Equality and Diversity Strategy

2019 – 2022

Approved by Mid Essex CCG Board on 28 March 2019

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Foreword

We are pleased to launch the refreshed Equality and Diversity Strategy for Mid Essex Clinical Commissioning Group (CCG).

This document sets out our commitment to taking equality, diversity and Human Rights into account in everything we do whether commissioning services, employing people, developing policies, communicating with or engaging local people in our work.

This strategy and associated action plan will help the CCG to tackle current health inequalities, promote equality and fairness and establish a culture of inclusiveness that will enable health services in Mid Essex to meet the needs of all.

Our Governing Body commits to monitoring our progress and reporting regularly and openly on the developments in this plan. We acknowledge and accept our roles in supporting the strategy and will play our full part in making its aims a reality.

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.

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

Dr. Anna Davey
Chair, Mid Essex CCG

Nathalie Wright
Equality and Diversity Lay Champion
Mid Essex CCG

Introduction

Mid Essex Clinical Commissioning Group (CCG) is a clinically-led NHS organisation. We are responsible for planning and buying (commissioning) health services for the people of mid Essex. Our vision is "*To help the people of Mid Essex to Live Well*".

We recognise and value the diversity of the population we serve and equality is central to our work so that we commission modern, high quality health services for all.

This means that:

- We will take account of the diversity of the population we serve, and the potential barriers some people face when accessing health services and how we can work to reduce these.
- We will tackle health inequalities and ensure there are no barriers to health and wellbeing.
- We will ensure our health providers also meet the legal requirements around equality and human rights.
- Members of the public have the right to expect the care and treatment they receive to be provided in an environment that is free from unlawful discrimination.
- CCG staff have the right to work in an environment that is free from discrimination, victimisation and harassment.

The CCG's equality and diversity work is based on:

- The Principles of the NHS Constitution
- The Equality Act 2010 and the requirements of the Public Sector Equality Duty under that Act
- The Human Rights Act 1983
- The requirements within the Health and Social Care Act 2012 to reduce health inequalities, promote patient involvement, and involve and consult the public.

Our approach to equality and diversity includes working closely with Essex County Council and the Essex Health and Wellbeing Board in agreeing local needs assessments and developing the strategy to address these needs. We use the Essex Joint Strategic Needs Assessment and Mid Essex CCG Joint Strategic Needs Assessment to inform our commissioning intentions and decision making. The JSNA is a collection of research about the local people, places and communities to which the CCG and our partners deliver services. We use the JSNA to try to understand what needs to be done in collaboration with local knowledge and community feedback.

This strategy sets out how we will meet our commitment to equality as central to our work. It also sets out our equality objectives and action plan which will be monitored and revised on at least an annual basis.

The Population We Serve

Despite overall improvement in average health measures, there are variations in the health and wellbeing of people within the districts of Mid Essex.

Life expectancy at birth appears either similar or above the national average across the Mid-Essex districts. In Chelmsford, life expectancy for both males (81.3) and females (84) are significantly higher than the national average of 79.6 and 83.1 respectively. Life expectancy in Maldon is similar to the national average for both men and women. In Braintree, male life expectancy is higher than the national average whilst female life expectancy is similar to the national average.

When reviewing the inequality in life expectancy across Mid-Essex districts (the range in years of life expectancy across the social gradient within each area, from most to least deprived), Maldon has the lowest level of inequality in life expectancy at birth for both males (3.9 years in Maldon) and females (2.3 years in Maldon). Inequalities in life expectancy appear higher for males than females across all Mid-Essex districts. Chelmsford has the highest level of inequality in life expectancy for males (6 years) whilst Braintree had the highest level for females (5 years).

Deprivation and fuel poverty are key challenges in some of our communities, with associated poor health and social outcomes.

There are 87 Lower Super Output Areas (LSOAs) in Braintree, with none of them being amongst the most deprived 10% in England and just two that are in the bottom 20%. The distribution would suggest that there are some affluent areas of Braintree but few that are relatively deprived. Braintree is ranked 202 out of 326 local authorities in England on overall deprivation (where 1 is the highest level of deprivation).

There are 102 LSOAs in Chelmsford, with just one of them being amongst the most deprived 10% in England and just two that are in the bottom 20%. There are 25 LSOAs in the top 10% most affluent areas. The distribution would suggest that there are many affluent areas of Chelmsford but few that are relatively deprived. Chelmsford is ranked 256 out of 326 local authorities in England on overall deprivation.

