Basildon and Brentwood
Clinical Commissioning Group

Equality and Diversity Strategy

2013 – 2016

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FOREWORD

This document sets out our commitment to ensuring that equality and diversity will be taken into account in everything we do, both as an employer and as a commissioner of healthcare.

The strategy has been developed in response to the requirements of the Equality Act 2010. It is designed to meet the requirements of the Human Rights Act and the national NHS Equality Delivery System (EDS). It reflects the principles and objectives of the Equality & Diversity Policy of NHS Basildon & Brentwood Clinical Commissioning Group (CCG), and builds on the EDS action planning and equality objectives previously adopted by NHS South Essex.

Through the implementation of this strategy, our EDS action plan and our communications and engagement strategy, we will continue to promote equality of opportunity and ensure that potentially vulnerable groups and individuals are supported, and their needs addressed, in ways that are best suited to them.

This is a long-term commitment driven by both the needs and wishes of our local population and staff, and the new equalities legislation. For that reason, much of the work will be ongoing. Our Board commits to monitoring our progress and reporting regularly and openly in line with the specific duties of the Equality Act 2010.

We look forward to facing the challenges, and delivering the actions we have set ourselves, and ensuring that our population has the opportunity to be involved in shaping and influencing the decisions and services that affect them.

Signed

Lisa Allen
Executive Nurse & Board-level Lead for Equality & Diversity

1. INTRODUCTION

This document is a public commitment of how we aspire to meet the needs and wishes of our local population and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery System (EDS). It recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed.

This strategy will be reviewed annually. It builds on the work previously undertaken by NHS South Essex, and puts equality and diversity at the heart of all we do.

Our vision is :

Basildon and Brentwood CCG supports the founding principles and values of the NHS. It will conduct its core commissioning activity under the ethos of the NHS for patients, for clinicians, for citizens.
The CCG aims to deliver, in partnership with its patients, a local health service that continually improves to meet today's demand and tomorrow's need.

This strategy is inclusive of both our staff and the people who use the services we commission, including those who have protected characteristics and those who are vulnerable in our society.

We believe that our organisation should reflect all the communities and people we serve, and tackle all forms of discrimination. We need to tackle inequality and remove barriers which might hinder or prevent our population from accessing healthcare services.

We aim to implement this strategy by:

- challenging discrimination, and promoting equalities in commissioned services and employment; and

- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination

Implementing our Equality and Diversity Strategy will enable us to uphold the NHS Constitution, which sets out the purpose, principles and values of the NHS and explains a number of rights, pledges and responsibilities for staff and patients alike. The Constitution includes this pledge:

"You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age."

As we go forward, the following principles will underpin our work:

- support and respect for everyone's human rights as a fundamental basis for our work with people;

- identifying and removing barriers that prevent the people we serve from being treated equally;

- treating all people as individuals, respecting and valuing their own experiences and needs;

- finding creative, sustainable ways of improving equality and diversity and of supporting human rights;

- working with our staff and the people who use the services we commission towards achieving equality;

- learning from what we do – both from what we do well and from where we can improve;

- using everyday language in our work; and

- working to tackle barriers to equality.

2. MEETING OUR DUTIES

The Equality Act 2010 replaced previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with it. It also strengthened the law in important ways, to help tackle discrimination and inequality.

The Public Sector Equality Duty or PSED (section 149 of the Act) came into force on 5 April 2011. The PSED applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective, accessible to all, and which meet different people's needs. Equality considerations must therefore be reflected in the design of all policies and the commissioning of services

The PSED also encourages us to engage with our diverse communities to ensure that policies and services are appropriate and accessible to all, and that they meet the different needs of the communities and people we serve.

In line with the Equality Act, we are required to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;

- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and

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

Having due regard means that we must take account of these three aims as part of our decision making processes –- in how we act as an employer; how we develop, evaluate and review policy; how we design, commission and evaluate services; and how we commission services from others.

