NHS
Solihull
Clinical Commissioning Group

Equality & Diversity Strategy 2013/17

Solihull CCG believes that diversity is about treating people how **they** would like to be treated, recognising that individuals have different needs which we respect, appreciate and value.

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1. Foreword

We are pleased to launch our first Equality, Diversity and Human Rights Strategy and Action Plan for Solihull Clinical Commissioning Group (CCG). This strategy sets out our intentions and commitment to embed equality into the fabric of our organisation. Solihull CCG is committed to promoting equality of opportunity, eliminating discrimination and recognising and valuing diversity. Our aim is to ensure that we provide and commission accessible, high quality health services, working on prevention and intervention initiatives aimed at reducing health inequalities and establishing a culture of inclusion which enables us to meet the needs of all our diverse communities. This strategy provides an equalities framework, which will underpin all decisions.

2. Purpose of this Strategy

This document details Solihull CCG's plans for equality. This strategy sets out our vision and plans for embedding equality, valuing diversity and protecting human rights within the organisation's culture, employment practices and commissioning systems. It provides an accountable governance structure through which our progress will be demonstrated and legal compliance with the Equality Act 2010 assured. The strategy also sets out our plans for using the national NHS Equality Delivery System (EDS) framework to assess and monitor our ongoing equality performance. We will demonstrate how we have worked in partnership with our stakeholders to assess and grade our equality performance, using the EDS framework, and jointly agreed our priorities and objectives for the next four years. In developing those priorities we will use the data gathered from our equality profile of staff and communities served, together with evidence from the EDS analysis to identify gaps and issues of priority for the area.

3. Commitment to Equality, Diversity and Human Rights

Solihull CCG is dedicated to providing services that are driven by patients' needs and choices and grow from our recognition of the benefits, opportunities and challenges that our increasingly diverse communities bring. It is committed to promoting equality of opportunity for all our current and potential employees. This strategy is underpinned by our legal equality duties as a public sector employer and service commissioner. We oppose all forms of unlawful and unfair discrimination and will ensure that barriers to accessing services and employment are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic origin, sex, disability, religion or belief, age, sexual orientation, transgender status, marital or civil partnership status, HIV status, pregnancy or maternity, domestic circumstances, caring responsibilities or any other relevant factor.

4. Solihull CCG Values and Vision

"We will know we have achieved success when people in our CCG have the same opportunities regardless of where they live; when you can grow old without the fear of getting old; when you know that if you need help it will be available – safe, high quality and effective care."

5. Our mission and vision

Solihull CCG aims to commission the highest quality care that is tailored to meet the specific needs of patients and the wider community in the Solihull area. Our mission is built on a number of key dimensions that demonstrate our commitment to empowering, engaging and involving the people of Solihull – no decision about me, without me. These dimensions include:

- Delivery of high quality care that is safe for our patients;
- Retaining a local and community focus;
- Wherever possible, intervening earlier in an illness or preventing it from happening;
- Ensuring that the community has a greater influence on the services that are available;
- Ensuring that individuals can take more responsibility for their own health;
- Playing our part in delivering required efficiencies in the current economic downturn.

6. Core Values

At our Heart

- Care and caring – quality of life
- Quality and safety
  - Aim for the best
- Community centred – patients come first
  - Person centred outcomes
  - People enabled to help themselves
  - Care closer to home
- Inclusive and integrated teams
  - Engaging all NHS staff
  - Building relationships
  - Innovation where needed
- Efficiencies where possible
- Locally sustainable
- Values based – honesty and transparency

Specifically

- Health inequalities
- Prevention and early intervention
- Transitions of care
- Vulnerable groups
- Children
- Elderly
- Disabilities
- Diverse Communities
- Mental health
- Age sensitive
- Personalisation
- Workforce development

7. Duties and Responsibilities

Solihull CCG is responsible for the commissioning of health services for its local population and, as a public sector organisation, for evidencing its compliance with statutory legislation. For the purposes of this strategy, this includes compliance with the Equality Act 2010, the Human Rights Act 1998 and relevant sections of the Health and Social Care Act 2012.

7.1 Equality Act 2010

The Equality Act 2010 provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. Public organisations, including Solihull CCG, have some specific and general responsibilities known as the Public Sector Equality Duty (PSED). The general equality duty requires Solihull CCG to meet the three aims (all equally important) of the Act through demonstration of due regard for the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

Having due regard to the need to **advance equality of opportunity** between people who share a relevant protected characteristic and those who do not involves having due regard, in particular, for the need to:

(a) Remove or minimise disadvantages suffered by people who share a relevant protected characteristic that is connected to that characteristic;
(b) Take steps to meet the needs of people who share a protected characteristic that are different form the needs of people who do not share it;
(c) Encourage people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.

Steps must be taken to meet the needs of disabled people. These are different from the needs of person who are not disabled

Having due regard to the need to **foster good relations** between people who share a relevant protected characteristic and those who do not involves having due regard, in particular, to the need to –

(a) Tackle prejudice; and
(b) Promote understanding.

Compliance with the duties may involve treating some people more favourably than others; but this is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

Protected Characteristics

The reference to 'protected characteristics' refers to the groups of people who are specifically offered protection by the Act.

Protected Characteristic	Protection is afforded to:
Age	A person belonging to a particular age or age group. People of different ages including children, younger and older people.
Disability	People who have a disability or a physical or mental impairment and it has a substantial and long term adverse effect on an individual's ability to carry out normal daily living activities.
Gender Reassignment	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 physical attributes of sex.
Marriage and Civil	People who are married or in a civil partnership.

