NHS
Tameside and Glossop

Tameside & Glossop CCG

Equality Diversity and Human Rights Strategy 2014-17 (update)

1.0 Introduction

NHS Tameside and Glossop Clinical Commissioning Group will meet the three general equality duty principles to:

1. eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010
2. advance equality of opportunity across protected groups
3. foster good relations across protected groups.

This document has been developed to support the Clinical Commissioning Group (CCG) meet these legal duties with regard to equality, diversity and human rights and ensure we are fully compliant with all relevant legislation.

Our Director of Transformation will take the 'executive' lead working co-dependently with the Director of Nursing and Quality (insights and engagement with our public and patients) and Deputy AO and Director of Finance, Information and Governance (governance and contracted provider assurance). Our Integrated Governance, Risk and Audit Committee will oversee and assure compliance to the governing body. We have identified awareness, training and development needs for our Governing Body members and directly employed staff in our Organisation Development Plan. Further, we recognise we must be clear about compliance by those who act in our name, including both commissioned care services providers, and our support service provider.

We will demonstrate and assure delivery by:

Action	Governance oversight	Lead
1. Setting and publishing equality objectives for the forthcoming 4-year period	Governing Body	Director of Transformation
2. Uploading an accessible annual equality data publication focusing both on service delivery and workforce data, and local health inequalities for protected groups, to our website by 31st January each year as a minimum frequency	Integrated Governance, Audit and Risk	Director of Transformation
3. Carrying out an annual public grading of 18-nationally set EDS2 outcomes, where local communities of interest are trained up and undertake the grading. A public dashboard of our annual EDHR performance grading will be displayed on CCG website	Equality & Diversity Working Group	Director of Nursing and Quality
4. Receiving and quality checking an annual EDHR compliance schedule from all NHS provider partners, with feedback returned to the provider for quality improvement purposes	Governing Body	Deputy AO and Director of Finance, Information and Governance

At the same time we will be meeting our Specific Equality Duties (introduced September 2011).

2.0 Equality Objectives 2013-17

The Clinical Commissioning Group began working with the locality *Consumer Advisory Panel* in 2011, meeting to discuss the formation of the CCG and understanding what opportunity there would be for an ongoing relationship; what issues needed to be considered for establishment and what priorities should be carried forward into 2012/13 and beyond.
The *CAP* is an award winning innovation introduced to the locality in September 2010 bringing together a cluster of local representatives from the protected characteristic groups both to advise on planned service changes and reform, and crucially, to offer suggestions on changes that might be made. CAP represents the vulnerable patient voice helping CCG through discussion, recommendations and feedback, to shape inclusive healthcare services for improved outcomes.

In the early part of 2012, this Consumer Advisory Panel was asked to review EDS (Equality Delivery System) compliance across the locality PCT and made recommendations on setting of our new Equality Objectives, (along with other local interest groups) in April 2012. In terms of the objectives, these were then refreshed on 13 October 2013 as a CCG with different healthcare responsibilities and resources to the former PCT. These refreshed objectives were agreed in consultation with Consumer Advisory Panel (CAP) of patient reps, and the Executive team in advance of 13 October 2013 deadline for all CCGs to make any changes. The four year delivery cycle (2013 to 2017) is reflected in our new two year overarching EDHR Action Plan 2014 to 2016. Appendix 1 of this plan shows EDHR Achievements for 2013 to 2014 – the first year as a CCG.

Objective 1: A complaints process accessible and monitored for protected groups and promoted widely to patients and carers (former Objective 2).

Objective 2: Consumer Advisory Panel of patient reps (from local protected groups) to advise CCG on suggested commissioner requirements from providers for improved inclusive practice. Includes input into provider contract EDHR Schedule content at annual review (former Objective 3).

Objective 3: Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed (new objective). Former Objectives 1 and 4 have now been removed - October 2013.