The Equality Act also requires us to consider the need to:

- remove or minimise disadvantages suffered by people associated with their protected characteristics;

- meet the needs of people with protected characteristics;

- encourage people with protected characteristics to participate in public life or in other activities.

Complying with the general duty of the Equality Act may mean that we treat some people differently from others - this will be to ensure that their needs are met as far as this is allowed in discrimination law. This may mean making reasonable adjustments or commissioning services to be provided in a different way to make sure they achieve the same outcomes.

The general duty is also underpinned by a number of specific duties which include the need for us to:

- have specific, measurable equality objectives;

- analyse the effect of our policies and practices on equality and consider how they further the equality aims; and

- publish sufficient information on an annual basis to demonstrate we have complied with the general equality duty.

3. THE PROTECTED CHARACTERISTICS

The nine protected characteristics covered by the Equality Duty are:

1. Age
2. Disability
3. Gender re-assignment

4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race – this includes ethnic or national origins, colour or nationality
7. Religion or belief – this includes lack of belief
8. Gender
9. Sexual orientation

Our CCG appreciates the benefits that diversity brings but we also recognise that in order to give people equal access to services, we sometimes need to tailor our response. Equality of opportunity cannot be achieved by simply providing the same service to everyone in the same way. This means that it is really important that we understand the needs of different people and groups. Most people will experience inequality at some point in their lives, but some people experience greater inequality than others, including inequality in accessing services.

If our CCG doesn't understand what inequalities people face and what can be a barrier for someone accessing services, then we can't ensure that the service is adapted to offer equal access and eliminate potential inequality.

To enhance understanding of the needs of our staff and patients, where possible we will collate and analyse intelligence relating to the nine protected characteristics. This will help us to understand who we are and providing services to, and how changes and decisions relating to those services may have an impact.

3.1 Age

The Equality Act protects people of all ages. Age equality is concerned with avoiding preventable inequalities between people of different age groups.

Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on people – on their quality of life, access to services and choices, employment, and other opportunities. The ban on age discrimination in services starts on 1st October 2012 (this does not apply in respect of children aged under 18).

Discrimination because of age covers four areas:

Direct age discrimination is where someone is unfairly treated in comparison with another, for example where an older person is refused admission to a gym or a club simply because of their age, where a younger person would be admitted.

Indirect age discrimination is where a rule or practice applies to everyone, but puts a particular group of people at a disadvantage. For example, where an optician allows payment for spectacles by instalments, but restricts eligibility to those in work. The optician's practice applies to everyone, but puts pensioners at a disadvantage.

Harassment is unwanted conduct which violates a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment for that person.

For instance where an assumption is made about an older person's ability to use a computer, with offensive remarks and jokes being made about this.

Victimisation of someone who has made a complaint of discrimination or harassment or supported someone else's complaint. For example, if a patient has complained to a practice about unfair treatment , and they are then removed from that practice as a result.

Service providers will still be able to provide different services to different people based on their age if:

- They can demonstrate that the treatment is a proportionate means of achieving a legitimate aim (such as targeted public health campaigns, free sight tests for older people)
- They can justify extra help to an age group with particular needs

3.1.1 Older People

People who are most at risk of exclusion in this context are aged 65 and over. This group of adults can experience a range of disadvantages in terms of access and including feelings of stigma and discrimination, lack of respect and social isolation.

Some groups of older people are more at risk than others because of their additional disadvantages. For example, a proportion of our population aged 65+ years have problems with daily living tasks due to ill-health and disability (with the proportion increasing with age), and a significant number of this age group may have dementia.

3.1.2 Children and Young People

Some national findings suggest children and young people can be at a disadvantage or at risk of discrimination in access to services, the level and quality of service provided, and how they are treated because of their age.

- those aged 16-18 years with a mental health condition or chronic illness may receive insufficient priority by health and social care services;

- there is a lack of services for teenagers who need treatment for smoking, alcohol and drug addiction;

- some children aged 16-17 years can find themselves caught between services for children and those for adults with some 17 year olds not able to access any mental health services.

