



Redditch and Bromsgrove
Clinical Commissioning Group



Equality, Diversity and Human Rights Strategy 2013-16



Working together to promote high quality & affordable healthcare.

Foreword	3
What do we mean by equality and diversity?	4
Introduction	4
Organisational Vision	6
Commissioning for Equality	7
Equality Impact Assessments	8
Equality Legislation and Public Sector Duty	9
NHS Constitution and Human Rights	18
What we already have in place	19
How we will implement this strategy	21
Appendix 1 – Types of discrimination	24

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Foreword from the Chair and the Chief Officer

We are committed to embedding the principles and practice of Equality, Diversity and Human Rights within our business planning, service developments, commissioning processes, patient and public engagement and within our staff and workforce experience, to ensure the best patient outcomes for all our local population.

This is demonstrated in our Strategy as published here which provides us with clear direction in taking this critical area of work forward. We will make this an integral part of our decision making and the ways in which we work. Applying the principles and practice will also support us in reducing health inequalities and commissioning services that are accessible by the whole community. This is also strongly linked with our absolute commitment to ensuring we commission high quality, safe services for all.

We will make sure our work of engaging with and involving our local populations in decisions about their own health care and about services being developed and commissioned on their behalf is underpinned by our Equality, Diversity and Human Rights Strategy and objectives. Doing this will reflect the principle of *'no decision about me, without me'* and is at the heart of providing a patient-led service and ensuring that we treat people with respect, dignity and fairness.

We will continue to consult and engage with our GP members, patients, the public, local communities and their representatives and staff as we take this Strategy forward to secure high quality services for our local people which takes account of their needs and at a time and in a way which is accessible to them.



Dr Jonathan Wells
Chair/Clinical Leader



Simon Hairsnape
Chief Officer

1. What do we mean by equality and diversity?

- 1.1. Equality is sometimes incorrectly defined as treating everyone in the same way. In actual fact, in order to ensure equality of access, treatment and health outcome, we sometimes need to treat people differently. For instance, if someone does not speak English, then they will need an interpreter in order to be able to access services or if someone has a learning disability they may need a longer appointment in order to have everything explained to them in a way that they will understand.
- 1.2. Diversity is about valuing and reaping the benefits of a varied workforce that makes the best of people's talents whatever their backgrounds. Diversity encompasses visible and non-visible individual differences. It can be seen in the makeup of the workforce in terms of gender, ethnicity, disabled people etc., about where those people are in terms of management positions, job opportunities, terms and conditions in the workplace.

2. Why is it important?

- 2.1. There are clear links between someone's gender, gender identity, ethnic background, sexual orientation, age, religion or belief, disability or long term condition, their degree of deprivation or affluence, and their health.
- 2.2. This means that a "one size fits all" service will not meet the needs of the whole community. We must therefore consider how people are affected differently in order that we can commission services that offer equality of access, equality of treatment and equality of outcome to all.

3. Introduction

3.1. National changes

- 3.1.1. The passing into law of the Equality Act 2010 overhauled many years of equality legislation, putting a single Public Body Duty covering all protected characteristics on to NHS organisations such as NHS Redditch and Bromsgrove Clinical Commissioning Group.

3.2. Regional changes

- 3.2.1. NHS England's area team will have oversight of our compliance with the Duty.

3.3. Local changes

3.3.1. Practices in Redditch District and Bromsgrove District, have come together to become NHS Redditch and Bromsgrove CCG.

3.3.2. We have been working together since 2006 as part of Practice Based Commissioning and formally came together as a shadow CCG to work throughout 2012/2013. We took on full authority for commissioning services in April 2013.

3.3.3. All legal responsibilities regarding compliance with equality legislation passed to us at that time.

3.4. Sir David Nicholson, Chief Executive of the NHS England and Chair of the Equality and Diversity Council (EDC) has made a commitment to raise the importance of equality in 10 key areas as follows:

- The authorisation of Clinical Commissioning Groups.
- The development of the national curriculum for GP Pathfinder Consortia.
- Guidance for PCT clusters.
- The authorisation of Foundation Trusts.
- The HR Framework.
- The retention of staff and talent in the NHS and that we learn from existing good practice and safeguard the legacy of PCTs and SHAs.
- The development of support for commissioners enables and empowers them to deliver the equality agenda.
- The clarification of the roles of accountable officers and boards in delivering equality.
- The role of Joint Strategic Needs Assessments in designing how services are built.
- The selection and authorisation of non-NHS providers, including social enterprise.

