief – this includes lack of belief
9. Gender
10. Sexual orientation

Our CCG appreciates the benefits that diversity brings but we also recognise that in order to give people equal access to services, we sometimes need to tailor our response. Equality of opportunity cannot be achieved by simply providing the same service to everyone in the same way. This means that it is really important that we understand the needs of different people and groups. Most people will experience inequality at some point in their lives, but some people experience greater inequality than others, including inequality in accessing services.

If our CCG doesn't understand what inequalities people face and what can be a barrier for someone accessing services, then we can't ensure that the service is adapted to offer equal access and eliminate potential inequality.

To enhance understanding of the needs of our staff and patients, where possible we will collate and analyse intelligence relating to the nine protected characteristics. This will help us to understand who we are and providing services to, and how changes and decisions relating to those services may have an impact.

3.1 Age

The Equality Act protects people of all ages. Age equality is concerned with avoiding preventable inequalities between people of different age groups.

Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on people – on their quality of life, access to services and choices, employment, and other opportunities. The ban on age discrimination in services commenced on 1st October 2012 (this does not apply in respect of children aged under 18).

Discrimination because of age covers four areas:

Direct age discrimination is where someone is unfairly treated in comparison with another, for example where an older person is refused admission to a gym or a club simply because of their age, where a younger person would be admitted.

Indirect age discrimination is where a rule or practice applies to everyone, but puts a particular group of people at a disadvantage. For example, where an optician allows payment for spectacles by instalments, but restricts eligibility to those in work. The optician's practice applies to everyone, but puts pensioners at a disadvantage.

Harassment is unwanted conduct which violates a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment for that person. For instance where an assumption is made about an older person's ability to use a computer, with offensive remarks and jokes being made about this.

Victimisation of someone who has made a complaint of discrimination or harassment or supported someone else's complaint. For example, if a patient has complained to a practice about unfair treatment , and they are then removed from that practice as a result.

Service providers will still be able to provide different services to different people based on their age if:

- They can demonstrate that the treatment is a proportionate means of achieving a legitimate aim (such as targeted public health campaigns, free sight tests for older people)
- They can justify extra help to an age group with particular needs

3.1.1 Older People

People who are most at risk of exclusion in this context are aged 65 and over. This group of adults can experience a range of disadvantages in terms of access and including feelings of stigma and discrimination, lack of respect and social isolation.

Some groups of older people are more at risk than others because of their additional disadvantages. For example, a proportion of our population aged 65+ years have problems with daily living tasks due to ill-health and disability (with the proportion increasing with age), and a significant number of this age group may have dementia.

3.1.2 Children and Young People

Some national findings suggest children and young people can be at a disadvantage or at risk of discrimination in access to services, the level and quality of service provided, and how they are treated because of their age.

- those aged 16-18 years with a mental health condition or chronic illness may receive insufficient priority by health and social care services;

- there is a lack of services for teenagers who need treatment for smoking, alcohol and drug addiction;

- some children aged 16-17 years can find themselves caught between services for children and those for adults with some 17 year olds not able to access any mental health services.

3.2 Disability

Under the Equality Act 2010 a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings:

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

People who have had a disability in the past that meets this definition are also protected by the Act.

There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairments are automatically deemed to be disabled.

Some conditions are specifically excluded from being covered by the disability definition, such as a tendency to set fires or addictions to non–prescribed substances.

The Equality Act 2010 gives disabled people rights not to be discriminated against or harassed in access to health services and social services. This includes in services provided at doctors' surgeries and hospitals.

Adjustments are required to be made for patients with disabilities when they are accessing services where it is reasonable for the service provider to make these adjustments. This might include the provision of information about healthcare and social services in a format that is accessible to the patient (for example, providing forms and explanatory literature in large print or Braille to assist people with visual impairments, or arranging for a BSL interpreter for someone with a hearing impairment). Our CCG is exploring and working with patients with a hearing inpairment to make our public meetings more user friendly and looking at different aids or equipment like amplification/loop systems

There is protection from direct disability discrimination and harassment for people who are associated with a disabled person or who are wrongly perceived as disabled.

Many people with a mental health condition do not think of themselves as disabled - but they may have rights under the Equality Act 2010. The Mental Health Act 1983

covers the assessment, treatment and rights of people with a mental health condition. The Mental Capacity Act 2005 aims to protect people with learning disabilities and mental health conditions. It provides clear guidelines for carers and professionals about who can take decisions in which situations.