3.2 Disability

Under the Equality Act 2010 a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings:

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

People who have had a disability in the past that meets this definition are also protected by the Act.

There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairments are automatically deemed to be disabled.

Some conditions are specifically excluded from being covered by the disability definition, such as a tendency to set fires or addictions to non–prescribed substances.

The Equality Act 2010 gives disabled people rights not to be discriminated against or harassed in access to health services and social services. This includes in services provided at doctors' surgeries and hospitals.

Adjustments are required to be made for patients with disabilities when they are accessing services where it is reasonable for the service provider to make these adjustments. This might include the provision of information about healthcare and social services in a format that is accessible to the patient (for example, providing forms and explanatory literature in large print or Braille to assist people with visual impairments, or arranging for a BSL interpreter for someone with a hearing impairment).

There is protection from direct disability discrimination and harassment for people who are associated with a disabled person or who are wrongly perceived as disabled.

Many people with a mental health condition do not think of themselves as disabled - but they may have rights under the Equality Act 2010. The Mental Health Act 1983 covers the assessment, treatment and rights of people with a mental health condition. The Mental Capacity Act aims to protect people with learning disabilities and mental health conditions. It provides clear guidelines for carers and professionals about who can take decisions in which situations.

The vast majority of disability groups prefer that the 'social model' of disability is promoted rather than the 'medical model'. The social model aims to address the

social, environmental and attitudinal barriers that can cause social exclusion and reduced self-esteem amongst people with disabilities.

Research suggests that whilst the incidence of people with learning disabilities isn't increasing, individuals, particularly those with severe disabilities, are surviving longer with their conditions both into adulthood and older age.

People with disabilities constitute the nation's largest minority group, and the only group that any of us could become a member of at any time.

3.3 Gender Reassignment

The Equality Act provides protection for transsexual people. A transsexual person is someone who proposes to, starts or has completed a process to change his or her gender.

Some key facts:

- More than 1 in 3 Trans People have attempted suicide
- 17% of Trans People were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment
- 29% of Trans People stated that being trans adversely affected the way they were treated by healthcare professionals

(Whittle, Turner, and Al-alami, 2007)

The most obvious healthcare need for transgender people is around gender reassignment treatment and GPs have a crucial role in the process of seeking this treatment. Gender reassignment can have huge implications for mental health, and our CCG needs to understand the issues facing patients going through gender reassignment.

3.4 Marriage and Civil Partnership

The Equality Act protects employees who are married or in a civil partnership against discrimination but does not provide protection against discrimination because of marriage or civil partnership in the provision of services.

The marriage and civil partnership characteristic is not about creating equality between marriage and civil partnership, but to ensure that someone is protected from discrimination at work (or in training for work) because they are or are not married or in a civil partnership.

3.5 Pregnancy and Maternity

A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled.

In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Some key statistics:

- 45% of pregnant women claim to have suffered "unfair treatment" at the hands of their employers across the UK *(Equal Opportunities Commission, 2006).*

- A qualitative study of pregnant women found that Asian women in particular felt that employers and/or colleagues made additional assumptions on the basis of their ethnic origin, presuming that they may go on to have more children or that they would choose to stay at home with their child rather than return to work*. (Equal Opportunities Commission, 2005).*

3.6 Race

Under the Equality Act 'race' includes colour, nationality and ethnic or national origins. People from black and minority ethnic groups can experience a range of disadvantages, and can often be victims of prejudice, discrimination, harassment and abuse. Our CCG will take into account that:

- Not having adequate access to information can mean that the BME community are often not aware or informed of general advice on health issues.

- Generally there is historically poor engagement with services.

- Migrant communities can experience difficulty in accessing healthcare, particularly in relation to GP services and secondary care

- Walk-in Centres and A&E departments work differently in other countries. There is a need to make information relating to these services more readily available to BME communities to improve access and take up of services.

3.7 Religion and Belief

Under the Equality Act, religion includes any religion. It also includes a lack of religion, in other words employees or jobseekers are protected if they do not follow a certain religion or have no religion at all. Belief means any religious or philosophical belief or a lack of such belief.

