

South Lincolnshire Clinical Commissioning Group

Equality and Diversity Strategy incorporating the Equality Delivery System

2012-2014

2013 Review

This Strategy sets out our values and commitments covering all protected groups under the Equality Act 2010.

Foreword

South Lincolnshire Clinical Commissioning Group is committed to developing an organisational culture that promotes equality and values diversity as well as ensuring that the organisation is equipped to meet its duties relating to equality and human rights as placed upon them by equality legislation. We therefore welcome the opportunity to publish our Equality and Diversity Strategy incorporating Equality Delivery System (EDS) Outcomes Framework (2012 – 2014) and within this we include our priorities and actions from our respective Single Equality Schemes and Equality Strategy.

It is our aim to ensure that we meet the requirements and ethos of all our duties relating to equality and human rights placed upon us by equality legislation; specifically the Equality Act 2010.

This framework sets out our long term commitment to equality, diversity, human rights and community cohesion and it will be monitored against robust evidence of compliance and regularly refreshed to ensure its relevance.

Over the past 12 months, the framework has been subject to consultation with our Equality and Human Rights Steering Group, Staff Networks, partners and stakeholders, clients and third sector voluntary and community groups. The framework will be published on our websites and opportunities have been organised for patients and the public to comment on and input into the framework.

By working together we can develop a meaningful framework that enables us to serve our diverse communities; to commission and develop relevant services that reflect the needs of our local populations and ensure that our entire staff feel supported and valued.

We look forward to the work ahead and meeting the challenges we have set ourselves in this framework.

Dr Miles Langdon
Chair

Contents

Glossary of terms	Page 4
Introduction	Page 5
Governance and Structure	Page 7
How the EDS works	Page 8
Key Objectives	Page 11
The Demographics of SLCCG	Page 13
South Lincolnshire CCG's mission	Page 14
Our Workforce	Page 17
Equality Impact Assessments	Page 18
Engagement Plan for the EDS	Page 20
Appendix 1 – Annual Improvement Plan	
Appendix 2 – Equality Impact Assessment Screening pro-forma	

Glossary of terms

BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
E and D	Equality and Diversity
EIA	Equality Impact Assessment
GP	General Practitioner
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian, Gay, Bisexual and Transgender
NHS	National Health Service
PALS	Patient Advice and Liaison Service
PPE	Patient and Public Engagement
QIPP	Quality, Innovation, Productivity and Prevention
SES	Single Equality Scheme
RAGP	Red, Amber, Green, Purple ratings
COPD	Chronic Obstructive Pulmonary Disease

Introduction

South Lincolnshire Clinical Commissioning Group is committed to promoting equality, valuing diversity and combating unfair treatment – improving patient experiences by achieving excellence.

We are committed to ensuring that current staff, potential staff and NHS service users will not be discriminated against on the grounds of social circumstances or background, gender and gender identity, race, age, disability, sexual orientation, religion, belief and non-belief.

As a commissioning organisation, we will work with staff, partners, providers, patients and communities to improve the health of our population and reduce health inequalities for South Lincolnshire.

In every corner of the CCG, we must strive for the ‘best care’ for patients and staff by achieving high quality for all and valuing difference.

One of our top priorities is to ensure we promote equality and value diversity in everything we do.

South Lincolnshire CCG is committed to ensuring that equality and inclusion is a central core to the organisation’s business planning, staff and workforce experience, service delivery and community and patient outcomes.

An important development for all public authorities, including clinical commissioning groups, is the implementation of the Equality Act 2010. This has now enabled Accountable Officers and Governing Bodies to review their delivery, future development and vision alongside legislation and quality services implemented through the guidance of equality duties. We must continue to value difference and promote equality, and ensure that all individuals, whether staff or patients, have a high quality caring experience of NHS services.

As public authorities, we have legal requirements under the Equality Act 2010 legislation to promote equality in the following areas:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (that is, male or female)
- Sexual orientation.

This strategy sets out how we meet those duties.

In 2011/13, NHS services developed and implemented the Government's White Paper 'Liberating the NHS' and we have ensured that through the Governing Body and the Quality and Patient Experience Committee, that we prioritised equality and diversity as part of the transition and implemented the changes while continuing to provide comprehensive services available to all in respect of gender, race, disability, age, sexual orientation, gender identity, religion, belief or social economic circumstances, pregnancy and maternity, marriage and civil partnership.

