Mid Essex Clinical Commissioning Group

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Equality and Diversity Strategy and Action Plan

Mid Essex Clinical Commissioning Group Board Approval – September 2012

Introduction from Dr. Lisa Harrod- Rothwell – Chairman, Ann Marie Garrigan - Equality and Diversity Champion and Dr Iain Tweedlie – Equality and Diversity Lead

Mid Essex Clinical Commissioning Group (CCG) gives an absolute commitment to equality and diversity in respect of the services that we commission for the population of our local area and for our own staff.

Our Constitution sets out our assurance that we will meet the public sector equality duty and be compliant with the specific duties of the Equality Act 2010.

Iain Tweedlie as the Equality and Diversity Board Lead and Ann Marie Garrigan as the Lay Member Equality and Diversity Champion, will provide the leadership to drive forward our awareness and understanding of the equality and diversity needs of the population of Mid Essex and how these can be included in our commissioning decisions.

As we work towards the establishment of the CCG, we will build on the work and engagement that has previously been undertaken by NHS North Essex following the formal adoption of the Equality Delivery System. We will take ownership of the goals and outcomes of the Mid Essex assessment and lead the delivery of the local action plan to achieve the equality objectives. Thereafter we will take forward a further improvement plan based on the outcomes of our Equality Delivery System review planned for 2013/14.

We commend this Equality and Diversity Strategy and action plan to you.

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Chair - Mid Essex CCG

Ann Marie Garrigan
Lay Member
Equality and Diversity Champion
Mid Essex CCG

Dr. Iain Tweedlie
Equality and Diversity Lead
Mid Essex CCG

1. Background

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

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

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

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

1.5 In line with the Equality Act, as a public sector body, NHS Trusts have the following requirements to:-

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

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

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

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

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

1.7 The protected characteristics covered by the Equality Duty are:-

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

2. Process for Meeting Requirements

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

Implementation of the EDS requires NHS organisations in collaboration with local interests to analyse and grade their performance against the goals and outcomes and set defined equality objectives, supported by an action plan. Performance against the selected objectives should be reviewed annually. These processes should also be integrated within mainstream business planning.

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

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

The Mid Essex evidence gathered in support of the EDS assessment is provided on the cluster website and will now also provided on the CCG's website. The resultant equality objectives and associated actions are to feed into mainstream business planning.

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

2.3 **The Single Equality Scheme** developed and adopted by the Mid Essex PCT outlined a coherent approach to promoting equality and diversity across all the equality strands of diversity to ensure that each PCT was meeting its statutory and legal duties around equality and diversity. The Single Equality Scheme for Mid Essex will be placed on the CCG's website.

2.4 **The Equality Impact Assessments** (EIAs) have been applied by Mid Essex PCT to assess how what we do or plan to do may impact on particular equality groups. Areas that are impact assessed include policy, a project, an initiative, strategy etc. An EIA challenges the assumption that a policy or delivery of a project affects everyone in the same way, by assessing any adverse effect on a particular group before a policy etc is introduced. An EIA is undertaken at the initial planning or at the review stage of a strategy, policy or project proposal, and is a way of anticipating the consequence on different communities. It is concerned with making sure, as far as possible, that the negative consequences are eliminated or minimised, and that opportunities for promoting equality and diversity are maximised. It can be seen as part of a risk assessment of particular new approaches and initiatives.

The EIA has been reviewed by the cluster's Equality and Diversity Group as part of the equality objectives action plan, and an updated version is now available for formal approval by Mid Essex CCG.

3. Population Information

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

Further information is contained with references to key documents such as the Joint Strategic Needs Assessment, PCT Public Health Reports, PCT Annual Reports, the impact of diversity on health inequalities etc. in Appendix B. These reports can be made available in hard copy and provided in different formats.

3.2 Pen Portrait of NHS Mid Essex

NHS Mid Essex covers the geographical areas of the Maldon district, the Chelmsford borough and the Braintree district (excluding the Steeple Bumstead area). It has a population of around 377,000 people (registered with a mid Essex GP)[1]. The Maldon district is the smallest of the three local authorities

[1] 2010/11 Q4, ESSA IM&T

with just over 63,000 residents followed by Braintree with around 144,000 residents with Chelmsford having the largest population at nearly 170,000[2].

Since 1991 there has been a steady decline in the ratio of children and young people to adults. This decrease is set to continue, with a distinct reduction in the proportion of people aged 35 to 50. This reflects the national trend of an ageing population highlighted by a significant increase in adults from retirement age upwards. Despite the ageing structure of NHS Mid Essex there is a real terms increase in all age bands. It is expected that by 2033 the population served by NHS Mid Essex will have risen to 468,000 a rise of nearly 100,000 people on 2009, or a 26% increase. A highly significant rise is an 8.7% increase in women aged 85+. All three mid Essex local authority areas are predicted to increase in the size of their populations with the Maldon district predicted to have the largest increase in the older age brackets and the Chelmsford borough predicted to have the largest increase in the younger age brackets[3].