Religious and cultural views on the beginning of life can influence attitudes towards a range of health issues including reproductive medicine, abortion, contraception and

neonatal care. Views on dying, death and the afterlife can also influence attitudes e.g. towards pain relief for terminally ill people *(Department of Health, 2009).*

The degree to which we respect religion and belief reflects our CCG's commitment to commissioning patient centred care and how well we respond to our local communities.

Religion and belief is about the things going on inside us; how we make sense of life and what "makes us tick". It may involve questions about meaning, values, hope, love and things beyond the physical boundaries of life. For many people these questions are answered by their religion and beliefs.

However, not everyone expresses their spirituality through a particular faith, so spiritual care is not only for people of all faiths but also for those who don't follow a particular tradition.

Total care includes care for the physical, social, psychological and spiritual dimensions of the person. If a patient's religion or belief is not acknowledged, the 'whole' person cannot be communicated with, meaning that they cannot participate in their recovery and make informed decisions about their treatment. Different cultures and faiths have a variety of views on health, ill health, birth, dying and death, and we need to be aware of the diversity which may affect their path and outcome of treatment.

3.8 Gender

Both men and women are protected under the Equality Act.

This means that people should be treated the same in society regardless of whether they are a man or woman, and should have the same opportunities. So for example the same access to job opportunities at the same rate of pay (relevant to experience and qualifications), the same access to services, and to work within policies and guidelines which don't discriminate because a person is a carer or parent, man or woman.

Specific areas of disadvantage for women include:

- Potential for prejudice, stigma and harassment in individuals not conforming to stereotypes (sometimes cultural) associated with women's and men's gender, marital or relationship status – these issues can also affect men, although the stereotypes are clearly different.

For women, expected stereotypes involve expectations of both domestic and caring roles – whether caring for children, the disabled or the elderly.

3.9 Sexual Orientation

The Equality Act protects bisexual, gay, heterosexual and lesbian people.

Some key facts:

- Young gay and bisexual men are seven times more likely to have attempted suicide *(Remefedi et al, 1998).*

- Although homophobia seems to have become less common, studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes *(Beehler, 2001).*

- Lesbian, gay and bisexual people are less likely to access routine screening than heterosexual people *(Department of Health, 2007).*

A report written by Stonewall and the Department of Health, 'Being the Gay One' (2007), shows that there is still homophobia and discrimination in parts of the NHS.

The National Audit Office and Stonewall estimate that around 6.5% of the national population is lesbian, gay or bisexual, which will be reflected in the local population that we serve.

4. EQUALITY INFORMATION

This section outlines what we know about the make-up of our local population and those who use the services we commission, in relation to the different protected characteristics.

- Total population 264,630
- Basildon District has a young population structure than England as a whole
- Brentwood has a considerably older population than England as a whole
- The CCG has some of the most affluent and deprived areas in England
- The greatest levels of deprivation are found in Basildon Town and the greatest levels of affluence are in Brentwood
- Different levels of deprivation drive health inequalities and result in mortality (death) and morbidity (illness) rates in different geographical areas
- There is a 9.6 and 5.5 year life expectancy age gap at birth for males and females respectively born in the most affluent compared to the most deprived area within NHS Basildon & Brentwood CCG
- Certain specific populations also face significant health inequalities. For example our gypsy and traveller population have poor health outcomes and are less likely to access health services than our general population
- At 69.1% breast feeding initiation rates across the CCG are significantly lower than England as a whole
- Basildon has the highest under 18 conception rate in Essex whilst Brentwood's rate is one of the lowest in England
- 19% of adults (age 16+) across BB CCG smoke but smoking prevalence within the most deprived quintile of the population is 35%. This in itself is a significant driver of health inequalities

- Circulatory disease remains the biggest cause of mortality amongst our population, with significantly different rates between affluent and deprived communities.

4.1.1 Complaints

Complaints are an important source of information for monitoring impact on equality. The complaints leaflet can be translated in other languages or formats on request.