The Equality and Diversity Strategy, incorporating the new Equality Delivery System (EDS) for the NHS for 2011/14, goes a long way to ensure that South Lincolnshire CCG provides quality services and employment for all.

Equality and Diversity Governance and Structure

The South Lincolnshire CCG's Equality and Diversity Strategy has been developed to work to and support the new national Equality Delivery System (EDS) and the transition agenda.

The Equality and Diversity Strategy has been developed for compliance with the Equality Act 2010. The Quality and Patient Experience Committee meets bi-monthly to review and support the equality priorities, and reports directly to the Governing Body.

The initial agenda and Equality and Diversity priorities are focussing on the 'must do' requirements and business case for Equality and Diversity. The three key areas are:

- Legislation
- Workforce and employment
- Patient experience.

Equality, diversity and human rights remains a high core priority for new organisational development, NHS commissioning and service provision.

How the EDS works – system alignment

The NHS Operating Framework 2011/12 – advised the NHS as follows: “NHS organisations will need to comply with the public sector duty of the Equality Act 2010. The NHS Equality and Diversity Council has developed an Equality Delivery System to advise on how to maintain progress and demonstrate compliance with the Act.”

In the guidance issued to the NHS about the Outcomes Framework, the Department of Health advises that “in selecting outcomes and determining how they should be measured, active consideration has been given to how the indicators can be analysed by equalities and inequalities dimensions to support NHS action on reducing health inequalities. In addition to the legally protected characteristics, particular consideration has been given to socio-economic groups and area deprivation as these are key drivers of poor health outcomes.” (DH, 2010).

Lincolnshire Joint Health and Wellbeing Strategy – the 5 themes of the Strategy are built into the EDS outcomes and the CCG is continuing to use these themes, disaggregated by equality group wherever possible, as evidence of their performance. The five themes are as follows:

- Promoting healthier lifestyles
- Improving the health and wellbeing of older people in Lincolnshire
- Delivering high quality systematic care for major causes of ill health and disability
- Improving health and social outcomes and reducing inequalities for children
- Tackling the social determinants of health.

At the heart of the EDS is a set of nationally agreed objectives and outcomes. The objectives are common for both NHS commissioners and NHS providers. These are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels.

Against each objective are a set of outcomes. There are 18 outcomes in total across the four objectives (set out on next page).

South Lincolnshire CCG, the other three CCGs and the NHS provider organisations in Lincolnshire will work with local interest groups to analyse its performance against the outcomes. Local interests for the purposes of performance analysis comprise but are not restricted to:

- Patients/carers and those local groups who represent them
- Communities and the public in general
- NHS staff
- Voluntary and community organisations

- Healthwatch

We will work in partnership with these organisations and individuals to analyse and grade our performance and, as a result, will set a grade for each outcome as set out nationally.

There are four grades, and a related RAGP rating, to choose from:

- Excelling purple
- Achieving green
- Developing amber
- Underdeveloped red.

Our grades must reflect the extent to which, for protected groups:

- Good outcomes are delivered
- We meet the challenge under Quality, Innovation, Productivity and Prevention (QIPP)
- We meet our Equality Act duty, including the fostering of good relations
- We deliver our commitment under the NHS Constitution and
- We make effective use of evidence such as the Joint Strategic Needs Analysis (JSNA).

EDS Objectives and Outcomes

Objective	Narrative	Outcome
1. Better health outcomes for all	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, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services are discussed with patients and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured
		1.5 Public Health, vaccination and screening programmes reach and benefit all local communities and groups.
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable	2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments and choose their places of treatment
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their

	and used in order to improve patient experience	<p>privacy and dignity is prioritised</p> <p>2.4 Patients' and carers' complaints about services and subsequent claims for redress, should be handled respectfully and efficiently.</p>
3. Empowered, engaged and well-supported staff	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	<p>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</p> <p>3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally</p> <p>3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work so that services are commissioned or provided appropriately</p> <p>3.4 Staff are free from abuse, harassment, bullying, violence from patients, their relatives and colleagues, with redress being open and fair to all</p> <p>3.5 Flexible working options are made available to all staff, consistent with the needs of patients and the way that people lead their lives</p> <p>3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.</p>
4. Inclusive leadership at all levels	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	<p>4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond</p> <p>4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination</p> <p>4.3 The organisation uses the NHS Equality and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes.</p>

Key Objectives for South Lincolnshire Clinical Commissioning Group

The aim of the Equality and Diversity Strategy is to promote equality of opportunity and fair treatment for all staff, job applicants, patients, partners and any people with whom the CCG comes into contact during the course of its day to day business.