During 2013-14 CAP has become embedded into the governance arrangements for CCG, with new Terms of Reference developed.

3.0 Building our culture and style

When developing our organisation style and culture, our commissioning principles and intentions, and when reviewing and designing services, we will ensure we 'live' the following principles:

We will be	**We will treat everyone with**
Participative	**F**airness
Accountable	**R**espect
Non-discriminatory	**E**quality
Empowering	**D**ignity
Lawful	**A**nd respect their autonomy

We will work with our governing body and our directly employed staff to build the right awareness and training programmes. We have experience of doing this in association with our *Consumer Advisory Panel* who helped us develop training materials for front line staff, and Board Development, in 2013 (short on-line file *An Inclusive Patient Journey*). We will approach the CAP to ask if they will help build a similar programme for us working in partnership with our support services provider of both EDHR and Organisation Development. Safeguarding and Hate Crime responsibilities align closely with EDHR awareness and will ensure these elements form an integral part of such training and development programmes.

It is important our decisions are taken with due regard to people's needs and that we can evidence they have been considered. In our first draft strategy, we highlighted a number of tests we could adopt. These would most often apply to materials presented through our *Planning Implementation and Quality Group* which is the subcommittee of the Governing Body responsible for preparing our 5- year plan, commissioning business plans and annual commissioning intentions.

In helping plan, draft or deciding upon specific proposals for significant efficiencies, disinvestments, cuts and service re-designs, we identified the following ambitious tests:

1. Have the impacts on vulnerable communities and key protected characteristic groups been fully identified and quantified?

2. Have the proposals identified mitigation strategies – especially for changes that impact specifically upon vulnerable communities and key protected characteristic groups?

3. Have the proposals included specific measures to compensate for any reduction in the level of public sector service provision by identifying ways in which remaining public services can strengthen the community's capacities and assets?

4. Have all the potential opportunities arising from the proposed changes been fully identified and realised? Have the proposals identified ways in which these might be quantified and monitored?

5. In your proposals, have you reviewed other significant efficiencies, disinvestments, cuts and service re-designs to public services registered locally and assessed the likely 'whole system impacts' of the changes proposed?

6. If you are planning to disinvest from existing VCS contracts have you reviewed the existing VCS contract register to see what whole system effect your additional decision may have? Have you taken this impact fully into account and have you identified any mitigation strategy that will enable the VCS organisation to continue its work?

These will challenge us once again in terms of data availability which is mainly derived from our provider partner organisations. Few healthcare datasets contain complete information upon which to provide full assurances. However, with best endeavours and the use of Equality Analysis (EA), we will work toward this ambition. With this in mind, we can take some simple immediate steps and these are set out below.

4.0 Giving due regard to our EDHR responsibilities

NHS Tameside and Glossop Clinical Commissioning Group will pay due regard to our responsibilities:

- As an employer of c55 staff
- When reviewing services for which we pay
- When designing new services or decommissioning services

To do this, we will:

Action	Where to look	Lead
1. have meaningful engagement with patients, carers and their communities	Our communications and engagement strategy	Director of Nursing and Quality
2. support the development of the JSNA for protected groups and ensure our plans are based upon the priorities and gaps highlighted by them	Our 5-year plan, individual business cases, and our annual commissioning intentions	Director of Transformation
3. involve our public and patients and carers, their representatives and our Overview and Scrutiny Committees (OSCs) in service reviews, (re)design and commissioning intentions	Reports to the Planning Implementation and Quality Committee with appropriate assurance to Governing Body	Director of Transformation
4. have the right People Services policies and procedures in place to cover staff we employ directly	People Services policies and procedures and HR reporting to the Governing Body	Accountable Officer
5. set out the correct contractual terms and conditions with our commissioner care providers and provider of support services	Contract terms and conditions	Director of Finance, Information and Governance
6. correct governance to ensure there is proper oversight and assurance of our work	Policies and procedures audits by the Integrated Governance, Audit and Risk Committee	Director of Finance, Information and Governance
7. Through JSNA , HWBBs, HealthWatch, and EDS2 evidence, we will address inequalities in healthcare including for local protected groups, to include more focus on research, available evidence and a growing body of local data in primary care (shared at referral points with secondary care) to support commissioning of services also addressing specific needs of protected groups		

There are some simple things we can do to ensure we meet these requirements. Set out below are specific steps we will take to ensure we meet our EDHR requirements as a membership organisation and an employer, and as commissioner of health and support services.