4.2 Our Workforce

Our CCG will collate workforce information on the protected characteristics where these are disclosed by staff members. The key performance indicators on gender, ethnicity and disability in order to reflect our local population will be reported to the Board on an annual basis.

Our CCG will ensure that its staff are trained in equality and diversity awareness. Our staff appraisal process will include monitoring of unsatisfactory performance to ensure there is no unintended bias towards or against particular protected groups.

5. OUR EQUALITY ANALYSIS

As a public sector organisation our CCG has a duty to analyse the effects of our policies and practices on equality across all of the protected characteristics. This helps us to consider if our policies and practice have any unintended consequences for some groups, and to check if they will be fully effective for all target groups. It can help us identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups.

Equality analysis is undertaken for all our policies and commissioning projects by completing Equality Impact Assessments (EIAs).

We work with community groups to ensure we are aware of the health issues and needs of our local community, and to help us to develop and commission best practice services.

6. THE NHS EQUALITY DELIVERY SYSTEM (EDS)

The Equality and Diversity Council commissioned the development of an Equality Delivery System (EDS), aimed at improving the equality performance of the NHS and embedding equality into mainstream business. EDS is a national tool for both current and emerging NHS organisations, in partnership with patients, the public, staff and staffside organisations, to review their equality performance and to identify future priorities and actions. The EDS requires NHS organisations, in collaboration

with local interests, to analyse and grade their performance, and set defined equality objectives, supported by an action plan. Performance against the selected objectives will be reviewed annually. These processes should also be integrated within mainstream business planning.

The purpose of the EDS is to drive up equality performance and embed equality into mainstream NHS business. The EDS covers patient, public health, compliance and workforce issues. It applies to all NHS organisations, and helps them to address:

- the requirements of the public sector Equality Duty
- the equality aspects of the NHS Constitution
- the equality aspects of the NHS Outcomes Framework

The EDS covers all those people with characteristics protected by the Equality Act 2010 referred to above. To assist in the delivery and monitoring of Equality duties, the EDS identifies 18 outcomes that NHS organisations should be seeking to achieve. A list of all 18 outcomes is included as Appendix 2, and are grouped into the following four broad areas or 'goals'

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

Under the current EDS model, NHS organisations are required to develop a four-year Equality Strategy based on their grading of their equality performance against a set of nationally determined EDS goals and outcomes (see below). When grading themselves in discussion with local interests, organisations chose from 4 grades:

- Excellent
- Achieving
- Developing
- Undeveloped

Based on the grading, the system demonstrates how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interest groups will assess progress and carry out a fresh grading exercise. In this way the EDS will foster continuous improvements.

It is expected that there will be an incremental improvement in gradings in future years as the learning from engagement and grading workshops is applied, robust equality monitoring is put in place and the EDS action plan is implemented.

EDS engagement activities across Essex were held by NHS South Essex in September and October 2011 to facilitate a community conversation on health inequalities with local interests. Events were held in Chelmsford, Southend, Thurrock, Colchester and Harlow. These were attended by representatives of local communities (including LINk) and chaired by non-executive directors of the respective PCTs. The discussions at these workshops focussed on barriers that

local people have experienced when accessing healthcare services. Key themes identified included the need to engage with communities in order to promote health services and disseminate information; the requirement for information to be easily accessible and in user-friendly language; and the need for staff to have cultural awareness. Mental health patients particularly identified that services can be difficult to access and that physical problems are sometimes ignored as the doctor considers the problems they are experiencing are due to their mental health condition rather than having some other physical cause.

From the feedback received from engagement and grading workshops, and based on the gradings received, NHS South Essex developed draft equality objectives for each EDS goal. These are:

EDS Goal 1 Better health outcomes for all:
Ensure that patients are treated according to their individual needs, enabling the patient to be treated as a whole rather than focusing on their primary condition

EDS Goal 2 Improved patient access and experience:
Improve communication and accessibility of information

EDS Goal 3 Empowered, engaged and included staff:
Improve health & well-being of staff by putting in place interventions in the workplace

EDS Goal 4 Inclusive leadership at all levels:
Embed Equality and Diversity at Board level

These were agreed at the NHS South Essex January 2012 Board meeting in January 2012 and subsequently published.