The vast majority of disability groups prefer that the 'social model' of disability is promoted rather than the 'medical model'. The social model aims to address the social, environmental and attitudinal barriers that can cause social exclusion and reduced self-esteem amongst people with disabilities.

Research suggests that whilst the incidence of people with learning disabilities isn't increasing, individuals, particularly those with severe disabilities, are surviving longer with their conditions both into adulthood and older age.

People with disabilities constitute the nation's largest minority group, and the only group that any of us could become a member of at any time.

3.3 Gender Reassignment

The Equality Act provides protection for transsexual people. A transsexual person is someone who proposes to, starts or has completed a process to change his or her gender.

Some key facts:

- More than 1 in 3 Trans People have attempted suicide
- 17% of Trans People were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment
- 29% of Trans People stated that being trans adversely affected the way they were treated by healthcare professionals

(Whittle, Turner, and Al-alami, 2007)

The most obvious healthcare need for transgender people is around gender reassignment treatment and GPs have a crucial role in the process of seeking this treatment. Gender reassignment can have huge implications for mental health, and our CCG needs to understand the issues facing patients going through gender reassignment.

3.4 Marriage and Civil Partnership

The Equality Act protects employees who are married or in a civil partnership against discrimination but does not provide protection against discrimination because of marriage or civil partnership in the provision of services.

The marriage and civil partnership characteristic is not about creating equality between marriage and civil partnership, but to ensure that someone is protected

from discrimination at work (or in training for work) because they are or are not married or in a civil partnership.

3.5 Pregnancy and Maternity

A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled.

In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Some key statistics:

- 45% of pregnant women claim to have suffered "unfair treatment" at the hands of their employers across the UK *(Equal Opportunities Commission, 2006).*

- A qualitative study of pregnant women found that Asian women in particular felt that employers and/or colleagues made additional assumptions on the basis of their ethnic origin, presuming that they may go on to have more children or that they would choose to stay at home with their child rather than return to work. *(Equal Opportunities Commission, 2005).*

3.6 Race

Under the Equality Act 'race' includes colour, nationality and ethnic or national origins. People from black and minority ethnic groups can experience a range of disadvantages, and can often be victims of prejudice, discrimination, harassment and abuse. Our CCG will take into account that:

- Not having adequate access to information can mean that the BME community are often not aware or informed of general advice on health issues.

- Generally there is historically poor engagement with services.

- Migrant communities can experience difficulty in accessing healthcare, particularly in relation to GP services and secondary care

- Walk-in Centres and A&E departments work differently in other countries. There is a need to make information relating to these services more readily available to BME communities to improve access and take up of services.

3.7 Religion and Belief

Under the Equality Act, religion includes any religion. It also includes a lack of religion, in other words employees or jobseekers are protected if they do not follow a certain religion or have no religion at all. Belief means any religious or philosophical belief or a lack of such belief.

Religious and cultural views on the beginning of life can influence attitudes towards a range of health issues including reproductive medicine, abortion, contraception and neonatal care. Views on dying, death and the afterlife can also influence attitudes e.g. towards pain relief for terminally ill people *(Department of Health, 2009).*

The degree to which we respect religion and belief reflects our CCG's commitment to commissioning patient centred care and how well we respond to our local communities.

Religion and belief is about the things going on inside us; how we make sense of life and what "makes us tick". It may involve questions about meaning, values, hope, love and things beyond the physical boundaries of life. For many people these questions are answered by their religion and beliefs.

However, not everyone expresses their spirituality through a particular faith, so spiritual care is not only for people of all faiths but also for those who don't follow a particular tradition.

Total care includes care for the physical, social, psychological and spiritual dimensions of the person. If a patient's religion or belief is not acknowledged, the 'whole' person cannot be communicated with, meaning that they cannot participate in their recovery and make informed decisions about their treatment. Different cultures and faiths have a variety of views on health, ill health, birth, dying and death, and we need to be aware of the diversity which may affect their path and outcome of treatment.

3.8 Gender

Both men and women are protected under the Equality Act.

This means that people should be treated the same in society regardless of whether they are a man or woman, and should have the same opportunities. So for example the same access to job opportunities at the same rate of pay (relevant to experience and qualifications), the same access to services, and to work within policies and guidelines which don't discriminate because a person is a carer or parent, man or woman.

Specific areas of disadvantage for women include:

- Potential for prejudice, stigma and harassment in individuals not conforming to stereotypes (sometimes cultural) associated with women's and men's gender, marital or relationship status – these issues can also affect men, although the stereotypes are clearly different.

