

# **EQUALITY, DIVERSITY AND HUMAN RIGHTS STRATEGY 2014-2017**

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## **1. Foreword**

NHS Bolton Clinical Commissioning Group (Bolton CCG) recognises the diversity of the population of Bolton and is committed to ensuring that healthcare services pay due regard to the needs of all patients, their carers and our staff.

We want to ensure that equality, diversity and human rights (EDHR) are woven into the way we plan and buy healthcare services and the way our providers deliver these, and how we treat our staff. We are keen to keep in touch with local people, to improve health and well-being in Bolton, to commission quality health services and to constantly develop a well trained and highly motivated workforce.

Through its work as a commissioner of services, strategic partner within Bolton and employer, and supported by this strategy, we aim to:

- Eliminate unlawful discrimination in all our functions as an employer and commissioner;
- Reduce inequalities in health amongst different groups of people living within the borough;
- Making the services we commission more accessible, consulting local people to make sure that all the communities we serve are satisfied with the standard of services provided;
- Gain a clear insight into the communities and health needs of our borough;
- Involve staff, community groups and partner organisations to help us develop and apply our equality goals, and build our communities' trust in us;
- Commission and ensure delivery of services that are responsive to the diverse needs of individuals and their families;
- Promote equality of opportunity and inclusion so that our staff and patients can achieve their potential and have the best life chances possible;
- Become a strong community leader, championing equality in all aspects of our work with other local partner agencies.

This strategy and associated plans and actions will firmly place equality, diversity and human rights at the centre of our work, ensuring health service users, their carers, and our staff will receive equal and fair treatment.

## **2. Bolton's health challenges**

Commissioning health services for Bolton presents particular challenges. Bolton is a very diverse borough, with a rich and exciting multicultural heritage. It has areas of high deprivation where health outcomes are relatively poor, and areas of affluence where health outcomes are generally relatively good. There are also particular groups of people who have poorer health outcomes than the general population. For example:\*

- Bolton's registered population is currently around 296,800 people. Our population is increasing and ageing. This is in line with the national picture, but Bolton is ageing at a slightly slower rate;

- Bolton's BME population as recorded in the 2011 Census is 20.6%, which is a significant increase from 11.0% as recorded in the Census 2001. Our most significant BME groups are Indian (7.8%, an increase from 6.1% in 2001) and Pakistani (4.3%, an increase from 2.5% in 2001);
- Life expectancy in Bolton is lower than in England in general. There are also gaps in life expectancy between different the most deprived and most affluent areas in Bolton - the difference between the most deprived and most affluent areas is 13.5 years for men and 11.3 years for women. However the difference between Bolton's life expectancy and the national figures has been slowly decreasing for the last three years
- There are some conditions that are more common here than nationally - including cardiovascular disease, respiratory disease, diabetes and alcohol related conditions.
- In the 2011 census, 20% of adults declared a long term illness, health problem or disability (as opposed to 16.2% nationally)
- There are an estimated 5,500 adults with learning disabilities in Bolton. People with learning disabilities experience significant health inequalities and difficulties accessing services.
- There are an estimated 3,026 people in Bolton who have dementia; this will rise as the number of people aged 85 years and over increases.
- At any one time there are around 24,000 people registered with depression in Bolton and there are likely to be people whose illness is not diagnosed. Depression is more common in the most deprived 20% of the local population, in the Pakistani population, and in the disabled and LGB populations
- The Census in 2011 showed there were 30,649 (11%) people who were looking after another person in Bolton, with almost half likely to be aged 45-64 years.
- In Bolton 17.1% of mothers are regular smokers at time their baby is born which is higher than the national average (12.7%);

\*Figures taken from 2011 Census figures and 2012 JSNA, and represent percentages of Bolton residents not the registered population

These are only some of the many challenges facing the CCG as a commissioner of health care in Bolton. For more socioeconomic information on the population of Bolton and the poorer health outcomes experienced by some groups see the Joint Strategic Needs Assessment [Bolton JSNA](#), Executive summary [Executive Summary of Bolton's JSNA](#) Bolton Health Profile [Bolton Health Profile](#)

## 3 About Bolton CCG

### 3.1 Who are we and what we are here to do?

NHS Bolton Clinical Commissioning Group (CCG) is a new NHS organisation, which was formed on 1<sup>st</sup> April 2013 when PCTs were abolished in England. CCGs took over some of the commissioning responsibilities from the former PCTs.