NHS Basildon & Brentwood CCG adopted the PCT's EDS goals whilst it was in shadow form and these were carried over once the CCG became a statutory body on 1st April 2013. Over the coming months, the CCG will deliver against these goals and each year, we will refresh one of these goals in discussion with our community, such that all goals will be revisited in a four-year cycle.

NB – the Department of Health have indicated that a new version of the EDS will be launched in Autumn/Winter 2013. At this stage, this strategy may be revisited.

6.1 Better Health Outcomes for All

The Equality Delivery System states that organisations should:

"Achieve improvements in patients' health, public health and patient safety for all, based on comprehensive evidence of needs and results".

This means that when we plan and commission services we need to make sure that:

- We understand the needs of the people who use services and we involve them in deciding what things are important for us to focus on.

- We coordinate when more than one service is involved.
- We have measures in place to check and make sure that the services we commission are safe.
- The same outcomes are achieved for people of all groups.

We will continue to work closely with colleagues in Public Health to target health and wellbeing programmes in those communities that demonstrate greatest deprivation. Using the evidence from a range of sources including the Joint Strategic Needs Assessment (JSNA) and social marketing insight reports, our commissioning intentions can be systematically targeted at areas of greatest need.

We will also monitor our complaints and other mechanisms for patient feedback to enable the services that we commission to improve.

6.2 Improved Patient Access and Experience

The Equality Delivery System states that organisations should:

"Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience".

This means that when we plan and commission services we need to make sure that:

- We have measures in place to identify and tackle any barriers to using these services.
- People are provided with the support and information they need to use services in a way that meets and takes account of their individual needs.
- People are supported to make informed choices about their care and treatment and understand their rights.
- We have strong systems in place to gather feedback and capture experiences from the people who use the services we commission and use this to improve the services we commission.

6.3 Empowered, Engaged and Well-Supported Staff

The Equality Delivery System states that organisations 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 community needs"

This means that when we plan and commission services we need to make sure that:

- We employ a workforce which is representative of our local community.
- We support our staff to live and promote healthy lifestyles.
- We have fair and flexible policies and practices in place to support our staff to do their jobs effectively without fear of discrimination.

- We have sufficient staff who are properly qualified and trained to confidently and competently do their job.

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6.4 Inclusive Leadership at All Levels

The Equality Delivery System states that organisations should:
"Ensure that throughout the organisation, equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions"

This means that when we plan and commission services we need to make sure that:

- We recognise the individual diverse needs of service users and ensure they are treated with dignity and respect.
- We develop and support equality leaders and champions within the CCG to mainstream equality into every part of our business.
- We involve our public in all aspects of our work making sure we listen and involve patients, carers and the public from diversity groups in our planning.

6.5 EDS Action plan

NHS South Essex developed equality objectives based on feedback received from the community engagement and grading workshops held in September and October 2011. We have continued that work, and have developed an EDS action plan for our CCG to ensure that the identified actions are implemented.

Our Board is committed to following these actions through in order to ensure that we tackle the challenges and health inequalities that face some members of our population. Our action plan is attached as appendix 3 to this strategy.

Appendix 1

Glossary

This is a guide to some of the commonly used terms that are used in relation to equality and diversity, many of which have been used in the Strategy.

Term	What it means
Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).
Ageism	Discrimination against people based on assumptions and stereotypes about age.
Black and Minority Ethnic (BME)	Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.
Champion	Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. Equality and Diversity). A champion can be a senior staff member in health or social services; a councillor; or a representative of the group concerned, e.g. older people.
Commissioning	The process of specifying, purchasing and monitoring services to meet the needs of the local population.
Comply	To make sure the CCG meets the requirements of different Equality and Diversity legislation.
Consultation	Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.

