

Governing Body meeting (held in public)

DATE: 28 January 2016

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| Title | Equality Duty Annual Report January 2015 - 2016 | |
| This paper is for Decision | | |
| Recommended action for the Governing Body | That the Governing Body: Approve Bexley CCGs Equality Annual Report, to be published by 31 st January 2016. | |
| Potential areas for Conflicts of interest | | |
| Executive summary | <p>This report provides assurance that Bexley CCG has fulfilled our responsibilities arising from the Equality Act 2010, which require public bodies to publish information showing compliance with the Equality Duty on or before 31st January each year.</p> <p>It offers narrative evidence of progress made since January 2014 and sets out how the CCG has performed in meeting its duties. It sets out our legal responsibilities in demonstrating ‘due regard’ to the public sector equality duty’s three aims and evidences how we have met the specific equality duty. It shows our four equality objectives and gives examples of work undertaken to take account of the needs of our communities.</p> <p>It also looks at plans for future development to improve the way we commission services and identifies areas for development.</p> <p>The information in this report demonstrates our commitment to commissioning for equal access to health care for vulnerable groups and for improving health outcomes for everyone.</p> | |
| How does this paper support the CCGs objectives? | Patients: | The Equality Act 2010 support better health outcomes for all and improved patient experience. Improving the health and wellbeing of people in Bexley in partnership with our key stakeholders. |
| | People: | Empower our staff to make NHS Bexley CCG the most |

Clinical Commissioning Group

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| | | successful CCG in (south) London. |
| | Pounds: | Delivering on all of our statutory duties and become an effective, efficient and economical organisation. |
| | Process: | Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience. |
| What are the Organisational implications | Key risks | Production of an Annual Equality Publication is a legal compliance responsibility on CCG's to evidence how they are meeting the public sector equality duty. Failure to publish a report could lead to loss of public confidence, particularly of vulnerable groups. |
| | Equality | The Equality Act 2010 promotes equality and diversity in both service delivery and for public services as employers. The implementation of PSED provides a means to monitor and review equality practice within the organisation and services we commission. |
| | Financial | There are no immediate financial implications arising from this paper. |
| | Data | |
| | Legal issues | Failure to undertake analysis and monitoring will result in a breach of compliance with the Public Sector Equality Duty. |
| | NHS constitution | The Equality Delivery system for the NHS assists in delivery of the NHS constitution. |
| Engagement | | |
| Audit trail | N/A | |
| Comms plan | Following approval the attached report will be published on the CCG website. It will also be shared with our Patient Council and stakeholder groups across Bexley. | |
| Author: Annie Gardner Head of Patient Experience & Stakeholder Engagement | Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair | Executive sponsor: Simon Evans-Evans Director of Governance and Quality |
| Date | 19 January 2016 | |

Equality Duty Annual Report

January 2015 – January 2016



Introduction

This document sets out how the CCG is meeting our commitment to taking Equality and Diversity into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating with or engaging local people in our work.

The people in our community are the experts of their own conditions, their personal characteristics or the needs of the people they care for. Empowering patients and the public to become our partners as we move forward will ensure a world class service for all.

Information provided in this report brings together evidence of work undertaken by the CCG to take account of the needs of our communities and demonstrates how we have improved equalities performance in 2015.

We are fortunate to have strong partnerships with Bexley Council, NHS providers, the voluntary and community sector and we will continue to work together to deliver any change and improvements that are required.

Background

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act consists of general and specific duties.

The general duty requires public bodies to show due regard to;

- Eliminating unlawful discrimination
- Advancing equality of opportunity
- Fostering good relations

There are nine protected characteristics covered by the Equality Act;

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (including nationality and ethnic origin)
- Religion or belief
- Sex (male/female)
- Sexual orientation

The specific duties require public bodies to publish relevant, proportionate information showing how they meet the Equality Duty by 31st January each year and to set equality objectives every four years (from 2013).

Both general and specific duties are known as the Public Sector Equality Duties (PSED).



As a statutory public body the CCG must ensure it meets these legal obligations and intends to do so by publishing information demonstrating how we have used the Equality Duty as part of the process of decision making.

Organisational context

NHS Bexley Clinical Commissioning Group (CCG) plan and buy health services for Bexley residents. The CCG assumed statutory responsibility on the 1st April 2013.