For women, expected stereotypes involve expectations of both domestic and caring roles – whether caring for children, the disabled or the elderly.

3.9 Sexual Orientation

The Equality Act protects bisexual, gay, heterosexual and lesbian people.

Some key facts:

- Young gay and bisexual men are seven times more likely to have attempted suicide *(Remefedi et al, 1998).*

- Although homophobia seems to have become less common, studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes *(Beehler, 2001).*

- Lesbian, gay and bisexual people are less likely to access routine screening than heterosexual people *(Department of Health, 2007).*

A report written by Stonewall and the Department of Health, 'Being the Gay One' (2007), shows that there is still homophobia and discrimination in parts of the NHS.

The National Audit Office and Stonewall estimate that around 6.5% of the national population is lesbian, gay or bisexual, which will be reflected in the local population that we serve.

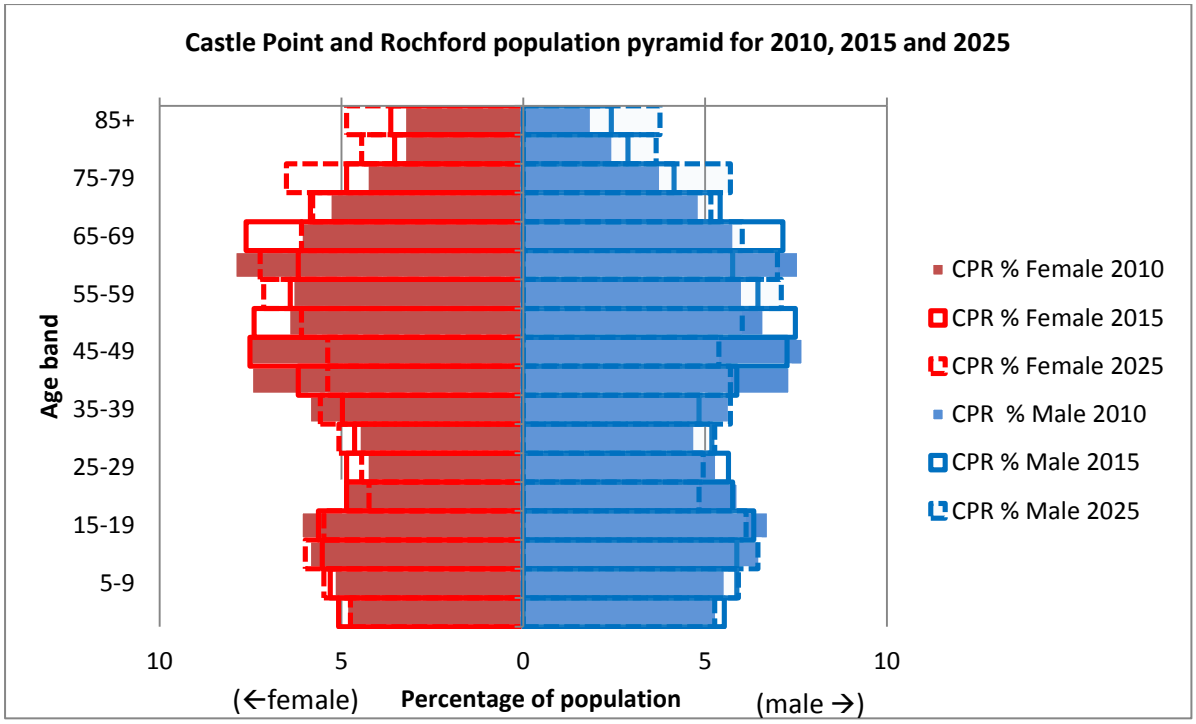
4. EQUALITY INFORMATION

This section outlines what we know about the make-up of our local population, the people who use our services, and our workforce in relation to the different protected characteristics.

Castle Point and Rochford has a relatively healthy, affluent population who on the whole enjoy a good level of medical services. Whereas this is an enviable position it is one that will be challenging to improve.

The population registered with a GP in Castle point and Rochford just under 182,000. 95% of the local population is white English/Welsh/Scottish/N.Irish/British. However, the area has a diversity of ethnicities with people identifying their ethnicity in all of the 18 ethnicity categories provided for in the 2011 census.

In terms of age, 6% of the population is under 5 years old, 20% of the population is under 18 years old, 22-24% are over 65, with over 75s amounting to just over 9%. This population is projected to rise with a disproportionately large increase in the older population. This is shown in the population pyramid below. This will put increased pressure on health and social care services in future years.

