



**North Somerset  
Clinical Commissioning Group**

**NHS North Somerset  
Clinical Commissioning Group**

**Equality, Diversity and Human Rights Strategy**

**2013 - 2016**

**Approved by: North Somerset Shadow CCG Board**

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# EQUALITY, DIVERSITY AND HUMAN RIGHTS STRATEGY

## 1. INTRODUCTION

The North Somerset Clinical Commissioning Group (North Somerset CCG) is responsible for planning and purchasing health services for patients in North Somerset and for leading improvements across the local health system. We have members from all 26 general practices operating across North Somerset.

This Strategy is about how we ensure that equality, diversity and human rights are embedded throughout our core business, with particular regard to the following “protected” characteristics which are highlighted in relevant legislation (see Appendix 1 below): age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

## 2. VISION AND VALUES

*“North Somerset: Creating the Healthiest Community Together”*

This vision for North Somerset CCG is supported by a set of seven values, four of which are particularly relevant to equality, diversity and human rights:

- To be patient centred – ensuring the needs of service users are central to all we do
- To be fair and equitable – ensuring that the services we commission meet the needs of patients and being able to clearly articulate our rationale for decision-making
- To be committed to safe, high quality and effective care – ensuring that quality remains central to all commissioning processes
- To be inclusive – ensuring that everyone has a voice and being active in reaching those who are traditionally hard to reach

## 3. STRATEGIC AIMS

3.1 This Strategy aims to support our compliance with the following legal and regulatory requirements, which are briefly described at Appendix 1 below :

- i) Equality Act 2010 and the public sector Equality Duty
- ii) Human Rights Act 1998 and the FREDA principles which underlie it
- iii) NHS Constitution
- iv) Authorisation of CCGs by the Care Quality Commission, including implementation of the NHS Equality Delivery System
- v) Legislation relating to Joint Strategic Needs Assessment and Health and Wellbeing Strategies

3.2 North Somerset CCG aims to move beyond basic compliance and to be recognised by our peers and strategic partners as leaders in shaping a fair and equitable, local health economy. To achieve this we will:

- understand the health and wellbeing needs of North Somerset's diverse population and how discrimination can impact on health, wellbeing, access to services and service experiences
- commission services which are accessible to, and meet the needs of, this diverse population
- plan and conduct our business in a way which tackles discrimination and promotes equality in service delivery, employment and key decision-making
- continually improve our equality-related performance by developing and delivering against Equality Objectives which address our key challenges

#### 4. EQUALITY OBJECTIVES

NHS North Somerset (the PCT) has developed a set of **draft** Equality Objectives for 2012 -2013. These objectives are published on the PCT website and are currently being consulted on. They are:

- i) **Objective 1:** Improve our equalities data and intelligence in order to inform the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which will influence the commissioning of health services
- ii) **Objective 2:** Develop an equality assurance process in our commissioning cycle, enabling us to more effectively hold our providers to account over their equality performance
- iii) **Objective 3:** Improve the awareness of NHS services by our diverse communities, by targeting at least one distinct group from each of the following protected characteristics: Race; Disability; Sexual Orientation
- iv) **Objective 4:** Improve equality and human rights training to primary care providers by providing training sessions to GPs, Dentists, Pharmacists and Optometrists

North Somerset CCG will adopt the finalised version of NHS Somerset's Equality Objectives and will undertake a review of them after the first year of our operation. This will ensure their continued relevance to local health needs and to our business planning.

## 5. PRINCIPLES UNDERLYING THIS STRATEGY

### 5.1 Tackling health inequalities and eliminating discrimination

There is clear evidence that people's health, their access to health services and experiences of health services are affected by their race, disability, sex, etc and that discrimination can occur on the basis of these characteristics. Population groups with poorer health outcomes often have more difficulty in gaining access to health care and in receiving a good standard of care.

These differences in health outcomes, access and experiences are known as "health inequalities". They can result from discrimination in the way that services are planned and delivered, from social disadvantage (such as poor housing or education), from individual lifestyles (such as smoking) and from genetic factors.

The aim of this Strategy is to describe how North Somerset CCG will tackle health inequalities, especially those based on the characteristics which are protected from discrimination by the Equality Act 2010. It is also about eliminating discrimination and advancing equality in a wider sense, for example in the way we recruit, support and develop our employees. It explains our legal and regulatory responsibilities, our equality aims and objectives and our proposals for realising these.

This is not about treating everyone the same. It is about recognising and valuing human difference and challenging the ways in which such difference has historically been used or allowed to deny equality of opportunity to particular individuals and social groups. Making equality, diversity and human rights a positive and proactive part of our everyday activities has significant implications for patients, the public, our employees and our suppliers.

### 5.2 Treating people as individuals

The Equality Act 2010 requires us to eliminate discrimination, advance equality of opportunity and foster good relations on the basis of nine "protected characteristics": race, disability, sex, gender reassignment, age, sexual orientation, religion/belief, pregnancy/maternity and marriage/civil partnership. However, we understand that these characteristics do not fully describe any individual person or their experiences. The matrix in figure 1 shows why it is important to think about equality, diversity and human rights for individuals in a joined up way.