Over the last 6 years, the number of births in mid Essex has been steadily increasing. In 2009 there were nearly 4,300 births to women aged 15 to 44, a birth rate of 60 per 1,000 women. Braintree district has the highest birth rate of the three mid Essex local authorities at nearly 63 births per 1,000 females and Maldon district the lowest at just over 56 with Chelmsford experiencing around 58[4].

The population of mid Essex is less ethnically diverse than that of the East of England, however this is in line with much of Essex; with the Maldon district having the largest percentage of its population classified as white (95.8%) of all the local authorities in the county. Of the three mid Essex local authorities, Chelmsford has the highest proportion of people from non-white ethnic groups at 6.5%, with Braintree at 4.4% and Maldon at 4.2%[5].

Whilst the mid Essex area overall has a relatively low level of deprivation there are pockets within each of the three local authorities which have issues of deprivation. These areas are clustered around the north west of Chelmsford, the Witham, Braintree, Halstead and Maldon main town areas[6].

Life expectancy across mid Essex has been increasing in line with the national trend. For males, the life expectancy at birth is highest in Chelmsford at just over 80 years, followed by Braintree at around 79 and a half years and Maldon at just under 79 years. Females have a longer life expectancy at around 84 years in Chelmsford, just over 83 years in Maldon and just under 83 in Braintree[7]. However, there is still a large gap in life expectancy between the least and most deprived communities within mid Essex which now stands at 9.3 years[8].

[2] Office for National Statistics Mid 2010 population estimates
[3] Office for National Statistics 2008 based population projections
[4] Fertility, NCHOD Compendium of Clinical and Health Indicators
[5] Office for National Statistics, 2009, Resident population by ethnic group, Mid-2007 (experimental statistics)
[6] Department for Communities and Local Government, Indices of Deprivation 2010
[7] Life Expectancy at Birth, 2007-2009, Office for National Statistics
[8] Life Expectancy by Middle Super Output Area, 2006-2008, Eastern Region Public Health Observatory

As is the case nationally, the major causes of early death in the mid Essex area are circulatory disease and cancer. Of the three local authorities in mid Essex, Chelmsford has a significantly lower cancer and circulatory death rate in the under 75 age group, than the national average. Whilst Braintree and Maldon have similar early death rates as the national average for cancer they do have significantly lower rates for circulatory disease mortality.

Areas in which Braintree and Maldon have significantly poorer outcomes than the national average are in GCSE achievement, and road injuries and deaths. For Chelmsford the level of the borough's physical activity in children places it significantly worse than the England average[9]. Life expectancy is six years lower for men in the most deprived areas of mid Essex compared with the least deprived areas. For women, the gap is four years. Around 14% of 10/11 year olds in mid Essex are obese and are in danger of joining the 50% of mid Essex adults whose health is at risk due to their weight.

4. Key Health Inequalities

We are responsible for improving the health of all the population we serve. This requires a focus on the needs of both deprived and excluded groups, but also more universal outcomes to improve the health of the population as a whole. While the health of the population in many areas across Essex is generally good, there are still too many people in all areas dying early from conditions such as heart disease and stroke; suffering from mental health issues; and/or at increased risk of diseases due to poor lifestyle choices around smoking, physical activity, diet and risky behaviours with respect to sexual health and substance misuse. We therefore need to introduce a range of interventions that improve the health of the wider population as well as focused early interventions that will provide better opportunities for health improvement in socially deprived and excluded groups.

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

The CCG plays an active role on all the Local Strategic Partnerships across North Essex including the Essex Health and Wellbeing Board and has contributed to the development of action plans focussing on delivering outcomes associated with reducing health inequalities and narrowing the gap in life expectancy.

9 Local Authority Health Profiles, Association of Public Health Observatories

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

Key priority groups for Mid Essex have been identified as follows:-

Mid Essex

- BME Communities
- Carers
- Gypsies & Travellers
- Migrant Workers

These priority groups will be included in the Mid Essex JSNA.

5. Workforce Information

5.1 Mid Essex CCG is committed to ensuring that our own staff are treated equally and that diversity is respected across the organisation.

We will aim to collect data on the following in order to monitor equality and diversity across our workforce:-

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

5.2 The available workforce information for Mid Essex PCT had already been published and is provided in Appendix B.

6 EDS Assessment

6.1 To inform the equality objectives, NHS North Essex adopted the Equality Delivery System (EDS) framework. For Mid Essex a self assessment was undertaken against the EDS goals and outcomes and then in collaboration with local interests, a jointly agreed assessment was achieved.

6.2 The Mid Essex Assessment for Goals 1 and 2 – Better Health Outcomes for All and Improved Patient Access and Experience is provided in Appendix C. This was arrived at following a self assessment and feedback through local engagement activities and through final agreement with the Mid Essex LINKs lead.

