

Equality & Diversity Strategy 2013-2015

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Equality and Diversity Strategy 2013-2015

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1. FOREWORD

- 1.1 This is the Equality & Diversity Strategy for the federation of Wirral Clinical Commissioning Group (CCG) and covers the period of 2013 to 2015. This strategy sets out how the CCG will ensure it meets its statutory duties set out in the Equality Act 2010, and utilise the agenda to meet our vision, priorities and transformation. Wirral CCG is made up of three consortia who work together under a single Governing Body which sets the overall plans for commissioning and has the ultimate responsibility for delivering on our duties. We ask the consortia to undertake more the commissioning work with their own patients and practices.
- 1.2 There is clear evidence that people's health, their access to health services and experiences of health services are affected by their age, gender, race, sex, sexual orientation, religion/belief, gender identity, marital/civil partnership status and pregnancy/maternity status. Wirral CCG understands the benefits of commissioning services that meet the needs of its communities; it will improve access and outcomes for patients, and work to anticipate and prevent discrimination experiences by people protected by the Equality Act 2010. Developing services in this way will support the commissioning of effective and efficient services in Wirral.

2. INTRODUCTION

- 2.1 NHS Wirral Clinical Commissioning Group (CCG) is a membership organisation comprising of 61 GP practices in the Wirral area. The CCG is responsible for the commissioning of healthcare services for Wirral, working with local health care providers, the local authority and other partners. This strategy supports our local vision which identifies 11 key strategic priorities. These build on and represent a commitment to the NHS Constitution and the NHS Outcomes Framework (Everyone Counts) and reflect our continuing commitment to local service improvement to meet local priorities and the diverse needs of our patients and communities. We intend to achieve this transformation through the principles of:
- Caring, fairness and responsibility
 - Safety and trust
 - Person centred care
- 2.2 We understand the importance of connecting these priorities to our equality and diversity agenda and this strategy sets out how we will achieve this and ensure that we meet our statutory duties set out in the Equality Act 2010, throughout 2013 and beyond.

3. LEGAL AND REGULATORY REQUIREMENTS

3.1 Equality Act

We will work within the Equality Act 2010 in order to ensure that we commission services that pay due regard to our public sector equality duty to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations

The Equality Act applies to all people with a focus on the following protected characteristics: age, gender, race, sex, sexual orientation, religion/belief, gender identity, marital status/civil partnership and pregnant/maternity.

Wirral CCG will set equality objectives and publish equality data to meet the specific duties of the Equality Act. In order to do this we will use and continue to develop mechanisms that help us to identify where barriers to access exist and remove them.

This strategy will support other legal and regulatory requirements such as:

- The Human Rights Act 1998
- The NHS Constitution
- CQC Requirements
- Evidence of authorisation and capacity

4. WIRRAL DEMOGRAPHICS IN AN EQUALITY CONTEXT

4.1 We look after the health needs of about 330,000 people living within Wirral. Our demographic is diverse and we have listed below some of our key issues and demographics into an equality context to help shape our thinking around the agenda.

4.2 Black Minority Ethnic (BME)

Wirral Joint Strategic Needs Assessment (JSNA) 2008/09 acknowledged a significant gap in knowledge about Wirral's Black Minority Ethnic (BME) community including the lack of robust data on population prevalence, and information on its health and well-being needs. The 2009 ONS estimates that less than 5% of Wirral's population is from BME backgrounds. These small but increasing BME communities experience access issues due to language and cultural issues. Another significant barrier is lower level of awareness of early warning signs for cancer among the group. BME communities are over represented in the mental health system.

4.3 Older citizens

The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%. The population over 85 is projected to increase from 8,460 in 2011 to 10,985 in 2021, which equates to a 29.9% increase. It is important therefore that services are commissioning and procured to meet the complex needs of older citizens, to consider the relationship with disability and to support them to live in their own homes independently and for longer.

4.4 Disability, Long Term Conditions and Mental Health

The Department of Work and Pensions estimates that 9 million people in the UK are disabled and have difficulty carrying out day to day activities. As Wirral has an ageing population which will increase considerably over the next decade, the issue of disability is compounded. Under the Equality Act 2010 disability protects those with long term conditions including CVD and cancer. 30,000 over 65's reported in the 2001 census that they were living with a limiting long-term illness. In addition, dementia is a key and worsening problem for Wirral with an estimate 4,443 people over 65 living with dementia in 2011. This is projected to rise to almost 5,300 within the next 8 years.

It is essential that we also make services accessible and take account of the needs of people with learning disabilities and mental health issues, many of whom experience poor outcomes in relation to access to health outcomes when compared to the non-disabled population.

4.5 Children and Young People

Advancing the health needs of children and young people requires tailoring services to meet the needs of boys and girls of different age groups. In particular those

services most relevant to this group such as teenage pregnancy, sexual health, alcohol, smoking cessation and other key priorities such as child poverty and emotional wellbeing of children.