There are 40 LSOAs in Maldon, with none of them being amongst the most deprived 10% in England. There is one (Maldon West) that is in the top 10%, i.e. the most affluent. The distribution would suggest that there are some affluent areas of Maldon but few that are relatively deprived. Maldon is ranked 216 out of 326 local authorities in England on overall deprivation.

The percentage of households in an area that experience fuel poverty varies across the districts of Mid Essex with Maldon at 9%, Braintree at 8.8% and Chelmsford at 7.9%. This is compared to the national percentage of 11.1% of households experiencing fuel poverty. Tackling fuel poverty is important for improving health outcomes and reducing health inequalities in England.

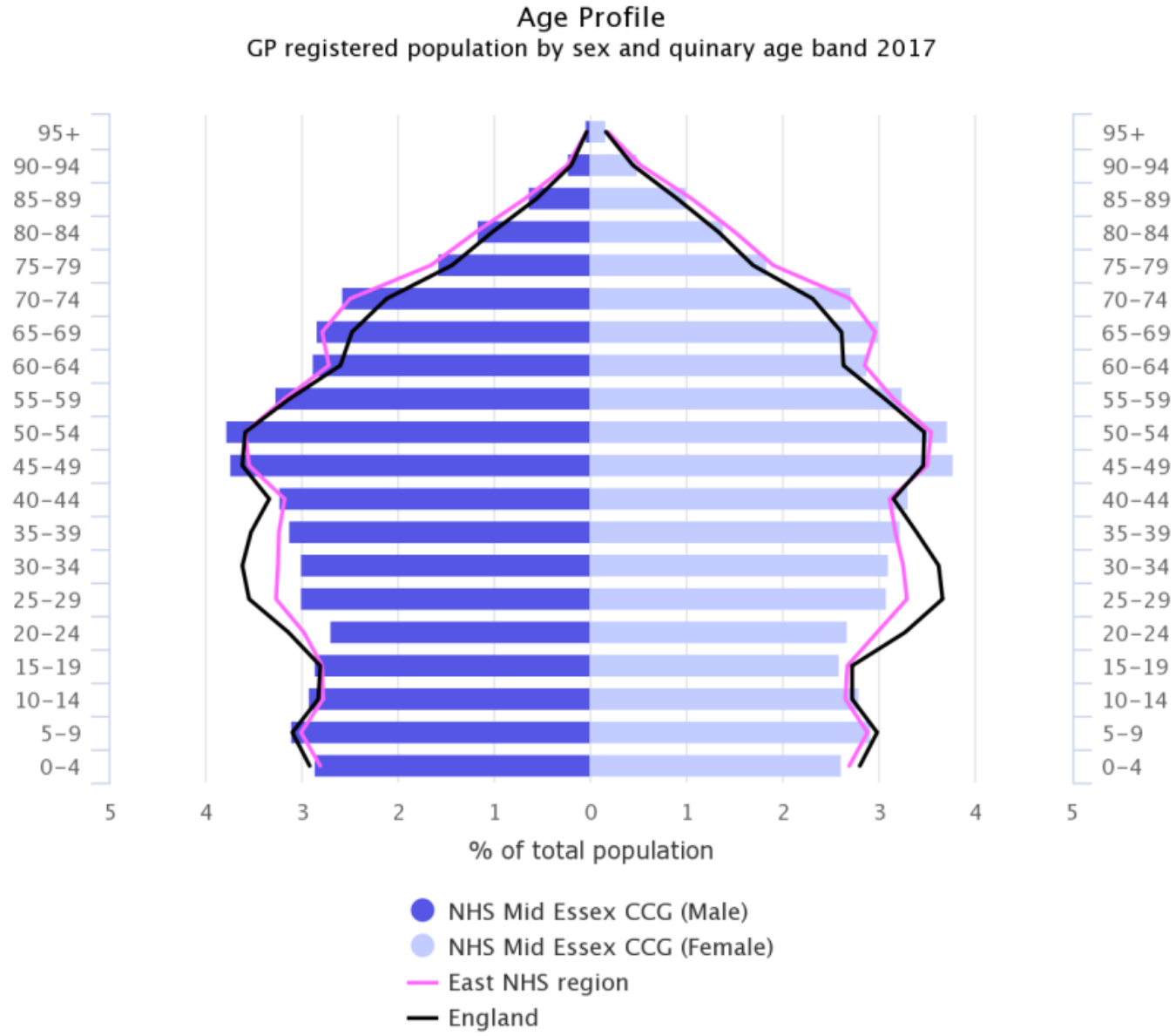
The rate of alcohol related admissions appears to increase with level of deprivation across the country with highest levels in those in the most deprived decile of the population. The directly standardised rate of alcohol related admissions in Mid-Essex is 943 per 100,000 people compared to 1258 per 100,000 nationally.

