NHS
South Lincolnshire
Clinical Commissioning Group

Appendix 1

NHS South Lincolnshire Clinical Commissioning Group (CCG)

Equality Strategy 2019 – 2022

Outlining our strategic direction for Equality, Diversity, and Human Rights (EDHR)

OPTUM™

Terminology

Diversity	Diversity is the recognition and valuing of difference in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation, its workforce and the individual, including patients
Equality	Equality is not about treating everyone the same it is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination based on particular protected characteristics.
Equality Impact Assessment (EIA)	An equality impact assessment (EIA) is the process of applying a designed set of questions in order to ensure that a policy, product or service does not discriminate against patients and service users with protected characteristics.
Human Rights	'Human rights' are the basic rights and freedoms that belong to every person in the world. They are the fundamental for human beings to flourish and participate fully in society. Human rights belong to everyone, regardless of their circumstances. They cannot be given away or taken away from you by anybody – although some rights can be limited or restricted in certain circumstances. For example, your right to liberty (Article 5, European Convention on Human Rights) can be restricted if you are convicted of a crime.
Inclusion	Peoples experience in the workplace and in society and the extent to which they feel valued and included.
Protected Characteristics	This policy is intended to protect employees and service users from unfair treatment, regardless of their background. Our definition of 'protected characteristics' is based on those set out in the Equality Act 2010. The nine protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
Public Sector Equality Duty	A public authority (including NHS organisations) must, in the exercise of their functions, have due regard to the need to : • Eliminate discrimination, harassment and victimisation or any other conduct prohibited by the Equality Act 2010 in relation to the protected characteristics • Advance equality of opportunity between all persons; and • Foster good relations between groups of people sharing a protected characteristic and those that do not.
Due Regard	Having **due regard** for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

FOREWORD:

This strategy details South Lincolnshire CCG's aims to ensure that EDHR is at the heart of what we do. The strategy sets out our intentions around Equality, Diversity and Human Rights (EDHR) for the next three years designed to ensure the best possible outcomes for the local community; CCG staff and especially those seldom heard groups who experience Health Inequalities. The CCG has an obligation to take action to eliminate discrimination, advance equality of opportunity and foster good relations under the Equality Act 2010 and reduce Health Inequalities for the population it serves as part of the requirements of the Health and Social Care Act 2012.

The CCG commits to ensure that when making decisions, appropriate and proportionate consideration is given to gender identity, socio-economic status, immigration status and the FREDA principles of the Human Rights Act 1998, including Fairness, Respect, Equality, Dignity and Autonomy. The CCG is committed to identifying and understanding the healthcare experiences of the population it serves, narrowing the gaps in the health of the population, raising the quality of care and maximising the value and effectiveness of resources spent by or on behalf of the CCG. Central to this is the recognition that every member of staff and every organisation contracted to provide a service on the CCG's behalf have a shared role in delivering this aspiration.

At the heart of this strategy is our approach to integrate EDHR issues into everything that we do. By becoming an inclusive organisation, one that listens, and responds to the people (patients, staff, partners and stakeholders) it serves, by meeting their diverse needs and addresses the local health inequalities successfully, we will be an efficient, effective and productive organisation.

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1. BACKGROUND

NHS South Lincolnshire Clinical Commissioning Group (CCG) is a clinically led commissioning organisation authorised by the Government to plan, buy and monitor healthcare services for approximately 162,000 people living in South Lincolnshire.

The South Lincolnshire CCG is a membership organisation made up of 13 GP practices that provide primary care services for our geographical area, which covers Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas. (the CCG had 15 practices up to 30 November 2017 – this was reduced to 13 following the merger of three of the practices in Stamford). These practices working together, improve the quality and delivery of health services for patients.

