

**Gloucestershire Clinical Commissioning Group**  
**Strategy for Promoting Equality and Valuing Diversity**  
**2015 - 2018**



*A strategy for promoting equality*

**Strategy for Promoting Equality and Valuing Diversity**  
**2015 – 2018**

# Contents

1.	Introduction	2
2.	Equality objectives	3
3.	Equality in engagement - 'Our open culture'	4
4.	Equality in commissioning	4
5.	Equality in locality development	6
6.	Equality in procurement	6
7.	Equality in primary care	7
8.	Our duty as an employer	8
9.	Monitoring and evaluation	8

# Appendices

Appendix 1: Equality Action Plan

Appendix 2: Our legal obligations in relation to Equality, Diversity and Human Rights

Appendix 3: The NHS Equality Delivery System 2 (EDS2)

Appendix 4: Feedback summary

## **1. Introduction**

- 1.1 NHS Gloucestershire Clinical Commissioning Group (GCCG) is responsible for planning and buying (commissioning) health services to meet the needs of local people. We are a membership organisation of all local GP practices from across seven localities of Gloucestershire. We bring our clinical knowledge of patient care to look at how services are planned and how the patient's journey through care can be improved.
- 1.2 Our mission is to “commission excellent and modern health services on behalf of the NHS for all people in Gloucestershire through effective clinical leadership, with particular focus on patient safety and continuous improvements in the patient experience”.
- 1.3 Our Constitution includes a commitment to “focus on clinical benefit and health outcomes” and sets out how we will fulfil our statutory duties under the Public Sector Equality Duty.
- 1.4 This strategy is for all staff of the GCCG. It is our expectation that all staff will take responsibility for promoting equality; commissioning accessible services that respond to the diverse needs of communities in Gloucestershire. The strategy also establishes our commitment as an employer; to ensure staff have equal access to career opportunities and receive fair treatment in the workplace.
- 1.5 In the context of this strategy, the following definitions apply:
  - Equality is ensuring individuals, or groups of individuals, are treated fairly and provided with equity of access and opportunity.
  - Diversity aims to recognise, respect and value people's differences, creating an environment or culture where everyone can participate and thrive.
  - Health inequalities are differences between people or groups due to social, geographical, biological or other factors, resulting in them experiencing poorer health and/or shorter lives.

- 1.6 The Integrated Governance and Quality Committee is responsible for overseeing equality and diversity compliance within GCCG and throughout its work. To provide the committee with the assurances it needs to discharge these responsibilities, an Equality and Health Inequalities Working Group<sup>1</sup> has been established.
- 1.7 GCCG is committed to upholding the NHS Constitution and, specifically in relation to equality, diversity and human rights, the principle which requires us to provide “a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity or marital or civil partnership status”.
- 1.8 We recognise that Gloucestershire has a diverse population and that individuals may have multiple identities which can cut across more than one protected characteristic; e.g. we all have an age and a racial identity. Some of our characteristics may change over the course of our lives, e.g. we may acquire a disability, some of us may change our religion.
- 1.9 In light of this, GCCG is committed to understanding the needs of our diverse community and our aim is to treat everyone as an individual, with dignity and respect, in accordance with their human rights.

## **2. Equality Objectives**

- 2.1 This strategy sets out how we will ensure that promoting equality and valuing diversity is embedded in the planning, commissioning and delivery of local health services. It also recognises our commitment to, and legal obligations under, the Equality Act 2010 and Public Sector Equality Duty; Health and Social Care Act 2012; Human Rights Act 1998 and the FREDA<sup>2</sup> principles; Convention on the Rights of the Child; NHS Constitution and NHS Workforce Equality Standard (a synopsis and references for further reading on each of these is included in Appendix 2).

---

<sup>1</sup> Further information on the role of this group is included in Section 9: Monitoring and Evaluation. The Terms of Reference are available at <http://www.gloucestershireccg.nhs.uk/about-us/equality-diversity/>

<sup>2</sup> FREDA - There are five principles of human rights which are: fairness, respect, equality, dignity and autonomy, called the FREDA principles, which also form part of the NHS Constitution.

2.2 We are keen to build upon the work that has already been undertaken since GCCG was established in 2013. GCCG has adopted the following Equality Objectives:

- To develop a fresh strategy and action plan for promoting equality, diversity, human rights, inclusion and reduction in health inequalities including the implementation of the revised Equality Delivery System (EDS2).
- To increase awareness of the importance of promoting equality/ reducing health inequalities agenda within the CCG and across member practices.
- To improve quality of, and accessibility to, the demographic profile of Gloucestershire by protected characteristics and identify variations in health needs to enable staff to undertake meaningful equality impact analysis on the work as it develops.
- Support staff to put equality/reduction in health inequalities at the heart of the commissioning cycle.

2.3 An action plan, included as Appendix 1, sets out how GCCG will ensure that these objectives are met.

### **3. Equality in engagement - 'Our open culture'**

3.1 Our aim is to ensure that 'quiet voices' are heard and that we are recognised as 'commissioners on the ground'. 'Our Open Culture' – a strategy for engagement and experience, promotes 'Equality' and working in 'Partnership' and the desire to enable 'Anyone and Everyone' to have a voice. It sets out how, as a CCG, we ensure engagement activity is embedded in the culture of our organisation.

3.2 The work of GCCG is underpinned by listening to the voices of patients, carers, the public and staff, to ensure that we develop inclusive services that meet the needs of our local population. This includes working with partner organisations across health and social care to establish a better understanding of the diversity across the county.