South Lincolnshire CCG will aim to make sure that no unlawful or unfair discrimination takes place on the grounds of gender, sexual orientation, religion or belief, race, ethnic or national origin, disability, gender identity or age.

To help achieve this aim, the CCG has a number of specific objectives:

1. Embed equality monitoring into provider contracts
2. Develop new patient participation groups and make use of existing ones in a coordinated way and support patient participation by equality area
3. Monitor complaints and comments to ensure that all sectors of the community have their say
4. Develop specific project work to address issues highlighted in the Joint Strategic Needs Assessment e.g. a project in Welland supporting older adults and in South Holland to work with new arrival communities
5. Support our staff by becoming a Mindful Employer and a Disability Symbol holder.

Information from the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy relevant to Protected Characteristics in the South Lincolnshire area

The JSNA and the JHWS for Lincolnshire were overarching needs assessments. A wide range of data and information has been reviewed to identify key issues for our population to be used in planning, commissioning and providing programmes and services to meet identified needs.

By 2033, all age groups are projected to grow with the largest increase in the group aged 75 and over. This age group is projected to more than double its size (109%) between 2008 and 2033.

Estimates of people from non-white and/or non-British backgrounds show that the numbers have doubled from 3% to 6%.

Female life expectancy is 82 years which is comparable to the average female life expectancy across England. Male life expectancy is 78.3 years which is again comparable to the national average.

Disability-free life expectancy* varies between districts with the largest gap being seen within South Kesteven (a gap of 7.3 years across the district) compared to South Holland with a gap of 4 years.

South Kesteven has the second highest prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Lincolnshire but the lowest rate of deaths caused by COPD.

The highest rate of Excess Winter Deaths** in Lincolnshire was in South Holland.

Welland tends to lose many of its young people, especially of college age, when they move away for education and employment purposes and do not necessarily return.

* Disability-free life expectancy means the length of time one can expect to live without a long-term condition that has an adverse effect on one's ability to carry out day-to-day activities.

** Information on excess winter deaths is important in tackling certain premature deaths, in supporting energy efficient intervention in housing and also in encouraging fuel poverty referral.

The Demographics of South Lincolnshire CCG

South Holland Locality



South Holland Locality covers an area to the South East of Lincolnshire (highlighted on the map) which includes the towns of Holbeach and Spalding. It represents eight General Practices. The CCG has approximately 74,000 people registered with a local GP.

Welland Locality



Welland Locality covers an area to the South of Lincolnshire (highlighted on the map) which includes the towns of Bourne and Market Deeping. It represents seven General Practices. The CCG has approximately 81,000 people registered with a local GP.

South Lincolnshire CCG's Mission

Working in partnership with others we will make the most effective use of the resources we have available to achieve the best health outcomes for the people of South Lincolnshire

Vision

For the people of South Lincolnshire to live longer and healthier lives

Our Values and Behaviours

Aspiring and caring together

We will commission high quality healthcare for everyone across South Lincolnshire

- We commission excellent health services for everyone regardless of age, gender, race or social standing
- We work in partnership with others to maximise the levels of care we can offer patients for the resources available
- We ensure that we commission high quality and safe services for the population we serve

We will treat patients, the public, our staff and others with respect and dignity

- We treat everyone equally, recognising and valuing diversity

We will be honest and transparent

- We are open, honest and transparent about the decisions we make
- We explain and share our decisions with the people of South Lincolnshire

We will listen and learn

- We listen to patients, local people, health professionals and others
- We learn from people within and beyond the NHS to inform our decisions and strategic plans
- We are responsive to local needs and will ensure that “no decision is taken about me, without me”

We will promote a culture of excellence

- We will support our clinical leaders and staff to develop innovative approaches
- We are one team and will work together to achieve better care for all
- We will empower our staff, encouraging personal responsibility and a positive approach to improving health and wellbeing
- We recognise achievements and celebrate success

We will spend public money wisely, ensuring efficiency and value for money

- We continually strive to improve quality and efficiency

- We use money and resources responsibly, living within our allocated resources.

