



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Equality, Diversity and Inclusion Strategy



Supporting people in Dorset to lead healthier lives

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EQUALITY, DIVERSITY AND INCLUSION STRATEGY

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EQUALITY, DIVERSITY AND INCLUSION STRATEGY

1. INTRODUCTION

- 1.1 NHS Dorset Clinical Commissioning Group (CCG) is a clinically led organisation made up of 98 member practices across Dorset, whose role is to commission (plan and purchase) high quality, safe and sustainable healthcare services for local people.
- 1.2 Our vision is to *“support people in Dorset to lead healthier lives”*. Our strategic principles set out our commitment to ensuring that our services are designed around patients and that we aim to prevent ill health and reduce health inequalities that exist in Dorset. Recognising that people access services in a range of different ways, our challenge is to understand these communities, engage effectively with them and commission services to meet their needs.
- 1.3 We want to build on the work and achievements we have already made. Our refreshed Equality, Diversity and Inclusion strategy will guide the work the CCG undertakes in regards to equality and diversity and will help strengthen our governance and leadership.
- 1.4 We see Equality as ensuring that every individual has an equal opportunity to make the most of their lives and believing that no one should have poorer health outcomes because of their protected characteristic. We recognise Diversity as valuing peoples’ differences when it comes to how we commission our services and also how we nurture our staff to contribute and realise their full potential. Inclusion is about going the extra mile to ensure that our staff from diverse backgrounds feel that their contributions are valued, that they have equal access to opportunities and do not feel marginalised.
- 1.5 In refreshing our strategy, we have engaged with staff and the public through the Equality Delivery System 2 (EDS2) grading exercise held in October 2015, which reviewed our performance in terms of the four EDS 2 goals helped to inform our priorities.

2. WHAT DO WE WANT TO ACHIEVE?

- 2.1 This strategy sets out how we will meet the needs of our diverse population and continuously improve the way we employ, support and retain high quality, diverse workforce and the way we involve our stakeholders.
- 2.2 In doing this we will also ensure the CCG delivers the equality duties, as set out in the Equality Act 2010 and Public Sector Equality Duty (see appendix 1).

3. DORSET'S POPULATION PROFILE

Ethnicity and Diversity

- 3.1 The population of Bournemouth, Dorset and Poole currently is approximately 750,000 and is expected to rise to over 800,000 by 2023, with most of the growth happening among older people.
- 3.2 Between 2001 and 2011 the size of the minority ethnic population as a proportion of the total population increased for all ethnic categories and in all districts of Dorset by 3.7%. The largest percentage growth was for the "other white" category in Bournemouth, which accounted for 4% more of the total enumerated population in 2011 compared to 2001.

Table 1: Change in percentage of minority ethnic category as percentage of total population

Local G ovt. populations	Bournemouth	Poole	Dorset	Christchurch	East Dorset	North Dorset	Purbeck	West Dorset	Weymouth Portland
Other White	4.0*	1.7	0.4	0.4	0.2	1.0	0.2	0.3	0.7
All mixed	1.1	0.6	0.3	0.6	0.2	0.	0.3	0.3	0.2
Indian Sub-continent	0.9	0.7	0.2	0.1	0.3	0.1	0.1	0.2	0.2
Chinese/ Other Asian	1.8	0.8	0.3	0.5	0.2	0.4	0.1	0.2	0.4
African Caribbean	0.5	0.2	0.1	0.0	0.1	0.2	0.0	0.0	0.1

*Category with largest growth in a district are marked in red.

- 3.3 The largest proportional increases in the minority ethnic population was within the urban conurbation of Bournemouth and Poole, with Bournemouth's numbers rising from around 3% in 1991 to just over 16% in 2011.
- 3.4 Gypsies and travellers are a particular population group that is not well represented by available data due to the transient nature of some of their lifestyles. People within this group tend to suffer from higher mortality rates as well. Within Dorset there are four designated sites for gypsies and travellers.
- 3.5 The main foreign languages spoken vary across Dorset with some similarities across the board with the most common languages include Polish, Cantonese and Mandarin, Malayalam and Portuguese.

Religion and Belief

- 3.6 Around 60% professed a belief in Christianity, slightly higher in Dorset and lower in Bournemouth and around 30% had no religious convictions. This leaves around 10% of the local population following other faiths.

Disability

- 3.7 Historically, disability has been difficult to measure as it is often personal perception that dictates whether an individual regards themselves as disabled or not, however according to the 2011 census, 144,222 registered as having a form of disability in Dorset. In 2011, 18.6% of the population in Bournemouth, for instance said their day-to-day activities were limited either a lot (8.6%) or a little (10%) by a long-term health problem or disability.