Our purpose is to ensure provision of high quality, efficient and cost effective healthcare services for our geographical area. The main hospitals serving this population are Peterborough and Stamford and Rutland Hospitals, Johnson Community Hospital, Queen Elizabeth Hospital, Kings Lynn and Pilgrim Hospital, Boston. Because local GPs and health professionals are responsible for planning and buying the health services now we're closer to patients than ever before. It's our job to understand the health needs of local people to invest in services that will give our patients and communities better healthcare.

We are committed to ensuring that NHS patients, carers and family members, as well as current and potential staff will not be discriminated against on the grounds of their background or social circumstances and protected characteristics relating to age, disability, gender and gender identity, marriage/civil partnership, pregnancy/maternity, race, religion/belief and sexual orientation. We commit to work with staff, providers, partners, patients, carers and communities to improve the health of our population and reduce health inequalities for the people of South Lincolnshire.

This strategy outlines our strategic direction in meeting the needs of the population we serve, improving outcomes for that population and ensuring compliance with relevant equalities legislation.

2. SLCCG MISSION, VALUES AND RESPONSIBILITIES

2.1 Our Mission

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

2.2 Values

We will uphold the principles, values and rights set out in the NHS Constitution. In addition, the values underpinning the work of the CCG are:-

Respect fairness and equality: We will treat everyone equally, recognising and valuing diversity and ensuring everyone has the opportunity to fulfil their potential. We will treat patients, the public, our staff and others with respect and dignity.

Ambition: We will seek to achieve the highest standards in commissioning and secure the best health outcomes that we can for the people of South Lincolnshire.

Leadership: We will act as leaders within the NHS and with others who contribute to improving the health of the people of South Lincolnshire.

Quality: We will ensure that quality is central to everything that the CCG does.

Honesty and Transparency: We will be open, honest and transparent about the decisions we make, explaining and sharing our decisions with the people of South Lincolnshire.

Listening and Learning: We will listen to patients, local people, health professionals and others who support the CCG. We will learn from others within and beyond the NHS to inform our decisions and strategic plans.

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

2.3 Our responsibilities

Our main responsibilities are:

- Ensuring safe, high quality provision of healthcare
- Listen to patients, carers and local people to understand health needs, and take their views into account to create meaningful choices
- Providing information and empowering people to manage their own health
- Analysing the health and social care needs of our local population – working with the Lincolnshire Health and Wellbeing Board
- Planning health services for the next year and for the future – working with our practices, partners and local people
- Commissioning other organisations to provide services in line with our plans
- Agree service contracts and managing performance against those agreements on your behalf
- Making the best use of the resources we have to provide healthcare

3 DEMOGRAPHICS

With regards to the following statistical data please note:-

- The data has been derived from Lincolnshire Observatory and is based on census 2011 census data and in some areas 2017 and 2018 mid-term estimates have been included to enable comparisons to be made
- The data focuses on the county of Lincolnshire and South Lincolnshire CCG area
- Due to the small numbers of BME population some of the data categories have been amalgamated to provide a broad picture.
- Health data source has been taken from SLCCG operational plans 2017-19

3.1 Local demographics

According to 2011 stats Lincolnshire total population is 713,653. Lincolnshire's non-white population make up 2.4% of the total population in 2011 compared to 1.4% in 2001. However this proportion is still small when compared with the national non-white population of 14%.

South Lincolnshire total population is 140,286 this includes 97% white and 2% non-white, the largest group within this category being Asian (including Bangladeshi, Chinese, Indian, Pakistani and Asian other who make up about 1% of the total population.

In relation to religion and/or belief, Christians make up the largest group 71.08%, followed by those who do not have religion at 20.80%. Those that did not state their religion make up 7.10% whilst other religious groups include Muslims at 0.27%, followed by Hindu's at 0.16% and very small percentages of Buddhist, Jews and Sikhs.

With regards to Age the data shows that highest proportion of the population in 2011 was 16-64 at 86.662. 2017 estimate showed this figure rising to 88.522. The age range from 0 – 15 slightly increases from 24,370 in 2011 to 26,286 in 2017. The highest increase can be seen in the 65+ age group from 29,433 in 2011 to 35,016 2017.