Aims

The aims of the CCG are:

1. To focus on making improvements in the health of the local population
 - a. work with others to address the public health challenges in Lincolnshire's Joint Strategic Needs Assessment
 - b. work with others to implement the Lincolnshire Joint Health & Wellbeing Strategy
2. To transform NHS services in South Lincolnshire to make them more local, more integrated and to deliver better outcomes for patients.
3. To focus on quality, clinical effectiveness, safety and improving patients' experiences.
4. To ensure efficiency and value for money and to live within our allocated budgets.

How this impacts on the EDS Outcomes Framework

To achieve the organisation's vision and our EDS outcomes, we need to:

- Discuss, listen to and respect people's views
- Treat the views of the public and our staff with respect and dignity
- Put the needs of the community first
- Be open, honest and accountable
- Value staff and the contribution they make
- Encourage excellence and innovation
- Achieve through partnership
- Celebrate success and learn from experience
- Be socially and environmentally responsible
- Celebrate diversity and value difference.

To achieve this, we will ensure that:

- Equality is evident in what we do and how we do it; and it matters to all our staff, contractors and partners – we have reviewed our contracts and require robust equality data from all provider organisations
- Our workforce is representative and reflective of the South Lincolnshire population – we are in the process of becoming disability symbol holders and Mindful Employers in order to attract a wide range of people for our workforce
- Commissioning is targeted where it is needed and how and for whom it is needed – we will be using equality data from the area and information from providers on uptake of services by Protected Characteristic to ensure that services are commissioned in the most

- appropriate way for all equality groups
- All diverse groups know what we do and how we do it, and can become involved in our work – we have held several sessions for stakeholder organisations, including third sector organisations representing people with protected characteristics to inform and involve them in the work we do
- The services commissioned and provided by us and on our behalf are of the highest quality and meet the needs of all groups in the community – we are reviewing our comments and complaints to ensure that all sectors of the community are having their say on whether services are suitable for them
- The evidence used to identify our EDS priorities is transparent and available to the public – we have a governance group that oversees the EDS made up of people representing the protected characteristics.

We aim to improve the health and wellbeing of all local people, and to actively work to reduce inequalities in health. We are responsible for the planning and commissioning of health services and must be responsive to the needs of local people to deliver this agenda. Our aims are to achieve health improvement across our local population and to ensure that everyone receives health and social care services on the basis of need.

Discrimination of any kind has a detrimental impact on the health of those being discriminated against. As an organisation, the key purpose of which is to help people to stay healthy, we have a moral obligation to ensure that in carrying out our responsibility and in doing it well, we do not inadvertently discriminate against any groups. Discrimination can be direct, for example, verbal racial abuse but it can also be indirect, for example, implementing policies and programmes that make it harder for certain groups to use our services. In any shape or form, discrimination is not acceptable – hence the need for a robust programme of Equality Impact Assessments.

There have been many national research programmes and projects which highlight the links between inequities in access to health care, health services, health related information and poor health. Inequalities between diverse groups and the rest of the population are clearly evident.

Tackling health inequalities is not merely about access to health services, although this is an important factor. As a commissioning organisation, we can begin to improve people's health by making sure that our population can access information to help make the best health choices and also access health services, without undue delay, that are sensitive to their individual needs. By undertaking work with our partners and stakeholders, we can work together to ensure that the South Lincolnshire area is a healthy place to live and work.

The way that health care is commissioned locally is changing, and we need to make sure that we, along with our service providers, are prepared for that change. If we are to seriously address health inequalities in South Lincolnshire, we must be able to specify and procure services that deliver the

best possible health and social care provision and outcomes within available resources.