	C&E strategy	5-year plan	Reports to PIQ	HR policies	Contract Ts&Cs	Governance
• use the EDS2 Inclusive Leadership Outcome for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes, ensuring all staff undertake targeted equality and diversity training at a level and frequency pertinent to supporting them to carry out their role effectively				✓		✓
• ensure that all the key changes, policies and practices carried out in their CCG or on behalf of the CCG have made informed (outcomes focused) decisions based on any appropriate engagement with local interest groups and Equality Analysis and assessment of impact (adverse and positive) that has identified if there are any effects on people; specifically with protected characteristics; within our community who may use our services or on the people we employ		✓	✓		✓	✓
• have in place, a governance structure putting the patient, their carers and families first and foremost in decision making, empowering people to know about and how to claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights	✓	✓	✓	✓		✓
• ensure People Services policies including recruitment policies, exit interviews and restructures are fair and transparent and take account of reasonable adjustments, engagement with staff and any adverse impacts upon local protected groups resulting from key changes or reviews. It is important to ensure compliance is monitored and reported to governing bodies on a regular basis				✓		✓
• record any 'Serious Untoward Incidents' relating to the identified protected characteristic groups					✓	✓
• undertake differential customer satisfaction monitoring based on comments, compliments, complaints and concerns is carried out, with periodic reporting within governance arrangements and contract requirements	✓		✓		✓	
• Prop Co to carry out access audits to ensure services are accessible.					✓	
• Require an 'Equality Analysis ' process to be undertaken to identify potential risks and any adverse impacts to the outcomes of patients and staff, as part of decision making processes. Evidence a clear focus on improved patient and staff outcomes from EAs.		✓	✓		✓	✓

• use the 18 EDS2 outcomes to help tell us whether patients, carers and staff are getting good services or not for which meaningful engagement with patients, carers and their communities is vital. EDS2 asks for evidence of how do protected group patients *fare* compared with people in general re healthcare services? Show year on year improvements in EDS2 Outcomes with commissioners (and provider partners). *Our overarching 2 year EDHR Action Plan includes EDS2 Outcomes linked to each action.*	✓	✓	✓	✓	✓	✓
• take advice as required from E&D Lead / Governance colleagues on early management of any significant EDHR risks such as likely judicial review or industrial tribunals					✓	✓
• develop an Engagement Strategy /Framework which aims to ensure that people of protected groups are engaged effectively in shaping services from the earliest stages. Best practice (and for certain sized organisations, legislation) would identify the following provisions are covered within such a strategy: • Promoting Staff Side activities • Work with Partner agencies from public and voluntary sectors • Encourage small local community sector groups eg BME groups providing culturally sensitive services, to bid for contracts through accessible processes • Work with the Job Centre Plus e.g. Two Ticks Employer award to evidence accessible employment for people with Disabilities. • Putting in place reasonable adjustments for employees, for engagement with local communities, and require provider partners to raise awareness of reasonable adjustments for patients consistently in all primary and secondary care settings (anticipatory duty) • Have in place Language Support Services • Consider the needs of local Carers and Military Veterans • Provide accessible information in alternative formats on request eg Easy Read, Text Relay, emergencysms, larger font and suitable colour contrast on-line, audio tape, CD etc • Provide periodic return feedback in terms of 'you said, we did' • Raise understanding of the requirement to declare any 'conflicts of interest' as part of our governance and engagement arrangements	✓	✓	✓	✓	✓	✓