Protected Characteristic	Protection is afforded to:
Partnership	
Pregnancy and Maternity	Women who are having or have recently had a baby.
Race	People characterised by shared ethnicity, colour, language, nationality (including citizenship), or ethnic or national origins.
Religion or Belief	People with or without a religion or belief.
Sex	Men and women.
Sexual Orientation	People whose sexual orientation is towards people of the same sex as themselves, people of the opposite sex or people of both sexes.

Solihull CCG will consider the needs of, and impact on, these characteristics when undertaking its functions as a commissioner and an employer through undertaking robust equality analysis on its decision making. Detailed information on protected characteristics is set out in Appendix 4.

7.3 *Further equality considerations*

In developing our approach to equalities, we will not be limiting the extent of our work to purely those protected characteristics detailed above. There are other socially excluded groups – for example, homeless people, gypsies and travellers, sex workers and migrant groups – who often need support and help to navigate the health system effectively and who may access healthcare in ways which do not necessarily meet their particular needs, such as an over-reliance on A&E services. In this regard, there is also a clear economic case for considering the way in which such groups access and use healthcare services, and this underpins Solihull CCG's priorities for efficiencies as part of the national Quality, Innovation, Productivity and Prevention (QIPP) agenda.

For example, there is evidence of high rates of emergency care among certain socially excluded groups:

- Homeless people are estimated to use eight times more hospital inpatient services than the general population of similar age and make five times more A&E visits;
- Gypsies and travellers are reported to be more likely to visit A&E than a GP because of issues of trust;

- Alcohol misuse is associated with 190,000 hospital admissions each year. Around 70% of A&E attendances between midnight and 5am on weekend nights are alcohol related.

7.4 *The Equality Act 2010 (Specific Duties)*

To assist public authorities in meeting the three aims of the general duty, specific duties were introduced. The specific duties require us to be transparent about how we are responding to the general equality duty, ensuring that we are accountable to our service users and open to public scrutiny. Meeting the specific duties provides the public with the information they need to challenge and hold us to account for our performance on equality. The specific duties require Solihull CCG to:

- Annually publish information to demonstrate its compliance with the general equality duty; this information must include, in particular, information relating to people who share a protected characteristic who are:
    - Its employees[1]
    - People affected by its policies and practices (such as service users)
- Prepare and publish one or more specific and measurable objective that it thinks it needs to achieve to further any of the aims of the general equality duty[2].

Both the equality information and the equality objectives must be published in a manner that is accessible to the public.

Specific guidance for CCGs on the timetable for their publication of data and objectives has been received and we will publicise our Equality Objectives by 13 October 2013.

The plan in Appendix 5 contains the actions we will implement to comply with the requirements of the Equality Act 2010.

7.5 *Health and Social Care Act 2012*

We also have a legal duty under the Health and Social Care Act 2012 to reduce inequalities between patients regarding their ability to access health services and with respect to health outcomes, as well as to ensure that services are provided in an integrated way. The Act also places duties on us to promote the NHS Constitution, to enable choice and to promote patient, carer and public involvement. We cannot act alone to change the unequal distribution of social and economic conditions which lead to unequal health outcomes. This is why our strategies for commissioning, for communications and engagement, and for equality stress the importance of working with our partners in local government, public

[1] Public authorities with fewer than 150 employees are exempt from the requirement to publish information on their employees.
[2] Equality objectives should be prepared and published at least every four years.

health and across the voluntary and community sectors, as well as with our provider organisations. We need to adopt a comprehensive approach towards these issues with shared goals and plans which link strongly with each other, rather than each of us acting alone. The Joint Strategic Needs Assessment (JSNA) produced by Solihull Metropolitan Borough Council and Solihull CCG will ensure that this co-ordinated approach to commissioning is developed and strengthened.

7.6 *Human Rights Act 1998*

Solihull CCG has obligations under the Human Rights Act 1998. As a public body we must at all times act in a manner compatible with the rights protected in this Act and safeguard these for patients and staff in our care and employment. Human rights are underpinned by a set of common values and have been adopted by the NHS under the acronym FREDA. The FREDA principles represent:

- Fairness (e.g. fair and transparent grievance and complaints procedures)
- Respect (e.g. respect for same sex couples, teenage parents, homeless)
- Equality (e.g. not being denied treatment due to age, sex, race etc.)
- Dignity (e.g. sufficient staff to change soiled sheets, help patient to eat/drink)
- Autonomy (e.g. involving people in decisions about their treatment and care)

The Equality and Human Rights Commission states that putting human rights principles into public service practice is in the public interest. The evidence shows that public bodies that take human rights seriously treat people better (Department of Health, 2008).

Human rights principles are also core to the rights of patients set out in the NHS Constitution:

"You have the right to be treated with dignity and respect and in accordance with your human rights" (section 2a of the NHS Constitution)

Solihull CCG will endeavour to embed a human rights-based approach in the way that it commissions services and in its role as an employer. This approach is not new and is already evident in current initiatives such as Dignity in Care, Essence of Care, Standards of Better Health and the Knowledge and Skills Framework. We will also use the FREDA principles in our equality analysis documentation to ensure that our decisions are made with due consideration of human rights.

7.7 *NHS Constitution*

We will place equality and diversity at the heart of our business so that we can deliver on the first principle of the NHS Constitution:

"The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a

wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population."

NHS Constitution, 2009

11. Our Staff

Solihull CCG aims to provide a working environment which is free from discrimination, harassment and victimisation; where all staff feel valued and respected. Our employment practices from induction to exit will be monitored to ensure that any inequalities are identified and addressed.

Understanding the protected characteristics of our staff is critical in addressing needs, identifying inequalities and ensuring that Solihull CCG is an employer of choice offering equality of opportunity to all.

Our performance in this area will be assessed through the the equalities data accessed through ESR.