Population Age and Gender

The population of mid Essex is estimated to be around 392,000 – the breakdown by gender and age groups are shown in the population pyramid. This is split at a district level as follows:

- Braintree District Council: 151,700
- Chelmsford City Council: 176,200
- Maldon District Council: 64,000

This population is expected to increase by 2021 with a significant increase expected in individuals aged 65 years and above.
There is a roughly even gender split within the population.
19.8% of the GP registered population in Mid-Essex are aged 65 years and over which has increased from 16.6% in 2010.



Local Ethnicity

The annual population survey suggests that Maldon district has the highest proportion (96.6%) of resident population classified as 'white' of the district councils in Mid-Essex. In comparison, Chelmsford has a proportion of 93% of the resident population classified as white, Braintree has 95.7%, and Essex as a whole has 94.6 %. More detailed ethnicity data is available through the 2011 census though may not be up to date. The 2011 census suggested that 1.9% of the Mid-Essex population were classified as Asian/Asian British, 0.8% as Black/African/Caribbean/Black British and 0.14% as Gypsy or Irish Traveller however this may have changed in recent years.

The proportion of live births in Mid-Essex where one or both parents were not born in the UK is 17.2% which is lower than the national proportion of 34%.

BME groups generally have worse health outcomes than the overall population. Barriers to accessing services due to language and cultural attitudes can have an impact on health of

the BME groups, asylum seekers and recent migrant groups. Therefore in response to such health inequalities, we ensure that the health services reflect the specific needs of BME and faith groups, ensuring accessibility and cultural competency.

Disability, Mental Health and Inequalities

The claimant count (the number of people claiming benefit principally for the reason of being unemployed as a proportion of those resident in the area aged between 16-65) – varies across the region. Maldon's proportion is 0.9%, Chelmsford is 1.2%, Braintree is 1.7% compared to 1.8% across East of England and 2.4% across Great Britain.

The prevalence of learning disability within Mid-Essex (as measured by the proportion of patients with learning disabilities as recorded on practice disease registers) is 0.4% which is lower than both the East NHS region (0.5%) and national proportion (0.5%).

In England, approximately one in six people experience a common mental health disorder which would equate to approximately 65,300 people in Mid-Essex. Smoking prevalence in adults (18+) with serious mental illness is 39.9% in Mid-Essex compared to 40.5% nationally. It is worth noting that life expectancy for people with severe mental illness such as schizophrenia can be 20 years less than for the general population. The suicide rate amongst males in Mid-Essex is 18.8 per 100,000 which appears significantly different from females at 5.9 per 100,000.

The prevalence of dementia in the population of Mid-Essex is 0.8%, which is similar to the national average of 0.8%.

The GP patient survey highlights that 8.4% of respondents in Mid-Essex reported a long-term mental health problem (similar to the national proportion). 52.6% of respondents with long-term conditions visiting their GPs felt that they had enough support from services in the last 12 months which is lower than the national proportion of 55.3%. The survey reflected wide variation within practice populations in Mid-Essex (39.8% to 64.5%), in the proportion of those over 16 reporting long-standing health condition.

There is a consistent picture of increased mortality rates in areas of higher deprivation, for all causes including circulatory disease and cancer. The high rates of long-term limiting illness in more deprived wards also reflect the significant role that deprivation plays in morbidity and mortality. Mid-Essex mortality rates from cardiovascular disease are lower than the national average whilst stroke mortality rates (in both under 75 and over 75 age groups) are similar to the national average.

Sexual Orientation

The lack of information/ knowledge has led to Lesbian, Gay, Bisexual and Transgender (LGBT) people's needs being a relatively low priority in health and social care policy. Evidence suggests that LGBT groups are disproportionately affected by poor mental health, problematic alcohol use, smoking and sexually transmitted infections.

The 2017 national LGBT survey received 108,100 responses from people who self-identified as having a minority sexual orientation or gender identity, or self-identified as intersex and were 16 or above living in the UK. It highlights that nationally, 23.2% of those who responded to the survey had accessed mental health services whilst 8% tried but were unsuccessful. Of those respondents in care, 27.6% felt that disclosing their LGBT status positively affected their care whilst 22.8% felt it had negatively affected their care. 15.6% of respondents felt that disclosing their LGBT status to health care staff had a positive effect on their care compared to 7.4% who felt there was a negative effect. These findings illustrate the importance of better local understanding of LGBT group needs to ensure they are being met.