Our Workforce

South Lincolnshire CCG is committed to being a good employer. As a good employer, we apply the same commitment to achieving equality and valuing diversity to our own staff:

- We will ensure that our employment policies and practices are delivered within a culture that recognises and values diversity
- Race, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex, sexual orientation, age and religion or belief will not be a barrier to employment, training, promotion or other opportunities or benefits of employment with South Lincolnshire CCG
- Our staff are not expected to tolerate any form of discrimination, whether direct or indirect, on the basis of race, disability, gender, sexual orientation, age or religion/belief. We will tackle such behaviour directly and support staff who are affected. Where staff experience discrimination from colleagues, this will be investigated and disciplinary action taken if appropriate. Discriminatory behaviour by members of the public may result in exclusion from services
- When we investigate incidents, grievances or disciplinary proceedings that relate to alleged discrimination, we will follow best practice and ensure that our staff are supported
- We will monitor our workforce to consider equality issues and to be a better employer. This will include being proactive about collecting and publishing data relevant to our equality duties.

We will ensure that we set realistic and achievable plans that meet these commitments and our legal duties relating to equality. Our performance against these plans will be published. Our aim is to ensure that the make up of our workforce reflects the diversity of South Lincolnshire. We recognise that, as an NHS organisation, a community leader and a highly visible employer, we should be a positive example of good practice to other employers in the area. We are therefore committed to taking positive steps to ensure that opportunities for employment are available to all without prejudice or discrimination.

It is in both our best interest and those who work for us, to ensure that the attributed, talents and skills available throughout the community are considered when employment opportunities arise. Assessment for recruitment, selection, appraisal, training and career progression purposes is based entirely on the individual's ability and suitability for the work.

We are not only committed to a robust equal opportunities policy in recruitment and selection but also to equal opportunities through training and development, appraisal and promotion through to retirement. In addition, our Dignity at Work policy aims to promote a working environment that is sympathetic to all employees and free from all unacceptable behaviour such

as discrimination, bullying, harassment and intimidation. This responsibility is shared by everyone in the organisation.

We will have family friendly working policies in place which provide all staff with the opportunity to request flexible working and we carry out staff surveys to keep up to date with staff opinions on a range of subjects including:

- Internal communications
- Staff welfare
- Work-life balance
- Learning culture
- Team-based working
- Recruitment and retention and
- Pay and benefits.

Equality Impact Assessments

South Lincolnshire CCG, like all public bodies, has a legal duty to show due regard to the promotion of equality and the elimination of discrimination. It is also required to foster positive relationships between different groups of people, eliminate harassment and involve people in decisions regarding their care and access to services.

Equity in the provision of services does not ensure equality of access or of outcome. For example, a person whose first language is not English may need interpreting services or information provided in a different language to have equal opportunity of accessing that service. Similarly, a person with a visual impairment may need information in a different format such as Braille or audio. Our buildings also need to be accessible to all. We need to consider how to target services at specific groups where there is evidence of differences in take-up. For example, men between the ages of 16-44 are 50% less likely to visit a GP than women and this can lead to late diagnosis.

An Equality Impact Assessment (EIA) is a method by which we seek to meet our legal requirement and to narrow health inequalities that exist between people of different ethnic backgrounds, people with disabilities, men and women (including transgendered people), people with different sexual orientations, people in different age groups and people with different religions or beliefs. We must screen all policies, strategies, services etc for their impact on people from each of these groups.

As a commissioning organisation, we must consider equality issues in any procurement process that we undertake, as the legal liability in relation to the equality duties usually remains with the public body that issues the contract.

Decisions about the potential impact on these groups must be evidence-based and proportionate. An EIA should not be an add-on at the end of the process; it should inform and strengthen that process. The EIA process should start at the screening stage and, if it shows that there is no significant differential impact on any of the above groups, then we only need to publish

that decision as the first part of the EIA. If, however, the potential for a significant impact is identified (negative or positive), then we need to carry out and publish a full EIA.

We will strengthen our EIA process to ensure that it is compliant with and relevant to all protected groups under the Equality Act 2010 and ensure that it is embedded in the organisation and used to inform and strengthen our policies, strategies and service developments.

A pro-forma for EIA screening is appended at the end of this document.

How we engaged for the EDS plan

The Equality and Diversity Strategy has been produced by the Equality and Human Rights Lead. There is a Governance Group which takes responsibility for implementing and evaluating the EDS, which includes representatives from staff networks, commissioning and provider organisations, patients and carers and representation from the Healthwatch. This is a county-wide group, led by the NHS organisations in Lincolnshire.