3.3 Good patient and public engagement is vital in providing insight into the needs of our local communities<sup>3</sup>, fostering good relationships and reducing discrimination and health inequalities. The intelligence we gather through inclusive engagement activity informs our commissioning, locality work and procurement.

#### **4. Equality in commissioning**

4.1 We have adopted an integrated and holistic approach to understanding the health care needs of Gloucestershire's population, commissioning services to meet these needs. We have developed a strong clinical and multi-professional focus with significant member engagement and meaningful involvement of patients, carers, staff and the public in all our work. Health outcomes and patient experience are therefore key considerations in all our commissioning decisions.

4.2 Reducing health inequalities is viewed as a key factor in all our decision-making, with particular regard to the nine protected characteristics as outlined in the Equality Act 2010: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. Our aim is to include equalities considerations as an integral part of commissioning business and not as an after-thought.

4.3 Partnership working with colleagues in Public Health, Gloucestershire County Council, the Health and Wellbeing Board, and other statutory/non-statutory bodies will increase our understanding of the needs and diversity of our local communities. Our commissioning is informed by the Joint Strategic Needs Assessment<sup>4</sup> (JSNA) for Gloucestershire and other relevant research and policy. The Health and Wellbeing

---

<sup>3</sup> Our local communities include groups of people who share a common interest, geographical location, one or more protected characteristic, or who have traditionally been referred to as "seldom heard". A fuller explanation is included in *Our open culture* <http://www.gloucestershireccg.nhs.uk/feedback/gccg-engagement-and-experience-strategy/>

<sup>4</sup> The Joint Strategic Needs Assessment (JSNA) is a strategic planning tool which brings together the latest information on the health and wellbeing of people who live in Gloucestershire and people who use Gloucestershire public services. Further information is available at <http://jsna.gloucestershire.gov.uk/Pages/home.aspx>

Strategy<sup>5</sup> and Health Inequalities Plan (currently being developed by Public Health) will underpin our service development and design.

4.4 GCCG has adopted a Clinical Programme approach to developing and improving health and care services across Gloucestershire. This approach brings together:

- clinical input from across primary, community and secondary care;
- information and statistics from local needs assessments;
- insight from patient experience and engagement;
- and service specific /financial data

to provide a clear picture of the current situation and projections of future need, ensuring that we develop, deliver and maintain robust health care services.

4.5 An Equality Impact Assessment (EIA) is undertaken to assess the impact of service review, design and delivery and ensure our services are non-discriminatory. The EIA also identifies particular communities who may be disadvantaged by any proposals for change and allows us to target our engagement activity, support and information to help mitigate against this risk. Our governance arrangements ensure that an EIA is integral to our service review and project management procedures.

4.6 We work with provider organisations to ensure that access to health services is equitable across Gloucestershire. Contracting arrangements enable us to ensure that, as a health community, we are working together to reduce health inequalities in the county.

4.7 We work with voluntary and community sector (VCS) organisations, in particular network organisations such as the VCS Alliance and Healthwatch Gloucestershire, to ensure that the assets and diversity of our communities informs local developments in services.

---

<sup>5</sup> An overview of the Gloucestershire Health & Wellbeing Strategy 2012 - 2032: Fit for the future is available at <http://www.gloucestershire.gov.uk/CHttpHandler.ashx?id=56736&p=0>. The Health Inequalities Plan is currently being developed by Public Health, Gloucestershire County Council.

## **5. Equality in Locality Development**

- 5.1 The county of Gloucestershire covers a diverse range of populations, from the very deprived to the very affluent, from people living in very rural areas to people living in one of two large urban areas where there are a significant number of immigrant populations. This leads to a countywide population with very different health and social care needs, spread over a large geographic area.
- 5.2 In recognition of the need to understand and represent these differences, GCCG has formed seven localities. The Locality Executive Group in each of these areas work to:
- Provide vital intelligence for GCCG on local health needs and the reality of services on the ground;
  - Lead local service developments, ensuring strong links with the local community; and
  - Support two way engagement – communicating with GP practices and ensuring practices input into the work of GCCG;
- 5.3 Each locality has an annual Development Plan which describes the specific health needs of their population and sets out how the Locality Executive Group will lead work to meet these needs and reduce variation in health outcomes compared with other localities in the county.

## **6. Equality in Procurement**

- 6.1 Our Procurement Strategy<sup>6</sup> sets out our commitment to the principles of public procurement, ensuring our procurement activities are transparent, equitable, and non-discriminatory.
- 6.2 Equality assessments form a key part of our evaluation and decision making processes throughout the procurement of services. Our specification and tender

---

<sup>6</sup> Our Procurement Strategy for the Purchase of Health Care Services and other relevant documentation, can be found on the GCCG website at <http://www.gloucestershireccg.nhs.uk/about-us/procurement/policy-and-document-library/>

documentation incorporate specific requirements relating to equality duties. The evaluation of all bids assesses the strategies and working practice that bidders have in place relating to these duties.

- 6.3 The NHS Standard Contract, which is applicable to all providers of NHS services, includes the requirement for providers to ensure their services are non-discriminatory. Under this Contract the Provider must comply with the obligations contained in the Equality Act 2010 the Human Rights Act 1998.
- 6.4 From April 2015, the Contract also requires providers to implement the Equality Delivery System 2 (EDS2) and Workforce Race Equality Standard (WRES).
- 6.5 Our quality and contracting teams ensure continuing compliance with specific equality duties throughout the lifetime of any contract awarded.