Fertility Rate and Inequalities

In 2017, there were just under 4300 new births in Mid-Essex. In Braintree, the age group with the highest fertility rate is the 25-29 age group whilst the highest fertility rate is seen in the 30-34 age group for Chelmsford and Maldon. Within Mid-Essex, Maldon has the highest age specific fertility rate for the under 18 age group, whilst Chelmsford has the highest age specific fertility rate for the group aged 40-44.The former age group are associated with fewer pregnancy complications and the latter age group at a higher risk of complications. The CCG has suspended access to fertility treatment since October 2014, following an extensive public consultation.

Deprivation impacts on the health of mothers and newly-born children. This can be, for example, due to increased levels of smoking (5.9% women were recorded as smoking at the time of delivery in Mid-Essex in the last year) and poor diet and nutrition. Infant mortality varies within deprivation deciles across the country with 6 deaths in infants under 1 per 1000 live births in the most deprived decile compared to 3.1 per 1000 live births in the least deprived decile. In Mid-Essex, infant mortality is 3 per 1000 live births which is similar to the national average.

The 2018 survey of maternity services carried out by the CQC (162 MEHT patients), covered three main areas; labour & birth, staff during labour & birth and care in hospital after the birth, for which MEHT scored the rating of “about the same” as most other Trusts

Communities with Specific Health and Social Care Needs

Carers
2.36% of the population in Maldon are providing more than 50 hours of unpaid care, compared to 1.82% in Chelmsford and 2.3% in Braintree.

Frail and Older People
In Mid Essex, 11% of the population who responded to the GP patient survey reported problems with physical mobility e.g. difficulty getting around the house. Poor mobility can lead to poor health and wellbeing – such as falls and poor continence care. 6% reported feeling isolated in the last 12 months. Loneliness can affect both physical and mental health and can be further exacerbated by lack of transport and poor mobility. 16% felt that a long term medical condition significantly reduced their ability to carry out day to day activities whilst 40% felt this ability was reduced a little.

Our Approach to Promoting Equality

Statutory Responsibilities - Equality Act 2010

Clinical commissioning groups have a legal responsibility to demonstrate compliance with the Equality Act 2010, specifically the Public Sector Equality Duty (PSED). In so doing, we must have due regard to three aims of the 'general duty' which states we must:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The equality duty means we have to demonstrate how we will build consideration of equality into our work as commissioners and as an employer; we will need to understand how different groups are affected by our policies and practices across the protected characteristics.

The protected characteristics groups covered by the Equality Act are:

In addition to the groups covered by the Equality Act, we also give consideration to vulnerable groups, such as

- carers
- homeless/rough sleepers
- migrant workers
- refugees/asylum seekers
- traveller community
- those who have experienced female genital mutilation
- those who have experienced human trafficking/modern slavery
- those experiencing/recovering from substance/alcohol abuse
- those living in economically deprived communities

- those living within geographically isolated communities
- prisoners/ex-offenders
- commuters
- vulnerable adults, e.g. victims of domestic abuse
- Looked After Children
- Ex-service personnel/veterans
- Those suffering from gambling/gaming addiction

Delivering a Human Rights Based Approach

Human Rights are rights and freedoms that belong to all individuals regardless of their nationality or citizenship. They are essentially important in maintaining a fair and civilised society.

A recognition that the principles of human rights apply to equality is important to us and is key a factor of this strategy. Taking this approach can only make for a better service for everyone, with patient and staff experiences reflecting the core human rights principles of:

Fairness
Respect
Equality
Dignity
Autonomy

In practice, this means that NHS services should be provided in a non-discriminatory way and that services should be available for everyone.

Equality and Health Inequalities

“Health inequalities” are the differences in the health of different parts of the population. We are committed to addressing health inequalities and understand that some groups of people, including people with protected characteristics, experience different access, experience and outcomes when they use NHS services. The impact of this can be inequalities that affect broad groups of patients, families and carers.

Being a member of certain groups e.g. those with a physical disability or a mental illness, Black, Asian and Minority Ethnic (BAME) groups and the homeless, also play a part, due to social marginalisation, poor access to services and likelihood of income deprivation.

The causes of health inequalities are complex, and include lifestyle factors, discrimination and also wider determinants such as poverty, housing and education. Health inequalities exist between socio-economic groups, ethnic groups and between men and women.