The CCG is a membership organisation made up of all the GP practices in Bexley which serves approximately 239,000 people. Our aim is to secure the best possible health and care services for everybody, to reduce health inequalities and improve health outcomes in a cost effective way that provides good value for money.

We use what we know about the health needs of our residents to plan how and where to provide care, which we commission from hospital, community services and other providers of care. Our GPs understand the health needs of their patients and we believe this local approach to commissioning helps ensure good quality services that meet the needs of the population.

Member practices work closely to discuss common problems that are arising and to see how local services can be improved and better co-ordinated (locality meetings). The CCG also recognises that as commissioners of services we must account for not only our own organisational equality performance but also that of the providers of services that we commission.

Equality Governance

All Governing Body members have a collective and individual responsibility to ensure compliance with the public sector equality duty (PSED), which in turn secures the delivery of successful equality outcomes for us both as commissioner and an employer.

The **Director of Governance and Quality** has executive accountability for equality; the **Head of Patient Experience** has operational responsibility. Together they ensure the CCG is meeting its legal responsibilities.

A **Lay Member** has been appointed to the CCG's Governing Body to lead on patient and public involvement. The Lay Member has oversight responsibility for ensuring that opportunities are created and protected for patient and public involvement and engagement. They are also a member of the Equality Steering Group and Chair of the Patient Council.

All **line managers** have responsibility for:

- Ensuring employees have equal access to relevant and appropriate promotion and training opportunities
- Highlighting any staff training needs arising from the requirements of this framework and associated policies and procedures
- Support staff to work in culturally competent ways within a work environment free from discrimination

Equality Steering Group

The CCG convened an Equality Steering Group in 2015. The remit of this group is to focus, support and monitor the implementation of the Equality Delivery System and to ensure compliance with Equality Duties under the Equality Act 2010.

The Group is chaired by the Director of Governance and Quality and membership includes, Head of Patient Experience, Assistant Director of Commissioning, HR Officer, Risk Manager, AD Communications and Corporate Governance, CCG Chair (or designated GP lead), PPI Lay Member and representative from the Patient Council. Progress and updates are to be reported through the Quality and Safety sub-committee.

Our communities and health needs of Bexley population

The information we use to understand the health and wellbeing of the people of Bexley is obtained from the Bexley Joint Strategic Needs Assessment (JSNA). The JSNA is defined as “a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities”. JSNAs analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas.

Bexley’s population key statistics

Bexley’s population was 239,865 in 2014, an increase of 10% since the 2001 Census. There was a 6.7% increase in the under 5s, and a 16.6% increase in aged 65 and over. Between 2014 and 2021 the Bexley population is predicted to rise by 4.6%, to 250,900 people and to 266,600 by 2030 (an 11.5% increase). The most significant growth is predicted amongst the 0-15 year age band and in those aged 65+.

The fastest growing ethnic group in Bexley is Black/ African/ Caribbean/ Black British, now making up 8.5% of the total population. The Index of Multiple Deprivation (IMD) places Bexley in decile 4 (1 being least deprived and 10 being most deprived).

There are two significant key messages emerging from the changing Bexley Demographics:

1. Bexley’s population is changing and growing, with particular changes occurring amongst the older population, children and young people and increasing ethnic diversity.
2. Despite being around average in relation to deprivation and health (nationally), Bexley has significant areas of poor health, exclusion and deprivation.

Our health priorities

Our Joint Strategic Needs Assessment (June 2014) highlights the following health priorities:

Our Health Priorities

Tackling childhood and adult obesity
Diabetes
Supporting people with addictions – including smoking, alcohol and drugs
Dementia

Our Transformation Priorities

Balancing the health economy to provide improved community based integrated care
Improving Services at Queen Mary's Hospital
Improving Primary Care
Strengthening the role of ill health prevention and support

Equality and our workforce

The CCG is committed to holding up to date information about our workforce and to ensure strategic decisions affecting the workforce are based on accurate reporting and data.