The following summary outcomes support this assessment in terms of the key themes for improvement:-

- **NHS Mid Essex**

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

  - Engage at an early stage before developments commence
  - Obtain data for take up of services from protected groups
  - Explore the further potential of the voluntary sector
  - Achieve better/closing working with the local authority to provide an integrated approach

  With positive feedback on:-
  - PALS and Complaints service
  - Development of patient participation groups in GP practices
  - Patient and Public Engagement and Patient and Public Experience Strategy
  - Positive projects in healthy living
  - Discharge summary work

We are appreciative of the contributors to the Mid Essex reviews which included the representatives or input from, Mid Essex Locality, Essex and Southend LINk, ICAS, Participation Network Forum – Essex County Council, Age UK Essex, Mid Essex Cancer Services User Group, Diabetes Patient Forum and Mid Essex Resident Panel.

For the assessment of Goals 3 and 4 - Empowered, Engaged and Well Supported Staff and Inclusive Leadership at all Levels the outcome following the self assessment and an invitation to staff to provide comment on the self assessment is provided in Appendix C.

There was an extremely limited staff response to the invitation to provide comment on the self assessment for all 4 goals and/or to contribute to the evidence that had been obtained. This was considered due it was felt to the transitional period which has been a challenging time and where perhaps individuals were less likely to contribute to a process where their main focus was on the implementation of the transitional structure and how it would affect them.

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

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

7. Equality Objectives

7.1 As a result of the EDS assessment, the following Equality Objectives were recommended by the Equality and Diversity Group with the LINks lead representatives to the cluster Board and were approved in March 2012.

Goal 1 Better health outcomes for all:

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

Timeframe - By May 2012.

Goal 2 Improved patient access and experience:

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

Timeframe – during 2012/13

Goal 3 Empowered, engaged and included staff:

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

Timeframe – by end December 2012

Goal 4 Inclusive leadership at all levels:

Embed Equality and Diversity at Board level

Timeframe: by June 2012

7.2 The Equality and Diversity Group had produced an Implementation Plan in support of the delivery of the Equality Objectives with a progress report as provided in Appendix D.

The Equality and Diversity Group performance manages the Implementation Plan for the equality objectives.

8. Shadow Health and Wellbeing Board

8.1 The North Essex together with the South Essex Cluster had presented in February 2012 to the shadow Health and Wellbeing Board, a progress report on the EDS implementation. The CCG will want to present an update on the latest progress at a future Health and Wellbeing Board.

9. Governance Arrangements

9.1 Currently NHS North Essex Cluster Equality and Diversity Group lead the implementation of the EDS – terms of reference Appendix E. This group will now report to the PCT Executive Committee and to the respective CCG Groups. For Mid Essex CCG, this group will be report to the Quality and Governance Committee.

9.2 In preparation for and post authorisation, the CCG during 2012/13 will establish their own systems and processes for progressing their local actions for Equality and Diversity. This will include responsibility for the publication of information about the local population, leading local engagement activities and proposing the Equality Objectives for 2013/14.

10. Risk Areas

10.1 The risk areas in our equality assurance are:-

The Delivery of the Equality Objectives

Risk – 1 Achievement of the equality objectives will be delayed or lost during or post transition from the PCTs to the newly established organisations of the Clinical Commissioning Boards, NHS Commissioning Board and the transfer of the Public Health function to the Local Authority.	
Risk Level Rating (High) Amber	**Remaining Actions to Mitigate Against Risk** • Formal adoption by the CCG Board of the Equality and Diversity Strategy and Equality Objectives • Provide cluster support to the CCG prior to authorisation on equality and diversity to enable the CCG to lead and take full ownership following authorisation in accordance with the Constitution • Ensure cluster support provided to CCG to integrate Equality Objectives into business planning processes • Enable CCG Board members to receive equality and diversity awareness training to enable scrutiny and challenge on Board reports

	• Obtain support from the Health and Well Being Board to the Equality Objectives to ensure continuity of support during shadow H&WB • Ensure CCGs receive any remaining legacy of actions on the Equality and Diversity equality objectives following disestablishment of PCTs by April 2013.
Risk: 2 **Risk that not all the workforce data on protected characteristics can be obtained as this has not been recorded or that where it has, that the organisation is unable to commit the time to extract information for reporting purposes.**	
Risk Level Rating (High) Amber	**Actions to Mitigate Against Risk** • Clarity on workforce information requirements for publication sought from the SHA • Obtain executive decision to ensure that workforce analysis time is provided to use whatever workforce information data is available to produce the workforce profiles for publication.

11. Strategic Intentions for 2012/13 and 2013/14

11.1 During 2012/13 the CCG will:-

- Determine the processes and systems that it requires to be in place to lead the local delivery of the 2012/13 Implementation Plan for the Equality Objectives. This will include the undertaking of stakeholder engagement events (for which some resource will be required to be provided) updating of the information required to meet the public sector equality duty for publication in January 2013 and for the setting of any new Equality Objectives in April 2013.