## **7. Equality in Primary Care**

- 7.1 NHS England has delegated authority to GCCG for the commissioning of GP primary care. Our role includes ensuring that GP primary care services for Gloucestershire improve health outcomes and take account of the diversity of our local communities. We will undertake a health needs assessment to help determine the GP primary care needs of the local population and inform our commissioning of future services.
- 7.2 Through our Primary Care Commissioning Committee, governance arrangements are in place to ensure that our community has access to high quality, effective and safe primary care services.
- 7.3 We will ensure that GP primary care services are fully accessible to all. Location, availability of services and quality of GP estates are central to fulfilling this requirement. GCCG will provide access to, and contract management of, a Translation and Interpretation Service for all of our local GP practices and support to ensure compliance with the requirements of the Accessible Information Standard, published in July 2015.

## **8. Equality in our workforce**

8.1 We respect and value the diversity of our workforce and are committed to:

- making best use of the range of talent and experience available within our workforce and potential workforce;
- supporting our workforce through learning and development, recruitment and succession planning;
- ensuring that our legal obligations are fulfilled.

8.2 As an employer, we will support our staff to undertake training and development to ensure that there is a high level of awareness of equality issues. Our mandatory training for all staff includes specific modules on equality and diversity. Our induction process underpins our zero tolerance of bullying and harassment.

8.3 We will adhere to equality principles across all the protected characteristics within the recruitment, retention, development and management of our workforce and take measures to ensure that any opportunity for discrimination is minimised. GCCG's employment policies contain an equality dimension throughout and core policy user guides provide specific advice for managers in relation to implementing the policies in a positive manner and line with discrimination law. GCCG is supported in monitoring and reporting compliance; ensuring policy and practice is up-to-date and applied without prejudice by our Commissioning Support HR and Equality/ Diversity Service.

8.4 Transparent and fair recruitment practice is key to GCCG's approach to managing employment opportunities and our Recruitment Policy and Temporary Promotion Policy provides guidance for managers with regards to overall process. GCCG is a Two Tick Disability Symbol User which means applicants with a disability are guaranteed an interview if they meet the minimum criteria for the post and are supported to attend interview and remain in work with the use of reasonable adjustments. All employment opportunities are advertised on the NHS Jobs website which facilitates an anonymised shortlisting process whilst actively and confidentially monitoring the diversity of our staff. Objective selection criteria are used to select staff and the decision-making process is recorded to demonstrate that appointments

are made on merit. GCCG adheres to the NHS Employment Check Standards, which ensures that appropriate checks are made prior to appointment and the information gathered is managed sensitively and in accordance with the Data Protection Act and Equality Act 2010.

- 8.5 We will comply with the legal requirements of the Workforce Race Equality Standard, initially seeking to improve the collection and understanding of the data in relation to our workforce. Systems are in place to monitor and report on compliance against the standard.
- 8.6 We will use the results of our annual staff survey to monitor equality issues, identify areas for action and evaluate the initiatives such as Time to Change and other support mechanisms available to our staff.

## **9. Monitoring and Evaluation**

- 9.1 The Integrated Governance and Quality Committee is responsible for overseeing equality and diversity compliance within GCCG and throughout its work. To provide the committee with the assurances it needs to discharge these responsibilities, an Equality and Health Inequalities Working Group has been established.
- 9.2 The purpose of the Equality and Health Inequalities Working Group is to ensure that GCCG is meeting its strategic objectives regarding avoidable health inequalities, diversity, human rights, and the establishment of a single equalities scheme. It will do so by actively promoting equality and supporting partnership working to reduce health inequalities across Gloucestershire.
- 9.3 GCCG will ensure that the equality performance of all providers is monitored alongside overall contract management. This will include implementation of contractual and legislative requirements such as EDS2, WRES and the Accessible Information Standard.

- 9.4 Our monitoring and evaluation work of both GCCG's equality performance, and that of our providers, will be informed by engagement with our local communities. Implementation of EDS2 will play an integral part in this work.
- 9.5 Every January, GCCG publishes an Annual Report which demonstrates how we fulfill our obligations under the Public Sector Equality Duty (PSED). This includes examples of good practice from across Gloucestershire.

Appendix 1: GCCG Equality Action Plan

Appendix 2: Our legal obligations in relation to Equality, Diversity and Human Rights

Appendix 3: NHS Equality Delivery System 2

Appendix 4: Feedback summary

Date approved: 22 October 2015, Integrated Governance and Quality Committee,  
Gloucestershire Clinical Commissioning Group  
(*tentative*) 26 November 2015, Governing Body, Gloucestershire  
Clinical Commissioning Group

Review Date: September 2017

Gloucestershire CCG Equality Objectives and Action Plan April 2015 – March 2018 (subject to annual review)

Action	Details	Outcome	GCCG Lead	Target completion date
<b>Objective 1 - To develop a fresh strategy and action plan for promoting equality, diversity, Human Rights, inclusion and reduction in health inequalities including the implementation of the revised Equality Delivery System.</b>				
i. Produce an equality strategy and action plan	To inform staff and local stakeholders of how the CCG will promote equality and value diversity.	<p>An agreed strategy and action plan will be published on the CCG website.</p> <p>The action plan will be subject to ongoing monitoring by the Integrated Governance and Quality Committee. A full review will be undertaken on an annual basis to ensure that the CCG is responsive to changes in:</p> <ul style="list-style-type: none"> <li>• relevant legislation; and</li> <li>• the changing needs of our local communities.</li> </ul>	Equality and Health Inequalities Working Group	November 2015