11. Our Community

Solihull CCG brings together all 31 GP practices in Solihull, plus Church Road Practice in Sheldon, working in two consortia – Sirius and Solis. We are responsible for about 230,000 people, with a population profile that shapes the commissioning requirements across the CCG. The 11-year gap in life expectancy in men between the most affluent areas of South Solihull and the most deprived areas of North Solihull presents the biggest challenge for Solihull CCG. This challenge drives our vision and priorities.

Detailed analysis of our local population is provided in a Joint Strategic Needs Assessment (JSNA) produced by Solihull Council. The 2012 JSNA is available on its website http://www.solihull.gov.uk. The key headlines for Solihull are:

9.1 Population

The population of Solihull is, according to ONS mid-2010 estimates, 206,100 (100,100 males and 106,000 females), having increased by 3.3% since the 2001 census. This compares with population increases by 5.6% in England and 3.3% in the West Midlands over the same period. The overall Solihull population is projected to increase by 11% between 2010 and 2030.

9.2 Age Profile/Gender

The most notable feature of the Solihull population is the relatively higher proportion of older people in the borough, with 18.8% of the population aged 65 and over and compared with 16.5% in England and 17.2% in the West Midlands. Solihull also has an above average representation of people approaching retirement age

(27% aged 45 to 64 compared with 25% nationally). The number of children and young people (aged 15 and below) in Solihull is, at 19%, in line with the England average, although it is notable the borough has a relatively low proportion of pre-school age children. Those aged up to four represent 29% of all children, compared to 34% nationally. The overall Solihull population is projected to increase by 11% between 2010 and 2030, with the increase projected to be significantly greater among older age groups. The ageing population has implications for the future provision of health and social care.

9.3 Disability

Physical Disability

Physical disability is relatively common; nationally one in ten people is classified as disabled[3]. One in 20 has a serious disability, which would equate to around 20,600 and 10,300 people respectively in Solihull. Disability most commonly results from conditions such as arthritis, sensory and hearing impairment; more severe forms of disability result from rarer conditions such as cerebral palsy, multiple sclerosis, Parkinson's disease or motor neurone disease. These conditions, which are more prevalent in older people, and associated disabilities, will increase in number as the population increases in age.

Learning Disability

Learning disability affects 2% of the national population, which would equate to approximately 4,100 people in Solihull, whilst severe learning disabilities affect around 0.4% of the population (approximately 800 people in Solihull).

Mental Health

Mental illness affects one in six people at some point during their life. The most common mental health problems in Solihull are neurotic disorders and depression. Large numbers of people in Solihull, more than 24,000, are estimated to be suffering from these illnesses – this represents one in six of the population aged 15–74. These illnesses are more common in women and affect all age groups (19.7% of women have a common mental illness compared with 12.5% of men; rates of depression and anxiety are between one and a half and two times higher for women; and rates of deliberate self-injury are two to three times higher for women. Women are at greater risk of factors linked to poor mental health, such as child sexual abuse and sexual violence; and studies have shown that around half of all women in psychiatric wards have experienced sexual abuse).

Mental health conditions are almost three times more common in the north of Solihull, suggesting an association with deprivation. Around half of people with lifetime mental health problems experience their first symptoms by the age of 14 – it is anticipated that nationally there will be an increase in the number of young people

[3] Using the definition of disability contained within Equality Act 2010

with emotional or behavioural problems. Therefore, by promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. It should also be noted that people of Black Caribbean heritage are particularly likely to be subject to compulsory treatment under the Mental Health Act and that South Asian women are less likely to receive timely, appropriate mental health services, even for severe mental health conditions.

Visual and Hearing Impairment

In 2011, 79 people in Solihull aged between 18 and 64 were revealed by Projecting Adult Needs and Service Information (PANSI) to have a serious visual impairment. This is forecast to increase to 82 by 2030. There are similar numbers for those having a profound (communicate by lip-reading) hearing impairment (46 to 47 over the same time period). The number of people aged between 18 and 64 having a moderate (difficulty following speech without a hearing aid) or severe hearing impairment is significantly higher (5,115 and 5,229 respectively).

9.4 Ethnicity

Solihull is in the midst of a dynamic change in terms of the borough's ethnic composition, although it remains considerably less ethnically diverse than neighbouring Birmingham. In mid-2009 it was estimated that there were 21,800 Black or Asian Minority Ethnic (BAME) residents in Solihull, equating to 10.6% of the borough's population compared with 12.5% in England and 14.4% of the West Midlands. The number of people in Solihull from a BAME group increased by 98% between 2001 and mid-2009, compared with an overall population growth of 3%. The BAME population in Solihull is proportionally much higher in younger age groups; accounting for 15% of all residents aged 15 and under, compared with 12% of those of working age and 3% of retirement age.

At 5.4% of the total borough population, Asian or Asian British residents are the largest ethnic group in Solihull, although like other ethnic groups (with the exception of Mixed Race) the proportion is lower than the national or regional average. The largest individual BAME groups in Solihull are: Indian (5,000 residents), Pakistani (4,300), Black Caribbean (2,500) and Mixed Race, White and Black Caribbean (1,800).

9.5 Religion

In the 2001 Census 84% of people in Solihull who stated their religion were Christian, with no religion (7%) and Hindu (1%) the next most commonly stated. 78% of the Solihull's 1,850 Hindu residents live in the urban west of the borough with the highest concentrations in Shirley East (236), Silhill (210) and St Alphege (205). The borough's 1,635 Muslim residents are similarly concentrated (75% in the urban west), although the Sikh population of 1,566 is more widely dispersed through South

Solihull with significant communities in Blythe (14% of total Sikh population) and Meriden (6%).