Managers and staff have a joint responsibility to ensure that no employee or job applicant is discriminated against or harassed in relation to any of the protected characteristics as defined by the Equality Act. We are committed to promoting equality, opportunity and respecting the diversity of our staff. There are systems and processes in place to ensure all our staff have equality of opportunity to be considered for employment, training and promotion, these include;

- HR Policies including
 - Recruitment
 - Whistleblowing
 - Grievance
 - Bullying and harassment
 - Equality and diversity in employment
- Exit interviews
- Yearly appraisals, 6 monthly reviews and 1:1's
- Staff survey and regular staff meetings
- Mandatory equality and diversity training

Workforce information

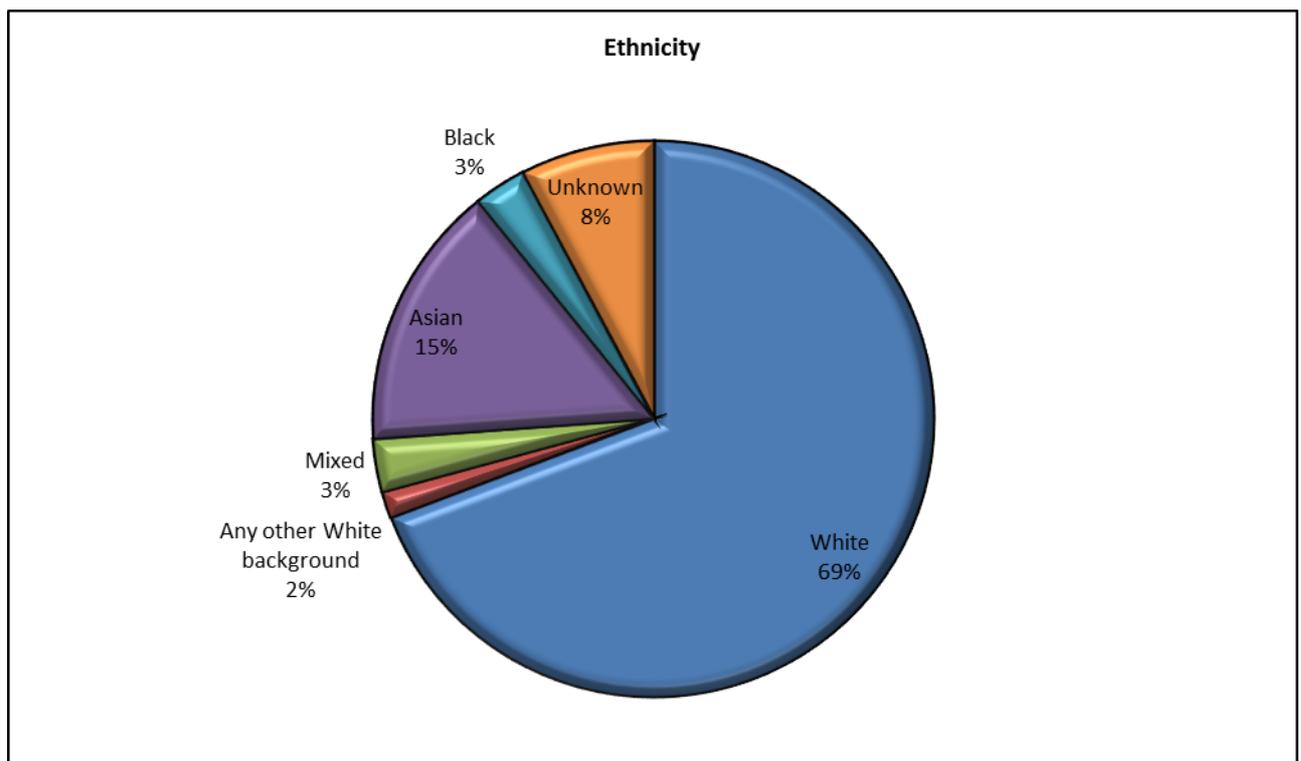
The Public Sector Equality Duty requires that information on the make-up of the workforce must be published where authorities have 150 or more employees. The data does not have to be published with less than 150 to protect staff identity under the Data Protection Act.