Bolton CCG buys, or commissions, health services for patients registered with Bolton GPs (which may include some non-Bolton residents) and patients in Bolton who are not registered with a GP. Bolton CCG exists to improve the health of its patients by commissioning high quality services, tailored specifically to meet the varied needs of the diverse local population. The CCG will commission services that deliver improved population health, best quality care, value for money and high levels of positive patient experience. We will do this through the effective delivery of our mission, our strategic objectives and priorities in accordance with our underlying corporate principles.

A link to our commissioning priorities can be found [here](#)

### **3.2 Vision: Where do we want to get to?**

The vision of the future in Bolton is to deliver integrated care across health and social care, with primary care based firmly at the heart. A key factor of this will be through the development and implementation of a strategy to better support people to remain in their own homes rather than face going into hospital; in whatever setting their home may be. To enable this vision to become a reality, a shift of resources from in hospital care to community and primary care settings needs to occur. Our EDHR strategy will help ensure that this vision is realised for all our diverse communities.

## **4. Legal context**

We are committed to ensuring fair access to healthcare for all our residents, and to reducing the barriers and disadvantages and improving the poorer health outcomes experienced by particular vulnerable groups. This commitment includes meeting the requirements of the **Equality Act (2010)**, the UK's discrimination law, which protects individuals from unfair treatment and promotes a fairer and more equal society. It also includes meeting the requirements of the **Public Sector Equality Duty (PSED)**, the **NHS Constitution** and the **1998 Human Rights Act**

### **4.1 The Equality Act 2010**

The Act came into force in October 2010 and replaced a range of anti-discriminatory laws with a single Act. It affords protection from unfavourable treatment where this relates to one or more protected characteristics, which are:

- Age
- Disability
- Gender
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or Belief – this includes lack of belief
- Sexual orientation

In Bolton we also consider the needs of other “inclusion health groups” such as carers and homeless people when making commissioning decisions

## **4.2 Public Sector Equality Duty**

The Act includes specific provisions which apply to public bodies, including Bolton CCG. Known as the public sector Equality Duty, it requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees.

**4.2.1 The Public Sector Equality Duty** supports good decision making – it encourages public bodies to understand how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and pay due regard to the different needs of different people. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies can be more efficient and effective. The Equality Duty therefore helps public bodies to deliver the Government's overall objectives for public services.

**4.2.2 The General Duty** of the Public Sector Equality Duty requires public bodies to have due regard to the need to

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

**4.3 The Equality Duty is supported by Specific Duties** which came into force on the 10th September 2011. The Specific Duties require us to publish relevant, proportionate information demonstrating our compliance with the Equality Duty (Annual Equality Data Publication) and specific, measurable equality objectives.

**4.3.1 The published Annual Equality Data Publication** must include:

- equality information relating to our workforce who share protected characteristics (see 4.3.2 below)
- Equality information relating to the people who live in Bolton and access the services we commission.

### **4.3.2 Our Equality Objectives**

We have now developed our equality objectives for 2013-2017. The views, observations and comments of patients, carers and members of the public have been used to develop the objectives; we gathered these views from our processes of engagement since April 2013, through outreach, the ETAG group and its views, surveys and a public Equality Event in September.

The objectives link to our strategic aims and key priority themes, which have clear focus for improving the health for all residents of Bolton and to improving quality, access, experience and outcomes for those with the poorest health.

Bolton CCG's Equality Objectives for the next 4 years are:-

1. Engage with local vulnerable groups to identify barriers to accessing services and to ensure their voices are heard in commissioning decisions
2. Ensure meaningful equality information is collected, collated and analysed
3. Ensure that the Board understands its EDHR responsibilities and fulfils them
4. Commission a transformed health service that brings care into community settings and pays due regard to the needs of vulnerable groups as identified via engagement, service access and other data.

The objectives will ensure that we continue to listen to vulnerable and protected characteristic groups. We will be widening the pool of groups we listen to and we will be able to understand where inequalities or differences in patient experiences occur; we will feed the information into our decisions so we can commission the right services to improve the health outcomes of vulnerable groups.