Term	What it means
Culture	Relates to a way of life. All societies have a culture, or common way of life, which includes: • Language — the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Direct Discrimination	Treating one person less favourably than another on the grounds of one of the protected characteristics.
Disability	The Equality Act 2010 defines disability as: “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Discrimination by association	This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.
Discrimination by perception	Direct discrimination against someone because the others think they possess a particular protected characteristic.
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Duty	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.

Term	What it means
EDS	Equality Delivery System – is a public commitment of how NHS intends to meet the duties placed on it by the Equality Act.
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Equality Impact Assessment	An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing the effects that a proposed policy or project is likely to have on different groups
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals).
Gender Dysphoria	Gender dysphoria is a condition in which a person feels that they are trapped within a body of the wrong sex.
Genuine Occupational Requirement (GOR)	In strictly limited situations, each piece of anti-discrimination legislation allows for a job to be restricted to a person of a particular race, disability, gender, age, religion / belief, sexual orientation if it is proportionate to apply a GOR to the job.

Term	What it means
Harassment	Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.
Homophobia	An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality.
Homosexual	This term refers to a person, male or female, who is sexually and emotionally attracted to people of the same sex. It is both a legalistic and medical term and so its use is often seen to be oppressive.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a protected characteristic group to comply with.
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
Lesbian	This term refers to a woman who is sexually and emotionally attracted to other women.
LGB	Lesbian, Gay and Bisexual
Monitoring	The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.

Term	What it means
PCT	Primary Care Trust
Perception discrimination	This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.
Positive Action	Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population. Positive action permitted by the anti-discrimination legislation allows a person to: - provide facilities to meet the special needs of people from particular groups in relation to their training, education or welfare, and - target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. Positive action is not the same as positive discrimination.
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job.
Prejudice	Means to pre-judge someone, knowing next to nothing about them but jumping to conclusions because of some characteristics, like their appearance.
Procurement	Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.

Term	What it means
Racial Group	A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination.
Racism	Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.
Religion	The term religion – sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.
Sexism	A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.
Sexual Orientation	Within the sexual orientation regulations, sexual orientation is defined as: - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Sexuality	This term refers to the general sexual preferences of people i.e. both lesbian and gay and heterosexual. It is often a preferable term to use to that of sexual orientation.
SLAs	Service Level Agreement is a form of contract between two parties.
Social inclusion	The position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers (social exclusion) for people or for areas that experience a combination of linked problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.

Term	What it means
Social Model	A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.
Stereotypes	Generalisations concerning perceived characteristics of all members of a group – rather than treating people as individuals.
Third Party Harassment	Third party harassment means harassment caused by a person or group of people who work outside the control of the employer, such as contractors, clients, customers, vendors and suppliers, or some other party which makes frequent visits in the place of business.
Transsexual/Transgender People	Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex.
Victimisation	Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.
Workforce Profile	What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.

Appendix 2

Equality Delivery System - Goals and Outcomes

Goal	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 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all
		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 and used in order to improve patient experience	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 to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
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	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
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay
		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
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		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
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	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
		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
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes

Appendix 3

EDS Action Plan for NHS Basildon & Brentwood CCG 2013-14

EDS Goal and Objective	Action	CCG Lead	Timescale
Better health outcomes for all Ensure that patients are treated according to their individual needs, enabling the patient to be treated as a whole rather than focussing on their primary condition			
	Support and facilitate community EDS and Community engagement event for 2013/14 to update community on progress and take EDS forward.	**Tonia Parsons / Andrew Stride**	**End of March 2014**
	Ensure that equality impact assessments are undertaken for all commissioning processes, QIPP programmes and CCG policies	**Lisa Allen / Andrew Stride**	**Autumn 2013**
	Consider any health inequalities identified by regular review of patient experience feedback	**Lisa Allen / Andrew Stride**	**Ongoing**
	Ensure equality and diversity included in CCG's operational plan	**Tom Abell / Tonia Parsons**	**Autumn 2013**
	Work with Essex Area Team to increase number of health checks undertaken for patients with a learning disability	**Tonia Parsons**	**Ongoing / end of March 2014**
	Gain assurance that member practices are using disease registers to research disease prevalence by locality, informing commissioning intentions	**Tonia Parsons**	**April 2014**
	E&D Strategy and EDS Action plan Updated and adopted.	**Lisa Allen / Andrew Stride**	**Autumn/Winter 2013/14**
	To become an active member of the Winterbourne Strategy Implementation Group. To collaborate with Mental Health Commissioners and Local Authorities to develop a plan to review all funded placements for those with Learning Disabilities and challenging behaviour. Reviews to focus on the development of support plans for individual service users	**Tracey Easton**	**Autumn 2013**