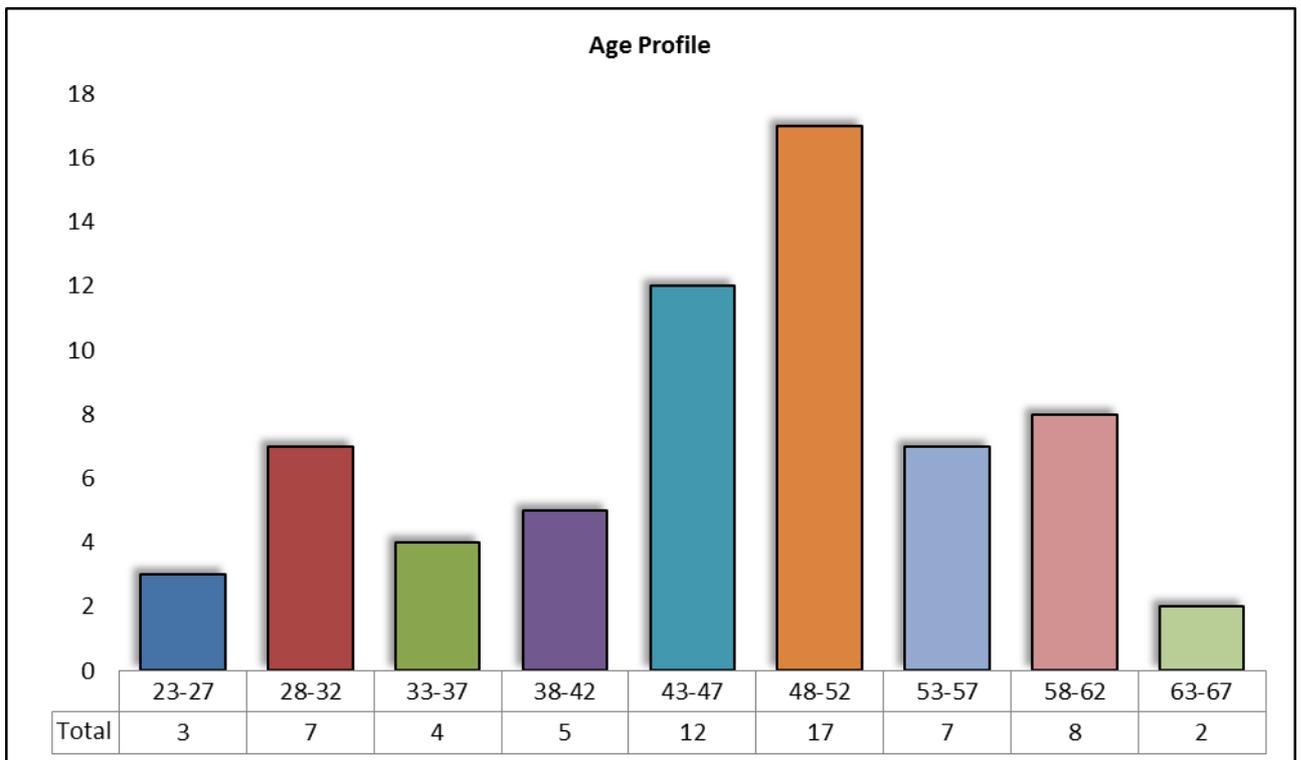
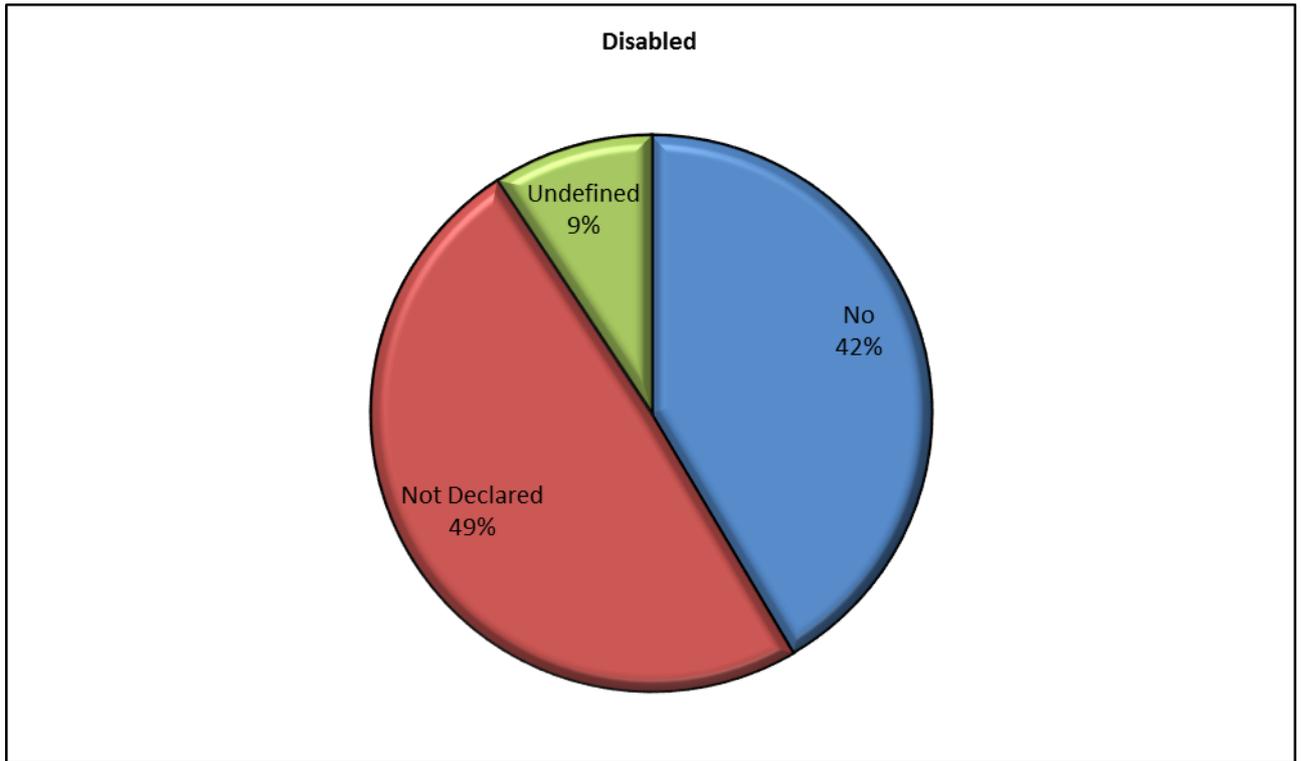
Bexley CCG has a total of 65 employees and also purchases additional commissioning support services from South East Commissioning Support Unit. Our workforce is a critical factor in the effective delivery of our business and a quarterly workforce report is submitted to the Governing Body (including workforce information relating to numbers of staff in post, sickness absence and an equalities profile relating to six of the nine protected characteristics