4. Organisational Vision

4.1. Our vision is “Working together to promote high quality, affordable healthcare”.

4.2. The Redditch and Bromsgrove CCG’s values are:

- Promoting a fair, ethical and transparent culture
- Placing patient safety and experience at its core
- Identifying that “Partnerships matter”
- Listening and responding
- Promoting evidence based practice: Right care, right place, right time
- Patient choice matters
- Promoting privacy, dignity and mutual respect
- Working together with member practices
- Promoting good health and wellbeing
- Identifying opportunities for service redesign and innovation
- Securing value for money
- Being a good employer

4.3. The 2012 Public Health Observatory reports give the following information for the districts:

- Deprivation in Redditch is higher than average with about 3,000 children living in poverty
- Circulatory diseases and cancers are still the major cause of death and Bromsgrove has high admission rates for these diseases
- Hospital stays for alcohol related harm is much higher than the English average for Redditch
- Obesity for adults is high in Redditch

Objectives related to all these areas of concern will intersect with the protected characteristics, and the Equality Delivery System Action Plan (see separate document) demonstrates how taking account of diversity can improve outcomes.

4.5 Our Integrated Plan, based on this and other information and national directives, is published in a separate document and Equality Impact Assessments will be carried out on all decisions.

5. Equality Objectives 2013 – 2016

5.1. As part of our Equality Duty, we are publishing our equality objectives. These are:

- Develop and sustain a culture of quality
- Improve access and outcomes for mental health services
- Become an ‘employer of choice’ for all sections of our local populations

These objectives will be delivered via our Equality Delivery System Action Plan.

6. Commissioning for Equality



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

6.1. Equality is built into the commissioning cycle¹ with Equality Impact Assessments (EIAs) being completed for all strategies, business cases, reconfiguration, commissioning and de-commissioning of services. The issues identified through the EIA become part of the decision making process and form part of the contract with providers and are monitored along with other Key Performance Indicators (KPIs) in regular monitoring meetings.

¹ <http://webarchive.nationalarchives.gov.uk/20100402134053/ic.nhs.uk/commissioning>

7. Equality Impact Assessments

- 7.1. In order to ensure that we are addressing the specific health needs of minority groups within the population, Equality Impact Assessments are carried out on every strategy, commissioning intention and care pathway. This enables us, as commissioners, to consider how the issue or disease currently affects different groups so that we can meet our Public Sector Duty to “meet the needs of the people who share the relevant characteristic where these are different to those who do not”.
- 7.2. To this end, under the Service Level Agreements (SLAs) which the CCG has with Worcestershire Public Health Department, staff contribute what intelligence is available on how different groups are affected, including local statistics and national data. This quantitative information is enriched through community engagement work.
- 7.3. Having consequently identified where the strategy needs to be different for different groups, staff in the ACS will support clinicians in the CCG to highlight what action will be taken to address these differences in health, access or outcomes and ensure that contracts with providers contain equality targets and Key Performance Indicators (KPIs) that are equally important as other KPIs relating to clinical quality. These equality targets are then monitored as part of regular contract monitoring meetings with Providers.
- 7.4. We would expect these processes to lead to measurable improvement in the health of affected groups.
- 7.5. The Government’s Outcomes Framework² has had an EIA completed and published and this has highlighted where targeted work needs to happen, and expects outcomes to be monitored, by equality strand as certain health conditions disproportionately affect some groups.

2

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122955.pdf

8. Equality Legislation and Public Sector Duty

8.1. The Equality Act 2010 overhauled all previous equality legislation, broadening out the characteristics which are protected and streamlining public body duties.

8.2. This supersedes the Disability Discrimination Act, the Race Relations Act, and the Sex Discrimination Act, together with their associated duties.

9. What are our responsibilities as a public body?

9.1. The Act says that, in the exercise of our functions, we must have **due regard** to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act (see Appendix 2 for information on types of discrimination)
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. For instance, by removing or minimising disadvantages connected with the protected characteristic, by meeting the needs of the people who share the relevant characteristic where these are different to those who do not and by encouraging participation by people who have the protected characteristic where their participation is disproportionately low.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it through tackling prejudice and promoting understanding.

9.2. One of the ways that we evidence that we have had due regard is by carrying out Equality Impact Assessments on all policies, strategies and decisions regarding service changes, tendering for new services and decommissioning of existing services.