3.2 Health data

As part of our work to implement this strategy, objectives and actions, the CCG will continue to use population statistics to recognise trends, identify health inequalities amongst different communities/groups and create solutions to improve health related practices. Most recent data shows that South Lincolnshire CCG population:-

- Has a higher proportion of the population aged 50 years and over compared with the England average
- Has better overall life expectancy at birth than the England average for males and females
- Has a significantly better premature mortality rate (<75 years) than the England average
- Has an increasing trend in relation to some long term conditions, for example diabetes, which has a higher prevalence than the England average. There are variances within the CCG area
- Emergency hospital admissions for Coronary Heart Disease, Myocardial Infarction and Stroke are higher than the England average, but overall emergency admissions are lower.

3.3 CCG Staff profile

Please note: As the workforce is fairly small only a general overview of the data relating to some of the protected characteristics can be given to avoid revealing individual staff within the SLCCG.

Figures from 2018 analysis show that there are 32 staff and 10 Lay members. Out of the combined figure of 42 there are 43% male and 57% female.

Interms of race the majority of employees are from White British background. Much of the staff are Lincolnshire based and from the surrounding areas. This resembles the demographics of the area as well as the county which may be one of the contributors to the very low numbers of BME staff working for the CCG.

With regards to age 26% of staff and lay members are between the ages of 31 to 40. There are 35% who are age 41-50. 30% are between the ages of 51-60 and 9% are age 61+. The 2018 data indicates that there are no staff below the age of 30 employed by the CCG or lay members.

In relation to Disability out of the 42 staff and lay members 7% declared a disability.

The collation of EDHR staff data is currently very much in its infancy. Ongoing collection and analysis of statistical information will need to be undertaken over time, to reflect the timescales of this strategy, so that any discrepancies can be identified and solutions can be suggested to enable continuous and sustainable improvements. The following are some areas that the CCG will focus on:-

- Analysis of data in relation to sex/gender and job roles/grades
- Challenges around recruiting BME staff – assessing recruitment practices and using positive action initiatives to attract people outside of the county
- Attracting more young people to apply for positions within the SLCCG
- Making reasonable adjustments to attract and support people with disabilities to apply for positions and work for the CCG
- As CCG workforce numbers are very small, consideration may be given to combining the collation of workforce data across the 4 CCG's so that more concise comparisons can be made with the Lincolnshire population demographics in the future. This will also support forthcoming WRES work (Workforce Race Equality Standard).

4 LEGISLATIVE FRAMEWORK

As a CCG we are driven by different EDHR legislation to ensure that our policies, procedure and practices are unbiased and fair to all individuals.

4.1 Equality Act 2010

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These are the "protected characteristics".

4.1.1 Equality Act 2010 – Public Sector Duty

Section 149 of the Equality Act 2010 imposes a duty on public authorities in the exercise of their functions to have due regard to the need to**:-**

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Advancing equality of opportunity involves:

- Removing or minimising disadvantage experienced by people due to their personal characteristics
- Meeting the needs of people with protected characteristics
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

Fostering good relations involves:

- Tackling prejudice, with relevant information and reducing stigma, and
- Promoting understanding between people who share a protected characteristic and others who do not.

Due Regard:

Having due regard entails considering the above three aims of the PSED in all the decision making as in:-

- How we act as an employer
- Developing, reviewing and evaluating policies
- Designing, delivering and reviewing services
- Procuring and commissioning
- Providing equitable access to services

The legislation acknowledges that in some circumstances compliance with the PSED may involve treating some persons more favourably than others, but not where this would be prohibited by other provisions of the Act.

4.1.2 Specific Duties require us to:-

- Publish Information to show our compliance with the Equality Duty, at least annually;
- Set and publish equality objectives, at least every 4 years;
- Ensure that all information is published in a way which makes it easy for people to access it.

4.2 Human Rights Act 1998

Human Rights are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect. See appendix 1 for the 15 basic rights under the UK Human Rights Act.

The CCG will consider the human rights principles in relation to our staff, patients and communities at all times, aiming to demonstrate our commitment to quality outcomes which will improve the patient experience in the services we commission, and provide satisfaction to staff that they are undertaking a job that is valued.

4.3 Health and Social Care Act

Under the Health and Social Care Act 2012, CCGs must, in the exercise of their functions, have regard to the need to reduce inequalities between patients with respect to their ability to access health services.

There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across the social gradient. Tackling health inequalities is therefore core to improving access to services, health outcomes, improving the quality of services and the experiences of people. It is also core to the NHS Constitution and the values and purpose of the NHS.

The NHS Constitution 2 states that the NHS has a duty to "…pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population". This is reflected in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which introduced for the first time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England. These duties took effect from 1 April 2013.

CCGs have duties to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved (s.14Z1);
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities (s. 14Z11);
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities (s. 14Z15).

5 OUR OBJECTIVES FOR 2018-2022

As part of the implementation of the 4 key goals of EDS2 (Equality Delivery System 2) during 2017 – 18, EDHR objectives and a 4 year action plan (2018 – 22) were developed and approved. Our intentions are to have objectives that are inclusive and align to the key priorities and activities of SLCCG:-

5.1 Leadership and Commitment

Objective 1: Ensure our leaders are committed to raising equality and diversity standards, within our workplace, for our external stakeholder's and the diverse communities we serve, in line with the PSED and our obligations to reduce health inequalities. We will:-

- Review and update the Equality strategy 2016 – 2018 and outline our strategic direction in a new equality, diversity and human rights strategy for 2019 – 22;

- Work towards ensuring that SLCCG are at 'Achieving Level' of the EDS2 across all functions by end of 2019;
- Senior staff and board members set and agree objectives/targets towards reaching 'Excelling Level' by 2021;
- Through relevant committees, discuss and agree relevant equality and diversity proposals for our employee's and service users to aid the effective implementation of these objectives;
- Ensure SLCCG senior staff and Board/Committee members are provided with training on new developments and refresher training on ongoing initiatives so that they have the understanding and confidence to agree, monitor and evaluate equality and diversity work.

5.2 A Representative and Supportive Workforce

Objective 2: Ensure our leaders are committed to improving recruitment opportunities so that our Boards, committees and workforce reflect different protected characteristics. We will:-

- Collect and analyse data of staff, board members, committees/networks to identify under-represented of individuals from different protected characteristics in particular work streams;
- Address under-representation on CCG boards, committees/networks and staff through development and implementation of positive action initiatives within our recruitment and selection processes to improve representation from different protected characteristics;
- Update our recruitment and selection processes so that they are fair and inclusive to all people and applicants are targeted as wide a field as possible;
- Move toward achieving Disability Confident level 2 by the end of 2019 and level 3 by the end of 2020;
- Ensure data and information is also collected on leavers via exit interviews to assess who leaves and why.

5.3 Improved Patient Access and Experience and Better Health Outcomes

Objective 3: Carry out effective communications, consultation and engagement exercises with different protected characteristics, groups and communities to support relevant reviews and development of CCG services, policies and practices with a view to improving patient experience and better health outcomes. We will:-

- Collect local demographic data to identify different communities within our service area;
- Address gaps to improve representation of people from different protected characteristics on patient council and committees;
- Establish contact and target protected characteristics, groups and communities in relation to relevant reviews, ongoing development of health policy and practice and new initiatives;
- Improve the communication of CCG information through different channels including emails, website, social media, leaflets and posters, translation and interpretation of information as required;
- Set up and liaise with relevant internal and external equality related networks to ensure engagement around equality, diversity and health inequalities policy development, implementation and reviews;
- Work with providers to conduct annual Equality and Diversity surveys to identify the effectiveness of our service delivery – make direct contact with

individuals, groups and communities representing different protected characteristics for more comprehensive feedback;
- Analyse the feedback through Equality and Diversity Communications group and report to relevant SLCCG networks/committees on outcomes and proposal for action.

An initial Action plan for 2018 – 20 has been produced to commence implementation of these objectives – See link:-

SLCCG_E and D Action Plan 2018.doc

Our inclusive approach will not only deliver on legal obligations but also provide a direct synergy with the work on quality and addressing health inequalities. This can be achieved by focussing on improving the organisations' performance whilst reducing inequitable health gaps between characteristic groups and communities. These are usually associated with poor levels of ill-health, take-up of treatment, and the outcomes from healthcare given that some people from protected groups are at times disproportionately affected and as a result experience difficulties in accessing, using and working in the NHS.

When analysing the outcomes for services and employment, we will also extend the analysis and engagement beyond the protected groups to other groups and communities who face stigma and challenges in accessing, using or working in the NHS. For example, carers, people who are homeless, isolated people and temporary residents.

By developing this integrated model of addressing inequalities and providing an equitable and fair service to all the residents in the area, we believe, we will be more successful in meeting our various obligations, objectives and local needs of our diverse communities.

6 WHAT WE HAVE ACHIEVED SO FAR

2018 saw good progress in equality and diversity work that has paved the way for ongoing improvements within SLCCG. As part of the EDS2 (Equality Delivery System 2) EDHR objectives and 4 year action plan (2018 – 22) the following has so far been achieved:-

6.1 Equality Forum:

Implementation of SLCCG priorities has been incorporated into the work of the LECCG equality Forum. The forum was set up in July 2018 to enable SLCCG/LECCG, staff responsible for EDHR and engagement, to work together to accomplish joint objectives and initiatives for the benefit of the workforce, service users and communities. The forum acts as a supportive mechanism for staff to discuss ongoing work priorities, implement key actions, monitor and review action plan objectives and publish outcomes in line with our duties under the Equality Act 2010.

6.2 Involvements in Diversity listening events – Hearing Lincolnshire's Hidden Voices:

Two diversity engagement events have taken place; the first in May 2018 and the second in January 2019. Each event was open to community/voluntary groups representing different protected characteristics. Both events have focused on different health topics to enable those seldomly heard groups, for example migrant workers, trans, disability, armed forces and mental health, to share their experiences of accessing health services, highlight barriers and suggest improvements. From their recommendations reports and action plans have been produced and work has commenced on priority areas to support specific needs of these groups.

6.3 Equality Frameworks:

A new simplified template for conducting equality impact assessments (EIA's) on new and existing health policies and activities has been developed, approved and currently being utilised by SLCCG staff. We have also designed a new template for the EDHR requirements of S6 reporting, which focuses on collecting evidence from our providers on the main EDHR compliance areas such as, EDS2, WDES, GPG, AIS and other relevant areas.

6.4 Equality webpages:

The equality and diversity webpage, which was developed early 2018, has continued to evolve over the year and will continue to do so in the future. It is constantly updated with a range of key features relating to important events, sharing of good practice, patient stories, information about forums and networks, and presentations and reports relating to the diversity engagement events. Webpage: https://lincolnshireeastccg.nhs.uk/index.php/about-us/equality-and-diversity

6.5 Charter marks

Disability Confident Committed South Lincolnshire's Clinical Commissioning Group is a Disability Confident Committed - Employer, to help us improve how we attract, recruit and retain disabled workers and the talents disabled people can bring to our workplace.	disability confident EMPLOYER
Mindful Employer South Lincolnshire's Clinical Commissioning Group has signed the Charter for Employers who are Positive about Mental Health.	MINDFUL EMPLOYER

Lincolnshire Carers Quality Award South Lincolnshire's Clinical Commissioning Group is committed to caring and is working in partnership with other agencies to ensure maximum support is made available to people. The Carers Charter Quality Award 'You Care – We Care' ensures that the profile of unpaid carers in Lincolnshire is raised and the invaluable and essential contribution they make is recognised enabling carers to live fulfilling lives combined with their caring roles.	

7 FUTURE EDHR WORK PRIORITIES

7.1 Equality and Diversity work priorities for 2019

With foundations now in place, in 2019 the SLCCG will:-

- Have an updated equality policy and strategy
- Continue assessment of work in line with EDS2 and work to pilot new EDS3 standards
- Embed WRES work into CCG priorities as recommended by NHS England
- Improve equality data collection/analysis – including geographical demographics and workforce and identify trends
- Update other EDHR related HR policies
- Continue to work with seldom heard groups through ongoing engagement listening events
- Continue to consult and engage with patients and the public through the EDS2 Assessor Group which was established to enable improved ratings of the EDS2 outcomes assessment
- Organise/deliver EDHR training to staff, board members and committees

7.2 EDHR work priorities for 2020 – 22

We will:-

- Continue working on embedding EDS3 to ensure that we are at 'Achieving level' across the board and in some areas target 'Excelling' level
- Ongoing workforce/population data analysis to identify gaps in practice
- Positive action to attract protected characteristics/groups that may be under-represented in the workforce, boards and committees
- Achieve Disability Confident – Leader status
- Continue consultation and engagement with diverse voluntary/community groups over their specific health needs and requirements and agree actions
- Work towards Stonewall Champions scheme to support LGBT work
- Work on age positive initiatives

8 INFORMATION SHARING AND ENGAGEMENT

One of the essential elements of the CCG delivering its EDHR agenda is to communicate, share information and engage with:

- Patients
- Carers
- Staff
- People from the protected characteristic groups
- Voluntary sector, and
- Others

This effectively will deliver a two-way flow of information. By developing an inclusive approach with sustained engagement with local interests including protected and disadvantaged groups will assist in collating evidence and using the evidence to influence our performance and decision making.

By promoting collaboration within the local health economy and partners such as local authorities to share best practice, undertake joint engagement activities, encourage joined-up thinking, sharing qualitative and quantitative evidence in addressing local inequalities.

This Strategy will be implemented closely with the CCG's engagement strategy which outlines the CCG's current and future plans to engage with and understand the views of the population of South Lincolnshire.

9 FRAMEWORKS FOR IMPLEMENTATION, MONITORING AND REVIEW

9.1 NHS Equality Delivery System (EDS2)

The Equality Delivery System (EDS2) framework was designed by the NHS to support NHS organisations to meet their duties under the Equality Act.

The EDS2 has four goals, supported by 18 outcomes. The CCG will continue to use the EDS2 as a toolkit to meet the requirements under the Equality Act and we believe this will impact positively across all the activities of the CCG.

We publish our EDS2 evidence and objectives on our and the NHS England website in line with the deadlines. The objectives, combined with updates on progress can be found on the relevant page via the link below:-
http://southlincolnshireccg.nhs.uk/about-us/equality-and-diversity

Further to this, the EDS3 will be launched in spring/summer 2019 and it is our intention to embed this and attain a minimum of 'Achieving' level across all four goals within the timeframe of this strategy.

9.2 Equality Forum

The Equality Forum that SLCCG is involved in acts as a supportive network for staff to implement EDHR work and monitor progress. The Forum has been extended to include the work of SLCCG and will continue to meet over the course of the strategy.

9.3 Assessors group

An Assessors group will once again be set up, consisting of members of the public and patient council to act as a consultative network for EDS2 and EDS3 as part of the equality analysis and review process.

10 REVIEW AND RENEWAL OF STRATEGY

The CCG's Equality Lead, Equality Forum and Governing Body will continue to regularly review and update this strategy and publish updates accordingly.

For further information and to discuss any related concerns please contact:

Rebecca Neno: Deputy Director of Nursing and Quality
Rebecca.Neno@SouthLincolnshireCCG.nhs.uk

Kamljit Obhi: EDHR and BC Assurance Manager, Optum
Kamljit.obhi@nhs.net

Human Rights Act 1998

- The right to life.
- The right not to be tortured or treated in an inhuman or degrading way.
- The right to be free from slavery or forced labour.
- The right to liberty and security.
- The right to a fair trial.
- The right to no punishment without law.
- The right to respect for private and family life, home and correspondence.
- The right to freedom of thought, conscience and religion.
- The right to freedom of expression.
- The right to freedom of assembly and association.
- The right to marry and have a family.
- The right not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention.
- The right to peaceful enjoyment of possessions.
- The right to education.
- The right to free elections.

Appendix 1b

Equality Impact Assessment (EIA)

Template for Stage 1 – Initial Screening

Stage 1: Equality Impact Assessment – Initial Screening

Introduction

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

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

This template has been developed to enable a first stage initial screening to be carried out to support the process of reviewing an activity or project or when proposing new activities or projects.

It is recommended that EIA's be undertaken as an integral part of any review or development process, so that any potential adverse impact on different protected characteristics can be identified from the outset, and measures can be proposed as part of the ongoing work of the activity or project. The first stage process is not onerous, and should only take a small amount of time if completed alongside the activity or project.

If the Stage 1 screening of your activity/project highlights an adverse impact on particular protected characteristics and/or populations more than others and you have concluded that a 'full assessment' needs to be carried out, then you will need to go through the questions stated in the Stage 2 assessment and, through engagement and consultation with relevant individuals/groups (mainly those that may be affected by the potential impact identified), collect appropriate evidence to support your answers.

Stage 1: Equality Impact Assessment – Initial Screening

Name of the Activity/Project:	SLCCG EDHR Strategy
Name of Lead:	Kamljit Obhi
Is it a new or review of an existing activity/project?	Revision/update of existing strategy
Date Screening Commenced:	13/05/19

1. Baseline Information

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

a) Overview and description

The strategy sets out our intentions around Equality, Diversity and Human Rights (EDHR) for the next three years and is designed to ensure the best possible outcomes for the local community; CCG staff and especially those seldom heard groups who experience Health Inequalities.

b) Aims and objectives

The main aim of this strategy is to ensure that the CCG works to meet its obligations to take action to eliminate discrimination, advance equality of opportunity and foster good relations under the Equality Act 2010 and reduce Health Inequalities for the population it serves as part of the requirements of the Health and Social Care Act 2012.

Objectives: This strategy:-
-Meets EDHR standards and frameworks;
-Makes EDHR integral to our mission, values and aims highlights an inclusive approach to implementing EDHR objectives and meeting our requirements;
-Shares information about what we have achieved and what our plans are for the next 3 years;
-Uses data to highlight the current demographics to help us understand and respond to the diverse needs and requirements of our workforce and populations we serve;
-States key mechanisms to review and assess EDHR work within the timeframes of the strategy.

c) Anticipated outcomes/benefits

Improved data collection and HR systems
Regular engagement and consultation with stakeholders and communities

Updated policies and procedures
More informed staff and stakeholders including communities
Legislative compliance

d) Timescale for implementation

2019 – 22

e) Projected costs, expenditure and funding available *(if applicable)*

Certain costs may related to the implementation of the accompanying Action plan especially in relation to information sharing/engagement exercises and training – these will be costed as implemented

2. Impact of activity/project on different protected characteristics

Protected groups are defined by the nine characteristics protected by the Equality Act 2010. Please identify (by ticking) the anticipated impact this activity/project will have on the following protected characteristics/population groups.

Note: this question considers the likely impact on people with a protected characteristic vs people who do not share that particular characteristic (e.g. older people vs working-age adults; LGBT people vs heterosexual people etc.)

Group	**Positive Impact**	**No Impact (or neutral impact)**	**Adverse impact**
Age *(e.g. Children, young adults and older people)*	x		
Disability *(e.g. physical, sensory, mental impairment and learning disability)*	x		
Gender re-assignment *(e.g. Transgendered people)*	x		
Marriage and civil partnership	x		
Pregnancy and maternity	x		
Race including nationality and ethnicity *(e.g. including New Arrivals and Gypsies and Travellers)*	x		
Religion/belief	x		
Sex *(male/female)*	x		
Sexual orientation *(e.g. Lesbian, gay or bisexual people etc.)*	x		
Other *(e.g. Homeless people, Carers etc.,*	x		

please specify)			

Please explain your reasons

The strategy has been written to ensure that we comply with all EDHR legislation and implement standards that help us meet our objectives to not discriminate and to support all groups regardless of backgrounds and circumstances within the CCG as well as externally in relation to the communities we serve. The aim is to accomplish good EDHR practice throughout the organisation and for our stakeholders and communities

3. Which part/s of the public sector duty is the activity/project relevant to?
Please tick as necessary and provide brief explanation as to how.

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010. *(E.g. How does the policy/practice address risks for particular protected characteristics?)*	**X –** the strategy is aligned to our responsibilities to meet the public sector equality and aims to eliminate any potential risks for all protected characteristics
Advance equality of opportunity between people who share a protected characteristic and those who do not *(E.g. How is this facilitated for particular protected characteristics?)*	**X -** the strategy is aligned to our responsibilities to meet the public sector equality and aims to advance equality of opportunity and support all protected characteristics
Foster good relations between people who share a protected characteristic and those who do not *(E.g. How is this facilitated for particular protected characteristics?)*	**X -** the strategy is aligned to our responsibilities to meet the public sector equality and aims to Foster good relations amongst all protected characteristics

4. Summary report and actions
Having completed all sections above, in light of the proposed activity/project, please summarise your findings and consider any actions that would support the reduction of any adverse impact that may have been identified in point 2.

Evidence Summary Report and Actions
The whole ethos of this strategy is to strive towards a more equal and fair CCG that identifies, responds to and supports all protected characteristics in relation our workforce, patients, communities and the general public. The implementation of this strategy will enable us to ensure that we comply with our duties and implement standards across the organisation that demonstrate – Fairness, Respect, Equality, Dignity and Autonomy (FREDA principles). The strategy has been taken through the Equality Forum and QPEC.

5. Evaluation of Stage 1 – Initial Screening
You may want to consult with your Equality and Diversity lead and/or Manager to assess whether the information you have supplied in Stage 1 initial screening process is sufficient and your evaluation of whether you should go to stage 2 is adequate in line with the activity/project.

From the information provided in this Stage 1 screening and consultation with the equality and diversity lead where appropriate, please state, by ticking whether or not

a Stage 2 assessment is necessary. If a stage 2 impact assessment is not necessary please provide your rationale

Yes *Please proceed to Stage 2 Assessment:*	**No** *Please indicate rationale*
	X A stage 2 EIA is not required as the very nature of this strategy supports the development and implementation of EDHR initiatives to tackle discrimination, advance equality of opportunity and foster good relations across the organisation. Further it supports the implementation of initiatives to reduce health inequalities in relation to our work with providers, communities and the general public.

Sign-off

	Signed	**Date**
Activity/Project Lead checked	K. Obhi	**13/05/2019**
Senior Manager/Leader checked		**14/05/19**
Approved by (name of committee/s)	**QPEC**	**21/05/19**

Publication and Review, please note the following:-

- Once approved it is recommended that this information is stored with all documentation relating to the activity/project as evidence of the Stage 1 EIA screening having been undertaken.
- To show transparency, it is recommended that the Stage 1 information is published via appropriate methods, e.g. as attachment to documents relating to the activity/project, references in relevant reports/notes of meetings, information on organisation website etc.
- Reviewing of EIA information should be conducted alongside the ongoing review of project/activity.

On completion, a copy of this form should be submitted to OPTUM CSU Equality Lead, Kamljit Obhi: Kamljit.obhi@nhs.net