  The continuation of the use of the cluster's support of the existing Equality and Diversity Group will continue but membership on this group is requested to be confirmed for Mid Essex CCG and awareness if a separate Equality and Diversity Group is required as an alternative to this group for Mid Essex CCG.

  To note that it will be the Quality and Governance Committee which will ensure the further development and delivery of the actions required to implement this strategy.

- Commit to funding and holding an Equality and Diversity Awareness Session for CCG Board members (information provided as part of the Implementation Plan) – Appendix F

- Commit to the formal approval of the revised and updated Equality Impact Assessment (information as provided as part of the Implementation Plan) – Appendix G

During 2013/4 the CCG will:-

- Lead the implementation of the EDS with the local public and stakeholders to review the assessment of the CCG against the EDS Goals and Outcomes and to further inform new four year Equality Objectives.

Appendix A

Equality Delivery System - Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes

Appendix B

Information References

Mid Essex CCG	**Link**
Essex, Southend and Thurrock Joint Strategic Needs Assessment	http://www.essexpartnershipportal.org/pages/index.php?page=jsna-2
Delivering the Public Health Outcome Framework 2011	http://www.northeastessex.nhs.uk/Downloads/Board%20Meeting%2025th%20October%202011/Agenda%20Item%203.4%20Public_Health_Outcome_Framework_V07.pdf
NHS Mid Essex Workforce Portrait – April 2010 – March 2011	http://www.midessex.nhs.uk/documents/key-documents/board%20papers/board%20papers%20archive/2011/2011%20May%2025/5.4%20Annual%20Workforce%20Report%20April%202010%20to%20March%202011.pdf
NHS Mid Essex Single Equality Scheme 2008 – 2011	http://www.midessex.nhs.uk/About-the-Trust/Equality-and-Diversity/
NHS Mid Essex Annual Public Health Report 2009-2010	http://www.midessex.nhs.uk/Documents/Key-Documents/
NHS Mid Essex Pharmacy Needs Assessment – February 2011	http://www.midessex.nhs.uk/Documents/Key-Documents/
NHS Mid Essex System Integrated Quality, Innovation, Productivity and Prevention and Reform Plan 2011	http://www.midessex.nhs.uk/key_documents/Mid-Essex-System-Integrated-QIPP-and-Reform-Plan/
NHS Mid Essex Annual Report and Accounts 2010/11	http://www.midessex.nhs.uk/Documents/KeyDocuments/Financial%20Information/Annual%20Accounts/2010%20-%202011/NHS%20Mid%20Essex%20Annual%20Report%202010-11.pdf section 4, pages 23 to 29.

Appendix C

EDS Assessment – Final Grades Following External Reviews by the External Stakeholder Sessions

	NHS Mid Essex
Goal 1: Better health outcomes for all	
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities	Amber
1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Amber
1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	Green
1.4 The safety of patients is prioritised and assured. In particular, patients are free From abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	Green
1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Green
Goal 2: Improved patient access and experience	
2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Amber
2.2 Patients are informed and supported to be as involved as they wish to be in decisions about their care, and to exercise choice about treatments and places of treatment	Amber
2.3 Patients and carers report positive experiences of their treatment and care outcome and of being listened to and respected, and of how their privacy and dignity is prioritised.	Amber
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficient	Green

Appendix C

EDS Grading for HR outcomes for PCT cluster:

Goal 3: Empowered, engaged and well-supported staff	NHS North Essex PCT Cluster
3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Amber
3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	Amber
3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Amber
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Green
3.5 Flexible working options are made available to all staff, consistent with the needs 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)	Amber
3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Amber
Goal 4: Inclusive leadership at all levels	
4.1 Boards and senior leaders conduct an plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Green
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Amber
4.3 The organisation uses the NHS Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes	RedM

KEY:

Purple: Excelling (all protected groups)
Green: Achieving (most protected groups)
Amber: Developing (some protected groups)
Red: Undeveloped (few or none of the protected groups)

Appendix D

Equality Objectives for Implementation in all Three PCT Localities

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

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

Measurement – Year 1 – Establish baseline - percentage of quality assured equality analysis which withstands scrutiny and challenge at the decision making point where with no improvements required to the analysis, compared to the total number of equality analysis produced

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

No.	Action	Timescale	Lead	Progress for Mid Essex CCG
1.1	Identify best practice methodology for undertaking equality analysis and ensure formalised within policy.	April 2012	Chair of Equality and Diversity Group	E&D Group approved EIA template following adoption of guidance from the Equality and Human Rights Commission on 'Meeting the equality duty in policy and decision making' 2012. Formal approval now requested by CCG – attached.
1.2	Arrange training from accredited equality and diversity training resource on equality analysis according to assessed needs and provide in-house, support and guidance in undertaking equality analysis to meet identified needs.	May 2012	Chair of Equality and Diversity Group	Train the trainer programme to be introduced for cascade training on E&D and EIA completion – liaison direct with CCGs required.
1.3	Utilise the developed cluster contact data base for engaging with protected groups and others to contribute to the equality analysis to inform the policy decision and enabling this to happen for e.g. providing access to interpretation and translation services.	May 2012	All leads as required	1. Contract data base already in use – need to commence seeking input to equality analysis as appropriate. 2. Access to interpretation and translation services advertised and to be further