Promoting equality is not about taking away from one group to give to another. In the context of health, it’s about ensuring that access to good quality and appropriate services are available to all groups in our population, not just a privileged few. Whilst recognising that there are many causes and effects over which we do not have direct influence or

control, we are committed to working in partnership with both our local communities and statutory providers and partners to ensure that different groups should not experience barriers to accessing services or, have less opportunity to live a longer healthier life due to factors beyond their control, specifically the nine protected characteristics.

Aligning engagement and equality

Promoting equality and effective community engagement should complement each other. Systematic community engagement is an essential element of partnership working to promote equality. The engagement and involvement of patients, carers, partners and other stakeholders, including local people is intrinsic to the commissioning and procurement of services.

We are therefore, committed to being proactive about seeking the views of all groups in our community; this in turn will help demonstrate we are promoting equality. We have created a range of engagement and involvement opportunities to gather the views of patients, service users and other stakeholders. This information is rich in personal experience and helps us to shape commissioning decisions, service specifications and improvement programmes.

Patients, carers and members of the public are represented through a number of channels including:

- Close partnership working with Essex Healthwatch and local voluntary sector services
- The 'Get Involved' section of our website which highlights the areas where patients and the public can become involved in the work of the CCG
- Attendance of voluntary and patient groups at committee meetings, such as the Live Well Committee and our Patient Reference Groups.

Delivering our strategy

Compliance with the Public Sector Equality Duty (PSED)

We provide an annual equalities information report at the end of May each year setting out how we have shown "due regard" to the three aims of the PSED. These three aims are to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups.

Equality Delivery System 2 (EDS2)

The EDS2 is a national tool designed to support NHS commissioners and providers to work with local partners and people to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. There are four EDS2 Goals, which are:

Goal 1: Better Health Outcomes
Goal 2: Improved patient access and experience
Goal 3: A representative and supported workforce
Goal 4: Inclusive leadership

The CCG reviews its achievement against the EDS2 goals annually and publishes its self-assessment in its Equality & Diversity Annual report. The findings of this review are used to inform the CCG's equality objectives

You can find out more about EDS2 at:

https://www.england.nhs.uk/wpcontent/uploads/2013/11/eds-nov131.pdf.

Equality Objectives

In order to be compliant with the Public Sector Duties of the Equality Act 2010, public sector organisations with more than 150 staff are required to publish at least every four years details of their Equality Objectives. These Equality Objectives are the priorities the organisation has identified to further the aims of the general equality duty

Mid Essex CCG's Equality Objectives are included in Appendix One to this strategy.

Workforce Race Equality Standard (WRES)

The WRES has been developed to ensure employees from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The move follows recent reports that highlight disparities in the number of BAME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst BAME NHS staff.

NHS organisations need to demonstrate progress against nine indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation. Further information can be found at the NHS England website at:

https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/

We assess ourselves against the WRES indicators each year and publish the outcome on the CCG's website, along with an action plan for improving our compliance in any relevant areas.

Workforce Disability Equality Standard (WDES)

We will also need to demonstrate progress against the WDES *which is due to become mandated in April 2019*. The first WDES reports will need to be published by 1 August 2019. Like the WRES, the WDES has been developed to address the findings of the report published by Middlesex and Bedfordshire Universities on the 'Experience of Disabled Staff in the NHS', alongside findings from research carried out by Disability Rights UK and NHS Employers 'Different Choices, Different Voices', which found that

disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

The proposed standard will use data from the NHS annual staff survey and look at areas such as workforce representation, reasonable adjustments, employment experience and opportunities.

The CCG will ensure that it actions the further guidance that is due to be published on the role of commissioners in implementing the WDES. We will also be monitoring implementation of the WDES by our provider organisations.

Accessible Information Standard (AIS)

The Accessible Information Standard requires all organisations that provide health services (including GP Practices) or adult social care to identify record, share and meet the communication needs of patients who have a disability, impairment or sensory loss.

Although the AIS is not a mandatory requirement for CCGs, there is an expectation that CCGs will have due regard to the standard and take it into account when communicating with the public. We have conducted an assessment of our compliance with the standard for our main public-facing services and have raised staff awareness of its requirements. A statement of our commitment to Accessible Information may be found on our website. We also seek assurance from provider organisations of their compliance with the standard, including evidence of how they are planning to meet the standard.