Action	Details	Outcome	GCCG Lead	Target completion date
ii. Formally adopt and implement EDS2 as a tool to monitor and audit our performance against equality objectives.	<p>Using the stepped approach outlined in the NHS England guidance (refer to Appendix 4), the CCG will undertake a full assessment and grading of its performance against the eighteen goals and outcomes of EDS2.</p> <p>Helps to meet our duties under the Public Sector Equality Duty and the NHS Constitution.</p> <p>Develop best practice by integrating equalities/health inequalities considerations in day to day business.</p>	<p>An initial assessment and grading of our performance against the goals and outcomes of EDS2 is completed.</p> <p>Key priorities for development in 2016/17 are identified.</p>	Senior Manager, Engagement & Inclusion	March 2016

Action	Details	Outcome	GCCG Lead	Target completion date
<b>Objective 2 – to increase awareness of the importance of promoting equality/reducing health inequalities within the CCG and across member practices</b>				
i. Ensure that consideration of equality and diversity is taken into account in our decision-making processes.	<p>Raise awareness with staff and member practices by delivering regular briefings/training and development sessions as required. Equality and diversity forms part of the mandatory training package.</p> <p>Supports integration of equalities and diversity into day to day business. Helps to meet legal and regulatory requirements.</p>	<p>Staff within GCCG and member practices become more aware of why equality in provision and health outcomes is important.</p> <p>Revision of GCCG Equality Impact Assessment process will include a number of staff briefing sessions.</p>	Senior Manager, Engagement & Inclusion	<p>Subject to annual review and informed by EDS2.</p> <p>March 2016</p>
ii. Ensure that staff use the GCCG Equality Impact Assessment (EIA) process as a planning tool and consider equalities and health inequalities issues at all stages of the commissioning cycle.	<p>A review of the EIA framework.</p> <p>Demonstrate legal compliance with the Public Sector Equality Duty and other regulatory requirements.</p> <p>Open and transparent decision-making meeting legal and regulatory requirements developing best practice and improving performance.</p>	GCCG carries out robust EIA and uses the information to support its decision-making.	Senior Manager, Engagement & Inclusion	Subject to annual review as part of Public Sector Equality Duty (PSED) reporting process.



Action	Details	Outcome	GCCG Lead	Target completion date
v. Compliance with Workforce Race Equality Standard (WRES)	<p>The WRES, introduced in April 2015, requires NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.</p> <p>Milestones for WRES reporting include:</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> July 2015 – Publication of data (as at 1<sup>st</sup> April 2015) including identification of essential shortcomings.</li> <li>• April 2016 – Baseline data for comparison with April 2015 should be completed including steps underway to address shortcomings in data, or significant gaps between treatment and experience of white and BME staff.</li> </ul>	<p>Submission and publication of data using WRES template.</p> <p>Submission of comparison data as at April 2016</p>	Equality and Health Inequalities Working Group	<p>July 2015</p> <p>April 2016</p>

Action	Details	Outcome	GCCG Lead	Target completion date
vi. Increase targeted engagement with local communities of interest.	<p>Explore new mechanisms to ensure good engagement with specific communities of interest, eg. localities, health conditions, or protected characteristics/vulnerable groups.</p> <p>This could include the active promotion of equality and health inequalities issues.</p> <p>It is envisaged that these concepts would be tested with stakeholders as part of the engagement and assessment process for implementation of EDS2.</p>	<p>Local engagement recognises and responds to the diversity of our communities of interest.</p> <p>Representatives from across our diverse communities contribute to the assessment process and development of an action plan for EDS2.</p>	Equality and Health Inequalities Working Group	July 2016

Action	Details	Outcome	GCCG Lead	Target completion date
<b>Objective 3 - To improve quality of and accessibility to demographic profile of Gloucestershire by protected characteristics and identify variations in health needs to enable staff to undertake meaningful equality impact analysis on the work as it develops.</b>				
i. Work in partnership to develop accessible information and resources on health outcomes for specific communities in Gloucestershire	<p>Better understanding of the health needs of different protected groups and subsequent development of services to meet these needs</p> <p>Information is available via the JSNA and Health Inequalities Plan, overseen by Public Health.</p> <p>Raise staff awareness of this information to ensure it supports commissioning decisions.</p>	<p>GCCG demonstrates a good understanding of the health needs of its population by different protected characteristics and vulnerable groups. We commission appropriate services, informed by local engagement.</p> <p>Clinical Programme Groups utilise needs assessments and local sources of information (e.g. JSNA) to inform service design. EIA demonstrate consideration of equality issues.</p>	Equality and Health Inequalities Working Group	Subject to annual review as part of PSED reporting process.
ii. Develop resources on specific health conditions and their incidence for different protected and vulnerable groups.	GCCG is working in partnership with others e.g. Public Health, to develop easy to access information and resources on health variations among specific communities in Gloucestershire	<p>Easy to access resources are readily available to inform day to day commissioning.</p> <p>Public Health is actively involved in all Clinical Programme Groups and provide condition specific needs assessments.</p>	Clinical Programme Leads	Examples of good practice will be included as part of PSED reporting process.