4.6 Sex / Gender

Men and women display different behaviours in relation to accessing services. Life expectancy varies between men and women and they experience different illness and conditions, so appropriate and targeted services are essential. For example, it is important that women who have a caring role receive appropriate and targeted services and it is a key priority that men access appropriate prevention services to reduce unhealthy life style behaviours. The gap in life expectancy between Wirral and England continued to widen in 2008-10. Amongst women in Wirral, life expectancy has actually decreased slightly for the last two time periods recorded (2007-09 and 2008-10). The gap in life expectancy between the most and least affluent within Wirral was 14.6 years for men and 9.7 years for women (Marmot Indicators, 2012). The main contributors to the gap in life expectancy between Wirral and England were chronic liver disease for men and lung cancer for women. Mortality for chronic liver disease (in both the under 75s and those of all ages) in Wirral men is higher than England. The main contributor to liver disease is alcohol.

4.7 Gender Identity / Transgender

Wirral CCG will work to ensure the needs of people working towards, or going through, gender reassignment are met in health and other support services they will access. The CCG recognises the pivotal role health services play in the lives of people going through gender transition and will work to ensure health services are responsive and sensitive to their needs. This community though very small, experience poor outcomes such as high rates of suicide. It is estimated that in Wirral, 30 people per year go through gender re-assignment.

4.8 Lesbian, Gay and Bisexual

Wirral CCG will work to ensure health services are welcoming and supportive to lesbian, gay and bisexual people. The CCG will work to ensure sexual orientation is an area openly addressed and discussed in health services as required. The CCG will work to ensure the needs of lesbian, gay and bisexual people are addressed across all services with a particular focus on older people's services and in recognition of the disproportionate number of this community experiencing issues in mental health services. It is estimated nationally that 1 in 5 people belong to LGB community.

4.9 Religion / Belief

Religion and belief are extremely important to many patients in all aspects of their lives. Consideration of religion and beliefs needs to be made around personal care, in and outpatient treatment, and particularly around services that support birth, death and dying.

5. EQUALITY AND DIVERSITY AND OUR PRIORITIES

5.1 The equality agenda will support us as a CCG to achieve our strategic priorities:

- Delivering High Quality Planned Care (including services for older people)
- Managing Urgent Care (including unplanned admission and attendances and services for older people)
- Adult Mental Health Services (Including Learning Disability Services)
- Children's Mental Health Services (Including Learning Disability Services)

- Dementia
 - Effective Medicines Management
 - Improving Access to Community Services
 - Management of Long Term Conditions and Chronic Disease Management
 - Improving Cancer and End of Life Care
 - Women's and Children's Services
 - Improving Primary Care Services at practice level
- 5.2 The focus of the CCG will be to deliver financial sustainability, to deliver national requirements such as those outlined in the 2013/14 Outcomes Framework, and continue to deliver improved quality. This will be evidenced by improving safety, effectiveness and patient experience and understanding the needs of patients and communities. It will focus on how we can address issues around access and unequal outcomes which are of paramount importance.
- 5.3 This will require continuous and significant service review and transformation. In addition to national developments and priorities we will focus on local service redesign which will address the specific health needs in Wirral reflecting the sometimes different requirements of its registered population. In summary we see the Wirral health care system / services in 3 years' time as one that:
- Is patient and primary care centric and based on high quality primary care, secondary and community services
 - Has made step shifts in our balance of focus away from treatment and towards greater investment in prevention
 - Has commissioned services which have a sound evidence base
 - Has redirected investment to services that have been under resources in the past (e.g. Dementia care, adult and children's mental health services)
 - Provides greater equality of access to all
 - Has rigorously developed and agreed care pathways working together with patients to secure their help, understanding, ownership and support of the needed changes
 - Has achieved optimal administrative and management costs but has rigorous management and clinical governance arrangements in place

Our priorities for embedding robust quality equality practice are outlined below.

5.4 **Leadership and Governance**

The CCG will have 'proper constitutional and governance arrangements with the capacity to deliver on all their duties and responsibilities' (authorisation evidence). We will work closely with our chosen Commissioning Support Unit to ensure that we have robust processes in place to assess performance, that decisions have been equality proofed and that our integrated governance systems protect us from legal and financial risk.

5.5 **Commissioning & Procurement**

We are responsible for intelligently commissioning health services in Wirral on behalf of Wirral residents. We are responsible for managing budgets and buying services from NHS Trusts, Foundation Trusts, private companies and the voluntary and third sector, who then deliver these services directly to the community and patients. We

will ensure, through the mechanisms discussed below, that these contracts are not only good value for money, but that commissioned services remove barriers to access and improve the outcomes for all patients. Equality and diversity aims and objectives including delivery of services that improve patient experience and improving the health and wellbeing of the local community are integral to the CCG vision, strategy and commissioning plans.