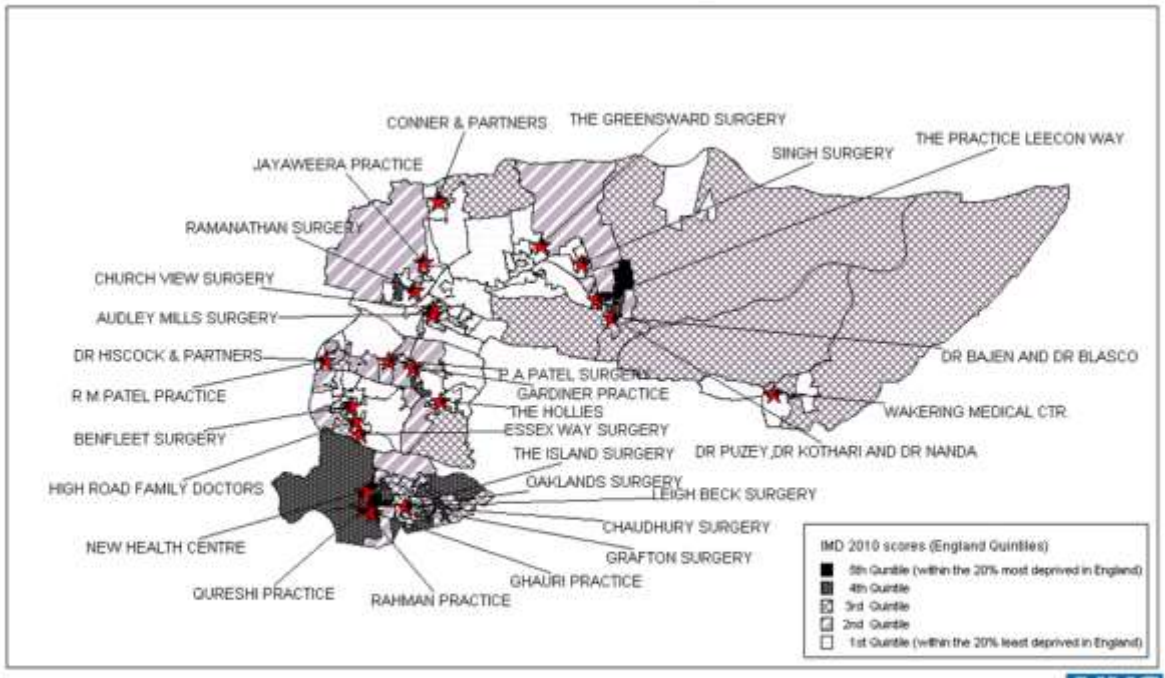


There are just over 1,000 registered beds in care homes in Castle Point and Rochford. This is in the region of 0.5% of the registered population.

Deprivation is associated with increased health care need. The cause of this association is not fully understood with only about half of the association being due to know disease risk factors such as smoking and poor diet. The degree of deprivation can be estimated using the Index of Multiple Deprivation (IMD) 2010. This estimates the deprivation of every area in England using routine data related to seven domains (income; employment, health, education, housing, crime, environment). The IMD 2010 is calculated for every area in England containing around 1,600 people. Such areas are known as lower supper output areas (LSOAs).

The map below shows the deprivation in Castle Point and Rochford and with the location of the GP practices superimposed. As a whole the population of Castle Point and Rochford are prosperous. Only 3 (3%) of the LSOAs here are in the most deprived 20% in England. There are 47 (43%) in the 20% least deprived areas. Canvey Island has more deprivation than other areas in the patch. A key pocket of deprivation to note for CP&R CCG is the 'Thorney Bay Caravan Site', a residential static caravan park located on Canvey Island.

Castle Point and Rochford Index of Multiple Deprivation 2010 Scores by Lower Super Output area with Practice names



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When people were asked if they had a long term health problem or disability which impacted on day to day activities; 8% responded to say the impact of their health problem or disability impacted a lot and 10% responded to say it impacted on day to day activities.

4.1.1 Complaints

Complaints are an important source of information for monitoring impact on equality. The complaints leaflet can be translated in other languages or formats on request.

4.2 Our Workforce

Our CCG will collate workforce information on the protected characteristics where these are disclosed by staff members. The key performance indicators on gender, ethnicity and disability in order to reflect our local population will be reported to the Governing Body on an annual basis.