Then below, we show how the operational functions align with clear responsibilities assigned for public and patient engagement within Nursing and Quality, but also for equality and diversity which has been aligned with (service) transformation. There is a rationale for this separation such that this is a part of our business clearly set up to oversee our quality improvement programme across all domains (safety, outcome and experience), which works co-dependently with the part of our business set up to ensure we transform not only public services but people's lives through the strategic and annual commissioning decisions we take. To the left, are those functions that form a

part of our directly employed operations; to the right, the alignment of functions we are buying from our support service provider.

ACCOUNTABLE OFFICER
Organisation leadership, delivery and regulatory compliance

Nursing & Quality	Finance, Information & Governance	Transformation
• Safeguarding • Deprivation of Liberty assurance • Continuous quality improvement • Continuing & funded NHS care • Professional & public liaison • Professional 'complaints' • Patient experience • PALS • Complaints • FOI • Ambulance booking	• Financial planning & reporting • Finance business case, commissioning intentions and contracting support • Integrated intelligence • Corporate governance and secretary to the board • Corporate services management	• Strategy and business planning • Joint / integrated commissioning • Acute and community services commissioning, reform and constitutional delivery • Medicines management • Performance assurance • Practice and locality relationship management

ACCOUNTABLE OFFICER
Communications; HR and organisation development

Nursing & Quality	Finance, Information & Governance	Transformation
• Continuing healthcare (specialist commissioning) • Effective use of resources case management	• Management accounts and financial planning (silver) • Financial accounts (gold) • NHS contracts (silver) • Internal audit (gold) • Market management • Total provider management • IMT	• Equality & diversity • Effective use of resources policy setting • Medicines management appraisals, new therapies/formulary development • Services resilience • Services redesign – collaborative commissioning

Working through these governance structures we will:

- Ensure equality, diversity and human rights issues including performance against our equality objectives and EDS2 outcomes are reported through our Quality Committee ***(Domains 4 & 6)***

- Involve local people in scrutinising CCG and provider performance ***(Domain 2)***

- Work through our Consumer Advisory Panel to review performance against the refreshed EDS2 (Equality Delivery System) Outcomes and our 3 Equality Objectives below ***(Domain 2)***

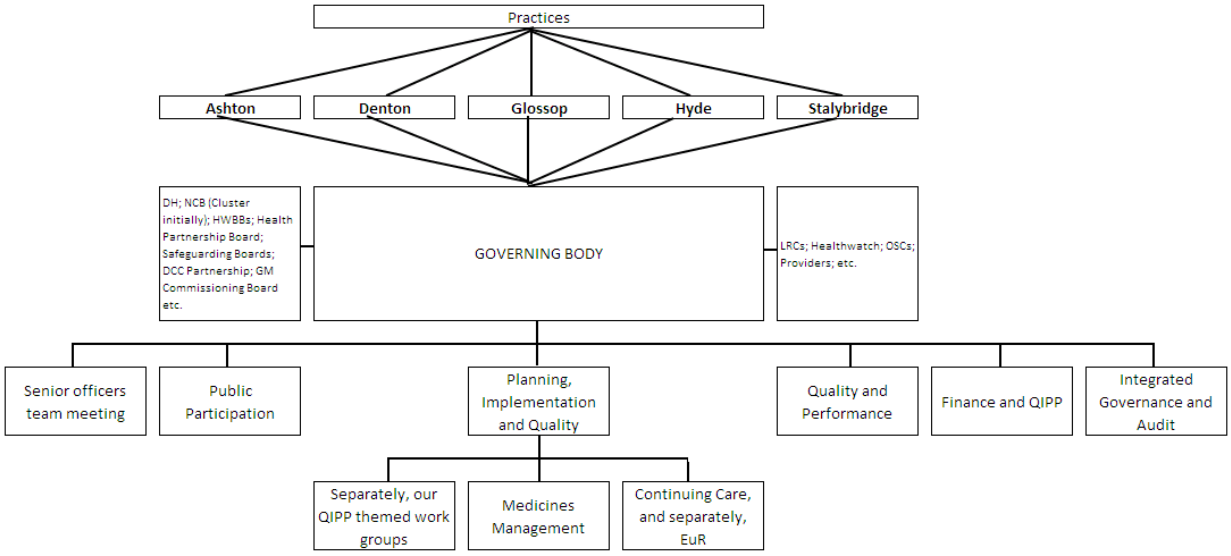
- Continue to support a partnership approach to development and review of equality objectives across the health economy working through our support service provider and their reviews of commissioned providers as part of our 'Total Provider Management' SLA ***(Domain 5)***