We will publish a plan to show how we will meet these objectives on our website, and it will be reviewed annually to show the progress we are making

#### **4.4 NHS Constitution**

The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.

Equality, diversity and human rights run through the principles of the constitution, promising a comprehensive service to all, recognising diversity and promoting equality, respecting human rights and tackling health inequalities. Staff are also provided with the right to be treated fairly, equally and free from discrimination.

**4.5 The Human Rights Act 1998** provides the legal framework to ensure that everyone has the right to not be unlawfully discriminated against and to be treated with dignity and respect.

More information on the Human Rights Act can be seen [here](#)

#### **4.6 Contracts**

As the commissioner of health services in Bolton, we will be able to drive achievement of our EDHR objectives through commissioning contracts. We also have a duty to ensure that all local healthcare providers are meeting these statutory duties. As well as regular monitoring of performance, patient experience and service access, we will work with service providers to analyse their progress on equality objectives.

## 5. EDHR Aims

### 5.1 Aims

As an employer and commissioner of health care services, we recognise that different communities have different health outcomes and that this is affected by a variety of factors. Our foremost aim is to promote equality of access to healthcare services and help to close the gap in these health inequalities.

### 5.2 How we will measure our progress

Equality will be embedded into our strategies and plans, policies and procedures, systems and processes in the following ways:-

<b>Governance process</b>	<b>Outcome</b>	<b>CCG Assurance</b>
EDHR Action Plan	We can evidence how we are meeting 4 Equality Objectives and our EDS2 annual Outcomes when agreed. Annual review of Action Plan.	Exec
Equality Analysis scrutiny of key changes	Protected groups have a voice to help shape commissioned services from earliest stages via the ETAG	EDHR steering group
Equality risk management	Staff use the corporate risk management procedure to identify and manage EDHR risks from earliest stages to reach agreed solutions	Exec
EDHR training for CCG staff, Board and support staff	Informed, aware staff and Board understand their own EDHR responsibilities, make accountable and transparent EDHR decisions with robust assurances to CCG and possess the requisite skills and knowledge to mainstream EDHR into their work and everything the CCG does.	EDHR steering group
Equality Delivery System 2	CCG will gather evidence to show how its services reduce health inequalities for particular protected characteristic groups and hold an annual public grading by trained volunteers from local communities of interest. The results of the grading will be published onto website annually.	EDHR steering group
Disaggregated complaints, PALS and patient experience surveys	Board will receive regular disaggregated internal and provider reports on its own activities and the services it commissions to understand and address the differential experiences of different protected characteristic groups.	Quality & Safety Committee
EDHR Schedule in contracts	Schedule is embedded into all main provider contracts. CCG will scrutinise evidence and undertake a quality assurance check on evidence and provider website for legal compliance with PSED.	EDHR steering group
Contract monitoring	Contracts support achievement of our equality	EDHR



	objectives, include equality monitoring to ensure equal access to services Service access is monitored by protected characteristics to ensure there is no issue with access among protected groups Patient satisfaction is monitored by protected groups to check that all groups are happy with our services	steering group  Quality & Performance Group
Equality and human rights embedded into the Commissioning Cycle	Service changes, service specifications and contracts take into account the needs of protected characteristic groups and other vulnerable groups in the way services are commissioned	Board
Bolton JSNA	Services are commissioned with due regard to the needs of each of the 9 local protected groups based on inequalities identified in the JSNA. These health needs assessments form a key part of the evidence base on which our commissioning decisions are made.	Board
Discrimination and hate crime reporting	CCG and provider partners can recognise and report any potential discrimination or Hate Crime incidents plus support alleged victims..	Board
Strategic decisions based on information in Board Papers	Equality Analysis takes place during the commissioning process and assures Board that due regard has been paid to the needs of protected groups Strategic Plans and prioritisation decisions are always assessed for potential impacts on people from protected groups to ensure that decisions are fair	Board
Bi-monthly report on EDHR outcomes achieved	Accountable evidence of progress as a “you said, we did” approach to inclusion for marginalised or vulnerable communities	EDHR steering group
Consultations with protected groups	Patient Engagement Leads work closely with Commissioners to achieve evidence of improved outcomes for vulnerable people into commissioning service specifications.	EDHR steering group
Consultations with protected groups	Scrutiny of Equality Analysis via the ETAG, involving appropriate consultations, on a regular basis.	EDHR steering group

## 6. Public and Patient Communication and Engagement

We have a Communication and Engagement Strategy 2013-15 for patient and public engagement in respect to our commissioning duties, taking account of the needs of our diverse communities and people from protected groups.