**Figure 1: Treating people as individuals**

	Race	Disability	Sex	Religion / belief	Sexual orientation	Age
<b>Race</b>	Lin is a Chinese woman with a learning difficulty					
<b>Disability</b>			Jo is a trans person who has a strong religious faith	Charles is a gay older man who has a physical impairment		
<b>Gender</b>						
<b>Religion / belief</b>		Lloyd is a straight man with a long-term illness who is a humanist				
<b>Sexual orientation</b>						
<b>Age</b>			Muna is a teenage girl who is a Muslim			

(These are sample protected characteristics, shown for illustration purposes only)

We believe that recognising and applying the following general principles will help us to recognise and value human difference:

- Diversity between different groups means that policies and services do not affect everyone in the same way: the access requirements of a profoundly Deaf person will be different to those of an older person
- Diversity within groups means that we need to treat everybody as an individual: the needs of younger Bangladeshi men are likely to be different from those of older Bangladeshi women
- An individual can experience several “layers of oppression”: an African Caribbean woman could experience discrimination on the basis of her ethnic origin, sex, religion and age
- “Institutional discrimination” means that organisations can discriminate against or create disadvantages for particular groups of people, even if no-one intends this to happen
- We will always work within the **social model of disability**, unless there is a legal or medical reason why we can’t
- A service which fails to address the needs of different groups of people is not a good quality service: there is no Quality without E-quality

### 5.3 A human rights-based approach

Adopting a human rights-based approach will support our organisation and individuals within it to protect and promote the human rights of all those affected by our activities. This approach has been articulated as the “FREDA principles”, which mean that service users, carers and employees can expect to be treated with: **F**airness, **R**espect, **E**quality, **D**ignity and **A**utonomy.

## 6. OTHER FACTORS DRIVING OUR APPROACH

### 6.1 Legal and regulatory requirements

Apart from reflecting widely held values about a fair society and simply being the right thing to do, North Somerset CCG's work around equality, diversity and human rights will be driven by the legal and regulatory requirements which are outlined at Appendix 1.

### 6.2 A changing policy context

Over several years of tackling discrimination and advancing equality, diversity and human rights, NHS North Somerset has developed a number of specific policies and procedures, such as:

- Single Equality Scheme 2009-2012 with annual equality action plans
- Equality and Diversity in Employment Policy
- Dementia Action Plan
- No Secrets in North Somerset
- North Somerset Multi Agency Carers Strategy 2011-2014

NHS North Somerset also demonstrated its commitment to advancing equality and diversity through participation in programmes and good practice assurance schemes, such as:

- Delivering Race Equality in Mental Health
- West of England Quality Standards and Assurance Framework for Gypsy and Traveller Health

North Somerset CCG will develop and adopt similar policies and procedures, aligned with the three general aims of the public sector Equality Duty and the FREDA principles underlying our human rights-based approach (see Appendix 1). This will include an Equality, Diversity and Human Rights Policy which outlines our commitments in relation to:

- Equal access to services and equal treatment within them
- Equal access to employment, training, promotion and related benefits
- Zero tolerance of discrimination and harassment perpetrated by our staff, contractors, service users or partners
- Tackling bullying and harassment in the workplace in relation to the protected characteristics

We recognise that we will be operating in a changing policy context. For example, the Single Equality Scheme has been superseded by the NHS Equality Delivery System as the policy mechanism for setting Equality Objectives, action planning and performance monitoring; and the Equality Act 2010 has introduced new protected characteristics and a revised public sector Equality Duty (see Appendix 1).

### 6.3 **Adding value to our core business**

The development of this Strategy is driven mainly by the need of the North Somerset CCG to satisfy legal and regulatory requirements around equality, diversity and human rights. However, according to the Equality and Human Rights Commission, compliance with such legal obligations also makes good business sense:

- An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently
- A workforce that has a supportive working environment is more productive
- Many organisations have also found it beneficial to draw on a broader range of talent and to better represent the community that they serve
- It should also result in better informed decision-making and policy development
- Overall, it can lead to services that are more appropriate to the user, and services that are more effective and cost-effective. This can lead to increased satisfaction with public services

*EHRC website (29.6.2011)*

In delivering our Communication, Engagement and Experience Strategy, North Somerset CCG has an objective of demonstrating excellence in practice. Having a commitment to, and focus on, equality, diversity and human rights will help us to take an inclusive and comprehensive approach to fulfilling this objective.

## 7. HOW WE WILL MEET OUR LEGAL AND REGULATORY REQUIREMENTS

### 7.1 Learning and development

We will ensure that all our employees and Board members understand that equality, diversity and human rights are everybody's business. We will also ensure that everybody is appropriately trained, supported and motivated to contribute to eliminating discrimination, advancing equality of opportunity and fostering good relations, both within their functional roles and in their wider citizenship roles.

