



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Equality Strategy



Supporting people in Dorset to lead healthier lives

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EQUALITY STRATEGY

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EQUALITY STRATEGY

1. INTRODUCTION

- 1.1 We are committed to ensuring that we reduce health inequalities and that we have the needs of our communities at the heart of our commissioning functions.
- 1.2 Our mission is to “Support people in Dorset to lead healthier lives.”
- 1.3 We recognise that people access services and need support in a range of different ways. Our challenge is to understand these communities, engage effectively with them and commission services to meet their local needs.
- 1.4 Additionally by ensuring we have an understanding of local issues and meet the needs of its diverse groups, we will meet our public sector equality duty (PSED) under the Equality Act 2010. Appendix 1 outlines our roles and responsibilities with regard to the Equality Act and the PSED and the protected characteristics covered by the Equality Act.
- 1.5 We are keen to build on the work already undertaken by the Clinical Commissioning Group in developing a strong and effective approach to equalities. We will continue to ensure that, as commissioners, our providers of services have also considered all elements of the community and can evidence how they have taken into consideration the needs of diverse communities throughout Dorset.
- 1.6 The NHS Equality Delivery System 2 (EDS2) is described in appendix 2, and will be used to build on the work to understand local priorities and issues. By using this framework, we will address the equality requirements of the NHS Constitution, the Care Quality Commission (CQC) and NHS Litigation Authority.
- 1.7 This strategy will continue to be informed by excellence in community engagement, both to gain insight for commissioners and to ensure appropriate and timely feedback to those communities.

2. INTEGRATING EQUALITY INTO COMMISSIONING

- 2.1 Equality must be an integral part of the way in which informed decisions are made: Strategically for our governing body and our localities; within our providers service teams; and by each individual who delivers healthcare.
- 2.2 To be effective commissioners we need to know who we are commissioning our services for. Insight into local communities and specific health issues from these communities is essential to help us achieve our mission.
- 2.3 We will use the information gathered for the Joint Strategic Needs Assessments combined with insight from individual communities to ensure that our commissioning decisions are meeting the needs of local communities; we are aware that in some cases individual communities that experience health inequalities cannot be engaged with effectively by a one-size-fits-all approach, and that some sections of

those communities are distinct and may require special means of outreach when their uptake of NHS services has been shown to be minimal.

- 2.4 Engagement with all communities is essential to ensure our commissioning decisions are effective. Systems will be developed to ensure that views are gathered from a wide range of communities to help inform these decisions.
- 2.5 All service review, design and delivery works will be assessed for their impact on communities, taking into account any specific insight or needs already understood or gathered from existing work with diverse communities.
- 2.6 The reduction of health inequalities represents an existing priority for health and Local Authority partners. We will continue this partnership through the Health and Wellbeing Boards to ensure that joint decisions are appropriately assessed and meet any specific needs for the community.
- 2.7 Influencing our providers through our shared community engagement and contractual relationships will be key to ensuring the approach to equality is mainstreamed across health services in Dorset. We will monitor and establish reporting from all providers on their approach to promoting equalities and ensuring that they are working to reduce health inequalities in their services.

3. PARTNERSHIP WORKING

- 3.1 We will work together with other public sector organisations to develop and improve services across Dorset. This includes our large transformational programmes; Better Together and Dorset's Clinical Services Review. We will ensure all our programmes have the appropriate equality data and patient insight to understand the impact of their commissioning decisions at a practical applied level.
- 3.2 In order to ensure that the principles of equality and human rights are not a secondary consideration for those commissioning services or those providing them, the five FREDA principles will be used against decisions that are made. The FREDA principles are: Fairness; Respect; Equality; Dignity; Autonomy.

4. EQUALITY OBJECTIVES

- 4.1 In line with our Public Sector Equality Duties, we will review and publish our equality objectives at least every four years.
- 4.2 Our objectives will be informed by the following issues, already identified as priorities from our communities:
 - the need to have clear, accessible and relevant information and communication with all communities.
 - the understanding that many communities and individuals need help to engage and use services and work needs to be undertaken to support this;

- the need to increase awareness of commissioners and providers about cultural and diversity issues and some of the barriers facing communities in accessing services and achieving good health outcomes.
- the need to understand local communities through effective data collection and analysis, and undertaking primary research to build a picture of the community the CCG serves to support commissioning decisions;
- the need to engage directly with communities by all appropriate and effective means so that all sections of these are reached, to listen and understand local issues which are relevant to Dorset people and to address these through commissioning decisions;
- to report back to these communities about the decisions made and to explain how feedback has been used to develop services;
- the need to provide communication support for people throughout their experience of health services and to ensure this is consistent, readily available and professional;
- to build capacity and capability in the community to enable effective involvement with the CCG and to invest in this for the future.