10. Protected characteristics³ – Definitions and local picture

10.1. Protected characteristics (from the Equality Act 2010) are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

³ Taken from Equality Act 2010 Statutory Code of Practice: Employment. EHRC 2011

10.2. The most up to date figures are from the 2011 census.

11. Age

11.1. Age is defined in the Act by reference to a person's age group. In relation to age, when the Act refers to people who share a protected characteristic, it means that they are in the same age group.

11.2. An age group can mean people of the same age or people of a range of ages. Age groups can be wide (for example, people 'under 50'; 'under 18s'). They can also be quite narrow (for example, 'people in their mid-40s'; 'people born in 1952'). Age groups may also be relative (for example, 'older than me' or 'older than us').

11.3. There is some flexibility in the definition of a person's age group. For example, a 40 year old could be described as belonging to various age groups, including '40 year olds'; 'under 50s'; '35 to 45 year olds'; 'over 25s'; or 'middle-aged'. Similarly, a 16 year old could be seen as belonging to groups that include: 'children'; 'teenagers'; 'under 50s'; 'under 25s'; 'over 14s' or '16 year olds'.

11.4. The Redditch and Bromsgrove profiles can be found on the Office for National Statistics website at

<http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc4/subnational.html>

Link to integrated plan:

Children in deprived wards are at greater risk of accidental injury. Hospital admissions are almost 50% higher for this group compared to the most affluent wards. R&BCG has a high proportion of 0 -19 yr olds

12. Disability

12.1. The Act says that a person has a disability if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. Physical or mental impairment includes sensory impairments such as those affecting sight or hearing.

12.2. An impairment which consists of a severe disfigurement is treated as having a substantial adverse effect on the ability of the person concerned to carry out normal day-to-day activities.

- 12.3. 'Long-term' means: the impairment has lasted, or is likely to last, for at least 12 months or for the rest of the affected person's life.
- 12.4. Where a person is taking measures to treat or correct an impairment and, but for those measures, the impairment would be likely to have a substantial adverse effect on their ability to carry out normal day to day activities, it is still to be treated as though it **does** have such an effect.
- 12.5. This means that 'hidden' impairments (for example, mental illness or mental health conditions, diabetes and epilepsy) which are treated with medication to enable the person to live their lives 'normally' may count as disabilities where they meet the definition in the Act.
- 12.6. Cancer, HIV infection, and multiple sclerosis are deemed disabilities under the Act from the point of diagnosis.
- 12.7. Progressive conditions and those with fluctuating or recurring effects will amount to disabilities in certain circumstances.
- 12.8. Redditch and Bromsgrove profile:

2011 census Percentage reporting	Day-to-day activities limited a lot	Day-to-day activities limited a little
Redditch district	8%	9%
Bromsgrove district	8%	9%

2011 census Percentage reporting	Bad health	Very bad health
Redditch district	4%	1%
Bromsgrove district	4%	1%

- 12.9. The rate of those in receipt of Disability Living Allowance in Redditch is 5% and for Bromsgrove is 4% (2011 census figures).

Link to Integrated plan:

Mental health – access and outcomes are not as good as we would like them to be and demand for specialist mental health services is high

13. Gender reassignment

- 13.1. People who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex have the protected characteristic of gender reassignment.
- 13.2. Under the Act ‘gender reassignment’ is a personal process, i.e. Moving away from one’s birth sex to the preferred gender, rather than a medical process.
- 13.3. Where an individual has been diagnosed as having ‘Gender Dysphoria’ or ‘Gender Identity Disorder’ and the condition has a substantial and long-term adverse impact on their ability to carry out normal day-to-day activities, they may also be protected under the disability discrimination provisions of the Act.
- 13.4. Redditch and Bromsgrove profile:
- 13.5. The rate of gender dysphoria in the population is estimated to be 1 in 12,500⁴. This would mean that there are approximately 14 trans people in the Redditch and Bromsgrove area.

Link to CCG clinical policy:

The responsibility for commissioning gender dysphoria services has moved to NHS England

14. Race

- 14.1. The Act defines ‘race’ to include colour, nationality, and ethnic or national origins.
- 14.2. Everyone has an ethnic origin but the provisions of the Act only apply where a person belongs to an ‘ethnic group’ as defined by the courts. This means that the person must belong to an ethnic group which regards itself, and is regarded by others, as a distinct and separate community because of certain characteristics. These characteristics usually distinguish the group from the surrounding community.