Further information about the accessible information standard can be found on the NHS England website at:

www.england.nhs.uk/accessibleinfo

Equality and Health Inequalities Impact Analysis (EHIIA)

An EHIIA is a tool designed to help identify the potential impact (either positively or negatively) of policies, services and functions on staff, patients, carers, public and stakeholders.

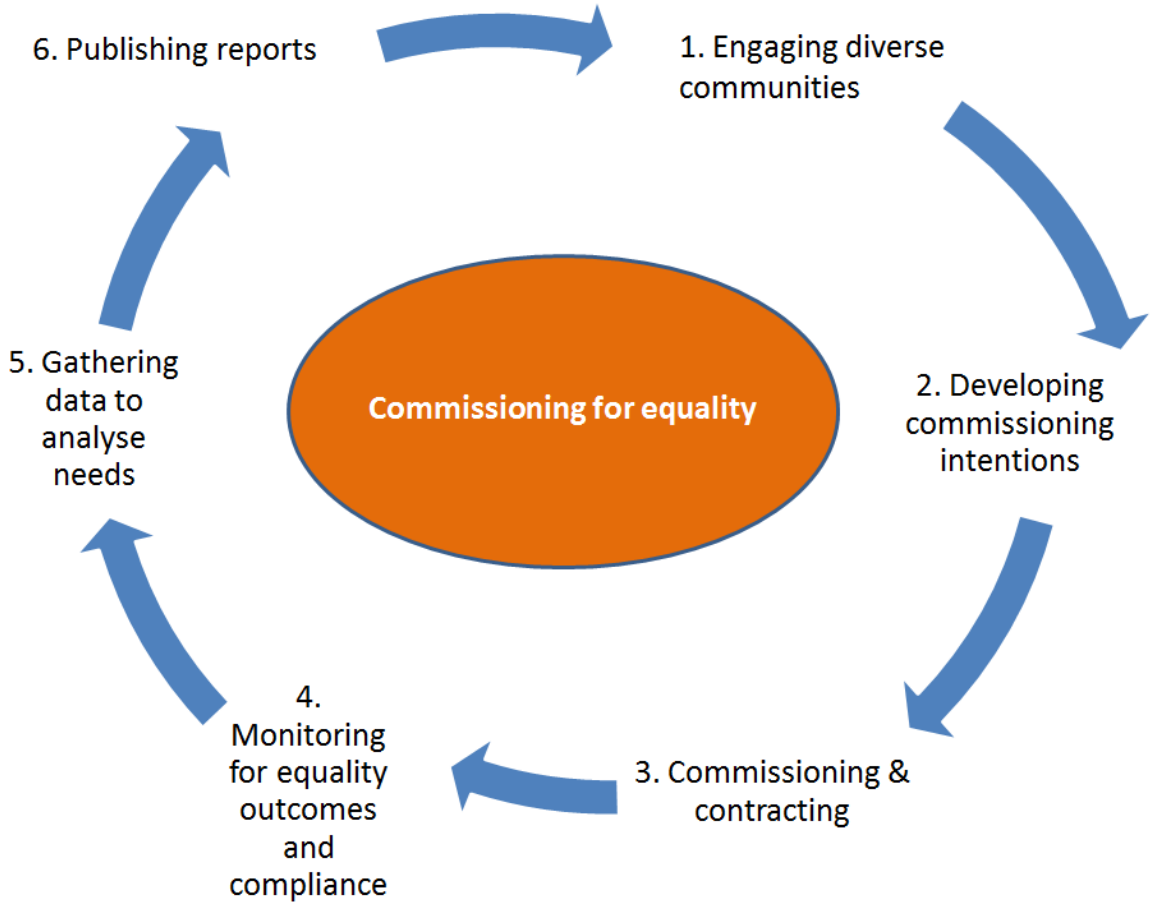
Undertaking EHIIAs both promotes good practice and provides evidence of compliance with the public sector equality duty. We have a comprehensive EHIIA template, which in addition to the nine protected characteristics, also includes assessment of carers and the opportunity to include the impact on other vulnerable groups such as the homeless or those living in the lowest economic groups or in rural communities.

In addition to promoting equality, EHIIAs have huge potential as a tool for commissioners to tackle health inequality. It should be a natural part of our thought process in making decisions as an employer and as a commissioner of health services

We conduct EHIIAs on our commissioning projects and plans. Completion of EHIIAs is embedded in governance processes as part of planning procedures. A copy of each completed EHIIA is held electronically by the CCG's Business Services team.