9.6 Pregnancy and Maternity

Breaking the link between early disadvantage and poor outcomes in later life can only be achieved by ensuring that all children receive the best possible start in life. Reducing inequalities across maternal and infant health as well as early year education and development are among the key factors in this overall objective. Overall, the key indicators of health for infants are relatively positive in Solihull. The proportion of women receiving an antenatal assessment by 12 weeks in the fourth quarter of 2010 was 90.7%, compared with 84.2% for England. Women who are able to access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy will have the full benefit of personalised maternity care. Better access to maternity care will improve outcomes for mothers and babies by providing opportunities for women to make informed choices and shared decisions about their maternity care, including where and how they give birth.

However, other measures are less positive, with evidence of local inequalities across the indicators of the health of pre-school children and ongoing challenges around some contributory factors such as smoking at time of pregnancy and breast feeding. In 2008, there were an estimated 39,200 women of child bearing age (15-44 years) residing in Solihull PCT, accounting for 19% of the total population. This number is due to decrease to 37,100 across Solihull PCT by 2020.

Official figures released by the Office for National Statistics show a steady increase in the number of births occurring each year locally, with 2,172 live births registered to Solihull PCT resident mothers in 2008 (up from 2,110 in 2006). The general fertility rate for Solihull PCT is currently less than that of England at 55.6 per 1,000 women aged 15-44 years (or 1.8 per women [stable] compared with 1.97 in England at 2008 up from 1.82 in 2006).

9.7 Carers

The 2001 Census indicated that there were nearly 21,000 carers in Solihull, equating to 10.5% of the total population, higher than the national average of 9.9%. The majority care for somebody for up to 19 hours per week, although a significant number (3800 people in Solihull) were committed to over 50 hours a week of care. Projecting Older People Population Information (POPPI) predicts that the number of people aged 65 or over in Solihull who provide unpaid care will increase by 30% from 4,609 in 2011 to 5,985 in 2030.

10. How Solihull CCG will deliver its Equality Commitments

Unequal health outcomes arise from a range of social and economic issues. To tackle health inequalities effectively, we will work with our partners in local government, public health and across the voluntary and community sectors, as well as with our provider organisations. We will adopt a co-ordinated approach with shared goals and plans which complement and support each other.

Solihull CCG will utilise the framework provided by the Equality Delivery System (EDS) to implement its equality strategy and demonstrate compliance with the PSED. The Action Plan at Appendix 5 details the steps we will take to ensure that by April 2014 we will have the following in place:

1. A baseline assessment of our equalities performance using the EDS framework
2. Agreed equality objectives
3. Processes and procedures in place to ensure all decision making demonstrates that we have considered the equalities implications
4. Clear leadership and governance structures around equalities
5. Effective strategy on communication and engagement
6. Equality embedded into commissioning practices

10.1 *Equality Delivery System (EDS)*

The NHS EDS is designed to help organisations to deliver better outcomes for patients and communities and better working environments for staff. The EDS is a framework to review performance on equality and diversity, and to identify future priorities and actions. It is designed to be used in partnership with patients, the public, staff and staff-side organisations.

Central to the EDS is a set of 18 outcomes aligned to four goals (see Appendix 3). These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. The four EDS goals are:

It is against these goals and the accompanying outcomes that we will assess and grade our performance and determine collectively the action to be taken. The EDS grades are set out below:

1. Excelling **Purple**
2. Achieving **Green**
3. Developing **Amber**
4. Undeveloped **Red**

Solihull CCG has adopted an EDS framework where we will draw up a baseline assessment of our performance against the selected outcomes, which, together with the results of the equality information on staff and service users (specific duties – Equality Act 2010), will enable us to set in motion a robust action plan of improvement with our work guided by the 9 Step Plan for implementing EDS (Appendix 2)

10.2 *Equality Information and Equality Objectives*

Each year, Solihull CCG will publish sufficient information to demonstrate that we have complied with the general equality duty. This information will include, in particular, information relating to people who share a protected characteristic who are:

- Our employees*
- People affected by our policies and practices

The CCG will also publish equality objectives by 13 October 2013 which will aid in meeting the Public Sector Equality Duty under the Equality Act 2010. The proposed equality objectives are set out on page 22.

(* it should be noted that as a public authority with fewer than 150 employees Solihull CCG is exempt from the requirement to publish information on their employees – however, we recognise the distinct benefits to be gained from understanding our staff, and our employment practices; to this end we will collect and analyse the staff data and will publish relevant information that does not compromise or identify individuals but does allow for an understanding of issues or gaps in our employment practices.)

10.3 Embedding Equalities into Decision Making

Solihull CCG will demonstrate that it is taking due regard to the PSED by adopting the 'Brown principles'[4]. These principles derive from case law where a court set out the following principles, which it said should be adhered to in order to demonstrate compliance with equality duties:

- **Knowledge:** Those who exercise its functions must be aware of the general equality duty's requirements. Compliance with the general equality duty

[4] There is further information about the Brown principles of due regard at http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/using-the-equality-duty-to-make-fair-financial-decisions/relevant-case-law/

involves a conscious approach and state of mind. General regard to the issue of equality is not enough to comply.