⁴ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089939.pdf

14.3. There are two essential characteristics which an ethnic group must have: a long shared history and a cultural tradition of its own. In addition, an ethnic group may have one or more of the following characteristics: a common language; a common literature; a common religion; a common geographical origin; or being a minority; or an oppressed group.

14.4. The courts have confirmed that the following are protected ethnic groups: Sikhs, Jews, Romany Gypsies, Irish Travellers, Scottish Gypsies, and Scottish Travellers.

14.5. Redditch is more diverse than Bromsgrove. The following information on the percentage of population that is from a BME background is taken from the 2011 census:

	Redditch profile	Bromsgrove profile
White British	94%	87%
White Irish	1%	1%
Gypsies and travellers	<1%	<1%
White other	1%	4%
Mixed – total	1%	1%
Asian / Asian British - Indian	1%	1%
Asian / Asian British - Pakistani	<1%	3%
Asian / Asian British – Bangladeshi	<1%	<1%
Asian / Asian British – Chinese	<1%	<1%
Asian / Asian British - other	<1%	<1%
Black / Black British – African	<1%	<1%
Black / Black British – Caribbean	<1%	1%

Black / Black British – Other Black	<1%	<1%
Other ethnic group - Arab	<1%	<1%
Other ethnic group – any other group	<1%	<1%

14.6. The majority of ethnic minority residents in Redditch and Bromsgrove are children or working age adults with very few over 65s currently. This will change over time and will need to be considered when planning future care needs for the elderly. The largest minority group of overseas nationals is from Poland following the accession of the A8 countries.

14.7. Additionally, Redditch and Bromsgrove have a number of gypsy and traveller sites. Gypsies and travellers have worse health than any other ethnic minority group. The numbers reported in the census are likely to be smaller than the actual numbers due to reluctance to comply with official questionnaires plus movement from site to site.

Link to Integrated Plan:

There are high rates of CVD in Redditch. BME populations are disproportionately affected by vascular disease. 4% of the Redditch population is Asian and 1% is Black

15. Religion or belief

15.1. The protected characteristic of religion or belief includes any religion and any religious or philosophical belief. It also includes a lack of any such religion or belief.

15.2. For example, Christians are protected against discrimination because of their Christianity and non-Christians are protected against discrimination because they are not Christians, irrespective of any other religion or belief they may have, or any lack of one.

15.3. A religion need not be mainstream or well known to gain protection as a religion. However, it must have a clear structure and belief system.

15.4. Denominations or sects within religions, such as Methodists within Christianity or Sunnis within Islam, may be considered a religion for the purposes of the Act.

15.5. For a philosophical belief to be protected under the Act:

- it must be genuinely held;

- it must be a belief and not an opinion or viewpoint based on the present state of information available;
- it must be a belief as to a weighty and substantial aspect of human life and behaviour;
- it must attain a certain level of cogency, seriousness, cohesion and importance;
- it must be worthy of respect in a democratic society, not incompatible with human dignity and not conflict with the fundamental rights of others.

15.6. Redditch and Bromsgrove profile:

15.6.1. Christianity is the most commonly stated religion in the 2011 census (63% in Redditch and 69% in Bromsgrove) with a further 25% and 22% saying 'no religion' and 7% choosing not to answer. Of the remainder, Islam was highest in Redditch at 3%.

Link to Integrated Plan:

Mental health problems are one of our key priorities and **faith** and **spirituality** have been shown to have a positive influence on mental well being.

<http://www.rcpsych.ac.uk/expertadvice/treatmentswellbeing/spirituality.aspx>

16. Sex

16.1. Sex is a protected characteristic and refers to a male or female of any age. In relation to a group of people it refers to either: men and/or boys, or women and/or girls.

16.2. Redditch and Bromsgrove profile:

16.2.1. 51% of the total population are female and 49% are male. Males outnumber females at birth (52% vs 48%) and up to 25 years old, at which point females overtake.

Link to Integrated Plan:

Rates of cervical screening vary widely between practices

17. Sexual orientation

17.1. Sexual orientation is a protected characteristic. It means a person's sexual orientation towards:

- persons of the same sex (that is, the person is a gay man or a lesbian);
- persons of the opposite sex (that is, the person is heterosexual); or
- persons of either sex (that is, the person is bisexual).