As Commissioners

As commissioners it is important we consider how people from protected groups may be affected in each step of the commissioning cycle. Through each stage of the commissioning cycle we will look to analyse relevant information, understand the views of local communities and implement appropriate actions to ensure no groups are unfairly disadvantaged



At each stage of the cycle, we should be able to demonstrate how we've considered equality. By being able to demonstrate that we've thoughtfully considered a few key questions at each stage, we not only meet our legal obligations, but even more importantly we are able to show how we deliver core business by commissioning services that meet the needs of our local population, using a robust evidence base.

Our Providers – Equity of Access, Equality and Non-Discrimination

Compliance with the PSED is an important element in the monitoring of our contracts with NHS organisations from which we commission services for our population. The CCG's Equality & Diversity sub-committee monitors the compliance of the CCG's main NHS providers against the following requirements.

- EDS2
- WRES
- Accessible Information Standard.

Leadership and Governance

We recognise the importance of leadership in driving forward the equality agenda and that this is critical to our success as commissioners of local NHS services. We plan to use the Care Quality Commission (CQC) *Equally outstanding: Equality and human rights – good practice resource 2017* to help us embed equality into our mainstream work. The resource has been developed from the findings of CQC inspections of provider trusts and found that those rated outstanding had also developed practices that deliver equality and safeguard human rights for both the public and staff. This challenges assumptions that at times of financial constraints equality can be a distraction and instead demonstrates that a focus on equality and reducing health inequalities can improve the effectiveness and quality of services and improve health outcomes for local populations.

Although the report is primarily focused on provider trusts, the human rights principles of fairness, respect, equality, dignity and autonomy at the heart of good care provision is equally applicable to commissioning services that meet local need, focus on health improvement and reduce health inequalities

The report highlights the importance of senior leadership commitment to equality and diversity and that this is reflected in organisational culture and practice. It identified the following factors for success:

- Leadership committed to equality and human rights
- Putting equality and human rights principles into action
- Developing a culture of staff equality
- Applying equality and human rights thinking to improvement issues
- Putting people who use services at the centre
- Using external help and demonstrating courage and curiosity.

We will look at how we can build these factors into out equality objectives and organisational development plans.

Appendix One

Our Equality Objectives 2019-2020

Objective 1 – Ensure there is local engagement from vulnerable and ethnic groups in assessing health needs, service redesign and measuring the impact of commissioned services.

Objective 2 - Gather the intelligence to enable the CCG to understand the experience of protected groups when accessing and using NHS Services

Objective 3 – Improve overall staff health & wellbeing within the CCG by implementing a variety of approaches including the provision of workplace health activities and social events planned in partnership with the CCG's Work Well Committee.

Objective 4 – The CCG has a representative workforce who suffers no inequity in remuneration and is empowered to promote equality at work and to provide assurance to the Board and seek their support on action being taken by the CCG to achieve this

Objective 5 – Embed equality and diversity at Board level and at every level within the CCG.

Appendix 2

Equality Objective in support of Goal One – Better Health Outcomes

Lead: PPE Executive Lead – Dan Doherty, Director of Clinical Transformation

Objective 1 – Ensure there is local engagement from vulnerable and ethnic groups in assessing health needs, service redesign and measuring the impact of commissioned services.

Actions	Timescale	Current Position
Review stakeholder database to identify any gaps in contacts for protected characteristic groups and refresh with new contacts where necessary.	August 2019	We completed a review of our database in August 2018 and continually update it throughout the year. We will conduct our next full review by August 2019.
Following NHS England's release to CCGs of best practice examples for PPE and the framework tool, review the CCGs current engagement approach.	June 2019	Best practice examples incorporated into updated Engagement and Involvement Strategy which is currently in development and will be presented to the CCG Board in June 2019 as part of the wider Communications and Engagement Strategy for 2019/2020.
Set out new methods and action plan for engagement with protected groups within the new Communications and Engagement Strategy approved by Board	September 2019	New ways we will engage protected groups over the next year are listed below: • Implementing a new locality based patient reference group model with groups for Braintree District, Chelmsford City and Maldon District. These groups will include members of local patient groups and organisations which support residents with protected characteristics. • The Mid and South Essex Sustainability and Transformation Partnership has been successful in securing funding to set up a Citizens Panel**.** The ambition for this project is to develop a panel

Local Equality & Diversity Objectives Action Plan 2019/20

Actions	Timescale	Current Position
		for mid and south Essex which recruits around 1,000 residents who are representative of our population, including people of varying age, gender, geographical area, ethnicity, socio-economic status, mental health conditions, physical health conditions and learning disabilities. The Communications and Engagement team at Mid Essex CCG are part of the STP project team to help set up the Citizens Panel. To support the Healthwatch led campaign to engage residents and staff in the development of our local STP Long Term Plan including groups with protected characteristics.