5.6 **Employment, Workforce and Training**

In addition to service delivery it is vital that our CCG and our healthcare providers have excellent employment practice and go beyond the statutory requirements.

We know that an organisation that values the different backgrounds of its employees attracts the most talented people and has higher levels of productivity. We are committed to achieving these outcomes.

5.7 **Partnership Working**

We will work with a range of organisations and agencies to further our commitments to equality and diversity. In working with partners we will strive to make equality and diversity central to what we do. In our work with other agencies we will look at the experiences of the many different communities we service to improve health outcomes. Some of our partners include:

- Local Authority
- Healthwatch Wirral
- Community Voluntary and Faith Sector
- Provider Organisations

6. **EQUALITY AND DIVERSITY MECHANISMS**

6.1 The mechanisms we have in place to ensure our equality goals and requirements are met, are set out below:

- Outcome focussed
- Not process driven
- Not bureaucratic
- Supportive to the potential to deliver
- Designed to minimise risk
- Designed to deliver in quality, innovation, productivity and prevention
- Transparent, open and honest
- Patient centred and put communities at the heart of what we do

6.2 **Equality Objectives**

Strategic Equality Objectives will be set that reflect the equality needs of the borough. These objectives will flow through our governance structures and our core business plans (see Equality Objectives report and plan 2013/15).

6.3 **Equality Analysis**

An equality analysis is a process whereby Wirral CCG will assess risk of discrimination, commission and procedure services that meet the needs of patients through robust analysis of evidence, and through specifications and contract monitoring arrangements, will manage and mitigate legal risk. Equality analysis is an essential way of meeting our public sector equality duty. As well as advancing

equality of opportunity for communities, equality analysis will take account of patient's individual human rights.

6.4 Consultation and Engagement

We will consult and engage with the communities we serve, including those protected by law, and our providers, to develop and put in place strategies, policies and services that meet the health and wellbeing needs of our diverse community. The Communications Strategy will support the delivery of our equality and diversity objectives.

6.5 Equality Delivery Systems (EDS)

The EDS is designed to support NHS Commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. By adopting the model developed by MCSS we will ensure that we have robust and sustainable assurance processes in place that drive up improvements for patients, improve patient experience, maintain partnerships with communities and delivery on our Quality, Innovation, Productivity and Prevention (QIPP) agenda.

6.6 Training

Wirral CCG will ensure all staff and governing body members undertake equality and diversity training at a level pertinent to supporting them to carry out their role effectively. The CCG will ensure that it has the support of people, with the right skills, competencies and capacity to ensure that the CCG can carry out all their corporate and commissioning responsibilities, including the delivery of statutory functions such as Equality, Diversity and protecting peoples Human Rights. The Organisational Development Plan will support the delivery of our equality and diversity objectives.

7. ROLES AND RESPONSIBILITIES

The Head of Quality and Performance of Wirral CCG will be the designated lead for equality and diversity. However equality and diversity and reducing inequalities is everyone's responsibility and the CCG Governing Body membership and staff have key roles in promoting equality and ensuring that the CCG meets its statutory duties. Specific roles and responsibilities for communication and engagement are set out below.

7.1 Governing Body will:

- Develop a culture that promotes equality, respects diversity and ensures that the needs of all sections of the community are taken into account in commissioning services and when making decisions;
- Develop a culture that ensures the CCG truly engages and involves patients from all sections of the community;
- Approve the CCG equality and Diversity Strategy and Objectives;
- Participate in development activity to ensure all members are informed and involved;
- Ensure key decisions are informed by equality analysis and assessment of impact;
- Review progress against the Equality Delivery System and the equality objectives.

7.2 Head of Quality and Performance will:

- Take a lead role in setting and developing the culture of the organisation in relation to equality and diversity;
- Be accountable for delivering the Equality & Diversity strategy and objectives;
- Lead wider organisational development in the context of equality and diversity;
- Arrange the preparation of the Equality and Diversity Strategy for review and approval by the Governing Body, ensuring that it reflects the CCG's values, priorities, and governance arrangements and is consistent with and supported by other strategies, plans and policies;
- Ensure that the commissioning process includes equality analysis and assessment if impact.

7.3 Quality Committee / Serious Incident Review Group will:

- Ensure lessons are learnt from patient experience intelligence and serious incidents, including those relating to the equality standards;
- Receive and act upon findings of Patient Experience reports undertaken locally, regionally and nationally;

7.4 All CCG members of staff will:

- Demonstrate a commitment to equality and diversity;
- Undertaken mandatory equality and diversity training and additional training specific to the requirements of their role;
- Record any serious incidents relating to the equality standards.

8. MONITORING AND REVIEW

- 8.1 The Equality and Diversity Strategy is underpinned by the Equality Objective Plan. The delivery of this plan will be monitored by the CCG management team, and regular updates will be provided to the Governing Body. The plan will be reviewed annually.
- 8.2 We will monitor the effect of this strategy through robust governance arrangements and publish the results and take action when necessary.