This will be achieved by supporting awareness-raising and competency development, via:

- delivering a programme of learning and development activities focused on raising awareness and developing specific knowledge and skills around equality, diversity and human rights
- reviewing all learning and development activities to ensure that equality, diversity and human rights are embedded within them
- ensuring that equality, diversity and human rights receive sufficient attention within the personal development review (PDR) process
- ensuring that equality, diversity and human rights competencies are emphasised within the development of organisational leadership roles

A competent Equality and Diversity leader can be counted on, reliably and consistently:

- to operate from a human rights context
- to build capacity to respond to diverse and changing community needs
- to apply a robust equality and human rights analysis to service planning and improvement to benefit patients, carers and service users
- to communicate a compelling business case for equality, diversity and inclusion and influence strategically
- to influence and lead change to improve equality outcomes for patients, carers and service users

*NHS Equality and Diversity Leadership Competency Framework*

## 7.2 **Demonstrating compliance with the public sector Equality Duty**

North Somerset CCG will demonstrate that we are paying due regard to the three aims of the public sector Equality Duty (see Appendix 1) by:

- i) Carrying out Equality Impact Assessments to inform our key decision making, policies and practice in relation to commissioning, service redesign, employment and organisational change
- ii) Engaging in inclusive ways with our local communities and with local interests, including engagement as part of our implementation of the NHS Equality Delivery System (see section 7.5 below)
- iii) Using our website as our primary means of publishing the following information:
  - results of our Equality Delivery System grading exercise (see section 7.5 below)
  - Equality Objectives
  - Equality Impact Assessments
  - population profile, according to protected characteristics
  - patient profile and patient satisfaction results, according to protected characteristic, where this is available from our service providers
  - results of consultations/engagement with protected groups
  - workforce profile
- iv) Taking steps to ensure that our published information is accessible to all members of the public.

## 7.3 **CCG Authorisation: Equality Declaration**

We will achieve the requirements of authorisation with the Care Quality Commission by complying with the public sector Equality Duty (see Appendix 1) and by using the Equality Delivery System (see section 7.5 below) to ensure good and improving performance on equality, diversity and human rights.

## 7.4 **A human rights-based approach: the FRED A principles**

Government recognition of the need to improve understanding of human rights has led to the introduction of a human rights based approach (HRBA). This can be used by healthcare individuals and organisations alike in everyday practice. A HRBA is based upon concepts that underpin all the Articles of the Human Rights Act 1998 and represents a 'bottom up' approach.

This approach has been articulated as the FRED A principles, which mean that service users, carers and staff can expect to be treated with: **F**airness, **R**espect, **E**quality, **D**ignity and **A**utonomy.

To ensure that human rights are protected and promoted in clinical and organisational practice, North Somerset CCG will check any new or revised policies, strategies and procedures against the FREDA principles. We will also use these principles as a supportive framework for creating a positive working culture of inclusion, value and respect, with a view to fostering good working relationships and contributing to productivity and business performance.

## 7.5 NHS Equality Delivery System

The NHS Equality Delivery System (EDS) is a framework for NHS organisations to understand their equality performance and main challenges and to plan a way forward towards improvement. North Somerset CCG will implement the system as required for CCG authorisation (see section 7.3 above). It can also help us to:

- i) demonstrate our compliance with the general and specific equality duties and human rights obligations
- ii) deliver on the NHS Outcomes Framework and the NHS Constitution
- iii) improve the services we provide for our local communities
- iv) consider health inequalities in our locality
- v) provide better working environments, free of discrimination
- vi) identify and shape our Equality Objectives

Implementing the system involves an annual assessment of performance against 18 nationally-specified outcomes in relation to 4 goals. Each of the 18 outcomes relates to the 9 characteristics protected by the Equality Act 2010. Evidence against each outcome is used to allocate one of four grades as shown below:

### EDS Goals

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

### EDS Grades

- ▲ Excelling – Purple
- ▲ Achieving – Green
- ▲ Developing – Amber
- ▲ Undeveloped – Red



NHS North Somerset (the PCT) undertook its first EDS Assessment in 2012 and is currently rated as Amber (developing). North Somerset CCG will, in its first year of operation, seek to maintain an Amber rating and, if possible, improve to a Green rating (achieving) by its third year of operation. The EDS performance assessment will be shared and agreed with key, local stakeholders on annual basis.

## 8. PLANNING AND COMMISSIONING SERVICES FOR OUR DIVERSE POPULATION

### 8.1 Healthy Futures

Building on previous engagement work across North Somerset as outlined in “Shaping Our Future”, the North Somerset element of the former Bristol Health Services Plan (BHSP), the newly-named Healthy Futures programme plays a key role in planning and developing the local NHS infrastructure. Its main focus is on developing, designing and redesigning care pathways and services. The collective vision of the CCGs in Bristol, North Somerset and South Gloucestershire is to “achieve a financially sustainable health system which prevents illness, maintains independence and streamlines pathways”.