5. ENGAGEMENT

- 5.1 We are committed to effective and relevant engagement.
- 5.2 Work will be undertaken to engage either directly, or through advocates, or support organisations to make sure that a wide range of communities have the opportunity to contribute to our service developments and to provide clarity about how they can make a difference. We will consider contracting such engagement where this demonstrably enhances the quality of community involvement.
- 5.3 Engagement will be an ongoing process using the engagement cycle and the good engagement guide, launched with the original equality delivery system to support effective engagement with local communities, including those from cultural and other minorities, and to ensure that we are developing and sustaining ongoing relationships.
- 5.4 We will continue to support the development of community health “ambassadors” to help to signpost and support information sharing and engagement with communities. These ambassadors will receive training and be supported to engage themselves within all sections of their communities.

6. LOCALITY DEVELOPMENT

- 6.1 The development of strong and relevant localities is important for us. Our localities need to be able to understand and identify specific health needs and requirements to ensure that local decisions meet local needs.

- 6.2 Localities will be able to use information gathered from local insight, the joint strategic needs assessment (JSNA) and national and regional market research, including that gained from partners, to support their understanding of their communities. They will also use data collected from their individual practices to build a clear understanding of their communities.
- 6.3 The service review, design and delivery teams, working with locality management teams, will engage with local groups and communities to develop this insight further. Success breeds success and our engagement team will use stories and case studies to build a record of successes in responding to health inequalities that will enhance confidence in communities for us as a responsive equality partner.

7. PROCUREMENT

- 7.1 The Equality Act 2010 requires public bodies to consider how the decisions that they make, and the services they deliver, affect people who share different protected characteristics. The specific duties require public bodies to publish information to show they did this.
- 7.2 Our finance and procurement team will ensure that these duties are reflected through our procurement activities and that this is clearly stated in our procurement policy, covering all stages from pre-procurement, through specification, selection, award and contractual undertakings.
- 7.3 Our quality and outcomes and corporate governance teams will ensure continuing relationship management of each provider to ensure continuing compliance with their specific equality duties.
- 7.4 Equality Impact Assessments are an important way to ensure that commercial strategies and related policies and approaches incorporate equality considerations and will ensure that procurement activities promote equality in accordance with the PSED. We will ensure all procurement activities are informed by an Equality Impact Assessment, and be able to demonstrate how this was applied.

8. DORSET CCG AS AN EMPLOYER

- 8.1 The recognition of the different needs of staff and the implementation of policies and procedures to support staff to work in a constructive and supportive environment will be important for us to demonstrate our values as an employer. These principles echo our values of being honest; responsible; courageous; collaborative; responsive and caring.
- 8.2 As an employer we will have regard to the equality and diversity needs of our staff through our own policies and procedures. These will include dignity and work, learning and development and recruitment and succession planning.
- 8.3 Through on-going induction, awareness programmes, and engagement with the population of Dorset, we will ensure that we educate our own team in relation to

equality issues and outcomes. We will also undertake a range of staff development activities to make sure that there is a high level of awareness of equality issues.

- 8.4 Staff will also be involved in the measurement of our activities using the Equality Delivery System 2 and will have the chance to highlight any issues on an ongoing basis through their line management relationships.
- 8.5 We will adhere to equality principles across all the protected characteristics within the recruitment, retention, development and management of our workforce. The NHS equality and diversity competence framework will be followed and appropriate competences will be included in all role descriptions, including those of governing body members.
- 8.6 Through utilising staff survey results, we will ensure our equality action plan includes measures of improvement to enhance the equality credentials of us as an employer, responding to staff needs and setting a standard for the Dorset health community.
- 8.7 Core areas of improvement to initially focus on include: collection and understanding of data in relation to the workforce; equality and diversity awareness training focused on integrating consistent requirements for equality in all commissioning decisions

9. MEASUREMENT AND EVALUATION

- 9.1 Accountability for equalities lies with our governing body, both for us as an organisation and for the healthcare providers we commission, whether in the primary or secondary care sector, or within the tertiary and voluntary sector. Each element of the healthcare system in Dorset will be contracted to, on request, inform us on how it has considered equality issues in relation to the development, decision and delivery of their services. This information will also be available to the communities, patients and carers through published reports.
- 9.2 Feedback from the communities regarding successes and areas for improvement, regarding strategic decisions, service provision or individual experiences will be integrated into our engagement approach. This will in turn, result in changes and improvements at an operational level so that the legacy of good practice is maintained in the organisational memory and can support us in our learning and continuous improvement. It is vital that this is then fed back to the appropriate people in the communities and in the appropriate healthcare settings.