Improved patient access and experience Improve communication and accessibility of information	Engage with representatives from groups for people with protected characteristics to ensure information on local health services is accessible, in partnership with key organisations such as the Essex Area Team and Local Healthwatch	**Tonia Parsons / Alison Reeve**	**Ongoing**
	Ensure CCG and practice websites include signposting to health and wellbeing information	**Tonia Parsons / Andrew Stride**	**Autumn 2013**
	Work to have representation from spectrum of community at Commissioning Reference Group	**Tonia Parsons / Alison Reeve**	**Ongoing**
	Work with partner organisations (e.g., HealthWatch, CVS) to ensure all our population have a conduit for feedback	**Lisa Allen / Tonia Parsons**	**Ongoing**
	Work with religious centres to support dissemination of appropriate health information	**Tonia Parsons / Andrew Stride**	**Ongoing**
	Explore joint working opportunities with Local Authorities, including possibility of using their residents panels or equivalent community networks	**Tonia Parsons**	**Spring 2014**
	Work with providers to ensure that meaningful information is collected to assure commissioners that patients are not being discriminated against as a result of their age (age discrimination ban)	**Tonia Parsons / William Guy**	**April 2014**
	Maintain working relationship with councils for voluntary services to ensure links to community groups	**Tonia Parsons**	**Ongoing**
	Publish annual profile of people affected by the CCG's policies and practices (ie patients and your communities, using information from the JSNA), identifying any gaps in this information and how these will be addressed	**Tom Abell**	**January 2014**
Empowered, engaged and well-supported staff			
	CCG to promote Equality & Diversity awareness amongst member practices by various means	**Tonia Parsons**	**December 2013 / ongoing**
	Review what equality data for staff is collected, and how it is collected in relation to workforce stats.	**Tonia Parsons**	**January 2014**
	Publish annual workforce profile for CCG	**Tonia Parsons**	**January 2014**

Improve health & well-being of staff by putting in place interventions in the workplace	100% of eligible staff to have an up to date appraisal and personal development plan (PDP)	**Tonia Parsons**	**End of March 2014**
	100% of eligible staff to have training needs identified through their appraisal/PDP	**Tonia Parsons**	**End of March 2014**
	Support staff to understand their responsibilities re Equality & Diversity. To be included in job descriptions and appraisal discussions.	**Lisa Allen / Tonia Parsons**	**End of March 2014**
	All staff to undertake Equality and Diversity Training	**Tonia Parsons / Andrew Stride**	**Summer 2014**
	Promote the importance of staff health and wellbeing	**Tonia Parsons**	**January 2014 / ongoing**
	Identify CCG Clinical Lead and operational lead for Equality & Diversity and publicise to staff	**Lisa Allen**	**Autumn 2013**
	Incorporate E&D into the CCG Board's OD Plan	**Tonia Parsons**	**Autumn 2013**
Overarching EDS	Review one equality objective each year on a rolling 4 year programme, including re-assessment of EDS outcomes, to ensure that equality objective, if not completed, remains a priority	**Lisa Allen**	**April 2014**
	Incorporate EDS performance into the CCG's annual report	**Lisa Allen / Tom Abell**	**Post April 2013**

BB CCG Leads

Tom Abell – Chief Officer
Tonia Parsons – Chief Operating Officer
Lisa Allen – Executive Nurse
Andrew Stride – Head of Corporate Governance
William Guy – Head of Commissioning