Our CCG will ensure that its staff are trained in equality and diversity awareness. Our staff appraisal process will include monitoring of unsatisfactory performance to ensure there is no unintended bias towards or against particular protected groups.

A majority of CCG staff fall into the following categories:
- Female
- White British
- Hetrosexual

- No disability declared, aged 31-50 years old.

5. OUR EQUALITY ANALYSIS

As a public sector organisation our CCG has a duty to analyse the effects of our policies and practices on equality across all of the protected characteristics. This helps us to consider if our policies and practice have any unintended consequences for some groups, and to check if they will be fully effective for all target groups. It can help us identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups.

Equality analysis is undertaken for all our policies and commissioning projects by completing Equality Impact Assessments (EIAs).

We work with community groups to ensure we are aware of the health issues and needs of our local community, and to help us to develop and commission best practice services.

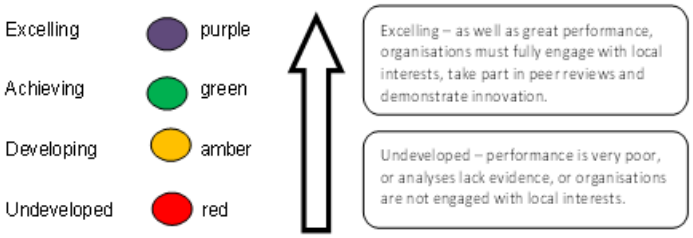
6. THE NHS EQUALITY DELIVERY SYSTEM (EDS2)

The EDS2 is an outcomes based assessment framework which is designed in line with the Equality Act 2010. The EDS2 is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, that are personal, fair and diverse. The EDS2 is all about making positive differences to improving health outcomes by encouraging NHS organisations to adapt a value based approach to commissioning and service delivery and through employing a high quality diverse workforce that reflects the local community.

The EDS2 is a tool for us to use – in partnership with patients, the public, Healthwatch, staff and staff-side organisations. The tool will assist us with reviewing our equality performance and to identify future priorities and actions. It offers local and national reporting and accountability mechanisms. At the heart of the EDS2 is a set of 18 outcomes grouped into four goals (Appendix 2).

- Better health outcomes for all
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership at all levels

EDS2 is an outcomes based assessment framework which is designed in line with the Equality Act 2010. When grading themselves in discussion with local interests, organisations chose from 4 grades:



Based on the grading, the system demonstrates how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interest groups will assess progress and carry out a fresh grading exercise. In this way the EDS2 will foster continuous improvements.

It is expected that there will be an incremental improvement in gradings in future years as the learning from engagement and grading workshops is applied, robust equality monitoring is put in place and the EDS2 action plan is implemented.

EDS engagement activities across Castle Point and Rochford Clinical Commissioning Group have included a number of public engagement events. Members of our Clinical Reference Group have also held two public open events in October 2013 whereby members of the public were invited to share their thoughts and views on local health services. The discussions at these events focussed on barriers that local people have experienced when accessing healthcare services. Key themes identified included the need to engage with communities in order to promote health services and disseminate information; the requirement for information to be easily accessible and in user-friendly language; and the need for staff to have cultural awareness. Mental health patients particularly identified that services can be difficult to access and that physical problems are sometimes ignored as the doctor considers the problems they are experiencing are due to their mental health condition rather than having some other physical cause.

From the feedback received from public engagement events NHS Castle Point & Rochford CCG have developed draft equality objectives for each EDS2 goal. These are:

EDS2 Goal 1 Better health outcomes for all:
Ensure that patients are treated according to their individual needs, enabling the patient to be treated as a whole rather than focusing on their primary condition

EDS2 Goal 2 Improved patient access and experience:
Improve communication and accessibility of information

EDS2 Goal 3 A representative and supported workforce
Improve health & well-being of staff by putting in place interventions in the workplace

EDS Goal 4 Inclusive leadership at all levels:
Embed Equality and Diversity at Board level

6.1 Better Health Outcomes for All

The Equality Delivery System states that organisations should:

"Achieve improvements in patients' health, public health and patient safety for all, based on comprehensive evidence of needs and results".

This means that when we plan and commission services we need to make sure that:

- We understand the needs of the people who use services and we involve them in deciding what things are important for us to focus on.
- We coordinate when more than one service is involved.
- We have measures in place to check and make sure that the services we commission are safe.
- The same outcomes are achieved for people of all groups.

We will continue to work closely with colleagues in Public Health to target health and wellbeing programmes in those communities that demonstrate greatest deprivation. Using the evidence from a range of sources including the Joint Strategic Needs Assessment (JSNA) and social marketing insight reports, our commissioning intentions can be systematically targeted at areas of greatest need.