17.2. Sexual orientation relates to how people feel as well as their actions.

17.3. Redditch and Bromsgrove profile:

17.4. The Department of Trade and Industry use 5 – 7% of the population as their estimate of the lesbian, gay and bisexual (LGB) population. This means that 93% to 95% are heterosexual. The percentage in towns and cities is likely to be higher than in rural areas.

17.5. Questions about sexual orientation were not included in the 2011 census therefore we are unlikely to have accurate figures regarding the local population to use in our EIAs.

Link to Integrated Plan:

Teenage pregnancy is a result of heterosexual activity and rates in Redditch are high

18. Marriage and Civil Partnership

18.1. The Act continues to protect people who are married or in a civil partnership. Single people are however not protected by the legislation against discrimination.

18.2. This protected characteristic would be pertinent when considering reproductive services and HR policies

19. Pregnancy and maternity

19.1. Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. 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.

20. Social deprivation

20.1. Although socio-economic deprivation was removed from the Equality Act, we in the Redditch and Bromsgrove Clinical Commissioning Group have made the decision to consider it when performing EIAs as the link between health and deprivation is so closely interconnected.

20.2. Redditch and Bromsgrove profile:

20.2.1. Life expectancy for men and women by local authority.

	Men	Women
Redditch district	78	83
Bromsgrove district	80	83

Link to Integrated Plan:

Children in deprived wards are at greater risk of accidental injury. Hospital admissions are almost 50% higher for this group compared to the most affluent wards

R&BCCG has 4 super output areas (all in Redditch) that are in the 10% most deprived wards nationally.

21. Workforce

21.1. In addition to our responsibilities under the Equality Act to the population whom we serve, our duties also apply to us as an employer.

21.2. Workforce information will be added to our website as soon as possible once we become a legal entity and workforce targets will be part of the Equality Delivery System.

21.3. The lack of gender and ethnic diversity amongst Board members has already been identified and will be addressed through organisational development plans.

22. NHS Constitution

- 22.1. In March 2010, the NHS Constitution was enshrined in English Law.
- 22.2. This includes rights for patients and staff which include rights on equality and human rights such as the right not to be discriminated against and the right to be treated with dignity and respect.
- 22.3. The principles of the constitution have been cross referenced to the Equality Delivery System outcomes by the Department of Health.

23. Human Rights⁵

- 23.1. The Human Rights Act 1998 came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK law.
- 23.2. All public bodies (such as hospital trusts, Clinical Commissioning Groups, and other bodies carrying out public functions including sub-contractors) have to comply with the Convention rights.
- 23.3. The Act sets out the fundamental rights and freedoms that individuals in the UK have access to. They include:
 - Right to life
 - Freedom from torture and inhuman or degrading treatment
 - Right to liberty and security
 - Freedom from slavery and forced labour
 - Right to a fair trial
 - No punishment without law
 - Respect for your private and family life, home and correspondence
 - Freedom of thought, belief and religion
 - Freedom of expression
 - Freedom of assembly and association
 - Right to marry and start a family

⁵ Taken from <http://www.equalityhumanrights.com/human-rights/what-are-human-rights/the-human-rights-act>

- Protection from discrimination in respect of these these rights and freedoms
- Right to peaceful enjoyment of your property
- Right to education
- Right to participate in free elections

23.4. Some rights are absolute whilst others are not and can be restricted; usually when the individual's rights are weighed against the rights of others. For instance, the right to liberty and security can be restricted when a patient might be a risk to themselves or others. In this case, clinical staff would have to follow Deprivation of Liberty guidance to ensure that the patient's rights were not being unreasonably withheld.

23.5. The recent Care Quality Commission investigation of care provided by private and statutory organisations, particularly to elderly people and disabled adults, show that some organisations have infringed those patients' human rights.

23.6. It is vital that NHS Redditch and Bromsgrove CCG keeps patients' human rights at the core of commissioning and regularly reassure themselves (for instance through unannounced visits to providers) that care is of a good standard.

24. What we already have in place

24.1. To contribute to our duty to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act we will monitor complaints to cover all protected characteristics. We will ensure that all Human Resources policies are inclusive of all the protected characteristics and have Equality Impact Assessments (EIAs) done on them.

24.2. We have a duty to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it by removing or minimising disadvantages connected with the protected characteristic. We are a Two Ticks employer.