We are currently focusing on care to frail older people and those with long term conditions, as well as on improvements to the way urgent care services are delivered. We have jointly commissioned a programme of work to describe the new models for the delivery of care which will achieve the required improvements. It is anticipated that this programme will be over a three-year period.

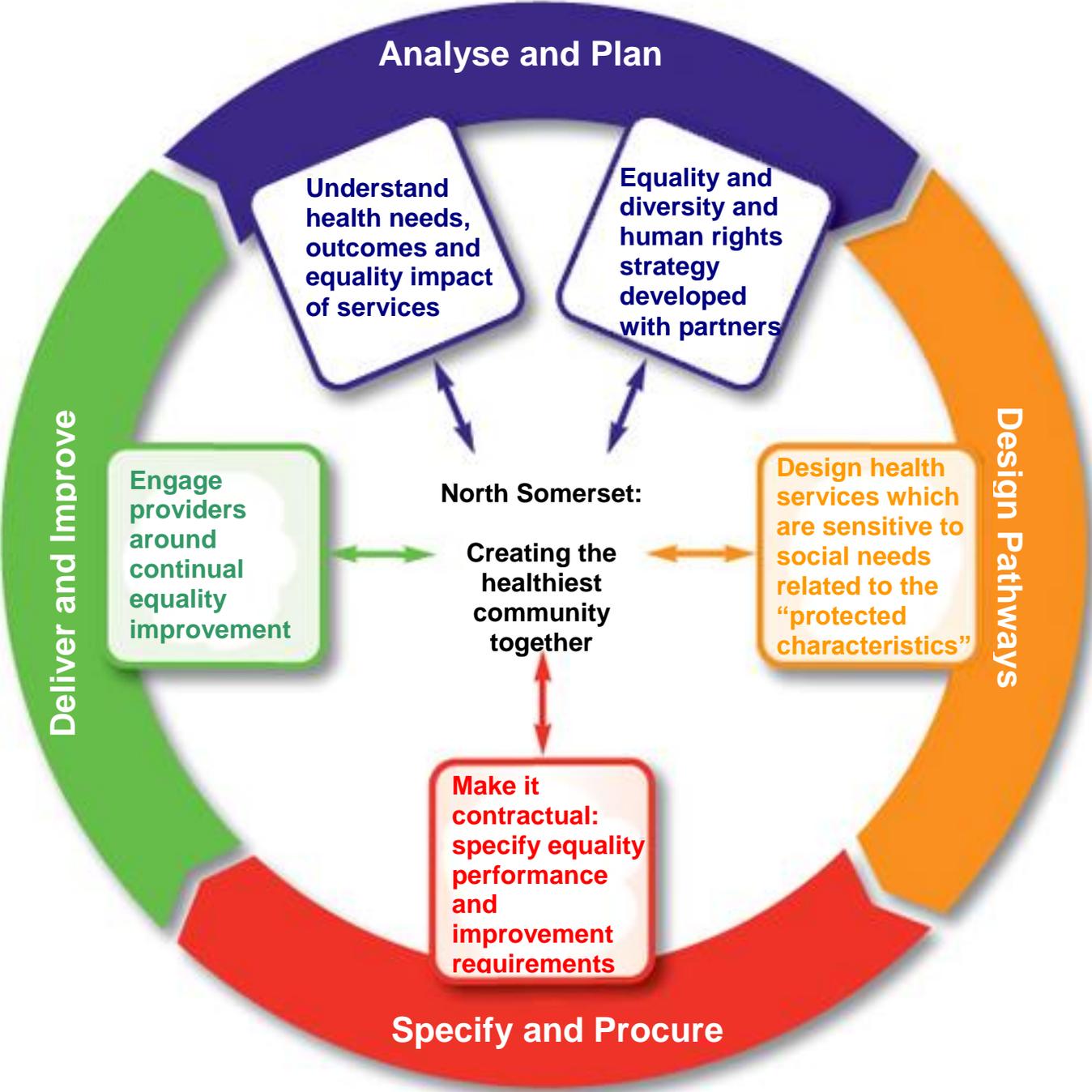
We will continually seek assurances that equality, diversity and human rights perspectives are actively and visibly built into the programme. A key methodology will be Equality Impact Assessments on the main projects within the programme.

Figure 2 on page 13 is a visual representation of the Clinical Commissioning Cycle adopted by the North Somerset Clinical Commissioning Group. It shows how equality, diversity and human rights will be built into this cycle.

At each coloured arc of the outer ring (blue, orange, red and green), the different types of commissioning activity are shown. For each commissioning activity, some key tasks are identified which, taken together, will build equality, diversity and human rights into the commissioning cycle.

For example, under “Analyse and Plan”, Joint Strategic Needs Assessment, Health Needs Assessment and Equality Impact Assessment are some of the key tools which can help to build an understanding, not only of the health needs of different population groups, but of how effectively current services are meeting these needs and tackling health inequalities. Under “Design Pathways”, services which are sensitive to social needs will be part of a joined-up care pathway and will cater for the social, communications, accessibility, religious, cultural and other needs of patients and carers.