				explored with those on the contract data base to seek what help they may be able to provide.
1.4	Establish quality assurance process to review equality analysis	April 2012	Chair of Equality and Diversity Group	Quality assurance process established and E&D group will provide on completion of EIAs.
1.5	Embed equality analysis within all relevant decision making processes and in particular Board reports	May 2012	Report Authors	CCG has EIA statement reference on all Board reports. Equality analysis embedded as part of policy and procedure reviews and new policies and procedures. Identify other areas for embedding to ensure full coverage.
1.6	Publish all equality analysis on websites and in other forms as requested	June 2012	Communications	EIAs to continue to be published on websites as previously established.
1.7	Additional action added for Mid Essex is to include the priority groups into the Mid Essex JSNA	End 2012	Deputy Director of Public Health	

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

Improve the individual experiences of the protected groups in accessing and using NHS Services

Year 1 – Establish baseline of information that is or can be available to identify experiences from protected groups
Year 2 – Set measurable targets to achieve improvement in baseline assessment

No.	Action	Timescale	Lead	Progress
2.1	Ensure that the patient and public engagement and patient experience strategy takes full account of protected groups in all actions of the strategy and in particular the public and patient experience project.	According to PPE and PE Strategy milestones during 2012/13	Assistant Director of Quality	1. Communication teams are working closely with CCG leads in respect of public engagement. PCT staff have taken part in awareness campaigns throughout the year such as PALS week, CARE campaign, Dying Matters 2. Communications have provided a national link displaying a calendar of

				days for world health awareness days http://nhslocal.nhs.uk/my-health/equip/events/list
2.2	Ensure that signposting to existing service availability is provided in different formats and incorporated into new developments and service re-designs e.g. as part of the QIPP and Integrated Plans particularly where these relate to discharge arrangements	From April 2012	Delivery leads Communications PALS	1. PALS and Communications actioning as members of E&D Group. 2. Head of QIPP to be advised regarding QIPP project initiation documents etc.- completed 3. All PCT service information is available in different formats and can be provided on request
2.3	Increase awareness of access to interpretation and translation services for those where English is not their first language, or where there are sensory or hearing impairments.	May 2012	Assistant Director of Quality	1. Awareness continues to be raised regarding the

				availability of interpretation and translation services and also for sensory or hearing impaired patients. 2. Access to interpretation and translation services advertised and to be further explored with those on the contract data base to seek what help they may be able to provide – Communications
2.4	Ensure commissioning plans are including the importance of invitation of carer involvement within any new care pathway designs, re-design of discharge processes	2012 – 2013	Delivery leads	**July update requested from QIPP lead** 1.Head of QIPP to be advised regarding need to include this input within Project Initiation

				Documents and to explore potential of the contact data base for protected groups through engagement through different ways social media, Twitter, advocacy services. 2. Seek representation onto the E&D Group and/or to equality analysis of those on contact data base for protected groups - KF
2.5	Request and analyse the data from protected groups for complaints and PALS service usage to inform areas where improvements in experience is required for relevant protected groups.	During 2012 - 2013	Assistant Director of Quality	The views of protected groups continue to be sought through groups such as the Learning Disability Forum. Equality and Diversity forms are completed by complainants and analysed to ensure sufficient assistance if given for patients with specific needs.

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

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

Year 1 – provision of additional information compared to that provided for January 2012 public sector equality duty
Year 2 – new organisations to determine information provision requirements

No.	Action	Timescale	Lead	Progress
3.1	Obtain any remaining workforce information that can be provided from the Electronic Staff Registers for each of the PCTs to provide more comprehensive workforce information to meet the public sector equality duty e.g. gender pay analysis; offer of take up of flexible working options across the protected characteristics, applicants, shortlisting, offer and take up of posts etc.	May 2012 and December 2012	Assistant Director of Human Resources	**July update requested from HR - outstanding** 1. Update requested following ESR review – KF
3.2	Present findings to the Board for their response on the information e.g. under-representation in the offer and take-up of options			1. During 2012/13 2. Explore with ECC their promotion of E&D within the workforce – KF
3.3	Provide the relevant workforce profiles to the new organisations post disestablishment of the PCTs	March 2013	Director of Transition and Governance	

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

Embed equality and diversity at Board level

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

No.	Action	Timescale	Lead	Progress
4.1	Identify an equality and diversity Non-Executive Director Board champion to promote equality and diversity within the organisation – this champion will be supported by the Executive Lead for Equality and Diversity which is held by the Director of Transition and Governance. Thereafter to appoint champions at all levels of the organisation.	March/April 2012	1. Chairman 2. Director of Transition and Governance	1. Completed – Qadir Bakhsh 2. Completed Director of Transition and Governance 3. Other confirmed champions – Jane Richards – Assistant Director of Public Health, Jaki Stockwell – Complaints Manager and Mid Essex to be advised. 4. CCG lead for E&D is Iain Tweedlie - GP