Health inequalities

- 3.8 People in Dorset generally live healthier and longer lives compared to the average for England, but this is not evenly spread and inequalities do exist; for example men living in the richest areas of Bournemouth can expect to live 11 years longer than those living in the most deprived areas.
- 3.9 Whilst there has been no change in the numbers of people who die early from heart disease in Poole and rural Dorset in the last five years, there has been a rise in Bournemouth and this is at a time when numbers are falling nationally. Many factors play a part in creating this gap such as prosperity of an area and lifestyle factors.
- 3.10 We want everyone in Dorset to receive the same high quality of care, regardless of where they live, what health condition they have, or any other personal characteristic.

Our Workforce

- 3.11 The CCG holds up to date information on our workforce, in line with data protection legislation, and to ensure that decisions affecting the workforce are based on accurate reporting and data. We aim to fully understand the diversity of the workforce, so that we can monitor any discrimination and work with staff and staff representatives to identify and eliminate barriers and provide equal opportunities.
- 3.12 The CCG employs a total of 310 staff (as of August 2016), across two bases in Dorset, Vespasian House in Dorchester (Headquarters) and Canford House in Poole and. There are 237 female and 73 male members of staff.
- 3.13 Within the Governing Body membership the breakdown by gender is 15 male and 6 female, as of March 2016, 6% of the Governing Body membership were from a BME background. Additionally there is 1 Female and 4 Male Directors within the CCG. The sexual orientation breakdown of CCG staff is 9.35% undisclosed, 0.64% lesbian/bisexual, 0.97% gay and 89.03% heterosexual and compared to Poole Hospital for instance, 38% undisclosed, 1.48% as homosexual/bisexual and 60% disclose as heterosexual. Disclosure rates for sexual orientation remain a challenge in NHS organisations nationwide.
- 3.14 The breakdown by ethnic grouping of CCG staff can be seen in Table 2 below.

Table 2: Dorset CCG Workforce Ethnicity Breakdown

Ethnic Group	Headcount	%
A White - British	269	86.77%
B White - Irish	3	0.97%
C White - Any other White background	7	2.26%
CA White English	19	6.13%
CB White Scottish	1	0.32%
CC White Welsh	1	0.32%
F Mixed - White & Asian	2	0.65%
G Mixed - Any other mixed background	1	0.32%
H Asian or Asian British - Indian	1	0.32%
N Black or Black British - African	2	0.65%
P Black or Black British - Any other Black background	1	0.32%
Undefined	1	0.32%
Z Not Stated	2	0.65%
Total	310	

4. EQUALITY OBJECTIVES

4.1 In line with our Public Sector Equality Duty, we will review and publish our equality objectives at least every four years. Our refreshed objectives are:

- to engage with our diverse communities ensuring their needs are taken into account when co-producing, designing and commissioning services;
- to ensure information is collected, collated and analysed therefore enabling a better understanding of diverse needs and the profiles of who is accessing services;
- to ensure that equality, diversity and inclusion is ‘everybody’s business’ across the CCG;
- to continue to support and develop our workforce to maximise their potential through the promotion of equality of opportunity, in an environment free from bullying and harassment.

4.2 These objectives have been informed by the recent Equality Delivery System 2 (EDS2) grading exercise. The CCG adopted the EDS 2 and in October 2015 coordinated a grading exercise across all the NHS organisations in Dorset along with staff and the general public to look at how our respective NHS organisations are performing in terms of the four EDS 2 goals (appendix 2), which are:

- better health outcomes for all;
- improved patient access and experience;
- empowered, engaged and included staff;

- inclusive leadership at all levels.
- 4.3 In delivering the objectives, we aim to achieve the following outcomes:
- we will be able to increase the awareness of commissioners and providers about cultural and diverse issues and some of the barriers facing communities in accessing services;
 - we will be able to understand local communities' needs better through effective data analysis and sharing;
 - through the results from the staff survey and the findings from the Workforce Race Equality Standard (WRES), we will understand and better support our workforce.
- 4.4 Our refreshed Equality diversity and inclusion action plan sets out how we aim to deliver these objectives. (See appendix 3).