Figure 2: building equality, diversity and human rights into the clinical commissioning cycle



## 8.2 **Joint Strategic Needs Assessment**

Understanding and responding to the health and wellbeing needs of North Somerset's diverse population is the responsibility of North Somerset CCG and North Somerset Council. The Joint Strategic Assessment, our principal process for developing such insight, can be viewed at: [www.n-somerset.gov.uk/Community/Partnerships/jsna](http://www.n-somerset.gov.uk/Community/Partnerships/jsna). Working with other strategic partners, through the People and Communities Board (which has a statutory Health and Wellbeing delivery partnership), North Somerset CCG will seek to play a leading role in ensuring that equality, diversity and human rights are at the heart of the relevant systems and processes. We will ensure that Equality Impact Assessments are carried out on the Joint Strategic Needs Assessment and on the Joint Health and Wellbeing Strategy which is based upon it. The aim of the impact assessments is to ensure that:

- the levels and types of need are well understood in relation to the protected characteristics
- the impact of discrimination and other factors (or determinants) on health, wellbeing, access and patient experience are well understood in relation to the protected characteristics
- where such understanding is not apparent, clear plans are in place to develop it through health needs assessments, health equity audits, research and development, focusing specifically on the relevant protected characteristics
- health inequalities based on the protected characteristics are specifically addressed in the Joint Health and Wellbeing Strategy and in the commissioning plans which support its implementation

North Somerset CCG will seek assurances that health inequalities, based on the protected characteristics, are given due regard in the key NHS commissioning and planning activities carried out on our behalf by commissioning support services and others.

## 8.3 **Community engagement and empowerment**

Since North Somerset's current Joint Strategic Needs Assessment highlights evidential gaps in relation to several of the protected characteristics, we will seek assurance that service commissioning and planning undertaken on our behalf is being effectively informed by local intelligence on patient access and experience.

Community engagement and empowerment, which is inclusive of individuals, organisations and partnerships representing all the protected characteristics, will be essential to commissioning services which are capable of tackling health inequalities.

Anecdotally, and from national and international research, we are well aware that many of the protected groups experience barriers to healthcare and struggle to get their voices heard in order to influence improvements. To address this, we will seek assurance that local NHS strategies, policies and practices around consultation, involving people and patient experience, are specifically designed so that:

- all patient and public involvement activities are accessible and inclusive in terms of reflecting the protected characteristics
- issues of relevance to protected groups who have a weaker voice are heard, and influence organisational policy, practice and the wider health system
- individuals and organisations representing the full range of protected characteristics are able to influence key decisions taken about the Joint Health and Wellbeing Strategy, commissioning plans and the services which are commissioned
- intelligence gathered is shared amongst strategic partners for the purpose of improving service planning, commissioning and delivery

Our commitments to inclusive community engagement and empowerment will be built into our Communication, Engagement and Experience Strategy.

#### 8.4 **Commissioning for a diverse community**

We aim to ensure that all our commissioned services treat people as individuals and offer choice, where possible. This means that differences of race, language, culture, religion, sex, age, ability, etc, are positively valued and that services are designed and delivered in ways which do not exclude anybody on these grounds.

Thus, acute and community services should be able to meet the needs of people with dementia, non-English speakers, Deaf people or those with specific dietary or religious requirements. We recognise that, in some circumstances, the most effective way to meet the specific needs of a protected group (eg women, younger people or a particular ethnic group) will be to commission a more targeted service. This is one reason why the CCG will need to pay specific attention to the range of service providers who are capable of responding to this diversity of need.

#### 8.5 **Making it contractual**

The NHS Standard Form of Contract 2012-13 was mainly used in North Somerset for block contracts with acute trusts and for major community services. It is anticipated that the new contract for 2013-14 will take a similar approach to equality, diversity and human rights. The equity of access, equality and “no discrimination” clauses of the contract reflect the Equality Act 2010 and apply to all providers delivering NHS funded services, whether they are public, private or third sector bodies. Providers are required to have regard for the NHS Constitution, including the following key NHS principles:

- *You have the right to be treated with dignity and respect, in accordance with your human rights.*
- *The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.*

Furthermore, providers cannot refuse to provide or discontinue services without appropriate reasons. If they do decide to stop providing a service, they are responsible for ensuring the commissioner is aware, so that they can make alternative arrangements. Providers who identify a patient or group of patients, who may have an unmet health or social care need, are required to notify the commissioner so that appropriate action can be taken.

This form of contract is not used to commission all services, so North Somerset CCG will ensure that appropriate provisions are built into all other contracts, paying due regard to the type and size of contract and the organisation delivering it. We will seek assurances that all providers understand their responsibilities under the Equality Act 2010 and Human Rights Act 1998 and that their workforces are capable of delivering equitable services.