The EDS has identified the process by which South Lincolnshire CCG will involve marginalised/seldom heard groups in the commissioning of service provision and how we will monitor providers of health services.

There has been a communications and engagement exercise on the EDS following COMPACT guidelines (minimum period for a consultation). It also reflected section 242 of the consolidated NHS Act 2006, which means engaging and involving people:

- Not just when a major change is proposed but in ongoing service planning
- Not just in the consideration of a proposal, but in the development of that proposal
- In decisions about general service delivery, not just major changes.

South Lincolnshire CCG has developed within its ethos and as part of the Communications and Engagement Strategy, the commitment to ensure that patient and public engagement informs decision-making throughout the organisation using a number of innovative methods, such as targeted engagement research.

All our research uses a broad representative of our local population taking into account ethnicity, gender, age, disability, faith, LGBT and social demographics and, in many cases, targets specific groups and individuals who are “seldom heard” such as migrant workers and other marginalised communities covered by the EDS.

South Lincolnshire CCG has ensured that all our engagement activity has enabled patients, carers, members of the public and stakeholders to have their say to ensure that as many people as possible have the opportunity to influence decision-making.

The Engagement Team has worked with the Equality and Human Rights Lead in producing a consultation document on how South Lincolnshire CCG proposed to implement the local priorities of the EDS and has coordinated the consultation on our EDS and annual improvement plan. The communications function from the Greater East Midlands Commissioning Support Unit has publicised the EDS engagement.

We wished to find out from patients, the public and stakeholders, whether the draft EDS was robust and reflected both our statutory obligations and the aspirations and needs of local people. We needed to know the following:

- Does the EDS action plan cover all issues around the equalities agenda? If not, why not?
- Does the annual improvement plan reflect the EDS? If not, why not?
- Is there anything we have not covered in our local EDS and action plan?
- Any other comments.

A letter, with a link to the consultation document, was distributed to a number of stakeholders, patients and the public with the opportunity to request the document in other formats. The distribution list included:

- Just Lincolnshire
- Lincolnshire Deaf Association
- South Lincolnshire Blind Society
- Lincoln Inter-faith forum
- Lincolnshire Council of Churches
- Lincolnshire Association of People With Disabilities
- Pink Lincs
- Hedgerows
- South Holland Tenants Group
- Adults Supporting Adults
- Arthritis Care
- The Respite Association
- Home-start
- Headway Lincolnshire
- St Barnabas Hospice
- Rape Crisis Care Group
- Lincolnshire Autistic Society
- Citizen's Advice Bureau
- Spalding Learning Disabilities Group
- Holbeach Seniors Link
- Ataxia East
- The Lighthouse Community
- Alzheimer's Society
- Order of St John's Care Trust
- Addaction
- SENSE
- ARMA
- Stroke Association
- Age UK
- MacMillan
- Multiple Sclerosis Society
- Lincolnshire CVS

This list is not exhaustive.

As a result of the engagement process, we developed a public-facing Executive Summary document reflecting the major points in this Strategy

Appendix 1 – South Lincolnshire EDS Outcomes Framework Annual Improvement Plan 2012-2014

Narrative	RAGP	Outcome	Measures	Progress	Age	Disability	Sex	Gender Reassignment	Race	Religion	Sexual Orientation
1. Better health outcomes for all											
South Lincolnshire CCG will achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	<p style="text-align: center;">G</p> <p style="text-align: center;">G</p> <p style="text-align: center;">A</p>	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities	<p>The CCG is able to reference the links to public health (JSNA) and Health and Wellbeing agenda as part of the annual planning process for 2013-14</p> <p>The CCG has an Equality and Inclusion Strategy/Action Plan</p> <p>Collation of evidence that demonstrates what changes have been made as a result of involvement via CCG Equality and Diversity Strategy/Action Plans</p>	<p>The CCG has an action plan to address the needs highlighted by the JSNA in the South Lincolnshire area which includes engagement with the local population.</p> <p>Completed and reviewed</p> <p>A commitment to monitoring is one of the CCG's equality objectives</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>