4.2	Arrange provision of equality and diversity training to all Board members and to shadow CCG Board members - to include Equality Act 2010, Public Sector Equality Duty, equality analysis	May 2012	Chair of Equality and Diversity Group	E&D Group approved programme and contact now with CCG on funding and date.
4.3	Ensure Board members obtain an explicit reference to a clearly documented equality analysis on all relevant Board reports to demonstrate due regard to the aims set out in the general equality duty.	May 2012	Board Members	1. Completed for cluster Board reports and CCG Board reports.
4.4	Extract any equality and diversity leadership competencies from the Equality and Diversity Leadership Framework that are not currently included in the NHS Leadership Framework, and include these as the competency assessment to senior positions and for development of appointed senior members	May 2012	Director of Transition and Governance	1. To complete

Appendix E

North Essex Equality and Diversity Group

Terms of Reference

These terms of reference were approved by the Single Executive Board at the December 2011 meeting.
These terms of reference will be reviewed in January 2013.

MEMBERSHIP

Role	Name
Chairman	Kerry Franklin – Assistant Director of Corporate Services
Dr Qadir Baksh	Cluster Non Executive Director
Jane Richards	Assistant Director Public Health
Communications rep being advised following Sally Wallis Boare leaving	PPI Lead
Sarah Button	HR – NHS North Essex
Jaki Stockwell	Complaints Manager
Tricia Cassidy	Communications
Anthony West	Financial Analyst and PPI Lead – North East Essex GP Commissioning Group – Virtual Member

Virtual Members

Carol Anderson	Assistant Director Clinical Quality - Virtual Member
Dr. Iain Tweedlie	GP Member - Mid Essex CCG
T.B.A.	PPI Lead for West Essex CCG

QUORACY
The meeting will be quorate when at least three members of the group were present including the Chair of the group.

TERMS OF REFERENCE

- To provide a focal point and resource on Equality and Diversity for the cluster
- To provide a co-ordinated approach to EDS implementation across the cluster.
- To ensure the self assessment for the EDS is completed, externally reviewed so as to identify equality objectives and actions for recommendation for adoption by the cluster
- To work collectively on engaging local interests and using results of engagement work to evidence that actions reflect the needs of local communities
- To integrate and embed EDS into the cluster so as to complement existing equality and diversity work programmes and progress to date
- To report on progress on the implementation of EDS to the Single Executive Board and thereafter the Board
- To ensure an Equality Assurance Report is produced for Board noting that demonstrates how the cluster PCTs are complying with the public sector equality duty.

- To receive feedback from and feed into the cluster representative on the Essex EDS Implementation Group

FREQUENCY OF MEETINGS
As and when required and may be virtual meetings.

ACCOUNTABILITY
This group will report to the NHS North Essex PCT Executive Committee and to each of the respective CCGs, for Mid Essex CCG the reporting line will be to the Quality Committee.

February 2012 (membership updated August 2012)

Appendix F

MANAGING EQUALITY ANALYSIS – ENSURING ROBUST EQUALITY ANALYSIS AND EFFECTIVE DELIVERY

A WORKSHOP FOR BOARD MEMBERS

Session 1 **Background and Introduction: Setting the Context.**

- Opening presentation and facilitated discussion: Exploring the challenges, understanding the approach, ensuring clarity about where you want to be and when;
- Equality Delivery System objectives: Equality Analysis: The Government Approach and legislation;
- Cross cutting themes and having equality objectives that are stretching, deliverable and measurable: Effective engagement and communication

Session 2 **Case study: Ensuring that Equality Analysis is effective and adds value**

- Introduction to the Equality Analysis Toolkit, and what effective analysis looks like;
- Small group work undertaking an analysis on a live local matter and using the toolkit;
- Feedback on the exercise

Session 3 **Challenging the analysis – questions to ask of each proposal to ensure effective decision making**

- Exploring guideline questions to check that the board is content that they are signing off on robust and sound equality analysis.
- Managing ineffective analyses –ensuring the improvement of analyses that deliver the organisations approach to diversity ad equality
- Reporting, accountability, transparency and effective communications

Next steps
Summary and end

MDA Global http://mdaglobal.net/?page_id=13
Cost £650 + VAT, travel and publishing costs

Appendix G

Guidelines for Conducting Equality Impact Assessments

Introduction

What is an EIA?

An equality impact assessment (EIA) is a systematic way of finding out whether an existing or new piece of work (such as a strategy, policy, commissioning case) promotes equality or whether it has (or may have) a negative or discriminatory impact on existing and potential service users and staff due to any of the equality groups (also known as protected characteristics) as below:

- Age
- Gender (including gender identity)
- Pregnancy
- Sexual orientation
- Marital status
- Disability
- Ethnicity / Race
- Religion or belief
- Human Rights (see appendix B for summary of the main categories under the Human Rights Act 1998)

Leaving aside the jargon (a glossary of which is appended to these guidance notes as Appendix A), an EIA helps you think about the impact your project may have on different parts of the community. This impact is not always negative however and it is reassuring to identify positive effects that your project can have on the different equality groups.