This is likely to be achieved via constructive dialogue between commissioners and service providers and via contract clauses which specify non-discriminatory approaches. In addition, we will expect to see contract clauses and performance indicators around:

- patient profiling to identify who is/ is not accessing services
- understanding the patient experiences of different protected groups
- implementing the Equality Delivery System to support compliance with the public sector Equality Duty (larger providers)
- taking actions to support the CCG to comply with the public sector Equality Duty (smaller providers)
- making service-specific and measurable improvements in relation to patient access, experience and health/wellbeing outcomes

We will seek assurance from those commissioning services on our behalf that contractual provisions related to equality, diversity and human rights are regularly monitored as part of their contract compliance processes.

## 9. EMBEDDING EQUALITY, DIVERSITY AND HUMAN RIGHTS INTO OUR BUSINESS

### 9.1 Building on a legacy of good practice

NHS North Somerset (the Primary Care Trust) has demonstrated its commitment to equality and diversity through key work streams and initiatives, such as:

- improving organisational understanding of the health and related needs of “protected groups” by funding local research, such as: a mapping exercise of Black and Minority Ethnic communities in North Somerset, undertaken by the North Somerset branch of the Somerset Race Equality Council (SREC)
- empowering marginalised communities via initiatives such as: “Your North Somerset”, an annual multi-cultural even led by North Somerset Council; and proactively recruiting from protected groups to our lay involvement scheme
- coordinating a Corporate Equalities Group to support strategic planning around equality and diversity

North Somerset CCG aims to build positively on this legacy. We will seek to become an exemplar of good and improving practice in eliminating discrimination and in advancing equality, diversity and human rights. One way in which we will demonstrate our commitment is through participation in key local, regional and national initiatives, such as:

- i) Personal, Fair and Diverse: this campaign, being promoted by the Department of Health’s Equality and Diversity Council and NHS Employers, aims to create a national network of equality champions from NHS Board members and staff who:
  - believe that diverse workplaces make organisations better
  - are passionate about an NHS with patients at its centre
  - care about working in an NHS which is fair and accessible to all
- ii) Two Ticks: a national certification programme, whereby employers qualify to display the “positive about disabled people” symbol if they can demonstrate their implementation of five commitments regarding recruitment, training, retention, consultation and disability awareness.
- iii) Ten Standards for Lesbian, Gay, Bisexual and Transgender Equality: a local programme, whereby any NHS organisation in North Somerset can pledge its commitment to meeting a set of locally-agreed standards to promote equality for lesbian, gay, bisexual or transgender service users and employees; and take action to meet these standards.

## 9.2 **Business planning**

To ensure that our equality aims and objectives are met, this Equality, Diversity and Human Rights Strategy will need to be positively and visibly reflected in our Commissioning Handbook. This will be achieved by focusing on the following:

- Integrated Plan to make specific reference to this Strategy, as well as to our equality aims and objectives
- Operational Planning Process to have specific triggers built in for negotiators to gather information on, and effectively consider, the potential equality and diversity impacts of each proposal under consideration
- leadership development to specifically include the competence and roles of organisational leaders in advancing equality, diversity and human rights
- key decision-making by the Board and senior management to pay due regard to the public sector Equality Duty and to the FREDA principles
- senior management to have ownership of the equality action plan supporting this Strategy and to be active in facilitating and resourcing its implementation
- workforce monitoring and development, in order to build a workforce which reflects the profile of our local population, including at senior levels and which is competent to commission fair and equitable services
- management of legal, business and reputational risks in relation to equality, diversity and human rights to be an integral part of the organisation's risk management process

## 9.3 **Equality action planning**

A draft Action Plan is attached as Appendix 2, which focuses on:

- implementing our Equality Objectives
- delivering this Strategy
- establishing leadership and management systems to effectively steer and monitor implementation of the strategy
- managing NHS organisational change to ensure that equality, diversity and human rights remain top priorities in the planning, design and delivery of healthcare in North Somerset
- addressing all items graded as “red” within the Equality Delivery System performance assessment
- improving our overall performance against the Equality Delivery System

The actions and outcome measures will be further developed and finalised as the relevant CCG Leads come into post and as the Best West commissioning support offer is clarified. This work will feature in the CCG's Organisational Development Plan.

#### 9.4 **Strategic Partnerships**

North Somerset CCG will seek to influence others, and to be influenced by others, to positively promote equality, diversity and human rights, by working with strategic partners in a variety of ways. Some examples are:

- i) North Somerset CCG plays a leading role in North Somerset Partnership's People and Communities Board. We will aim to create sufficient mechanisms to consider the concerns being raised from equality, diversity and human rights perspectives by our strategic partners, in particular:
  - the local HealthWatch organisation
  - North Somerset Black and Minority Ethnic Forum
  - North Somerset Multicultural Friendship Association
  - North Somerset Council-led engagement groups: The Physical and Sensory Impairment Group, the Learning Disability Partnership, the Mental Health Local Involvement Team, the Older People's Strategy Group, the Carers' Strategy Group and the North Somerset Youth Parliament.
- ii) The South of England Equality Leads Network provides peer support for NHS equality and diversity leads working across the South of England SHA area. We will aim to be an active participant in this or any equivalent network, in order to contribute to, and benefit from, the sharing of learning, good practice and peer support.