Action	Details	Outcome	GCCG Lead	Target completion date
<b>Objective 4 - Support staff to put equality/reduction in health inequalities at the heart of commissioning cycle.</b>				
i. Develop reporting processes to ensure provider organisations are compliant with equality duties.	<p>With effect from 2015/16 the NHS Standard Contract requires providers to</p> <ul style="list-style-type: none"> <li>• implement EDS2; and</li> <li>• implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.</li> </ul>	Processes in place to monitor compliance with equality duties for all providers	Senior Manager, Engagement & Inclusion	December 2015
ii. Raise staff awareness of how they can engage with disadvantaged and vulnerable groups to ensure their feedback informs decision-making.	<p>Supporting and developing staff skills and competencies to ensure that service developments and redesign are informed by a wide range of patient experiences.</p> <p>Continue to build a stakeholder map to ensure that GCCG is engaging across a broad range of communities.</p>	Staff and stakeholders have a clear understanding of how to engage with people from different protected/vulnerable/seldom heard groups and the CCG can demonstrate good engagement.	Associate Director, Patient Engagement & Experience	Examples of good practice will be included as part of PSED reporting process.

Action	Details	Outcome	GCCG Lead	Target completion date
iii. GCCG leadership promotes an open culture, demonstrating appropriate skills relating to equality and reduction in health inequalities.	Senior leaders routinely demonstrate their commitment to promoting equality and reducing health inequalities within and beyond GCCG.	<p>Papers that come before the Governing Body and other Committees identify equality-related risks and steps taken to mitigate against these.</p> <p>Review of the Equality Impact Assessment process.</p>	Equality and Health Inequalities Working Group	Examples of good practice will be included as part of PSED reporting process.

## **Appendix 2: Our legal obligations in relation to Equality, Diversity and Human Rights**

### **Equality Act 2010 and Public Sector Equality Duty**

The Equality Act 2010 brought together previous and separate pieces of anti-discrimination legislation into one Act of Parliament. The Act covers the following “protected characteristics”:

age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

It consists of a general duty and specific duties for public sector organisations. The Public Sector Equality Duty came into force in April 2011. It requires GCCG, in the exercise of its functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

As a public body GCCG must publish information to demonstrate how we fulfil these requirements.

Further information is available at: <https://www.gov.uk/government/publications/public-sector-equality-duty>

### **Equality Act 2010 and Our Staff**

The Equality and Human Rights Commission sets out guidance for employers on all areas of human resource management practice. ,

Further information is available at:

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/employing-people/guidance-employers>

## **CCG Safer Staff Recruitment**

The CCG's Recruitment and Selection Policy and Temporary Promotion Policy are available at:

[http://10.162.216.140/ConsultHR/Pages/A-Z\\_Core\\_Policies\\_and\\_User\\_Guides.aspx](http://10.162.216.140/ConsultHR/Pages/A-Z_Core_Policies_and_User_Guides.aspx)

More information on the Two Ticks Disability Symbol is available at:

<https://www.gov.uk/recruitment-disabled-people/encouraging-applications>

Information relating to the NHS Employment Check Standards can be found at:

<http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards>

## **GCCG as a MINDFUL EMPLOYER®**

GCCG has signed-up to the Charter for Employers who are Positive About Mental Health. This is a voluntary agreement seeking to support employers in working within the spirit of its positive approach. The Charter is one element of the MINDFUL EMPLOYER® initiative which is aimed at increasing awareness of mental health in the workplace and supporting businesses in recruiting and retaining staff.

Further information about the scheme is available at: <http://www.mindfulemployer.net/>

## **Reducing health inequalities – The Health and Social Care Act 2012**

The Health and Social Care Act 2012 enshrines in legislation for the first time, explicit duties on the Secretary of State for Health, NHS England and CCGs to have regards to the need to reduce health inequalities in the benefits which can be obtained from health services. The duty on the Secretary of State extends to functions in relation to both the NHS and public health. The duties on NHS England and CCGs incorporate both access to, and benefits from, healthcare services.

Clinically-led commissioning - the Act puts clinicians in charge of shaping services. A number of CCGs' key responsibilities are directly designed to help reduce health inequalities these include:

- **Promoting integration** - NHS England and CCGs are responsible for promoting better integration of health services with health, social care and other health-related services, where this would improve service quality or reduce inequalities.

- **Quality reward** - NHS England is able to reward CCGs for providing high quality services, for improving outcomes and reducing inequalities
- **No decision about me, without me** - NHS England and CCGs are required to involve the public in the planning of commissioning arrangements and proposals to change those arrangements and decisions affecting them. (adapted from DH factsheet C2 provides details regarding health inequalities and the Health and Social Care Act 2012)<sup>7</sup>
- **New innovative services** – the act enables providers, including the independent 3<sup>rd</sup> sector, to develop innovative services to tackle complex problems such as health inequalities

Further information is available in a series of fact sheets at:

<https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets>

### Human Rights Act

Public sector organisations also need to have due regard to the Human Right Act 1998 [HRA]. There are five principles of human rights which are: fairness, respect, equality, dignity and autonomy, called the FRED A principles which also form part of the NHS Constitution.

In commissioning and delivering services which are compatible with the HRA, the CCG commits to undertaking human rights based approach in line with PANEL principles: Participation, Accountability, Non-discrimination, Empowerment and Legality.