5.0 We will also adopt a Dignity Test or Code in all our dealings. This is set out below:

The purpose of this Dignity Test or Code is to uphold the rights and maintain the personal dignity of **all people** in Tameside and Glossop but especially those who are vulnerable such as older people and younger people, people with Learning Disability, people with mental health issues, Transgender people, lesbian gay and bisexual people, those experiencing deprivation etc., within the context of ensuring the health, safety and well-being of those who are increasingly less able to care for themselves or to properly conduct their affairs or who may experience health inequalities.

This Code therefore calls for:

- Giving 'due regard' or consideration to people's protected characteristics which may mean not treating everyone the same in order to **achieve equality of outcomes** for vulnerable people
- Respect for individuals to make up their own minds, and for their personal wishes as expressed in 'living wills', for implementation when they can no longer express themselves clearly
- Respect for an individual's habits, values, particular cultural background and any needs, linguistic or otherwise, including fair and inclusive access to information, services and premises
- The use of formal spoken terms of address, unless invited to do otherwise
- Comfort, consideration, inclusion, participation, stimulation and a sense of purpose in all aspects of care
- Care to be adapted to the needs of the individual
- Support for the individual to maintain their hygiene and personal appearance
- Respect for people's homes, living space and privacy
- Concerns to be dealt with thoroughly and the right to complain without fear of retribution
- The provision of advocacy services where appropriate.
- Providing patients with the option to: declare their protected characteristics onto their individual patient record, acting on this information for improvements, request 'reasonable adjustments' to be put into place in healthcare settings.



6.0 Summary

We are committed to working with and through our public, patients, carers and partners and determined to build a culture through which we treat everyone with fairness, respect, equality and dignity, and respect their autonomy.

As part of our organisation development, we will develop systems to enable us to meet our equality objective #1 concerning our complaints system. We will look to the E&D Inclusive Leadership required outcome for EDS2 equality performance framework across our NHS when recruiting to and managing our workforce (objective #3). These can be achieved through to March 2016.

In addition for objective #2 we will work with CAP members to gather their feedback and recommendations on any additions to our annual EDHR Schedule, targeting provider partner contracts in terms of inclusive monitoring of practice for PSED compliance (Public Sector Equality Duty).

We continue to develop our quality reporting regime, but recognise the considerable challenge in securing data necessary to stratify service needs and utilisation, harms and outcomes for every protected characteristic group. We will work toward meeting our 3 equality objectives by March 2017 but in the meantime, make our best endeavours to apply the 'tests' in or decision making set out in section 3 and undertake the practical steps identified in section 4 concerning due regard and meeting all aspects of the PSED.

Our EDHR Strategy Action Plan 2014 to 2016 is attached as Strategy Appendix 1 (to follow). The Action Plan contains an appendix showing Achievements in 2013 to 2014.

Please follow the link shown to public information on how we are meeting our PSED (public sector equality duties), including Easy Read version of our latest Annual Equality Data Publication.