## **10. RATIFICATION AND REVIEW**

This Equality, Diversity and Human Rights Strategy has been ratified by the North Somerset Clinical Commissioning Group (Shadow Board) Governing Body on 6 September 2012.

The Strategy and Action Plan will be reviewed annually from the date of ratification.

## 11. GLOSSARY

<b>Black and Minority Ethnic (BME)</b>	People from different ethnic groups, apart from the White British ethnic group. Some definitions of BME also exclude White minority ethnic groups, such as Eastern European or White Irish.
<b>Clinical Commissioning Group (CCG)</b>	An NHS body whose main tasks are to assess local health needs and commission services from hospitals and community service providers. All GP practices are members of their local CCG.
<b>Disability Equality</b>	Full opportunity and choices for disabled people to improve their quality of life and be respected and included as equal members of society.
<b>Equality Delivery System</b>	A system through which NHS bodies can assess their performance in relation to equality and diversity, grade their current performance, set objectives and action plans for going forward. Involvement of local interests is an essential part of these processes.
<b>Monitoring</b>	The process of regularly reviewing achievements and progress towards goals.
<b>Primary care and community services</b>	Services which are people's first point of contact with the NHS. They are provided by primary health care teams working in the community, usually based in GP surgeries or health centres. Primary and community care workers include GPs, dentists, practice nurses, health visitors, district nurses, community psychiatric nurses, physiotherapists and many others.
<b>Primary Care Trust (PCT)</b>	Former NHS bodies whose main tasks were to assess local health needs, develop and implement Local Delivery Plans, provide public health and primary care services and commission other health services.
<b>Risk Assessment</b>	A system for assessing the severity of an incident in terms of risk to people or to the organisation.
<b>Single Equality Scheme</b>	A written document used to fulfil the requirement, under previous legislation related to race, disability and gender equality, to demonstrate how a public authority intended to fulfil the general and specific duties imposed by the legislation.

## **APPENDIX 1: OUTLINE OF OUR LEGAL AND REGULATORY REQUIREMENTS IN RELATION TO EQUALITY, DIVERSITY AND HUMAN RIGHTS**

### **Equality Act 2010**

The Equality Act 2010 brought together all existing anti-discrimination legislation into one Act of Parliament. The Act prohibits discrimination in the provision of goods, facilities and services to the public, and in employment, on the basis of the following “protected characteristics”: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

There are a few exemptions within the Act, whereby it is not unlawful to discriminate on the basis of a protected characteristic. For example, a service provider may, in exceptional circumstances, exclude transsexuals from a single-sex service. Such treatment must be objectively justified and must be a proportionate means of achieving a legitimate aim (eg a group counselling session for female victims of sexual assault, where women would be unlikely to attend if a male-to-female transsexual person was there). [Ref: [http://www.wrc.org.uk/includes/documents/cm\\_docs/2011/t/trans\\_and\\_womens\\_organisations\\_factsheet.pdf](http://www.wrc.org.uk/includes/documents/cm_docs/2011/t/trans_and_womens_organisations_factsheet.pdf)].

### **Public Sector Equality Duty**

The Equality Act 2010 contains special provisions for public sector bodies, known as the public sector Equality Duty [PSED]. This is made up of a ‘general duty’ and ‘specific duties’ which are intended to help performance of the general duty. These duties apply to the NHS Commissioning Board, Clinical Commissioning Groups, NHS Foundation Trusts and bodies exercising public functions, such as private and third sector healthcare providers. Such “public authorities” must, in the exercise of their functions, pay due regard to the following three aims of the general duty:-

- i) Aim 1: eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- ii) Aim 2: advance equality of opportunity between people who share a protected characteristic and people who do not share it
- iii) Aim 3: foster good relations between people who share a protected characteristic and people who do not share it

The specific duties require a public authority to publish, in a manner that is accessible to the public:

- i) Annual information to demonstrate its compliance with the public sector Equality Duty. This must include, in particular, information relating to people who share a protected characteristic who are:
  - its employees (where it has 150 employees or more)
  - affected by its policies and practices
- ii) Equality Objectives, which are specific and measurable, at least every four years (see section 4 above)

## **CCG Authorisation: Equality Declaration**

At the point of authorisation, CCGs are required to be compliant with the public sector Equality Duty and should be able to demonstrate the use of the Equality Delivery System for the NHS (or equivalent) to help attain compliance and ensure good equality performance.