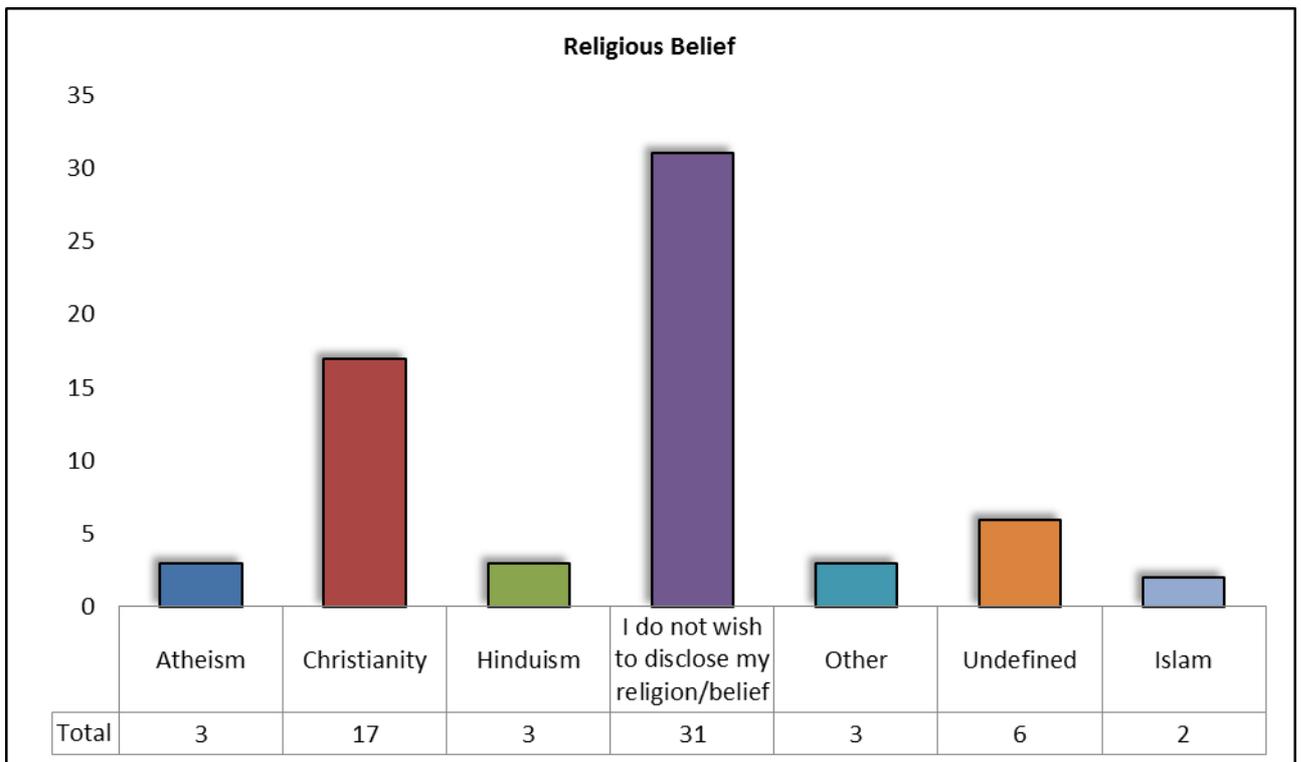
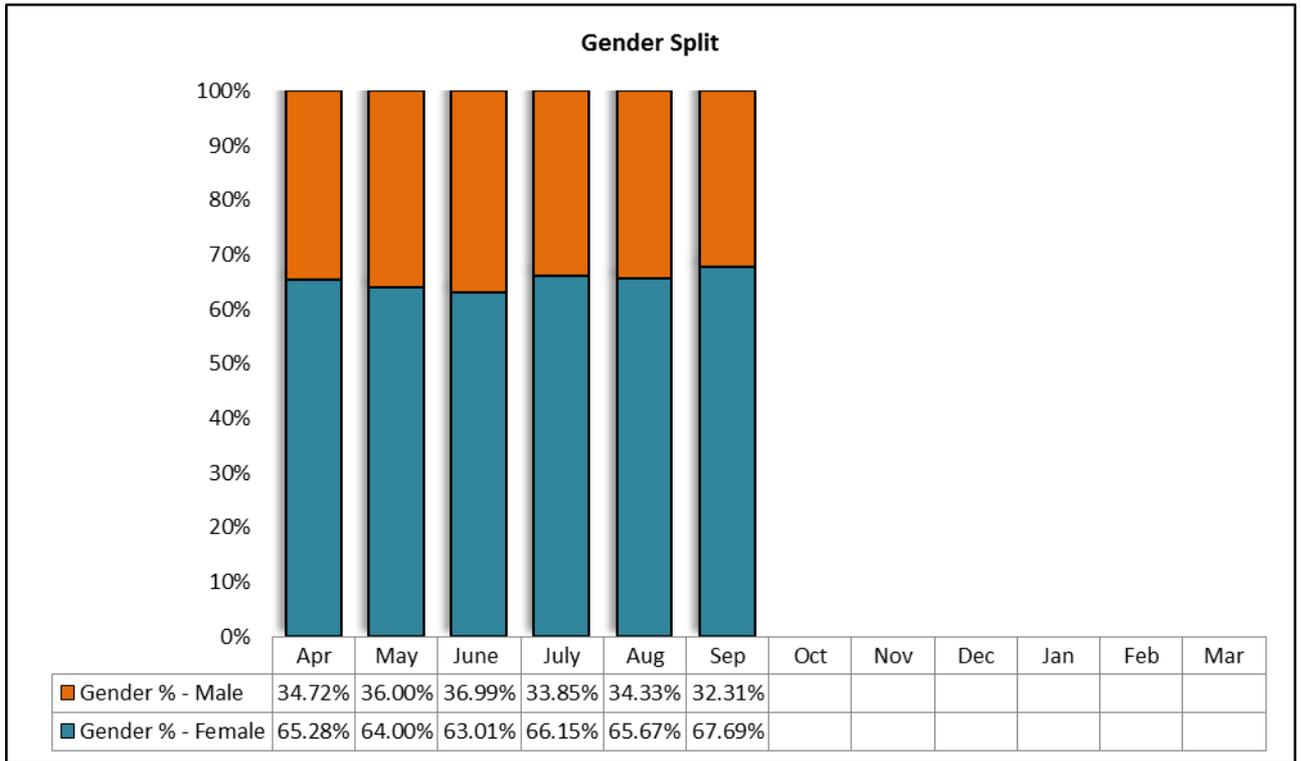
Although Bexley CCG has no legal duty to publish our workforce data, as we employ less than 150 staff, we have chosen to do so as part of our good practice. The following tables are a snapshot profile of the organisation.