- 9.3 The adoption of the Equality Delivery System 2 will ensure that we monitor activities and can assess them from the communities' perspective. This will in turn lead to improved and more relevant objectives which make a difference to local communities and improve the outcomes of local people.
- 9.4 The outcomes of Equality Impact Assessments will be available publically and action plans published so people can see the identified impacts and the actions that have been taken to minimise these.

10. FORWARD PLANNING

- 10.1 Having identified that understanding local communities will enhance commissioning decisions, we are in a strong position to make changes to meet the specific needs of its communities, realise our mission, work towards addressing health inequalities and reduce and eliminate discrimination.
- 10.2 Compliance with the Equality Act 2010 and the Public Sector Equality Duty provides a clear framework for the development of services to benefit all communities, including sub-groups of these that our own and national level research has identified to have particular needs in regard to discrimination issues. It will also ensure that equalities issues are mainstreamed as part of our day to day work.
- 10.3 The Equality Delivery System 2 will provide a framework for ongoing monitoring and action to deliver equality objectives.
- 10.4 Evaluation of the previous EDS objectives will help us to establish an equality baseline. The next steps will include further engagement work with local communities to develop a meaningful and relevant equality action plan, reflecting the commissioner's equality objectives and to help us support the health needs of all our communities.

Appendices

Appendix 1

**The Equality Act 2010 and the Public Sector
Equality Duty**

Appendix 2

The NHS Equality Delivery System 2

THE EQUALITY ACT 2010 AND THE PUBLIC SECTOR EQUALITY DUTY

1. THE PUBLIC SECTOR EQUALITY DUTIES

1.1 Our PSED under the Equality Act 2010 requires us, throughout the exercise of all our functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

1.2 We must meet those duties together with the specific duties of:

- publishing information to demonstrate compliance with the PSED at least annually. This information must include, in particular, information relating to people who share a protected characteristic who are:
 - * its employees (unless the CCG employs less than 150 employees);
 - * people affected by its policies;
- publishing equality objectives at least every four years, which must be specific and measurable.

1.3 To meet these duties we will engage with local communities and their representatives to ensure that decision making takes account of any inequalities and addresses these through its actions.

1.4 The Equality Act 2010 identifies nine protected characteristics:

Characteristics	Dorset's Perspective	Source
Age	The proportion of Dorset's population aged 65+ is 26.3% (17.0% for England & Wales)	Mid year estimates (MYE) 2012, ONS
Disability	20% of the Dorset population have a disability or long term health condition where day to day activities are affected	2011 Census data
Gender Reassignment (trans/ transgender)	In 2000, press for change estimated there were around 5,000 transsexual people in the UK – however there is no publicly available statistical data	Press for change: Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination
Marriage and Civil Partnership	54% of Dorset's population are married and 0.18% are in a registered same – sex civil partnership	2011 Census data
Maternity and Pregnancy	8.9 births per 1,000 population (12.9 for England and Wales)	Mid year estimates (MYE) 2012, ONS
Race	4.5% of the Dorset population is in an ethnic minority group according to the 2011 census, with the 2001 estimates indicating that 3.2% of the Dorset population is BME	2011 Census data
Religion and Belief	65% of Dorset is Christian with less than 1% indicating any other religion, and 7.9% not specifying	2011 Census data
Sex	The female population of Dorset is 51.3% and 48.7% male.	2011 Census data
Sexual Orientation	In 2011, only 0.7% of the population recorded that they lived together in same sex relationships, this is not a reliable indicator of relationships as a whole	2011 Census data

THE NHS EQUALITY DELIVERY SYSTEM 2

1.1 We will adopt the national approach to ensuring it is meeting its requirements under the Equality Act 2010, the NHS Constitution, the NHS Litigation Authority and the Care Quality Commission.

1.2 The Equality Delivery System 2 has four objectives with 18 outcomes and organisations follow a clear process to measure current activity and performance to support the development of actions and equality objectives. The process is as follows:

- Confirm governance arrangements and leadership commitment;
- Identify local stakeholders;
- Assemble evidence;
- Agree roles with the Local Authority;
- Analyse performance
- Agree grades
- Prepare equality objectives and more immediate plans
- Integrate equality work into mainstream business planning;
- Publish grades, equality objectives and plans.

1.3 The objectives and outcomes are as follows:

Objective	Narrative	Outcome
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
		1.2 Individual peoples health needs are assessed and met in appropriate and effective ways
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

Objective	Narrative	Outcome
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
		2.3 People report positive experiences of the NHS
		2.4 People’s complaints about services are handled respectfully and efficiently
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients’ and communities’ needs	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
		3.3 Training and development opportunities are taken up and positively evaluated by staff
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives
		3.6 Staff report positive experiences of their membership of the workforce
4. Inclusive leadership	NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
		4.2 Papers that come before the board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination