

**South West Lincolnshire  
Clinical Commissioning Group**

**Equality, Diversity &  
Human Rights  
Strategy**

**2016-2018**

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<b>Name of originator/author:</b>	<b>Diane Hansen – Head of Engagement &amp; Inclusion</b>
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## South West Lincolnshire Clinical Commissioning Group

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## Contents

Introduction .....	4
Our population profile .....	5
What is equality and diversity.....	7
Equality Act 2010 .....	7
What does Equality, Diversity and Human Rights mean to us?.....	8
Equality Impact Assessments.....	10
How we will make a difference.....	11
Scope of the strategy .....	12
Our Strategic objectives and initiatives .....	13
Our Equality objectives .....	13
Equality Delivery System (EDS2) .....	13
Equality and Diversity Governance and Structure .....	14
Protected Characteristics.....	15
Glossary of terms .....	15

## Introduction

South West Lincolnshire Clinical Commissioning Group is committed to promoting equality, valuing diversity and combating unfair treatment – improving patient experiences by achieving excellence. We are dedicated to ensuring that current staff, potential staff and NHS service users or their carers 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 work with staff, partners, providers, patients, carers and communities to improve the health of our population and reduce health inequalities for South West Lincolnshire. We will make every effort to ensure that we promote equality and value diversity in everything we do.

As a public authority, South West Lincolnshire has 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.

We are driven to developing a culture with our CCG that promotes both equality and diversity in our everyday business. This Equality, Diversity and Human Rights Strategy sets out how we meet our duties which includes publishing our Strategy and Annual Equality and Diversity report.

Our plans and objectives such as the Equality Delivery System (EDS2) and Equality and Diversity delivery plan will be monitored and challenged through the appropriate channels to ensure that we have robust evidence of compliance.

The strategy will be refreshed on a bi-annual basis with annual delivery plans.

As an organisation we need to meet our duties relating to equality, diversity and human rights as placed upon us by equality legislation.

## Our population profile

### The population

The GP registered population for South West Lincolnshire CCG is 128,329 (65,013 females and 63,316 males). The resident population according to the 2011 Census is 120,562. The difference in these numbers suggests that there are people resident outside the area who are registering with South West Lincolnshire GPs.

1. The population in Lincolnshire is historically not very diverse and this is evidenced in the majority of our patients (over 93%) who are registered with a GP in South West Lincolnshire, being from a white British background.
2. The 2011 census shows that 48.73% are female and 51.27% are male.
3. SWL CCG's population includes a considerable number of disabled people (18%).
4. According to the 2011 Census we have several faith communities within South West Lincolnshire and our faith and non-faith communities consists of 70% Christian, 28% No religion or not stated, 0.28% Muslim, 0.28% Hindu, 0.06% Sikh, 0.06% Jewish, 0.21% Buddhists and 0.38% stated as other.
5. South West Lincolnshire has an older population of nearly 20% who are over the age of 64, 63% between the ages of 15 and 64 and 17% who are aged between 0 and 14.

### Age Profile

The chart below provides an age profile of the population for South West Lincolnshire CCG residents. The data shows a higher proportion of the population in the age group 40-64 years and significantly lower proportion of people in their twenties.

Age	South West Lincolnshire CCG
0 to 4	5.41%
5 to 14	11.63%
15 to 24	10.9%
25 to 39	16.15%
40 to 64	36.40%
65 to 74	10.74%
75 and over	8.78%
Total Number of population	120562

### Disability profile

The disability profile details the percentage of people who are living with a disability.

Disability	South West Lincolnshire CCG
Day-to-day activities not limited	81.23%
Day-to-day activities, limited a little	10.21%
Day-to-day activities, limited a lot	8.55%
Total Number of population	120562

### Sex Profile

The table below details the percentage split between male and females living in our area.

Sex	South West Lincolnshire CCG
Male	51.27%
Female	48.73%
Total Number of population	120562

## Religion profile

The religion profile shows the diversity of religious beliefs in our population.

Religion	South West Lincolnshire CCG
Christian	70.39%
Buddhist	0.21%
Hindu	0.28%
Jewish	0.06%
Muslim	0.28%
Sikh	0.06%
Other religion	0.38%
No religion	21.32%
Religion not stated	7.01%
Total Number of population	120562

## Ethnicity profile

The ethnicity profile is detailed in the table below with a majority being from a British background.

Ethnicity	South West Lincolnshire CCG
Welsh / Scottish / Northern Irish / British	93.83%
White Irish	0.48%
White Gypsy or Irish Traveller	0.08%
White Other White	3.30%
Mixed/multiple ethnic group White and Black Caribbean	0.26%
Mixed/multiple ethnic group White and Black African	0.10%
Mixed/multiple ethnic group White and Asian	0.21%
Mixed/multiple ethnic group Other Mixed	0.20%
Asian/Asian British Indian	0.34%
Asian/Asian British Pakistani	0.07%
Asian/Asian British Bangladeshi	0.05%
Asian/Asian British Chinese	0.29%
Asian/Asian British Other Asian	0.32%
Black/African/Caribbean/Black British African	0.21%
Black/African/Caribbean/Black British Caribbean	0.07%
Black/African/Caribbean/Black British Other Black	0.06%
Other ethnic group Arab	0.04%
Other ethnic group Any other ethnic group	0.09%
Total Number of population	120562

## Marital status profile

The table below details the marital status of our population.

Marital status	South West Lincolnshire CCG
Single (never married or never registered a same-sex civil partnership)	25.46%
Married	54.19%
In a registered same-sex civil partnership	0.15%
Separated (but still legally married or still legally in a same-sex civil partnership)	2.76%
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	9.97%
Widowed or surviving partner from a same-sex civil partnership	7.46%
Total Number of population	120562

## What is equality and diversity

Although sometimes used interchangeably, the terms 'equality' and 'diversity' are not the same.

**Equality** is about 'creating a fairer society, where everyone can participate and has the opportunity to fulfill their potential'. By eliminating prejudice and discrimination, we can deliver services that are personal, fair and diverse and a society that is healthier and happier.

For a CCG, this means making it more accountable to the patients it serves and tackling discrimination in the work place.

An equalities approach understands who we are, based on social categories such as gender, race, disability, age, social class, sexuality and religion, will impact on our life experiences.

**Diversity** literally means difference. When it is used as a contrast or addition to equality, it is about individual as well as group differences, treating people as individuals, and placing positive value on diversity in the community and in the workforce.

Historically, employers and services have ignored certain differences such as background, personality and work style. However, individual and group diversity needs to be considered in order to ensure that everybody's needs and requirements are understood and responded to within employment practice and service design and delivery.

## Equality Act 2010

The Equality Act 2010 consolidated the Race Equality Duty, Disability Equality Duty and Gender Equality Duty into a single Public Sector Equality Duty (PSED), covering all protected characteristics, using 'due regard' model.

The PSED came into effect in April 2011 and is applied to all functions of public authorities or those organisations when performing public functions e.g. private companies running prisons and private or third sector care companies when carrying out public functions). In exercising their functions, public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people sharing a protected characteristic, and others
- Foster good relations between people sharing a protected characteristic, and others

## Legal compliance

All listed public authorities (including CCGs and NHS England) have legal obligations relating to:

- Section 149 of the Equality Act 2010 (the Public Sector Equality Duty), and
- The Equality Act 2010 (Specific Duties) Regulations 2011.

Equality Act 2010 Section 149 General / Specific Duties (1-3)	
General Duties	Due Regard
<p><b>1</b> Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010</p>	<p>Remove or minimise disadvantages connected with a relevant protected characteristic (e.g. address the problems that women have in accessing senior positions in the workplace)</p> <p>Take steps to meet the different needs of persons who share a relevant protected characteristic (e.g. ensure the particular needs of BME women fleeing domestic violence are met)</p> <p>Encourage persons who share a relevant protected characteristic to participate in public life or any other activity in which they are under-represented (e.g. take steps to encourage more disabled people to apply for senior posts).</p>
<p><b>2</b> Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it</p>	<p>Tackle prejudice (e.g. tackle hate crime for people with protected characteristics)</p>
<p><b>3</b> Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p>	<p>Promote understanding (e.g. promote an understanding of different faiths).</p>
<p><b>NB</b> Organisations that are not public authorities are also required to have due regard to the needs listed above whenever they carry out public functions. This could include, for example, a private company with a contract to provide certain public services.</p>	
Specific Duties	
<p><b>4</b> Publication of information</p> <p>Each public authority must publish information to show that it is complying with the s.149 duty by 31st January 2012 and at least on an annual basis after that. Authorities must include information about persons who share a protected characteristic who are its employees (if it has 150 or more employees) and its service users.</p>	
<p><b>5</b> Equality objectives</p> <p>Each public authority must prepare and publish one or more objectives it thinks it should achieve to have due regard to the need to eliminate discrimination and harassment, to advance equality of opportunity or to foster good relations. Any objective must be specific and measurable. Authorities must publish their first objectives no later than 6 April 2012 and at least every four years after that.</p>	

## What does Equality, Diversity and Human Rights mean to us?

This strategy sets out how South West Lincolnshire Clinical Commissioning Group (CCG) will meet the equality duties set out in the Equality Act 2010 Section 149.

1. The CCG will put the patient at the heart of what we do. This will be achieved via effective engagement and involvement of local people in decision making; commissioning health care to meet local needs; and working in partnership with local people, the council and other health care providers to improve health outcomes for the protected groups identified under the Equality Act 2010.

2. The CCG will ensure that all policies, functions and services carried out either by itself or on its behalf will be subjected to an Equality Impact Analysis (EIA) to ascertain any differential impacts on people - specifically with protected characteristics (see Page 15) - within our community or those we employ, in line with the Equality Act 2010.

3. Through the adoption of the NHS Equality Delivery System (EDS2) the CCG aims to demonstrate to the people we serve how we are meeting the three aims of the Equality Duty:

**Aim 1: Eliminate unlawful discrimination, harassment and victimisation**

**Aim 2: Advance equality of opportunity between different groups**

**Aim 3: Foster good relations between different groups**

4. **Specific Duty**

The CCG will meet the requirements of the Specific Duties of the Equality Act by publishing equality information gathered as part of the EDS2 self-assessment annually and work with local people and equality stakeholders to grade the CCG's performance against the four goals of EDS2.

The findings of the grading will identify the CCG's equality objectives and the CCG will adopt these where they would be relevant for the CCG to meet its Public Sector Equality Duty. The CCG will identify its final equality objectives for each year following engagement with local people from the protected groups. Equality objectives can be found in the Equality and Diversity delivery plan.

### Duty to have regard

South West Lincolnshire CCG has a duty to have regard to the need to reduce inequalities between patients in **access** to services that they commission. This involves:

- Knowing the local population and local needs, particularly for groups with poor access or outcomes, commissioning through the use of joint strategic needs assessments (JSNAs) and additional supporting data and evidence, such as local health profiles and qualitative sources.
- Identifying the local health inequalities and commissioning for all of the population in the area, not just relying on General Practice registrations.
- Identifying evidence of what has previously worked in reducing inequalities and evaluating good practice, whilst also considering the 'clustering' of risk factors in some groups. Universal services should aim to reduce inequalities by being progressively aimed at those who need them the most.
- Carrying out evidence-based service reviews.

This requires considering whether:

- services are universal and should reach all members of society, which may be achieved by explicitly targeting specific population groups;
- services are commissioned on the basis of need, which may be achieved by ensuring the quantity and quality of services in deprived areas is adequate

We also have a duty to have regard to the need to reduce inequalities and this involves:

- Effective monitoring and evaluation that identifies health inequalities and to support action to overcome inappropriate variations in outcomes for all people.
- Looking at how the outcome is distributed across society by area of deprivation and by different groups, rather than focusing on average outcomes for all people.

- Considering how services can be commissioned to reduce inequalities and prevent undesirable outcomes. For example, targeting life-style factors in health and compliance with treatment, and developing key provider indicators with health inequality outcomes.

Many changes to address health inequalities will have a long-term impact on health outcomes, so their effectiveness may not be visible on an annual reporting basis. This should not detract from implementing such changes, if they are based upon robust evidence supporting the reduction in health inequalities.

### **Evidence of having due regard**

In order to demonstrate compliance with equalities legislation and, specifically, the PSED, the CCG will need to provide evidence that demonstrates the impact or potential impact of our work may have on people sharing protected characteristics.

Evidence can be policy papers, project documentation or background information / data or research. We must ensure that any conclusions arising from our equality analysis are able to influence our work and the material produced. This can also include evidence from earlier consultations and stakeholder engagement. An equality impact assessment (EIA) is the standard way of evidencing that the appropriate and timely considerations have taken place and here at the CCG we must ensure that all procedures, processes, contracting procurements and commissioning activities complete an EIA.

### **Equality Impact Assessments**

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, and services etc. for their impact on people who shared these characteristics.

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.

## How we will make a difference

Below are a list of activities which the CCG commits to undertake to improve the quality of life of the people we provide services to and employees:

### For the people we serve we will:

- Use information about the different backgrounds of patients such as ethnicity, gender, age and disability, to begin with, to find out whether they have equal access to services, and where it is apparent that there are differences to change the way we provide future services to those groups
- Provide information in different formats such as in Word instead of PDF for visually impaired people, easy read for people with learning disabilities
- Offer our main public information leaflets in appropriate community languages
- Ensure that our buildings are accessible for people with disabilities including suitable access for wheelchairs, induction loops for people who are hard of hearing, accessible signage
- Trained staff to have appropriate customer care skills on equality access
- Have a range of ways that patients can provide us with feedback on their experience that are easy to access, such as complaints, satisfaction surveys, engagement activities using a range of accessible and innovative channels

### For our organisation:

- Support a culture which embraces diversity as a positive asset
- Prioritise equality and diversity
- Build a culture which supports the elimination of discrimination, harassment and victimization
- Encourage and values contributions from all its colleagues irrespective of their protected characteristics
- Have a workforce which closely reflects its community
- Ensure that all colleagues have fair access to training and promotion opportunities
- Has fair recruitment and selection processes
- Monitors staff satisfaction by protected characteristics and takes action where there are differences between staff groups

### For our Workforce

At South West Lincolnshire CCG is committed to being a good employer and we will demonstrate our 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 West 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 that 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 West 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. Assessments for recruitment, selection, appraisal, training and career progression are 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.

## Scope of the strategy

We want to ensure that equality and diversity is being addressed through our day to day business activities, which includes our governance arrangements. As well as the work of our operational groups and providers, we have identified those functions and services where equality and diversity issues are particularly relevant:

### Internal

- Communications and Engagement
- Commissioning arrangements
- Performance monitoring and reporting

- Strategy and Planning
- Quality and Clinical Governance Structures
- Procurement
- Human resources

#### External

- Commissioned providers
- GP practices – quality of care provided
- Engagement with our patients, carers, staff and local communities

### Our Strategic objectives and initiatives

At South West Lincolnshire CCG it is our vision to be a Clinical Commissioning Group for the whole community; striving for continued improvement in the health and wellbeing of everyone living in our area.

#### Mission

Working in partnership with local people to help us make the right decisions to give our patients the best health care which meets their needs.

#### Values

We believe in:

- Patient safety - it is paramount
- Being open and transparent
- Local services that are viable, safe and readily available
- Patients at the heart of their health care
- Working closely with key partners across the health and social care community
- Care at home and carers being an important part of it

We want local patients to receive more care at home and in the community, where it is safe to do so.

We shall be working closely with other NHS organisations and local authority to deliver more joined up services that will:

- Prevent people from dying early
- Enhance quality of life for people with long term conditions e.g. diabetes
- Help people to recover from episodes of ill health or injury
- Make sure people have a positive experience of care
- Treat and care for people in a safe environment, protecting them from avoidable harm

### Our Equality objectives

Our Equality objectives are currently agreed and monitored through the Equality Delivery System (EDS2) and Equality and Diversity Delivery Plan. There is a requirement to annually update both of these documents.

### Equality Delivery System (EDS2)

The EDS2 was set up to help commissioning organisations in the NHS such as South West Lincolnshire CCG to help us look at the way provide services for local communities; improve

the experiences of people using the services; reduce health inequalities and provide better working environments, free of discrimination for those who work in the NHS.

The EDS2 consists of a set of outcomes covering patient care, access and experience, working environments and leadership. It can be used to analyse performance against these outcomes for each group sharing protection under the Equality Act 2010, plus Inclusion Health groups (i.e. refugees, asylum seekers, homeless, and sex industry workers).

The CCG should refresh the EDS2 annually working with local stakeholders who include patients, communities and staff to set their equality priorities.

The latest version of the EDS2 is published on the CCG's website.

### **Equality and Diversity Governance and Structure**

The Quality and Patient Experience Committee (QPEC) meets quarterly and reviews the CCG's equality and diversity objectives and reports directly to the Governing Body.

There are three key areas:

- Legislation
- Workforce and employment
- Patient experience.

Both the Governing Body and the senior management team within the CCG reinforce the vision and values through their behaviour, the manner in which they work and the decisions that are taken.

## Protected Characteristics

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

## Glossary of terms

<b>BME</b>	Black and Minority Ethnic
<b>CCG</b>	Clinical Commissioning Group
<b>E and D</b>	Equality and Diversity
<b>EIA</b>	Equality Impact Assessment
<b>GP</b>	General Practitioner
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>LGBT</b>	Lesbian, Gay, Bisexual and Transgender
<b>NHS</b>	National Health Service
<b>QPEC</b>	Quality Patient Experience Committee
<b>EDS</b>	Equality Delivery System
<b>EIA</b>	Equality Impact Assessment
<b>EHRC</b>	Equality and Human Rights Commission
<b>QA</b>	Quality Assurance
<b>PSED</b>	Public Sector equality duty