We will also monitor our complaints and feedback from Essex Healthwatch to enable the services that we commission to improve.

6.2 Improved Patient Access and Experience

The Equality Delivery System states that organisations should:

"Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience".

This means that when we plan and commission services we need to make sure that:

- We have measures in place to identify and tackle any barriers to using these services.
- People are provided with the support and information they need to use services in a way that meets and takes account of their individual needs.
- People are supported to make informed choices about their care and treatment and understand their rights.
- We have strong systems in place to gather feedback and capture experiences from the people who use the services we commission and use this to improve the services we commission.

6.3 A representative and supported workforce

The Equality Delivery System states that organisations should:

"The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs"

This means that when we plan and commission services we need to make sure that:

- We employ a workforce which is representative of our local community.
- We support our staff to live and promote healthy lifestyles.
- We have fair and flexible policies and practices in place to support our staff to do their jobs effectively without fear of discrimination.
- We have sufficient staff who are properly qualified and trained to confidently and competently do their job.

.6.4 Inclusive Leadership at All Levels

The Equality Delivery System states that organisations should:

"NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions"

This means that when we plan and commission services we need to make sure that:

- We recognise the individual diverse needs of service users and ensure they are treated with dignity and respect.
- We develop and support equality leaders and champions within the CCG to mainstream equality into every part of our business.
- We involve our public in all aspects of our work making sure we listen and involve patients, carers and the public from diversity groups in our planning.

6.5 EDS2 Action plan

NHS Castle Point & Rochford CCG will continue this work, and have developed an EDS action plan for our CCG to ensure that the identified actions are implemented.

Our Governing Body is committed to following these actions through in order to ensure that we tackle the challenges and health inequalities that face some members of our population. Our action plan is attached as appendix 3 to this strategy.

7. Procurement

As part of NHS Castle Point and Rochford CCG's commitment to equality and in keeping within our statutory duties, we will ensure that our procurement processes are transparent and fair. We will also ensure that the services we

procure and commission adhere to the aims and objectives of our Equality and Diversity Strategy to ensure there is substantial objective justification which ensures sufficient reasoning and evidence exists behind an approach.

8. Monitoring and Performance

The CCG is aware that it needs to establish robust methods of ensuring that the organisation and its providers are having a positive impact on inequalities. To achieve this, NHS Castle Point and Rochford CCG will monitor the impact of policies, procedure, and service provision to:

- Highlight possible irregularities
- Investigate underlying causes
- Remove any unfairness or disadvantages
- Assess whether our Equality and Diversity policies are effective
- Demonstrate that we are offering equality of opportunity to all staff and patient groups
- Assist in establishing how and why we may be doing well or under performing
- Help focus on finding solutions and making improvements and plans for the future
- Ensure we use our resources effectively.

Information will be published on the CCG Website.

9. Engagement and Involvement

9.1. This Equality Strategy should be read alongside the CCG's Communication and Engagement Strategy which can be found at this link (http://castlepointandrochfordccg.nhs.uk/about-us/key-documents/policies/1043-communications-strategy/file.
This sets out our vision for communication and engagement and stresses the need to build continuous, meaningful engagement with patient and the public to shape services and to improve health, and to give everyone who wants to influence planning, development, review and improvement of services the opportunity to do so.

9.2 We understand and value the immense contribution that local patients and the community can make in shaping the services that we commission. When the government announced the creation of Clinical Commissioning Groups in 2010, it made a promise of '**no decision about you, without you'.** This is a founding principle of our CCG. We ask commissioners to ensure that the services we commission are developed taking into account the views of our local population. We have established a Commissioning Reference Group led by members of our local population to ensure that this is achieved.

9.3 At their local GP Practice, many patients can now joint local Patient Participation Group (PPG). These are constituted to be reflective of the composition of their local communities. By joining a local PPG, patients can work with GPs and practice staff to develop projects to support the patient community. Each PPG works slightly differently, depending on the

preferences of its members. To find out if your local practice has a PPG and how to join, please speak to practice staff at your GP surgery.