	G		Able to demonstrate how the membership and governing body's engagement with the public is inclusive	<p>A PPI lay member has been appointed to the governing body.</p> <p>There is a PPG chairs group in place.</p> <p>A communications and engagement strategy is in place</p>	√	√	√	√	√	√	√
	A	1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Ensure equality monitoring is taking place and being used to plan and provide services	Monitoring of equality groups is one of our equality objectives for the coming year	√	√	√	√	√	√	√
	G	1.3 Changes across services are discussed with patients and transitions are made smoothly	Evidence of systematic and consistent approach to involvement and equality and human rights planned activity	<p>The EIA process is embedded into the planning process.</p> <p>A communications and engagement strategy is in place</p>	√	√	√	√	√	√	√
	A	1.4 The safety of patients is prioritised and assured	Evidence of equality of safety outcomes across equality target groups	There is an executive nurse in the CCG and also a Quality Committee, Provider quality reviews and a complaints process	√	√	√	√	√	√	√

				Work to be carried out to improve access to health care for new arrival communities							
	G	1.5 Public Health, vaccination and screening programmes reach and benefit all local communities and groups	Evidence will show that the contribution of SLCCG will lead to a reduction or elimination in differences between health expectations and outcomes within local communities e.g. qualitative – Net Promoter, Real Time Patient Experience, NHS Choices/Patient Opinion, triangulated with quantitative results – PALS data, complaints etc.	The CCG will require assurance from Public Health and from the Health and Wellbeing Board. Performance monitoring data will come to the governing body. Work has been carried out to improve access to screening for new arrival communities	√	√	√	√	√	√	√

2. Improved patient access and experience

South Lincolnshire CCG will improve access and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	A	2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds	Evidence shows that the whole of the local community is equally able to access services and has the same quality of experience Performance data to be analysed by protected groups e.g. formal complaints, survey results made in respect of access and communication, dignity and respect with services etc.	Patient surveys, PALS data and complaints go to the Quality Committee and then to the Governing Body. The monitoring of performance data is one of our equality objectives for the coming year.	√	√	√		√		
	A	2.2. Patients are informed and supported so that they can understand their	Evidence shows that all sections of the local community are able to make informed choices and that	The CCG will use patient surveys, practice patient groups and statistics on the use of Choose and	√	√			√		

		diagnoses, consent to their treatments and choose their places of treatment	the benefits of this are being felt through improved outcomes	Book to monitor access to choice.								
	A	2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	Evidence shows that in all areas and services, patients across all communities report positive experiences of the NHS, where they feel listened to and respected and receive services tailored to their needs	The CCG will use patient surveys, practice patient groups and reports on patient opinion to monitor	√	√	√	√	√	√	√	√
	A	2.4 Patients and carers complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Evidence of a robust, inclusive and used complaints system	A complaints system will be purchased from the CSS provider of choice and will be monitored by the senior nurse and the quality committee.	√	√	√	√	√	√	√	√

3. Empowered, engaged and well-supported staff

South Lincolnshire CCG will 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	G	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	The workforce profile substantially matches the local demographic for all communities at all levels	A robust policy is in place and all appointing staff must attend recruitment training. Workforce reports are provided to the governing body on a quarterly basis.	√	√	√		√	√	√	
	G	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally	Be able to evidence that, through the collection and use of staff profiling data, that staff from protected groups have the same levels of pay as others doing the same job e.g. Agenda for Change	The CCG uses Agenda for Change to band posts and, for non A4C posts, uses national guidance	√	√	√		√	√	√	
	A	3.3 Through support, training, personal	All staff are trained in equality and diversity e.g. at	A competency framework for all staff, to include	√	√	√	√	√	√	√	√

		development and performance appraisal, staff are competent and confident to do their work so that services are commissioned appropriately	induction and at annual mandatory training	Equality and Diversity is being developed by GEM.							
	G	3.4 Staff are free from abuse, harassment, bullying and violence from patients, their relatives and colleagues, with redress being open and fair for all	Dignity at work policies and programme of work in place. Staff are aware of the reporting process and are confident to use it. Staff induction/training programme established	The IR1 process will be adopted and promoted by the CCG. There is a bullying and harassment policy and this is covered in induction and mandatory training.	√	√	√		√	√	√
	G	3.5 Flexible working options are made available to all staff, consistent with the needs of patients and the way that people lead their lives	Flexible working arrangements are reviewed as part of the workforce monitoring report	There is a robust flexible working policy and a home working policy is in development	√	√	√		√	√	√
	A	3.6 The workforce is supported to remain healthy, with a focus on addressing major lifestyle issues that affect individual staff and the wider population	Staff have access to Occupational Health and 'Flu vaccinations. The organisation is a Mindful Employer and a Disability Symbol holder	The CCG will buy in Occupational Health services. There is a stress at work policy. The CCG is in the process of adopting the Disability Symbol and Mindful Employer status	√	√	√	√	√	√	√