5. HOW WILL WE INTEGRATE EQUALITY AND DIVERSITY INTO COMMISSIONING?

- 5.1 We believe that understanding and valuing equality and diversity is essential to achieving better outcomes for our population and staff and therefore 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
 - through working with our commissioned services, by each individual who delivers healthcare.
- 5.2 To be effective commissioners, we need to know who we are commissioning our services for so insight into local communities and their specific health issues from these communities is essential to help us achieve our mission.
- 5.3 We will use the information gathered for the Joint Strategic Needs Assessments combined with insight from diverse communities and organisations to ensure that that our commissioning decisions are meeting the needs of local communities.
- 5.4 Engagement with all communities is essential to ensure our commissioning decisions are effective. Systems will be further developed to ensure that views are gathered from a wide range of communities to help inform these decisions.
- 5.5 Our transformational programmes will assess their impact on communities, taking into account any specific insight or needs already understood or gathered from existing work with diverse communities.
- 5.6 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 and promote inclusion in their services.

6. OUR GOVERNANCE ARRANGEMENTS FOR EQUALITY AND DIVERSITY

- 6.1 The Governing Body, as set out in the CCG's constitution, has overall responsibility for equality and diversity, *'delegating appropriate responsibility to a committee or sub-committee of the Group or Accountable Officer or a Member or employee with lead responsibility to oversee how it/they discharge the duty'*.
- 6.2 Our mission, vision and values set the framework within which we will carry out its work, reflecting the essential elements of being fair and inclusive.
- 6.3 The Equality and Diversity Steering Group will oversee, review and monitor the delivery of the equality and diversity action plan, reporting to the Quality Group on a quarterly basis and providing relevant updates to the Executive Team and an annual report to the Governing Body.

7. WORKING WITH PARTNERS TO EMBED EQUALITY AND DIVERSITY

- 7.1 Dorset's Sustainability and Transformation Plan (STP) sets out how locally we will work across the system to accelerate the implementation of the Five Year Forward View and reflects the commitment to reducing health inequalities across the system.
- 7.2 We will work with our partners to ensure that equality, Diversity and Inclusion is considered through all we do. In doing this, we will ensure that we improve the experience our diverse communities have in accessing services. We will continue to work with partners to share resources, insight and develop initiatives for joint commissioning for our diverse communities.

8. COMMUNICATIONS AND ENGAGEMENT

- 8.1 Fairness, equality, confidentiality and inclusion will underpin all aspects of our community engagement, and will be reflected in our engagement policies and practice.
- 8.2 Work will be undertaken to engage 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.

- 8.3 Engagement activities will have clear and agreed purpose, and we will use appropriate methods and standards to achieve these purposes, ensuring they are relevant to the audience and easily accessible for everyone.
- 8.4 It is acknowledged by our services that some communities find it difficult to engage due to having capacity in getting involved and or in fully comprehending our intentions. We will therefore ensure that our engagement team have the right skills and partnerships in place to ensure that the diverse communities are able to engage and respond effectively.
- 8.5 We will continue to build our skill to ensure the effective implementation of equality principles, to share ownership of the wider agenda, and to enable all viewpoints to be identified, collected and reflected.
- 8.6 Engagement will be an on-going process and we will use using the CCG's engagement cycle, adopted from NHS England's ['Transforming Participation in Health and Care'](#) Guide, which shows the different stages of engagement to inform commissioning. This document provides guidance for engagement to improve services. It provides simple advice on elements that will help to ensure meaningful engagement to enhance and support commissioning decisions. Our engagement cycle sets out the key elements of audience analysis, gathering insight, informing plans for service change and engagement on proposed change.
- 8.7 We will also continue to support the development of diverse communities and groups to provide us with diverse insight around health needs.
- 8.8 In terms of communications, we recognise that communication and engagement drives transparency, accountability, reputation and ultimately better services and outcomes, and that our success in improving outcomes and the quality of services locally is significantly dependent on their ability to look outward and be inclusive of those we serve.
- 8.9 We will continue to communicate with as many diverse communities and staff members as possible and through a range of mediums such as:
- in person;
 - via social media;
 - email, through our newsletters about the work we do.
- 8.10 We currently make reasonable adjustments in terms of interpreting and translation, easy read format and through our contracts supporting partners to implement the Accessible Information Standard within our services.

9. PROCUREMENT AND CONTRACTING

- 9.1 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.

- 9.2 Our contracts 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.
- 9.3 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.
- 9.4 Performing Equality Analyses are an important way to ensure that our strategies and related policies and approaches incorporate equality considerations and will ensure that procurement activities promote equality in accordance with the Public Sector Equality Duty (PSED). We will ensure all procurement activities are informed by an Equality Analysis, which will look at the equality and diversity considerations at each stage of the process by using equality information and information from stakeholder involvement opportunities.