Local Equality & Diversity Objectives Action Plan 2019/20

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

Lead: Quality Lead – Viv Barker, Deputy Director of Quality & Nursing

Objective 2 – Gather the intelligence to enable the CCG to understand the experience of protected groups when accessing and using NHS Services

Actions	Timescale	Current Position
Link with large local employers or other appropriate organisations to gain access to any staff groups representing any of the protected characteristics so that their experience of accessing and using NHS Services can be better understood.	December 2018	30/01/2019 At this time we have still been unable to make contact with any groups. DG to reach out to local LD and disability groups and establish links. 18/03/2019 Contacts made with various local organisations, such as Essex Police, Fire Service and Anglia Ruskin University. There has been no further progress or communication therefore Patient Experience Manager will make further representation with senior individuals at the above organisations with the addition of the local authority.
Develop an action plan to address any issues identified as a result of the action above.	March 2019	Currently unable to make progress with this action due to the issue described above

Local Equality & Diversity Objectives Action Plan 2019/20

Equality Objective in support of Goal Three – A representative and supported workforce

Lead: HR Lead – Julie Burton

Objective 3 – Improve overall staff health & wellbeing within the CCG by implementing a variety of approaches including the provision of workplace health activities and social events planned in partnership with the CCG's Work Well Committee.

Actions	Timescale	Current Position
Staff Away Day / Staff Awards	October 2019	In progress
Develop programme of activities through the Working Well Initiative, regarding preferred health activities and social events and identify staff "Health Champions", including Mental Health & Wellbeing.	March 2020	'Time to Shine' initiative to be launched with staff in April 19. Workplace Health Champions meet regularly and will be planning events for the next financial year. Looking to recruit Mental Health First Aiders and Workplace Health Champions from the Basildon Office.
Annual Staff Survey	March 2020	Staff Survey Results shared with staff. HR now working with Directorates to develop action plan and roll out of key pieces of work over the coming months.
Promote awareness and uptake of next annual staff survey.	September 2019	
Prepare for Disability Confident Scheme	July 2019	Report to go to Execs for review and agreement on level of commitment the CCG will sign up to.

Local Equality & Diversity Objectives Action Plan 2019/20

Equality Objective in support of Goal Three – A representative and supported workforce

Lead: HR Lead – Julie Burton

Objective 4 – To ensure the CCG has a representative workforce who suffers no inequity in remuneration and is empowered to promote equality at work, and to provide assurance to the Board and seek their support on action being taken by the CCG to achieve this

Actions	Timescale	Current Position
Contact provider of workforce information to request report (Feb 2018) in order to meet WRES & Board deadlines of June 2019	March 2019 and on-going	In progress
Reporting of NHS Workforce Race Equality Standard	June 2019	Development of WRES report for 2018/19 following receipt of data in early April 2019.
Update and Review of WRES Action Plan	June 2019 and on-going	All actions from 2018 action plan complete. Next Steps; Development of action plan from WRES submission for 2018/2019.
Workforce Disability Equality Standard (WDES) Reporting	March 2020	Awaiting further guidance on CCG requirements.

Local Equality & Diversity Objectives Action Plan 2019/20

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

Lead: PPE Executive Lead - Viv Barnes

Objective 5 – Embed equality and diversity at Board level and at every level within the CCG

Actions	Timescale	Current position
Finalise STP-wide Equality & Health Inequalities Impact Assessment templates and guidance.	March 2019	Problems remain with the template and are in the process of being resolved. Head of Corporate Governance to review guidance to ensure it aligns with final template.
Agree STP-wide process for approval of EHIIAs.	March 2019	Proposal for STP-wide process for reviewing and approving EHIIAs is being drafted for approval by JCT/CCGs.
Equality Impact Training for Commissioners.	June 2019	To be delivered once E&D documentation/process has been agreed.
Equality & Diversity Strategy to be reviewed.	31 March 2019	**Completed -** Approved by Board, March 2019.
Unconscious Bias training for Board members.	June 2019	Training for Board members was due to take place on 28 February 2019, but did not take place due to unforeseen circumstances and will therefore be rescheduled for another Board development session.
Consider implications of NHS England WRES Action Plan to improve BME representation at VSM level	December 2019	Action plan awaited from NHS England