24.3. We have a duty to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it by meeting the needs of the people who share the relevant characteristic where these are different to those who do not. We are carrying out Equality Impact Assessments (EIAs) on all commissioning strategies to ensure that different needs are considered when configuring services.

24.4. We have a duty to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it by encouraging participation by people who have the protected characteristic where their participation is disproportionately low. We are mapping the characteristics of people who join our Membership Scheme and will plan to do the same for those who attend wider public engagement events in order to ensure that the views of under-represented groups are sought.

25. Governance and Reporting

25.1. Governance is the method by which the organisation reassures itself that it is meeting its responsibilities.

25.2. Delivery of our plan will be overseen by the Quality and Patient Safety Committee.

26. Public and Patient Involvement

26.1. The Community Engagement and Social Marketing Manager in the CCG works closely with the Equality and Diversity Specialist to ensure that all sections of the population are involved in consultations.

26.2. We seek data from our Membership Scheme applicants in order that we can assess who is and, more importantly who is not, having their voices heard and will use a data collection form at other public engagement events to do the same..

26.3. Whenever the CCG is considering changing services, or buying new ones, we will make sure that local people who might use these services, or for whom any changes might make it harder for them to get the services they need, are involved at an early stage. An Equality Impact Assessment will be completed, and we will listen to the patients, public and communities who it might affect. By developing relationships with local people and involving them in our business, we will get a better understanding of their experiences of using local health services and any barriers that exist to them receiving care. We will then work with them to try and remove the barriers and make sure that there are have high quality services available to the whole population.

27. How we will implement this strategy

- 27.1. In 2009, the Equality and Diversity Council⁶ was set up to bring together NHS Leaders and trade union and third sector representatives to champion improvement in equality and diversity performance throughout the NHS. It is chaired by Sir David Nicholson.
- 27.2. One of the tools to have been developed by the Council is the Equality Delivery System (EDS). This tool, similar to local governments' equality framework, will support NHS organisations to comply with their public sector duties.
- 27.3. NHS Redditch and Bromsgrove CCG has chosen to use it as one tool that will contribute to our evidence of compliance with legislation and our public body duties.
- 27.4. The system comprises four goals. Each goal has up to five objectives, giving eighteen objectives in all. These objectives link to other government publications such as the NHS Constitution, the Outcomes Framework.

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

⁶ <http://www.dh.gov.uk/en/Managingyourorganisation/Workforce/Equalityanddiversity/index.htm>

Goal	Narrative	Outcome
<p>2.</p> <p>Improved patient access and experience</p>	<p>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</p>	<p>2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds</p>
		<p>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</p>
		<p>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</p>
		<p>2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently</p>
<p>3.</p> <p>Empowered, engaged and well-supported staff</p>	<p>The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs</p>	<p>3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades</p>
		<p>3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay</p>
		<p>3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately</p>
		<p>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</p>
		<p>3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for</p>

Goal	Narrative	Outcome
		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

27.5. Objectives will be developed in alignment with our strategic priorities and commissioning intentions, as a result of EIAs and Public Health data, and with the needs of our patients in mind. An action plan will then be developed with clear, measureable, outcomes; each of which will have a member of CCG staff accountable for achieving them.

27.6. Organisations self assess their achievements for each objective as underdeveloped, developing, achieving or excellent.

27.7. Healthwatch and Worcestershire Health and Wellbeing Board will look at the evidence we provide as part of our self assessment and report to NHS England who will publish a red/amber/green (RAG) rating for each organisation.

Appendix 1- Types of discrimination

Direct discrimination: This refers to less favourable treatment because of a person's protected characteristic.

Indirect discrimination: This is when a provision, criterion or practice is applied in a way that creates disproportionate disadvantage for a person with a protected characteristic as compared to those who do not share that characteristic, and is not a proportionate means of achieving a legitimate aim.

For example, if a clinic were only open on Friday lunchtime, then it would be indirect discrimination as Muslim patients would be less likely to attend the clinic due to the religious requirement to attend communal Friday prayers at mid day.

Discrimination by association: This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

For example, if someone was not offered a job because it was known that they had caring responsibilities for their disabled child and assumptions were made about the possibility that they would take a lot of time off then that would be direct discrimination on the grounds of disability.

Discrimination by perception: 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.

For example, if someone were discriminated against because they were thought to be gay then that would be discrimination on the grounds of sexual orientation even though they were, in fact, heterosexual.