4. Inclusive Leadership at all levels

South Lincolnshire CCG ensures that equality is	A	4.1 The membership, governing body and senior leaders conduct	The Competency Framework is developed with leaders of all levels.	The local Competency Framework has been completed	√	√	√	√	√	√	√
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everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions		and plan their business so that equality is advanced, and good relations fostered, within their organisation and beyond	There is an robust, open and transparent approach to the agenda								
	A	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	The Equality and Diversity Competency Framework is developed with leaders at all levels. Managers are trained on how to assess competency on Equality and Diversity as part of the appraisal process	The competency framework will be used as part of the appraisal process	√	√	√	√	√	√	√
	G	4.3 The organisation uses the NHS Equality and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes	The Competency Framework is used to action plan	There is an equality champion on the governing body and the Executive Nurse will also take a lead in this area.							

Appendix 2 – Equality Impact Assessment Screening pro-forma

Stage one – Screening Tool

Name of the Activity/Project:

Name of Lead:

Date Screening Commenced:

1. Introduction

This screening document is the first stage in a two-stage process to take a systematic approach to assessing the impact of an activity on equality. An activity/project may mean a:

- policy or policy review,
- a business case
- a business plan
- a project initiation
- a decision to implement a service
- a decision to decommission a service.

The Screening should take approximately one hour maximum to complete.

2. Baseline Information

Please give a brief description and overview of the activity/project, including the following details as per the box below:

i)	Overview and description
ii)	Aims and objectives
ii)	Anticipated outcomes/benefits
iii)	Timescale for implementation

iv) Projected costs, expenditure and funding available

3. Groups Affected

Please identify the anticipated impact this activity/project will have on the following population groups.

- Tick the appropriate box and give explanation if so required
- Please note that there may be both benefits and adverse impact within the same group
- Any groups highlighted as likely to benefit or to be adversely affected, should be included in the engagement process of the second stage of the impact assessment.

Group	Likely to benefit	No Impact	Adverse impact
Children and younger people			
Older people			
People from BME groups (including New Arrivals and Gypsies and Travellers)			
People on low incomes			
Homeless People			
Specific employees			
Disabled People			
Carers			
Men/women			
Transgendered people			
Lesbian, gay or bisexual people			
Religious groups			
Other (please say which)			

Brief explanation of any adverse impact

4. Human Rights Impacts

To understand if there are any potential impacts or implications for Human Rights – the Human Rights Act guarantees certain rights to people; the rights detailed below are of particular relevance to the NHS.

- Please answer the following questions relating to your activity/project:

Question	Yes	No
Will it affect a person’s right to life?		
Will someone be deprived of their liberty or have their security threatened?		
Could this result in a person being treated in a degrading or inhumane manner?		
Is there a possibility that a person will be prevented from exercising their beliefs?		
Will anyone’s private and family life be interfered with?		

If the answer is “yes” to any of these questions, please consider how this activity/project can be amended to avoid impacting upon Human Rights and describe in the box below:

5. Summary & Report

Having completed all sections from 2 – 4, please consider the actions to be taken in light of the proposed activity/project to reduce any equality impacts.

Summary Evidence Report

6. Further Actions

If the impact assessment has highlighted any benefit or detriment to one of the groups named in section 3 or any human rights implications, please contact your Equality and Human Rights Lead to set in place a Stage 2 assessment.

7. Sign-off

From the information provided in this Screening document and consultation with the Equality and Human Rights Lead where appropriate, please state whether a stage 2 assessment is necessary:

Yes <i>Please make recommendations for Impact Assessment:</i>	No <i>Please indicate reasons</i>

Confirmation of Sign Off (Name)	Date Screening tool Returned to E and HR Lead
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Date published	Publishing methodology (e.g. website, annual report)
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