- **Timeliness**: The general equality duty is complied with before and at the time a particular policy is under consideration, as well as at the time a decision is taken. A public authority subject to the general equality duty cannot satisfy the general equality duty by justifying a decision after it has been taken.
- **Real consideration**: It consciously thinks about the need to do the things set out in the general equality duty as an integral part of the decision-making process. Having due regard is not a matter of box ticking. The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- **Sufficient Information**: decision makers must consider what information they need (and whether it has sufficient information about the effects of the policy or the way a function is being carried out) to ensure proper consideration is given to the PSED.
- **No delegation**: whilst third parties may exercise functions on behalf of public bodies, the PSED cannot be delegated.
- **Review:** the PSED is a continuing duty, which extends beyond the development stage and the point at which decisions are made through to implementation and review.
- **Recorded:** Although a body subject to the general equality duty is not legally required to keep records of its considerations of the aims of the general equality duty in making decisions, it is good practice to do so and it encourages transparency. If a body is challenged it will be difficult to demonstrate that it has had due regard to the aims of the general equality duty if records are not kept.

As we make decisions around commissioning a service, implementing policy, re-design of services or in relation to our own employees we will ensure that we consider the implications this will have for our communities; how different people will be affected differently by our activities. This consideration will result in shaping outcomes which are appropriate and accessible, designed to meet needs. We will utilise a robust equality analysis process which considers how the issue under consideration contributes to meeting the general equality duties and analyses the impact against the protected characteristics and the FREDA principles. Embedding equality analysis into our decision making process is a key commitment for Solihull CCG.

10.4 *Equalities Leadership and Governance*

Clear leadership from senior management and Solihull CCG's Governing Body is crucial to ensure that Solihull CCG delivers on its equality duties, advances equality of opportunity, reduces health inequalities and utilises the framework provided by EDS to drive improvements. This involves taking responsibility for compliance with the duty, taking account of equality analysis when making decisions, taking the duty into account in strategic planning, building it into partnership working, informing and reminding staff about the duty, and designating clear staff roles for implementation.

A Governing Body structure has been established, complemented by a robust governance structure. Solihull CCG aims to be an innovative, effective CCG that empowers individuals through a focus on strong clinical leadership at all levels in the organisation.

Solihull CCG will ensure that appropriate governance arrangements are in place to discharge its legal requirements. Responsibility for compliance against the Public Sector Equality Duty of the Equality Act 2010 will rest with the Governing Body, which will be directly accountable for all actions and omissions in relation to equality and human rights legislation and this accountability cannot be delegated.

The Governing Body will, however, delegate responsibility for providing compliance assurance to its Quality and Safety Committee (QSC). The QSC will monitor progress, performance and delivery of the CCG's Equality Strategy, Equality Objectives and EDS implementation and provide assurance to the Governing Body of compliance with the Public Sector Equality Duty. The Equality Lead will be a member of the QSC and reports of progress will be received on an agreed basis to the Committee. The Governing Body will receive quarterly reports on equality progress, with exception reports presented as required.

The QSC terms of reference specifically state that it has responsibility for:

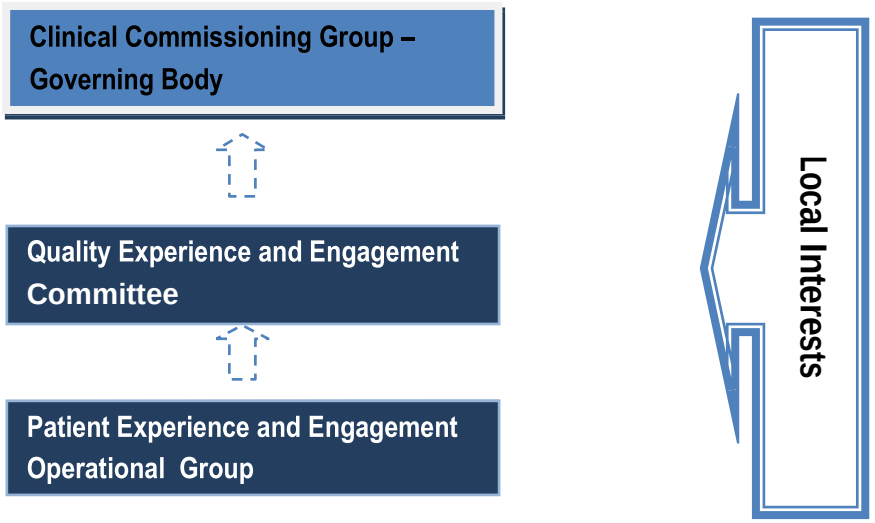
"Ensuring that the statutory functions in relation to the Equality Act, the implementation of the Equality Delivery System are fulfilled and that the committee receives regular updates from the Commissioning Support Service Equality and Diversity team to ensure these functions are being met".

Solihull CCG Equality Lead will ensure that the CCG fully discharges its equality duties; this responsibility will sit with the Chief Nurse and Quality Officer role. All governing body members are bound by the Constitution to ensuring that the organisation values diversity and promotes equality in all aspects of its business.

Governance Structure

The CCG governance and accountability structure for equality, diversity and human rights is set out in the diagram below:

CCG Governance of Equality, Diversity and Human Rights:



The responsibilities of each level are set out in Appendix 1 with a summary of the mechanisms by which assurance and transparency will be achieved.

10.5 Accessible Information Standard

Background information:

Despite the existence of legislation and guidance, in reality many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate. This includes, but is not limited to, people who are blind or have some visual loss, people who are Deaf or have some hearing loss, people who are deafblind, and people with a learning disability. This lack of access to accessible information and communication support has significant implications for patient choice, patient safety and patient experience, as well as directly impacting upon individuals' ability to manage their own health and wellbeing.

Overview of the Standard

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

It is of particular relevance to individuals who are blind, Deaf, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, autism or a mental health condition which

affects their ability to communicate.

The Standard applies to service providers across the NHS and adult social care system, and it specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing.

Successful implementation of the Accessible Information Standard is based on the completion of five distinct stages or steps leading to the achievement of five clear outcomes:

1. **Identification of needs**: a consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.