NB – the Equality Act when it went through Parliament included a duty to assess the impact of socioeconomic status from April 2011. This requirement was subsequently removed from the legislation by the Government. However it remains good practice to consider socioeconomic status as a dimension of equality and is included in the Equality and Diversity Policy so you should still consider it when assessing your project.

Isn't this just political correctness / bureaucracy?

When planning a new project, it can feel like there is a plethora of forms to fill in and requirements to fulfil. However, believe it or not, the EIA is designed to help you make sure your project delivers all you hope it will and to avoid problems later on as it is much easier to make sure your project covers all bases right at the outset rather than having to change a service specification or policy in the later planning stages or after the project has "gone live".

Most of the actions or changes that come out of an EIA are small, straightforward and easy to implement but can have a big impact on the value of your project to different sections of the community.

Of course we must also remember that taking proper account of the equality implications of the work we do as a public organisation is a requirement of the Equalities Act 2010.

How do I fill in the EIA form?

Below are guidelines on each section of the EIA form.

Remember the form is just intended to guide you through the process, don't be put off by it and take one section at a time. Any queries, contact Kerry Franklin – Assistant Director of Corporate Services on k.franklin@nhs.net.

Section 1 – About Your Project

This section is relatively straightforward and is about your project, whom you intend to benefit from the project and who else is involved in the project (your stakeholders).

Here are some examples:

For a recruitment policy, external stakeholders would be people applying for jobs in the PCT/CCG and people of working age. Internal stakeholders would include PCT managers and the HR department who are involved in the recruitment process.

Remember to refer to any associated PCT/CCG policies, national or local strategies, frameworks or guidelines that affect your project, eg the Equality Delivery System (EDS), the NHS Constitution, a National Service Framework or the Operating Framework.

Section 2 – Initial Screening

It is recognised that not all projects will have a significant impact (positive or negative) on equalities and the initial screening stage is designed to ascertain this.

In order to form a view about your project's relevance, you may find it helpful to refer to demographic information contained on the CCG's website which accompanies the EIA and this guidance document. It is recommended that you check with colleagues in Public Health for information on the population in the specific area you are commissioning for.

Please complete the table, breaking down the project into different elements if needed (certainly for more complex projects like commissioning cases you

should do this) and scoring it for relevance to equalities. You should score each element as follows:

3 – this area has a high relevance to equalities
2 – this area has a medium relevance to equalities
1 – this area has a low relevance to equalities
0 – this area has no relevance to equalities

Please score 0 only when you consider there is no identifiable impact of the project (or part of the project) on the equality groups. It is anticipated that this score will be rarely used as most projects conducted by a public organisation should and will impact upon equalities in some way. One example might be new corporate policy on the management of claims.

An example of what might be a high, medium and low relevance is given below:

- Low – a complaints policy
- Medium – a new policy that sets criteria for accessing fertility treatment that includes criteria on age and non-availability to same sex couples)
- High – a proposal to close a mental health service focussing upon the needs of young asylum seekers (which would impact highly upon age, disability, race and human rights)

Calculate an overall score for your screening by totalling the scores across the different equality groups. The ranges for the overall impact score are as follows:

0 points	No relevance
1 – 9 points	Low relevance
10 – 18 points	Medium relevance
19 - 27 points	High relevance

If the project contains more than one element, take the highest score as the overall score for the project.

Irrespective of the total score calculated above, the overall impact is affected by the following:

If any one or more of the equality groups has scored 2 then the overall impact is MEDIUM and if any one or more of the equality groups has scored 3 then the overall impact is HIGH.

Please give an explanation of your scoring in the "rationale" box.

If your overall impact score has come out as "low", then you do not need to proceed beyond Section 2. However as a last step, please consider and document whether you consider there to be any negative impact at all of your project upon equalities and whether there are any changes you can make to

negate them. If so, please skip straight to Section 6 and record your planned actions.

If your scoring is “medium” or “high”, please proceed to Section 3.

Section 3 - Scoping

The aim of this section is to think through the main issues relating to equality which arise from your project. This leads on from the initial screening you undertook in Section 2.

Consider the following questions:

- How do you think your project meets the needs of different communities in Mid Essex
- What will be the impact of your project on different groups of people?
- Do you think your project specifically contributes to promoting equality and diversity in Mid Essex and if so, in what way?
- Do you think your project presents any barriers to any community or group? If so, please explain.
- How can your project tackle these barriers?
- Are there any equality objectives associated with your project?

Section 4 – Identifying Positive and Negative Impact

Based on the evidence you have gathered in Section 3, have you identified any potential differential impact (positive or negative) for any of the equality groups?

Please outline in the table.