9.4 As commissioners, it's important that we use a flexible range of methods to hear and engage with potentially excluded groups, or there is risk that participation will reinforce inequalities in access to health services and health outcomes. We therefore ensure our mechanisms for communications and engagement include digital engagement (via our social media accounts), face-to-face communication, ability to write and call us. We support the Accessible Information Standard, making sure disabled people have access to information they can understand and any communication support they need. Any events or activities that we plan ensure equitable access with consideration of a person's cultural, linguistic, religious background communication and accessibility needs

Our website aims to reach AA standard in line with the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) version 2.0. Although efforts to cover as wide a range of issues are made, we understand that we are not able to address the needs of people with all types, degrees, and combinations of disability. Users of the website are also able to change the settings of their browser to better suit needs or use the accessibility options provided to change colours and text size.

Information on different format for all major and corporate publications is available upon request as per our information policy
the CCG make provision for specific needs as and when requested

Appendix 1

Glossary

This is a guide to some of the commonly used terms that are used in relation to equality and diversity, many of which have been used in the Strategy.

Term	What it means
Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).
Ageism	Discrimination against people based on assumptions and stereotypes about age.
Black and Minority Ethnic (BME)	Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.
Champion	Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. Equality and Diversity). A champion can be a senior staff member in health or social services; a councillor; or a representative of the group concerned, e.g. older people.
Commissioning	The process of specifying, purchasing and monitoring services to meet the needs of the local population.
Comply	To make sure the Trust meets the requirements of different Equality and Diversity legislation.
Consultation	Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.

Term	What it means
Culture	Relates to a way of life. All societies have a culture, or common way of life, which includes: • Language — the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Direct Discrimination	Treating one person less favourably than another on the grounds of one of the protected characteristics.
Disability	The Equality Act 2010 defines disability as: “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Discrimination by association	This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.
Discrimination by perception	Direct discrimination against someone because the others think they possess a particular protected characteristic.
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Duty	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.

Term	What it means
EDS	Equality Delivery System – is a public commitment of how NHS intends to meet the duties placed on it by the Equality Act.
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Equality Impact Assessment	An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing the effects that a proposed policy or project is likely to have on different groups
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals).
Gender Dysphoria	Gender dysphoria is a condition in which a person feels that they are trapped within a body of the wrong sex.
Genuine Occupational Requirement (GOR)	In strictly limited situations, each piece of anti-discrimination legislation allows for a job to be restricted to a person of a particular race, disability, gender, age, religion / belief, sexual orientation if it is proportionate to apply a GOR to the job.

Term	What it means
Harassment	Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.
Homophobia	An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality.
Homosexual	This term refers to a person, male or female, who is sexually and emotionally attracted to people of the same sex. It is both a legalistic and medical term and so its use is often seen to be oppressive.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a protected characteristic group to comply with.
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
Lesbian	This term refers to a woman who is sexually and emotionally attracted to other women.
LGB	Lesbian, Gay and Bisexual
Monitoring	The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.

Term	What it means
PCT	Primary Care Trust
Perception discrimination	This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.
Positive Action	Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population. Positive action permitted by the anti-discrimination legislation allows a person to: - provide facilities to meet the special needs of people from particular groups in relation to their training, education or welfare, and - target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. Positive action is not the same as positive discrimination.
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job.
Prejudice	Means to pre-judge someone, knowing next to nothing about them but jumping to conclusions because of some characteristics, like their appearance.
Procurement	Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.

Term	What it means
Racial Group	A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination.
Racism	Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.
Religion	The term religion – sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.
Sexism	A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.
Sexual Orientation	Within the sexual orientation regulations, sexual orientation is defined as: - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Sexuality	This term refers to the general sexual preferences of people i.e. both lesbian and gay and heterosexual. It is often a preferable term to use to that of sexual orientation.
SLAs	Service Level Agreement is a form of contract between two parties.
Social inclusion	The position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers (social exclusion) for people or for areas that experience a combination of linked problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.

Term	What it means
Social Model	A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.
Stereotypes	Generalisations concerning perceived characteristics of all members of a group – rather than treating people as individuals.
Third Party Harassment	Third party harassment means harassment caused by a person or group of people who work outside the control of the employer, such as contractors, clients, customers, vendors and suppliers, or some other party which makes frequent visits in the place of business.
Transsexual/Transgender People	Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex.
Victimisation	Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.
Workforce Profile	What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.