2. **Recording of needs**:
   a. Consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems;
   b. Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or SNOMED CT® codes are used in electronic systems;
   c. Use of specified English definitions indicating needs, where systems are not compatible with any of the three clinical terminologies or where paper based systems / records are used;
   d. Recording of needs in such a way that they are 'highly visible'.

3. **Flagging of needs**: establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

4. **Sharing of needs**: inclusion of recorded data about individuals' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

5. **Meeting of needs**: taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

Solihull CCG has set up a task and finish group to oversee the implementation of the Accessible Information Standard. As commissioner, the CCG will devise an implementation plan which will detail the milestones that the organisation needs to achieve both internally and also as a commissioner of services.

10.6 Communication and Engagement

"Good engagement is vital for the NHS, particularly now and in the challenging years ahead. Healthy staff, patient and community engagement helps ensure relevant, high quality, needs-based commissioning decisions as well as sound service provision. The evidence gathering, transparency and local democracy that engagement provides is vital if we are to achieve working environments where staff can thrive and healthcare outcomes that are among the best in the world."
Sir Neil McKay, Chief Executive NHS Midlands & East

Solihull CCG values the importance of community engagement in seeking to understand our diverse communities. The Communications and Engagement strategy provides more detail about the mechanisms of engagement we will use and our priorities for the future. We have identified five cornerstones which underpin our approach:

- Patient and partner voice will be at the heart of every decision we make.
- We will speak and listen in equal measure, always ensuring there is opportunity to feed back to the top
- We will develop our people as excellent communicators and create effective, credible mechanisms inside and out of the organisation.
- Our tone of voice will be clear, professional, accessible, honest, respectful and easy to understand.
- Our communications will be cost effective, using new technology and working with partners to communicate with one voice.

Solihull CCG will promote collaboration within the local health economy and partners like the local authority to share best practice, undertake joint engagement activities, encourage joined-up thinking, sharing qualitative and quantitative evidence in addressing local inequalities.

Solihull CCG believes that it is essential that it works with local people, staff and partner organisations to ensure they have a voice which will influence the planning and commissioning of local health services. Ensuring that minority groups and the 'seldom heard' have a voice is a key priority for Solihull CCG.

Through effective engagement; Solihull CCG will be able to better perform the following tasks, all of which will in turn improve health outcomes, patient experience, equality performance within the EDS framework and contribute to the need to demonstrate that it has taken due regard of the General Equality duties:

- Identify particular needs, patterns of disadvantage and 'poor' relations between groups;
- Understand the reasons for disadvantage, low participation rates and poor relations;
- Design initiatives to meet those needs and overcome these barriers;
- Identify opportunities to promote equality and foster good relations;
- Help to fill gaps in equality information;
- Determine priorities;
- Identify the relevance of functions to equality;
- Analyse the equality impact of particular programmes, policies or proposals;
- Monitor and evaluate initiatives, policies and programmes;

- Check the quality, relevance and comprehensiveness of information.

As an employer and commissioner of services, Solihull CCG has a legal responsibility to make sure that patients, the local community and employees are not disadvantaged in the provision of information, services and facilities. This will be further explored through the EDS goal of improved patient access and experience, where we will analyse the data and evidence to identify good practice, issues and gaps.

10.7 *Embedding Equalities into Commissioning*

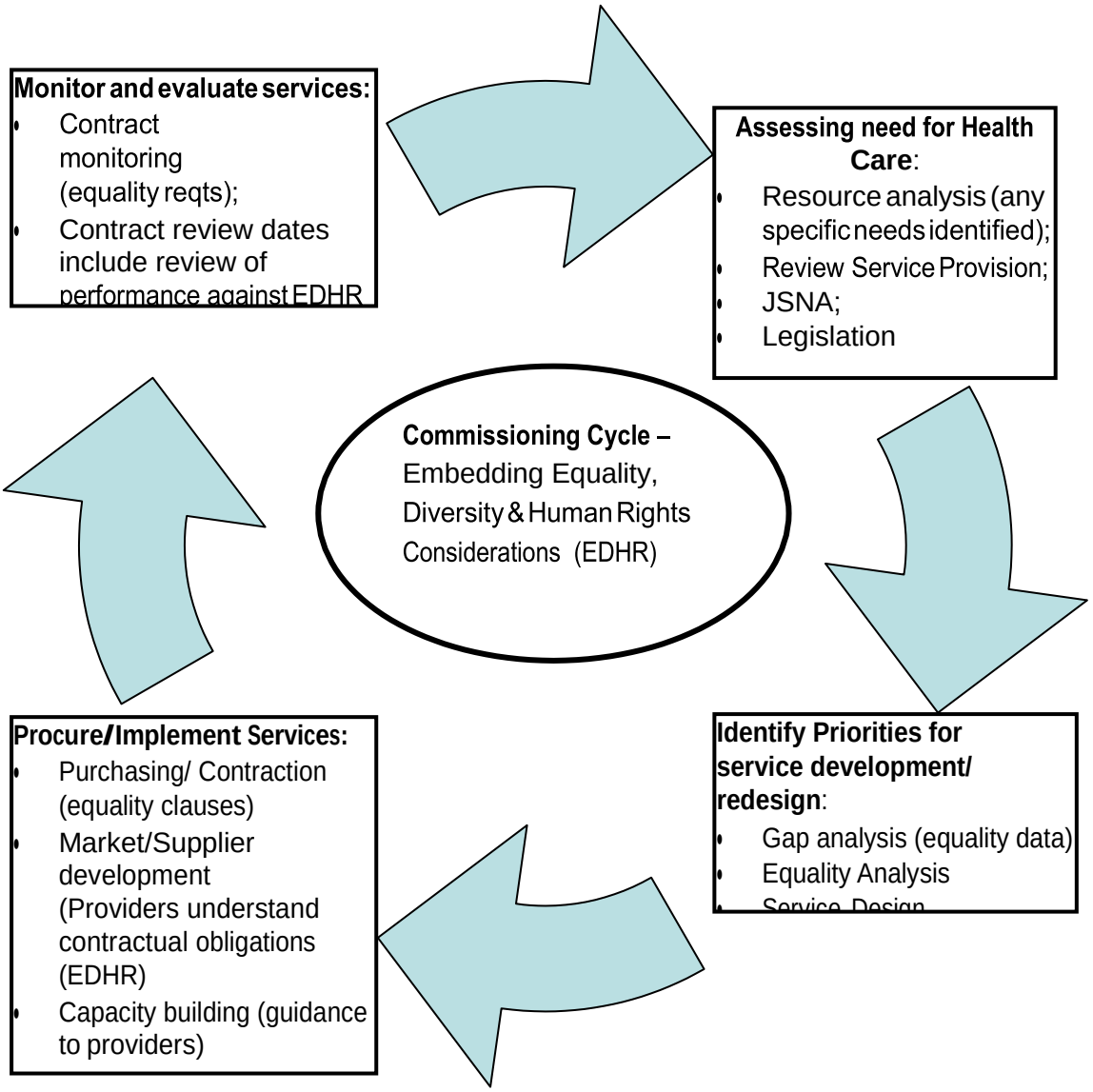
Our approach to commissioning puts the patients in our CCG population at the heart of everything we do. Our priorities have been arrived at by understanding the local need, analysing activity data working with our key partners including Heart of England Foundation Trust, Birmingham and Solihull Mental Health Foundation Trust, Solihull Council, other CCGs, the third sector and patients to ensure we have the right approach. We aim to commission the highest quality of care that is tailored to meet the specific needs of patients and the wider community in the Solihull area.