If the impact is due to direct discrimination (see glossary), this is unlawful and the PCT/CCG must decide how to ensure they act lawfully or provide an objective justification. If the differential impact is as a result of indirect discrimination, is this justifiable or proportionate in meeting a legitimate aim of your project?

Who have you consulted about your view of the positive and negative impacts? For example, colleagues within and outside the PCT/CCG, the Local Involvement Network (LINk), the SHA.

Section 5 – What has been done to promote equality in your project?

This includes any measures you might have put in place to:

- Improve the accessibility of a service
- Improve the quality of outcomes for people from different groups
- Make your project more inclusive
- Ensure staff are trained appropriately

- Promote community cohesion or good relationships between different groups of people

(Think about physical access, communication needs, staff awareness, partnership working)

Section 6 – What practical actions would help reduce any adverse impact or to maximise any positive impact on particular groups identified in Section 4?

This will form the equality action plan arising from your EIA.

For example, changes in communication methods, access to interpreting / translation, E&D training, ethnicity monitoring mechanisms, signposts in Braille/talking signs.

Make sure your actions are SMART, i.e.

Specific
Measurable
Achievable
Realistic
Timebound (ie have a timescale)

And that you speak to whoever you have assigned as a lead !

And Now?

Congratulations you have now completed your EIA. Please forward to Kerry Franklin – Assistant Director of Corporate Services at Swift House, k.franklin@nhs.net , and keep a copy for yourself and the project lead.

EQUALITY IMPACT ASSESSMENT
(ANALYSIS OF THE EFFECTS ON EQUALITY)
TOOLKIT

PROJECT :

DATE EQUALITY IMPACT ASSESSMENT COMPLETED:

ASSESSING MANAGER:

Please refer to the Equality Impact Assessment Guidelines at each stage when completing this template.

Step 1: About your piece of work

Directorate	
Lead Manager	
Piece of Work (hereafter referred to as “project” to be assessed	
Main purpose and intended outcomes of project	
Groups whom the project should benefit or apply to, e.g., service users, PCT staff	
Any associated strategies, policies, guidelines, frameworks	
List any research or literature review evidencing that people with protected characteristics are specifically affected by this policy/process	

Step 2: Initial Screening

This section assesses whether your project has any relevance to equalities.
You should score each element as follows:
3 – this area has a high relevance to equalities
2 – this area has a medium relevance to equalities
1 – this area has a low relevance to equalities
0 – this area has no relevance to equalities

Irrespective of the total score calculated above, the overall impact is affected by the following:
If any one or more of the equality groups has scored 2 then the overall impact is MEDIUM
If any one or more of the equality groups has scored 3 then the overall impact is HIGH.

Overall Impact Score :

0 points	No or Relevance	**1 – 9 points**	Low Relevance
10 – 18 points	Medium Relevance	**19 - 27 points**	High Relevance

Project (or aspect of project)	Age	Disability	Gender	Pregnancy	Marital status	Race	Sexuality	Religion	Human Rights	Total Points	Overall Impact (High, Medium Low)

Please explain your rationale for your equality scoring:

Have you identified any positive impacts upon any of the equality groups? If so, please outline

If your overall score is “none”, your EIA ends here. Please send this form to Kerry Franklin – Assistant Director of Corporate Services at Swift House k.franklin@nhs.net.

If your score is “low”, have you identified any negative impacts of your project upon equalities? Yes / No

If Yes, please outline potential impacts and changes (however small) that can be made to tackle this impact. Please record this in Section 6 and then send your form to Kerry Franklin at Swift House.

Please conduct the Equality Impact Assessment again when you next review or change your project and please provide Kerry Franklin with updates every 3 months on any remedial actions you have identified on page 4.

If the overall score is Medium or High, please turn over to complete your Equality Impact Assessment.

Step 3: Scoping

You will need to refer in detail to the questions raised in the Guidelines and the summary of key facts and figures about the local population to complete this section.

What do you think are the main issues relating to equality and diversity within your project?

Step 4: Identifying Positive and Negative Impacts

Based on the evidence you have gathered in Section 3, have you identified any potential differential impact (positive or negative) for any of the equality groups?

	Positive	Negative
Age		
Disability		
Gender		
Pregnancy		
Race		
Sexuality		
Marital status		
Religion		
Human Rights		

Is the impact as a result of direct or indirect discrimination? (*refer to Guidelines for definitions of these terms)*

Yes / No (delete as applicable)

If the impact is as a result of indirect discrimination, please explain how this might be justifiable in meeting a particular aim of the project?

Who have you consulted about the positive and negative impact of the project on equality and what were their views?

Step 5: What has been done to promote equality in your project and how will you evaluate how effective this has been?

Step 6: What practical actions would help reduce any negative impact on the equality groups you have identified?

Issue identified	Action to be taken	Lead	Timescale

THANK YOU

You have now completed your Equality Impact Assessment

Please forward this to Kerry Franklin, Assistant Director of Corporate Services at Swift House
k.franklin@nhs.net