Further information is available at: <http://www.equalityhumanrights.com/your-rights/human-rights/what-are-human-rights/human-rights-act>

### The United Nations Convention on the Rights of the Child

The [United Nations Convention on the Rights of the Child](#) (commonly abbreviated as the CRC, CROC, or UNCRC) is a human rights treaty setting out the civil, political, economic, social, health and cultural rights of children. The Convention defines a child as any human being under the age of eighteen, unless the age of majority is reached earlier under a state's own domestic legislation.

Article 12 of the convention states that ‘parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child’.

Further information is available at: <http://www.unicef.org/crc/>

### **The NHS Constitution**

The NHS constitution revised in March 2012 contains seven principles that guide the NHS as well as a number of pledges for patients and the public. A number of these demonstrate the commitment of the NHS to the requirements of the Equality Act and the Human Rights Act.

The first of the seven principles requires that the NHS “provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity or marital or civil partnership status”.

There are also a number of rights contained in the constitution which underpin the NHS’s commitment to equality and human rights and which include:

- the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
- the right to be treated with dignity and respect, in accordance with your human rights.
- the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this
- 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
- 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.

Further information is available at:

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>

### **The NHS Constitution and Our Staff**

NHS staff have extensive legal rights, embodied in general employment and discrimination law. These are summarised in the Handbook to the NHS Constitution available at:

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/handbook-to-the-nhs-constitution.pdf>

In addition to these legal rights, there are a number of pledges within the NHS constitution, which the NHS is committed to achieve. The pledges can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/448466/NHS\\_Constitution\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_Constitution_WEB.pdf)

### **The NHS Equality Delivery System**

The Equality Delivery System is designed by NHS for the NHS. The main purpose of the Equality Delivery System v2(EDS2) is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. EDS2 provides a systematic way for the CCGs to show how it is doing against the four goals and outcomes (see Appendix 3).

The EDS2 eighteen outcomes are grouped under four goals:

Better health outcomes
Improved patient access and experience
A representative and supported workforce
Inclusive leadership

Essentially, there is just one factor for NHS organisations to focus on with the grading process. For most outcomes the key question is: how well do people from protected groups fare compared to people overall? There are four grades:

- **Undeveloped** if evidence shows that the majority of people in only two or less protected groups fare well.
- **Developing** if evidence shows that the majority of people in three to five protected groups fare well.
- **Achieving** if evidence show that the majority of people in six to eight protected groups fare well.
- **Excelling** if evidence shows that the majority of people in all nine protected groups fare well.

Further information is available at: <http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/>

### **Workforce Race Equality Standard**

Recent research has demonstrated that the treatment and experience of BME staff within the NHS is very significantly worse, on average, than that of NHS white staff. The publication of “*The Snowy White Peaks of the NHS*” (2014) demonstrated that BME staff were absent from the leadership of many organisations even where the workforce had substantial numbers of BME staff and where the organisation provided services to communities with large number of BME patients.

The report also summarised research over recent years showing that BME staff were treated less favourably by every measure, including promotion, grading, discipline, bullying, and access to non-mandatory training. It demonstrated that such evidence as exists showed little or no progress in recent years despite the growing number of BME staff employed as doctors, nurses and other staff.

During 2014, the Equality and Diversity Council (EDC) carefully considered the combined impact of available research and concluded that it was in the best interests of patients (as well as staff) that early and decisive steps be taken to remedy this inequity.

The challenge to ensure black and minority ethnic (BME) staff are treated fairly and their talents valued and developed is one that all NHS organisations need to meet because:

- Research shows that unfair treatment of BME staff adversely affects the care and treatment of all patients;

- Talent is being wasted through unfairness in the appointment, treatment and development of a large section of the NHS workforce;
- Precious resources are wasted through the impact of such treatment on the morale, discretionary effort, and other consequences of such treatment;
- Research shows that diverse teams and leaderships are more likely to show the innovation, and increase the organisational effectiveness, the NHS needs;
- Organisations whose leadership composition bears little relationship to that of the communities served will be less likely to deliver the patient focussed care that is needed.

In response to this challenge, the 2015/16 NHS Standard Contract includes a new Workforce Race Equality Standard (“the Standard”) which will require almost all NHS providers of NHS services (other than primary care) to start to address this issue. It states at Service Condition 13:

‘The Provider must implement EDS2; and implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing the Standard’.

The Care Quality Commission will also consider the Workforce Race Equality Standard in their assessments of how “well-led” NHS providers are from April 2016.

Further information is available at: <http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/>

### **Accessible Information Standard**

On 24 June 2015, the new ‘accessible information standard’ was approved by the Standardisation Committee for Care Information (SCCI). The standard is known officially as SCCI1605 Accessible Information.

An Information Standard is a formal guidance document which health and social care organisations must follow by law.

Organisations must follow the standard in full by 31.07.16.

The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

The accessible information standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

The accessible information standard also tells organisations how they should make sure that people get any support with communication that they need, for example support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

Further information is available at:

<http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>

## Equality Delivery System goals and outcomes (taken from NHS England – A refreshed Equality Delivery System for the NHS)

The goals and outcomes of EDS2		
Goal	Number	Description of outcome
Better Health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local population
	1.2	Individual people's 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
Improved patient access and 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

## The goals and outcomes of EDS2

	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	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 all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are 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
Inclusive leadership	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

## Feedback summary

GCCG staff and key stakeholders were provided with an opportunity to comment on the original draft of this Strategy and its Action Plan. This final version of the Strategy has benefitted in terms of content and structure as a result of the feedback received.