Solihull CCG will be required by law to make sure that when we buy from another organisation to help us provide health services, that organisation will comply with equality legislation. Therefore we will ensure all contracts and Service Level Agreements contain key performance indicators and information requirements around duties and responsibilities under the Equality Act 2010.

The robust collection of data is central to the CCG's ability to commission high quality health services. Performance data will be disaggregated by protected characteristics (as appropriate) in order for us to monitor the impact of our commissioned services on the corresponding population groups.

We will conduct an equality analysis on all commissioning activities to ensure that the services commissioned take into account a range of diverse needs and that evidence of this is available and open to public scrutiny.

The following diagram demonstrates the equality considerations that will be embedded into our commissioning cycle:


Monitor and evaluate services:
• Contract monitoring (equality reqts);
• Contract review dates include review of performance against EDHR
Assessing need for Health Care:
• Resource analysis (any specific needs identified);
• Review Service Provision;
• JSNA;
• Legislation
Commissioning Cycle – Embedding Equality, Diversity & Human Rights Considerations (EDHR)
Identify Priorities for service development/ redesign:
• Gap analysis (equality data)
• Equality Analysis
• Service Design
Procure/Implement Services:
• Purchasing/ Contraction (equality clauses)
• Market/Supplier development (Providers understand contractual obligations (EDHR)
• Capacity building (guidance to providers)

11. Equality Objectives

Solihull CCG has identified five equality objectives and aligned them to the EDS Framework. The objectives are based upon organisational priorities and gaps identified by analysing the equality monitoring information published earlier in 2013 and through a thorough analysis of organisational priorities The Equality Objectives are:

Equality Objective 1

Improve equality analysis of service pathway design and transition processes to ensure the needs of people from 'protected groups' and disadvantaged groups are incorporated within systems where appropriate.

Equality Objective 2

Improve patient and public engagement with people from protected groups and disadvantaged groups so that it is inclusive. Develop appropriate stakeholder models and methods of working with diverse groups and communities. Improve co-ordination of patient and public engagement and service user satisfaction information.

Equality Objective 3

Improve accessibility of information and communication for people from 'protected groups' and disadvantaged groups. Monitor the quality of access to commissioned services for people from 'protected groups' and disadvantaged groups through contracts and patient feedback (e.g. physical access, communication needs, quality of care, outcomes).

Equality Objective 4

Improve training and development opportunities for staff at all levels for equality diversity and human rights.

Equality Objective 5

Ensure Board members and senior and middle managers have an understanding of equality, diversity and human rights so that equality is advanced within the organisation.

Solihull CCG Governance and Accountability Structure **Appendix 1**

Governing Body		
Accountability	**Assurance**	**Transparency**
Corporate responsibility for statutory compliance with Equality and Human Rights	Board sets out its plans for compliance within the Equality Strategy and Equality Action Plan. Board approves adoption of Equality Strategy and EDS to monitor equality performance and progress. Accountability for compliance discharged to Quality and Safety Committee with three monthly reports against performance. Executive lead for Equality and Diversity identified. Approval of information to comply with the specific duties of the Equality Act 2010. Equality and diversity are regular agenda items.	Approval and Publication of Equality Strategy, Equality Objectives and Action Plan 2013 – 2017 Annual publication of data, information and evidence of compliance with requirements of Public Sector Equality Duty. Publications of minutes, reports and decisions related to equality and diversity.
Ensure that an inclusive approach is embedded at the core of the CCGs strategic decision making	Operational Group assurance on commissioning and service re-design. All reports include assurance that where appropriate an equality analysis has been undertaken, identifying how the analysis has informed the report content. Reporting templates specify that the Board have reviewed the equality analysis before reaching a decision.	Publication of equality analysis reports. Publication of reporting templates. Publication of Board agenda, minutes and reports.
Ensure that it is accountable to its membership, the NHS and social care regulatory	Receipt of regular reports on statutory compliance and the equality performance of the CCG and its NHS providers. Provides assurance to: NHS Commissioning Board of compliance with equality	Regular reports from the Quality and Safety Committee. Publication of information about: CCG workforce; service users, engagement and involvement activity, equality analysis, progress with implementing equality strategy, objectives and action plan; progress with