CHIEF OPERATING OFFICE
NHS TAMESIDE AND GLOSSOP CCG

Equality Aim: Evidencing how we meet our PSED - focus on setting SMART Equality Outcomes for patients and staff.			
PSED Equality Aims	**Measurable Outcomes**	**Timescale**	**Action by**
1. Setting and publishing equality objectives for the forthcoming 4-year period	Due regard evidenced for all local protected groups in terms of addressing health inequalities	6 April 2016	E&D Lead
2. Uploading an accessible annual equality publication focusing both on service delivery and workforce data to our website by 31st January each year as a minimum frequency	Patient and staff data on all protected groups is used to improve service planning and delivery in terms of inclusive practice and reasonable adjustments	30 June 2014	E&D Lead
3. Carrying out an annual public grading of 18-nationally set EDS outcomes, where local interest groups are trained up and undertake the grading	Local interest groups are trained up and scrutinise evidence of local NHS equality performance. Annual public grading awarded with plans for 12 month improvement	30 June 2014	E&D Lead Consumer Advisory Panel Local interest group patient reps
4. Receiving and quality checking an annual EDHR compliance schedule from all NHS provider partners, with feedback returned to the provider for quality improvement purposes	Provider partner contracts are scrutinised for meeting PSED and inclusive practices which impact positively on patients and staff.	31 Dec 2014	

	Feedback is given to provider for any shortfall and monitored to improve.		

EDHR Action Plan appendix 1:

background summary

reducing inequalities

A particular area where there is a need for further work is in measuring health equality outcomes for different groups of vulnerable people, to assess the impact on equality and inequalities.

The Health and Social Care Act has, for the first time, created legal duties about tackling inequalities in access to services and the outcomes of healthcare – in line with the Government's aim of improving the health of the poorest fastest. Legal duties about reducing health inequalities build on the existing duties of all public bodies in relation to promoting equality. The focus on localism and clinical leadership within the new NHS commissioning system, together with the creation of local Health and Wellbeing Boards, will produce new opportunities to address health inequalities in every area across the country, by focusing on disadvantaged groups which experience poor health outcomes, including those who are vulnerable or socially excluded.

the Government's NHS reforms

1.1 From April 2013 **clinical commissioning groups** (CCGs) will become responsible for commissioning most healthcare – planning, buying and monitoring services to meet the needs of their local communities. Within CCGs, GPs and other healthcare professionals will be empowered to use their clinical insight and local knowledge to make decisions about NHS services.

1.2 A new national organisation – the **NHS Commissioning Board** – will support CCGs to commission high-quality care for their patients. The Board will also commission some healthcare services directly. The Department of Health will allocate funding to the Board, and set objectives for it in a "mandate".

1.3 CCGs and the NCB will commission services from a range of **providers**, offering greater choice to patients. In turn, providers will be regulated on a consistent basis: by the **Care Quality Commission**, as now, to ensure safety and quality; and by **monitor**, which will focus on promoting value for money in the provision of services, for example by regulating prices and taking action against anti-competitive behaviour that harms the interests of patients.

1.4 **Health education england** will provide national leadership for professional education, training, and workforce development, to ensure that the health workforce has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and health improvement.

1.5 Meanwhile, new **Health and Wellbeing Boards**, based in local authorities, will bring together NHS commissioners with local government, helping to join up the commissioning of NHS, public health, social care and other local services.

1.6 To strengthen the voice of patients and the public, **HealthWatch England** will be a new independent consumer champion, as a statutory committee within the Care Quality Commission. **Local HealthWatch** organisations will provide advice and information about access to local care services and choices available to patients, and a stronger voice for patients on the local Health and Wellbeing Board.

1.7 The Health and Social Care Act makes clear that, as now, **ministers** will be accountable overall for the health service. The Department of Health will provide strategic direction and stewardship, and will hold all of the national bodies to account for their performance, to ensure that the different parts of the system work properly.