In total GCCG received 12 items of feedback. Responses have been received from: Healthwatch Gloucestershire, Gloucestershire County Council, Gloucestershire Care Services NHS Trust, 2gether NHS Foundation Trust and individual GCCG staff and community partners. Feedback was received in a range of formats. A template was sent out with the Strategy to facilitate feedback, although its use was optional. Some responses were received on the template, but some felt that it was too restrictive. Extracts from written feedback have not been used, as permission to do so has not been sought. Instead themes have been identified under two headings 'general' and 'specific'.

GCCG is grateful to all who took the time to read the draft Strategy and Action Plan and to visit the online resources. We appreciate your constructive comments which we believe have improved and enhanced this final draft.

<b>General themes, with GCCG response</b>	
<b>Themes from comments/questions received</b>	<b>GCCG response (where possible)</b>
<b>Overall</b>	
We think it is a very clear document that sets out aims and expectations very well. It will certainly help us when focussing on equality issues and objectives and inform our own action plans	
Document is welcomed as a formal commitment to promoting equality and valuing diversity.	
The strategy is clearly set out and the structure and sections make sense.	
Needs to be consistency – either GCCG or CCG.	We have updated the Strategy to use GCCG throughout.
Reads well. Could we have some examples to illustrate how GCCG is working with others to make a tangible difference?	We intend the Strategy to form part of a web-based resource. Examples of good practice will form part of this resource. Having these separately will ensure they are up-to-date and more easily accessible for future reference. We will also include examples as part of our annual reporting process, which is completed as part of the requirements of the Public Sector Equality Duty.
I am sure it meets all the requirements, but does it need a few real ambitions in terms of measurement and evidence	Over the coming months, GCCG will be using the Equality Delivery System 2 toolkit to assess our performance against the specified goals and outcomes. We envisage an action plan will be developed

	with our local partners/communities that will provide key focus for 2016/17.
Clarity around GCCG's intentions and actions to tackle health inequalities.	Gloucestershire County Council Public Health Department are currently leading the development of a Joint Health & Wellbeing Strategy Delivery Plan. We anticipate that this will set out countywide objectives for tackling health inequalities.
Should the reader assume that this document partly fulfils the CCG's formal E&D requirements?	Formal requirements under the Public Sector Equality Duty do not specify the need to have an Equality Strategy. However, we believe this Strategy is essential in providing guidance for our staff on this important agenda.
Much of the strategy, for understandable reasons, describes processes and mechanisms that promote equality etc, but they are essentially, inputs rather than results. It would be good if the strategy could identify core objectives for the first year.	The accompanying Action Plan sets out our specific goals for the coming months. The Action Plan will be reviewed and updated on an annual basis. The Annual Report, published in January each year, provides us with the opportunity to evaluate our work in respect to equality.
Can further thought be given to how the CCG will communicate progress on this outside the organisation?	This will be considered as part of the assessment and action plan for EDS2. In addition, the Action Plan includes a specific review of our web-based materials relating to equality.
Insufficient on what equitable services could look like – user engagement, design differentiation, resource implication etc – and on what place they would have in a wider strategy to help reduce health inequality.	We anticipate developing this work in response to the Joint Health & Wellbeing Strategy Delivery Plan. This will also inform our assessment and action plan for EDS2.
The Strategy sets the general direction of travel and promises the tools for GCCG staff to better understand and consider health inequalities. I think it could go further by saying how this will change or influence commissioning decisions.	It is difficult to include this level of detail in a three-year Strategy, without it becoming quickly out-of-date. We envisage that this information will feature in specific project/programme plans and be reported through the latest Annual Report.

<b>Specific comments, with GCCG response</b>	
<b>Comments received relating to specific sections of the Strategy</b>	<b>GCCG response (where possible)</b>
<b>Section 1</b>	
Suggest protected characteristics should be named somewhere in the document or in the appendices.	The protected characteristics were listed under the Equality Act 2010 information in Appendix 2. In addition, we have now incorporated them into section 4.2 of the main document.

Equality, diversity, health inequalities are terms that are capable of many meanings. A working definition of each in the context of this document would be helpful.	A definition of these terms, in the context of this Strategy, is now included in section 1.5 of the document.
Needs to be more explicit: does this include responsibility of GCCG staff to work with providers to ensure that equality and diversity is reflected and respected in care delivery.	Our Clinical Programme Group approach to commissioning and contract monitoring arrangements are some of the ways that GCCG staff work with providers to ensure services are equitable and reflect the diverse needs of our local communities.
Include some information here about responsibility for overseeing equality compliance.	GCCG governance arrangements for equality compliance are now included in section 1.6 of the document.
<b>Section 2</b>	
Can the lay reader assume that this document meets the legal obligations?	The audience for this document is GCCG staff and member practices. This document sets out our intentions and commitment to ensuring equality and recognising diversity. Our legal obligations are defined in the Public Sector Equality Duty and other legislation noted in Appendix 2.
Can you expand FREDA	An explanation has been included in Appendix 2
Equality objectives - complex verb structures dilute the impact of this document.	The Equality Objectives were set out as part of the authorisation process for GCCG in 2012. We recognise that they may not be accessible for the general public and will work to address this as part of our EDS2 and annual reporting process.
Reference to HRA could be strengthened by similar reference to CRC, embedding specific rights of the child into English law.	We have included reference to the United Nations Convention on the Rights of the Child – further information is also available in Appendix 2.
Insufficiently robust on the right of children and young people to be engaged and involved in all aspects of services that affect them	More detailed information is included in the GCCG Engagement and Experience Strategy. We have included information about the legal rights as noted above.
<b>Section 3</b>	
HWG ought to be mentioned as a partner in this section in the light of its specific statutory responsibilities	We have included reference to the role of Healthwatch Gloucestershire in the GCCG Engagement and Experience Strategy. We have also added them as a named partner under section 4.7.