**6.2.1 As part of the strategy we have developed structures** to engage with our communities, and use methods and engagement tools tailored to target audiences. We will actively engage with patients from local equality and diversity groups, giving them a voice to scrutinise for any adverse impacts for protected groups, arising from key changes to service delivery. One way we achieve this is through our equality target action group (ETAG) network and via community networks.

**6.2.2 The ETAG Network** is facilitated by Bolton Council for Voluntary Services on behalf of the CCG. It is made up of a diverse range of people from different backgrounds: age, carers, disability, gender re-assignment, men and women, race, religion/belief and sexual orientation. It is a way for individuals, groups and organisations to inform and guide equality and diversity within the services we commission and also to feed back information and good practice to the wider community and other partner agencies.

### **6.3 Equality, Diversity and Human Rights for our Staff**

Internally we will ensure a culture, policies and procedures that not only protect a diverse workforce but also value the richness that diversity brings amongst our patients and staff. We will engage with our staff and staff-side colleagues and ensure our governing body and staff are equality and diversity competent. Through a regular staff survey we will review our progress and map actions to continuously improve.

## **7 Equality Delivery System 2 (EDS2)**

The EDS was designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS is all about making positive differences to healthy living and working lives so that everyone counts.

The EDS2 equality and human rights performance framework was introduced in November 2013, and is intended to allow NHS organisations a degree of local flexibility in the ways they show evidence of their equality performance and identify equality objectives and actions.

It can help make a real difference for patients, carers and staff by showing transparent evidence to answer the question: **how well do people from protected groups fare compared to people overall?** This information can then be used to improve our ways of working and to improve health outcomes for vulnerable patients.



NHS EDS2-Goals and Outcomes.pdf

The goals and outcomes of EDS2 are shown here

Bolton CCG senior leadership team will embed EDS2 into its ways of working. It will ensure that

- Interested stakeholders from vulnerable local protected groups, Inclusion Health group and other representatives are invited to take part in our training for volunteers and the annual public grading of evidence
- CCG staff and the ETAG will agree EDS2 Outcomes (less than all 18) to be considered in 2014/15 and agree which services these will focus on and for which vulnerable groups; they will also agree an action plan to gather evidence for the set goals. Other outcomes and protected characteristic groups will be considered in 2015/16 and 2016/17
- An internal self assessment of evidence will also be carried out by CCG staff and the CCG's EDHR Lead in advance of the annual public grading of evidence.
- The external public grading result will be approved by CCG governing body and then displayed on our website as a public dashboard.
- CCG will use the EDS Goals and Outcomes to help us celebrate our achievements for inclusion with local vulnerable groups, as well as focusing on specific service challenges, leading to service improvements.

## **8. Accountability and Leadership**

**8.1 The Governing Body** will monitor progress on our Public Sector Equality Duties through regular reports and exception monitoring and by ensuring that the CCG publishes annual reports that demonstrate both compliance with the Public Sector Equality Duty and progress on the equality objectives laid out in this document. Members of the Governing Body will be supported in this role through leadership training. The CCG's Chief Officer will be ultimately responsible for this Equality Strategy.

**8.3** The CCGs equality, diversity and human rights work will be driven by a steering group, chaired by the Governing Body's Equality Champion. This steering group will be responsible to the Governing Body for ensuring that equality, diversity and human rights are incorporated into all aspects of our work. It will ensure that The CCG works collaboratively with other equality practitioners across Bolton and with service providers to ensure a cohesive and holistic approach to EDHR.

## **9 Monitoring and Reporting**

The EDHR Steering Group will meet at least 6 times per year, and will

- plan, oversee and monitor CCG actions to ensure compliance with the Public Sector Equality Duty
- plan, oversee and monitor CCG actions to ensure improvements in EDHR performance through implementation of EDS
- receive and review updates from provider organisations.
- monitor performance against CCG equality targets and progress against the EDS outcomes
- report formally on a quarterly basis to the CCG Executive.