1.8 The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC, is due to be published in autumn 2012. While many of the themes and objectives in the draft mandate address the issues that emerged from the previous inquiry, it will be for future mandates to reflect any specific recommendations from the final report relating to the new commissioning system.

the NHS outcomes framework

The NHS Outcomes Framework is a set of national outcomes goals and supporting indicators which patients, the public and Parliament will be able to use to judge the overall progress of the NHS, and which the Department of Health will be able to use in holding the NCB to account.

The Framework, which has already been subject to extensive consultation, is structured around five “domains”, capturing the NHS’s role in reducing premature deaths, enhancing quality of life, helping people to recover from ill-health and injury, providing a good experience of care, and providing a safe care environment. The domains were chosen to reflect the three elements of good quality care: Effectiveness, patient experience and safety.

Domain 1	**Preventing people from dying prematurely**	**Effectiveness**
Domain 2	**Enhancing quality of life for people with long term conditions**	
Domain 3	**Helping people to recover from episodes of ill health or following injury**	

Domain 4	**Ensuring people have a positive experience of care**	**Patient Experience**
Domain 5	**Treating and caring for people in a safe environment and protecting them from avoidable harm**	**Safety**

Twelve overarching indicators cover the broad aims of these five domains, and 60 indicators in total capture the breadth of NHS activity. The NHS Outcomes Framework sits alongside similar frameworks for public health and adult social care. The distinct frameworks reflect the different delivery systems and accountability models for the NHS, public health and adult social care. But the frameworks are aligned and contain shared indicators to drive collaboration and integration.

Appendix 2: CCG Equality Delivery System Action Plan (EDS Tameside & Glossop CCG)

We are going to have an EDS Action Plan (plan of a plan at this stage).

This is what it will do:	Drive up 'equality outcomes performance' experienced by patients and staff as users of NHS services, measured annual by local interest groups against 18 EDS Outcomes.
This is how it will work:	Our current EDS public grading (completed March 2012) highlights grading strengths and any significant gaps in required performance. By focusing on clear areas for improvement we will make progress to improve each of the 18 EDS Outcomes, involving engagement with each of the local 9 protected groups to understand any adverse impacts.
This is what it will deliver:	Improved performance for 18 required EDS Outcomes (including the 4 EDS Goals – 2 for service delivery, 2 for workforce issues)

The Director of Transformation will take ownership of its development and via our governance structures. It will be ready in time for Commissioning Intentions. The purpose of EDS is to take us from our current 2012 public grading of 8 Developing, 9 Achieving, 1 Excelling - to raise up 25% (5) of the 18 EDS Outcomes to the next grading level (ie underdeveloped to developing to achieving to excelling)

We commit to not slipping back on any of the required 18 EDS Outcome areas. We will maintain all areas that are at **Excelling** level and raise other areas up to the next grading level within 2 years through steady progress. The process of doing that is via monthly agenda / meetings of the Consumer Advisory Panel to prioritise what we will do to help us identify any significant gaps in equality performance.

- Identify practical steps to make these improvements
- In time for influencing the 2013-14 contracting discussions ie by January 2013
- Use contract meetings 2013-14 to monitor progress.

The E&D Lead will work with CAP to tell CCG:

- Practical steps we will take for improvements, to help CCG take them
- Build into contract Schedule for EDHR (GM wide)
- Monitor annual EDHR Schedule evidence
- Take corrective action with providers where required

We will include:

- New work done
- Current delivery monitored
- Training delivery done.

The purpose of the EDS is to drive up equality performance and embed equality into mainstream NHS business. It has been designed to help NHS organisations, in the current and new NHS structures, to meet: the requirements of the public sector Equality Duty, equality aspects of the NHS Constitution, equality aspects of the NHS Outcomes Framework, equality aspects of CQC's Essential Standards, equality aspects of the Human Resources Transition Framework. Please note that use of the EDS does not automatically lead to better equality performance. For this to happen, the EDS must be used well, championed by committed leadership with a workforce that is supported to be confident and competent in dealing with equality.