## **Human Rights Act 1998**

It is unlawful for public sector organisations need to act in a way which is incompatible with the 15 basic rights contained within the Human Rights Act 1998. Examples of rights which are relevant to healthcare and organisational practice are:

- i) the right not to be tortured or treated in an inhuman or degrading way (protecting patients and staff from physical or mental abuse)
- ii) the right to respect for private and family life, home and correspondence (privacy on wards, separation of families due to residential placements, safeguarding personal data)
- iii) the right to life (advance directives, refusal of life-saving medical treatment)
- iv) the right not to be discriminated against in accessing any of the other rights (presenting health options to a Non-English speaker without using an interpreter)
- v) the right to freedom of thought, conscience and religion (employee dress codes, religious wear and rights to exemption from participation in specific workplace procedures)
- vi) the right to freedom of expression (workplace discussions and whistle blowing procedures)

All public authorities and employers must assess their policies, procedures and decision-making in terms of human rights.

## **NHS Constitution**

The NHS Constitution came into law as part of the Health Act in November 2009 and was revised in March 2012. It contains seven principles that guide the NHS, as well as a number of pledges for patients and the public. Several of these demonstrate the commitment of the NHS to the requirements of the Equality Act and the Human Rights Act. For example, the first principle requires that the NHS *“provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief.”*

There are also a number of patients' rights in the Constitution which demonstrate the NHS's commitment to equality and human rights, including:

- i) the right not to be unlawfully discriminated against in the provision of NHS services, including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age
- ii) the right to be treated with dignity and respect
- iii) the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this
- iv) the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent

- v) the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services

### **Joint Strategic Needs Assessment**

The statutory requirement for the NHS and upper-tier local authorities to undertake Joint Strategic Needs Assessments (JSNAs) was originally introduced by the Local Government and Public Involvement in Health Act 2007. Their purpose is to analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. The JSNA in North Somerset will underpin the Joint Health and Wellbeing Strategy (a newer, statutory requirement under the Health and Social Care Act 2012) and local commissioning plans.

## APPENDIX 2: DRAFT EQUALITY ACTION PLAN 2013-2014

(this action plan is annually updated and implemented via the Equality Delivery Group)

Priorities for improvement	Actions
<b>Data and intelligence</b>	Improve the way we gather, record, analyse and share data and intelligence, so that we have a clear, disaggregated picture of: <ul style="list-style-type: none"> <li>• the make-up of our local population</li> <li>• the health and related conditions of concern to different protected groups</li> <li>• levels of access to key services</li> <li>• levels of patient satisfaction with key services</li> <li>• representation within our workforce and leadership</li> </ul>
<b>Equality Impact Assessments</b>	Implement a programme of EIAs, focused on ensuring that: <ul style="list-style-type: none"> <li>• EIAs are completed in a timely way to inform key decisions by the CCG Board and other key decision-makers</li> <li>• an increasing proportion of EIAs are directly informed by the perspectives of protected groups</li> <li>• the commissioning process and cycle can evidence the influence of E,D and HR perspectives at each stage</li> </ul>
<b>Making it contractual</b>	<ul style="list-style-type: none"> <li>• Make our equality and diversity standards and expectations explicit within all contracts and service specifications</li> <li>• Demonstrate that our commissioning and contract compliance processes are informed by E, D and HR perspectives</li> </ul>
<b>Consultation and engagement</b>	<ul style="list-style-type: none"> <li>• Develop a means to provide assurance that all forms of engagement are inclusive of all the protected groups (ref s8.3 above)</li> <li>• Move the CCG towards “a dialogue of equals”, whereby seldom-heard communities are increasingly empowered to participate in various forms of decision-making</li> </ul>

Priorities for improvement	Actions
<b>Workforce development</b>	<ul style="list-style-type: none"> <li>• Deliver a programme of learning and development to ensure that the workforce and leadership have the competencies required to meet our statutory requirements and deliver our Strategy for Equality, Diversity and Human Rights</li> <li>• Create inclusive opportunities to consider and improve workforce culture, policy and practice from equality, diversity and human rights perspectives</li> </ul>
<b>Tools and infrastructure</b>	<p>Support delivery of the E, D and HR Strategy by maintaining and continually developing:</p> <ul style="list-style-type: none"> <li>• Equality monitoring templates for patients and staff, in line with: ONS categories and forthcoming DH guidance</li> <li>• Equality impact assessment template and guidance</li> <li>• Consultation and engagement databases identifying protected groups</li> <li>• Website to publish statutory information and support greater openness</li> </ul>
<b>Equality Delivery System, supporting compliance with the public sector Equality Duty</b>	<p>Develop an action plan to:</p> <ul style="list-style-type: none"> <li>• Improve all “red” grades to amber during 2013-14</li> <li>• Consolidate at “amber” or improve overall grade to “green” by March 2016</li> </ul>
<b>Governance and reporting</b>	<ul style="list-style-type: none"> <li>• Identify and manage key risks to delivering against this Strategy via the CCG’s risk management processes</li> <li>• Report progress against this Strategy annually to the CCG Board</li> </ul>

\* CCG lead to be supported by the equality, diversity and human rights function within the Commissioning Support Unit (CSU), plus others, where required, such as human resources

\*\* Measures to be developed when postholders have been appointed