Governing Body		
Accountability	**Assurance**	**Transparency**
bodies and other enforcement agencies	legislation; Healthwatch of performance against EDS.	implementing EDS; grading of CCG performance.
Ensure that the CCG has competent inclusive leadership within its structure	Organisational Development strategy to embed use of the 'Competency Framework for Equality and Diversity Leadership' to recruit, develop and support strategic leaders to advance equality outcomes. An executive lead for equality and diversity has been identified.	Reports received on performance against Equality Objectives and Equality Delivery System. Publication of information to include data about leadership recruitment, development and training. Publication of performance against the 'Competency Framework for Equality and Diversity leadership'.
Ensure that all staff are empowered, engaged and well supported	Approval of CCG organisational development strategy. Leadership and staff training and development needs identified and programme delivered. Staff engagement mechanisms established.	Publication of data and information on numbers accessing and benefiting from leadership, staff and members training and development programme. Staff experience surveys/feedback.

Quality Experience and Engagement Committee (QEEC) Patient Experience and Engagement Operational Group (PEEO)		
Accountability	Assurance	Transparency
To provide assurance to the Governing Body of compliance with the Equality Act 2010 and implementation of	QEEC will receive quarterly reports on progress against action plans and equality objectives whilst the PEEO will meet monthly on an operational basis dealing with equality business; Reviews and approves information and data for publication; Reviews the involvement of local interests;	Publication of annual equality data and information in compliance with Equality Act 2010. Publishing equality objectives and annually reporting on outcomes against these. Publication and communication of good practice.

EDS	Identifies gaps in equality performance, data and user involvement across the CCG and its providers/ contractors. Makes recommendations to the governing body to support the review and development of equality priorities, objectives and outcomes. Reviews exception reports and remedial action plans on CCG, CSU, Public Health and other provider performance. Shares good practice.	

Birmingham, Black Country and Solihull Commissioning Support Unit – Equality and Diversity Team		
Accountability	**Assurance**	**Transparency**
To provide the CCG with equality, diversity and human rights expertise in line with the service level agreement	Delivers the outcomes set out in the SLA for CSU Equality, Diversity and Inclusion support	Outcomes delivered in line with service specification

Equality Delivery System: Nine Easy Steps **Appendix 2**

We will use the nine-step guide provided by the EDS framework to implement EDS within the CCG.

Equality Delivery System: 9 Easy Steps

Step 1 **Governance and partnership working** – agree how it will work, confirm who's in charge, and decide how everyone fits in

Step 2 **Identify local interests** - including patients, communities, staff, unions and local third sector organisations

Step 3 **Assemble evidence** - including JSNAs, Public Health data, CQC surveys & local surveys

Step 4 **Agree roles with the local authority** – in particular, the part that LINks/HealthWatch, Public Health, Health & Wellbeing Boards will play

Step 5 **Analyse performance** –
on 18 Outcomes for each protected group, with local interests

Step 6 **Agree grades jointly -** for each Outcome, with local interests (eg. patients, staff)

Step 7 **Prepare Equality Objectives** – for each Goal, with input from local interests

Step 8 **Integrate Equality Objectives in mainstream business planning** –
NHS Integrated Plans (inc. QIPP response), Quality Accounts and NHS Constitution

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

THE NHS CONSTITUTION

Step 9 **Publish grades and Equality Objectives –**
share with H&WB Boards; alert CQC to serious concerns

Care Quality Commission

Equality Delivery System Goals and Outcomes Appendix 3

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 experienc e	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 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 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
		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 may 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 organisation 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

Protected Characteristics Appendix 4

Explanation of the protected characteristics in detail:

1. **Age** – this means a person belonging to a particular age or age group. Where this is referred to, it refers to a person belonging to a particular age (e.g. 32-year-olds) or range of ages (e.g. 18 to 30-year-olds).
2. **Disability** – a person has a disability or the person has a physical or mental impairment and it has substantial and long term adverse effects on an individual's ability to carry out normal daily living activities. This group is sub-divided into:
    a. Physical disability – this includes weakening of the body through illness, accident or congenital illness like blindness, limb paralysis or heart disease.
    b. Mental health disability – includes well recognised mental health illness and severe and enduring mental ill health.
    c. Learning disability – a condition that either prevents or significantly hinders somebody from learning basic skills or information at the same rate as most people of the same age.
    d. Substantial and Long Term – this in legal terms refers to an illness that is more than minor and is expected to last more than 12 months e.g. Chronic Obstructive Pulmonary Disease.
3. **Gender reassignment** – the individual has a protected characteristic if they 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 physical attributes of sex.
4. **Marriage and Civil Partnerships** – people who have a common characteristic of being married or having a civil partner. Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.
5. **Pregnancy and Maternity** – relates to a woman who is pregnant or within their allocated maternity period. 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.
6. **Race** – this includes colour, nationality, ethnic or national origins. Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
7. **Religion or Belief** – this definition includes lack of religion or belief. Its broad definition is in line with the freedom of thought, conscience and religion guaranteed by article 9 of the European convention on human rights. Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
8. **Sex** – this refers to being a man or woman.
9. **Sexual orientation** – this relates to a person's sexual orientation towards people of the same sex as themselves, or people from the opposite sex as themselves or people of both sexes. The attraction you feel towards people of one sex or another or both.

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