“Good engagement” – what does this mean?	This refers to Patient and Public Engagement and is further explained in the GCCG Engagement and Experience Strategy.
<b>Section 4</b>	
Could this be more specific about where responsibilities lie for ensuring GCCG takes account of needs assessment, development of EIAs, etc	This is detailed in the terms of reference for specific Clinical Programme Groups. Our governance arrangements for GCCG projects and a work programme require evidence that the EIA has been completed.
At the moment there is a sense that the reader is assumed to know what equality in commissioning is and that they will agree that all the structures and processes that the CCG adopts will lead to equality. Is that a safe assumption?	Our Clinical Programme Group approach, project management toolkit and governance arrangements have clear procedures to ensure that equality has been given due consideration.
4.2 Could you include other non-statutory bodies here?	Updated to include in partnership working.
Some repetition became apparent in this section eg 4.2 echoes some of 2.2. Could there be a way at 2.2 of using the material in a way that means it doesn't then have to be repeated in the more detailed sections?	As detailed above section 2.2 has previously been agreed as part of the GCCG authorisation process. We feel that the current Equality Objectives need to be clearly set out in this document, but recognise that this may lead to some duplication of themes in the more specific sections of the Strategy.
4.3 “Partnership working...ensures we understand the needs and diversity of our local communities” – this is a bold statement. So we don't need an equalities strategy then?	This section has been changed to recognise our ambition to increase our understanding of the changing needs and diversity of our population.
4.4 - a case where there is an opportunity it slim down the paragraphs and take out extraneous material. Final sentence could perhaps end at "need".	We felt it was important to set out some context around the Clinical Programme approach. The wording of the final sentence has been amended.
4.5 A good point on mitigating the risk, this is what we have to keep doing and will never eliminate this, in my view.	
4.6 Need to specify this is about access to services	Section updated to reflect this point.
<b>Section 5</b>	
Local plans need to address health inequalities, not just meet its equality duties.	The Locality Executive Group in each area has reflected on health needs assessments provided by Public Health and where possible included work to address specific inequalities in their local plan.

What are the aspirations of each of the seven locality's development plans?	The Locality Development Plans have recently been approved and will be publicised on our website in the near future. They will also be shared with community partners in the respective localities.
<b>Section 6</b>	<b>No comments</b>
<b>Section 7</b>	
Need to be explicit that the CCG only has responsibility for commissioning GP primary care services.	This has been amended in the final version of the Strategy.
May be worth making it explicit that 'ensuring services are accessible' is about more than just information needs. It includes opening hours, premises, taking services to people and groups, and awareness raising (amongst other things!).	This has been amended in the final version of the Strategy.
<b>Section 8</b>	
The heading for this section isn't quite right – section doesn't flow well from the earlier sections.	Heading has been amended.
GCCG, as a public sector employer, will have made pledges, or be governed by certain legislation, relating to equality of opportunity – these are not detailed in this Strategy	Additional information has been included in the strategy, with links to supporting documentation
Inclusion of a separate WRES is good, but what about standards, plans and targets for Positive about Disability or LGBT, or young workers, or protecting older workers from age discrimination?	Further information has been included in this strategy. The WRES is specifically mentioned as it forms part of the NHS contractual requirements from April 2015.
Include more on recruitment here. Something about positive actions?	Additional information regarding GCCG recruitment has been included.
8.5 Not just monitor, but put a realistic action plan in place	Section updated to include this point.
<b>Section 9</b>	
We can only know if we are making a difference if we have trusted monitoring and audit processes in place.	EDS2 provides us with a nationally mandated self-assessment tool. We envisage a specific action plan will be developed following the completion of the self-assessment, which will be monitored by the Equalities and Health Inequalities Working Group.

9.4 Felt very vague. What would it mean?	The wording of 9.4 has been amended to reflect the important role of the implementation of EDS2. This work will be undertaken in partnership with our local communities, being mindful of the nine protected characteristics and locally identified health inequalities.
9.4 How will it be informed by engagement with our local communities?	
<b>Action Plan</b>	
Expand/explain acronyms	We have ensured that each acronym is given in full the first time it appears.
“Ongoing” as a target completion date isn’t good – needs to be more specific	We have reviewed the Action Plan and allocated specific target completion dates where practical to do so.
Objective 2: Will this action increase the number of contracts/services which have explicit requirements to address specific inequalities in identified groups/communities?	The Joint Health and Wellbeing Strategy Delivery Plan 2016 – 2019 (currently being developed) will inform commissioning organisations and enable us to consider specific requirements and gaps in service provision.
Objective 3: Perhaps need to be more explicit about how the information will inform commissioning. Reads as though commissioners will consider the information, but may not necessarily act on it	Difficult to capture this level of detail in an over-arching action plan. The EIA process ensures that equality issues are considered and where possible mitigated against. Specific project documentation will identify these issues and set out plans to address them.