Appendix 2

Equality Delivery System 2 - Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Individual patients' health needs are assessed and 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
2. **Improved patient access and experience**	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access hospital, community health or primary care services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported to be as involved as they wish to be in decisions about their care
		2.3 People report positive experience of the NHS
		2.4 People's complaints about services are handled respectfully and efficiently
3. **A representative and supported workforce**	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	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 aer 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 made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		3.6 Staff report positive experiences of their membership of the workforce
4**. Inclusive leadership at all levels**	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders 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 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

Grading			
Under-Developed	**Developing**	Achieving	Excelling

Needs updating by relevant leads

Equality Delivery System 2 - Goals and Outcomes

Goals	Action	Action RAG rating	Action Due due
1. Better Health Outcomes for all Ensure that patients are treated according to their individual needs, enabling the patient to be treated as a whole rather than focussing on their primary condition	Actively engage with our Commissioning Reference Group to monitor progress against Action Plan and identify new opportunities.		Ongoing
	Support and facilitate community EDS and Community engagement events for 2016-19 update community progress from previous community EDS event and take EDS forward.		Ongoing
	Take part in EDS grading panel meetings to assess progress made and identify new opportunities.		Ongoing
	Ensure Equality Impact Assessments are undertaken in the commissioning process to ensure consideration of protected groups – this will include QIPP workbooks and policies		Ongoing
	Consider any health inequalities identified by regular review of patient feedback		Ongoing
	Ensure equality and diversity included in CCGs Operational Plan		Completed
	Work with GP colleagues and NHS England to increase number of health checks undertaken for patients with a learning disability.		Ongoing
	Seek insurance from Public Health that disease registers from constituent GP practices are being used to inform local commissioning intentions		Completed
	Implementation of the LD strategy and action plan, to include Winterbourne. To be an active partner in the development of a Learning Disability Strategy. To become an active member of the Winterbourne Strategy Implementation Group. To collaborate with Mental Health Commissioners and Local Authorities to develop a (1)		Completed

Goals	Action	Action RAG rating	Action Due due
	plan to review all funded placements for those with learning disabilities and challenging behaviour. Reviews to focus on the development of support plans for individual service users.		
2. Improved Patient Access and Experience Improve communication and accessibility of information	To collaborate with Mental health commissioners and other stakeholders to ensure the implementation of the Mental Health Crisis Care Concordat in improving outcomes for people experiencing mental health crisis.		Ongoing
	Engage with representatives from groups for people with protected characteristic to ensure information on local health services is accessible, in partnership with key organisations such as the Local Area Team and Local Healthwatch.		Ongoing
	Ensure CCG and practice websites include signposting to health and wellbeing information.		Completed
	Working in partnership with all local organisations to ensure there is representation from spectrum of community at Commissioning Reference Group and that the population are clear on methods for feedback		Completed
	Explore joint working opportunities with Local Authorities including possibility of using their community networks.		Ongoing
	Work with providers to ensure that meaningful information is collected to assure commissioners that patients are not being discriminated against as a result of their age (age discrimination ban)		Completed
	Maintain working relationship with councils for voluntary services to ensure links to community groups.		Ongoing
	Publish annual profile of people affected by the CCG's policies and practices (ie. Patients and your communities, using information from the JSNA), identifying any gaps in this information and who these will be addressed.		Ongoing
3. A representative and supported	Review Equality & Diversity Strategy.		January 2017
	CCG to promote Equality & Diversity awareness with its GP		Ongoing

Goals	Action	Action RAG rating	Action Due due
workforce Improve health & well-being of staff by putting in place interventions in the workplace	members.		
	Review what equality data for staff is collected and how it is collected in relation to workforce stats.		Completed
	Publish annual work force profile for CCG - WRES		January 2017
	100% of eligible staff to have an up to date appraisal and personal development plan (PDP)		Ongoing
	100% of eligible staff to have training needs identified through their appraisal/PDP		Ongoing
	Support staff to understand their responsibilities re Equality & Diversity. To be included in job descriptions and appraisal discussions.		Ongoing
	All staff to undertake Equality & Diversity training		Ongoing
	Promote staff health & well-being		Ongoing
4. Inclusive Leadership at all levels Embed equality and diversity at Governing Body level	Identify CCG Board lead for Equality & Diversity & Publicise		Completed
	Identify CCG Clinical lead and operational lead for Equality & Diversity and publicise to staff.		Completed
	Encourage staff to be PFD (personal, fair, diverse) champion (include in article for Newsletter).		Completed
	Incorporate E&D into the CCG Governing Body's Operational Plan.		Completed
Overarching EDS	Review one equality objective each year on a rolling 4 year programme, including re-assessment of EDS outcomes, to ensure that equality objectives, if not completed remains a priority.		Ongoing
	Publish annual EDS report as part of the CCGs annual report.		Complete
	Ensure the actions identified in the EDS action plan are monitored through the Quality & Governance Committee.		Ongoing