10. DORSET CCG AS AN EMPLOYER

- 10.1 The recognition of the different needs of our workforce 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.
- 10.2 As an employer we will have due regard to the equality and diversity needs of our staff through our own policies and procedures. These will include dignity at work, learning and development, staff wellbeing and recruitment and succession planning.
- 10.3 As an organisation we have a strong focus on equality of access to learning and development, ensuring that all colleagues have access to support for their personal and/or career progression.
- 10.4 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.
- 10.5 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. The framework, previously developed by NHS North West and the Department of Health is a holistic, comprehensive and evidence

based overview of the competencies required to support improved equality in health outcomes and workforce diversity across all of our communities.

- 10.6 We aim to make improvements for our black and minority ethnic staff through the implementation of the Workforce Race Equality Standard (WRES) action plan. Our organisation also pledges to support the employment of more people with learning disabilities. We remain committed to recognising the needs of our diverse workforce by making the necessary reasonable adjustments for staff with physical, sensory, mental, apparent or hidden.
- 10.7 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.
- 10.8 Our “Manager Essentials” programme has consistent themes around a fair and equal approach to the management of staff and valuing diversity using topics such as unconscious bias to raise the awareness of our management population. These themes are carried through into training for non-management colleagues to ensure a consistent approach across the organisation.
- 10.9 We will continue to focus on the collection and understanding of data in relation to the workforce and equality and diversity awareness focused on integrating consistent requirements for equality in all commissioning decisions. Going forward we also aim to encourage more of our staff to declare their protected characteristics, talk to our diverse staff about their work experiences and ensure that our job vacancies are made available to our diverse networks.

11. IMPLEMENTATION AND MONITORING

- 11.1 As set out in our governance section (section 6) overall accountability for the equality and diversity lies with our Governing Body. The Quality Group provides a performance monitoring role and the equality and diversity steering group will oversee the implementation of the action plan.
- 11.2 Annual progress will be shared and fed back to our staff and stakeholders through the Public Sector Equality Duty (PSED) report.

APPENDICES

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| Appendix 1 | The Equality Act 2010 and the Public Sector Equality Duty |
| Appendix 2 | The NHS Equality Delivery System 2 |
| Appendix 3 | Equality, Diversity and Inclusion Action Plan |

THE EQUALITY ACT 2010 AND THE PUBLIC SECTOR EQUALITY DUTY

1. THE PUBLIC SECTOR EQUALITY DUTIES (PSED)

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 (transsexual/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 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 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

EQUALITY DIVERSITY AND INCLUSION ACTION PLAN

Equality Objectives	To engage with our diverse communities ensuring their needs are taken into account when co-producing, designing and commissioning services.	To ensure information is collected, collated and analysed therefore enabling a better understanding of diverse needs of who is accessing services.	To ensure that equality and diversity is 'everybody's business' across the CCG.	To continue to support and develop our workforce to maximise their potential through the promotion of equality of opportunity, in an environment free from bullying and harassment.
Local Outcome	More effective and targeted engagement.	Easier to monitor trends, health experiences and identify gaps.	To have better informed staff about diverse issues and needs affecting local communities.	All members of staff, irrespective of protected characteristic, feeling valued and respected within the CCG.
	Engaging communities through methods and approaches that are appropriate to them.	We will have the mechanism to assure the communities that their views and opinions are listened to and valued.	To increase equality and diversity awareness at all levels of the CCG through information sharing and training.	
Action identified	Develop specific and targeted engagement opportunities in partnership with local Diverse organisations.	Support providers to record and monitor patient take up, access and experience by relevant protected characteristics.	Each directorate to have equality and diversity related content within their workstreams.	Staff to have 'conversations' about their work experiences with their line managers, E&D officer and or workforce team, based on their protected characteristics.
	To encourage the attendance of current or former patients, from a diverse range of backgrounds, to governing body meetings and other CCG public events	Report on activity on how diverse communities have been engaged in commissioning decisions, annually.	Develop equality champions at all levels across the CCG to raise awareness of equality issues and promote understanding amongst wider team members.	Monitor who is accessing training courses, having secondment opportunities by protected characteristics.

Link to Equality Delivery System 2 (EDS2) Objectives	Improved patients' access and experience.	Improved patients' access and experience.	Improved patients' access and experience.	A representative and supportive workforce.
	Better health outcomes.	Better health outcomes.	Better health outcomes.	Inclusive Leadership.