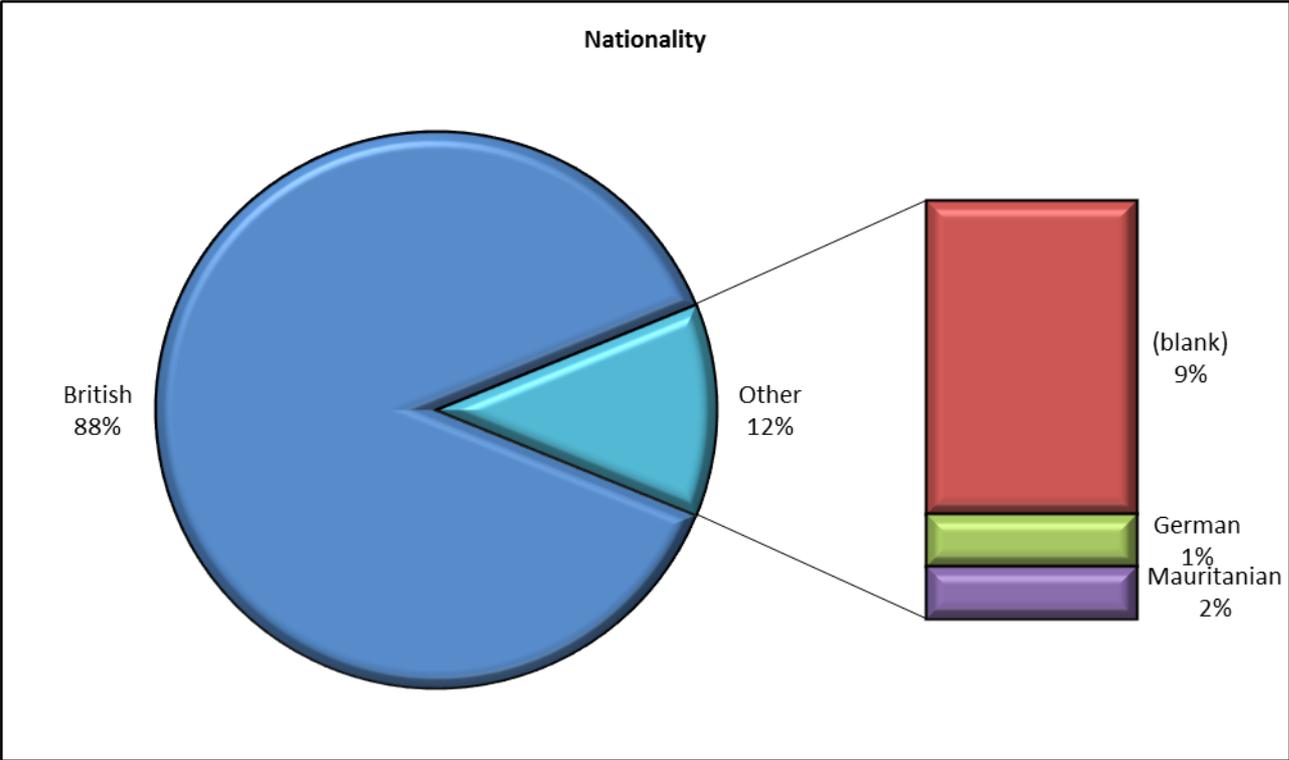
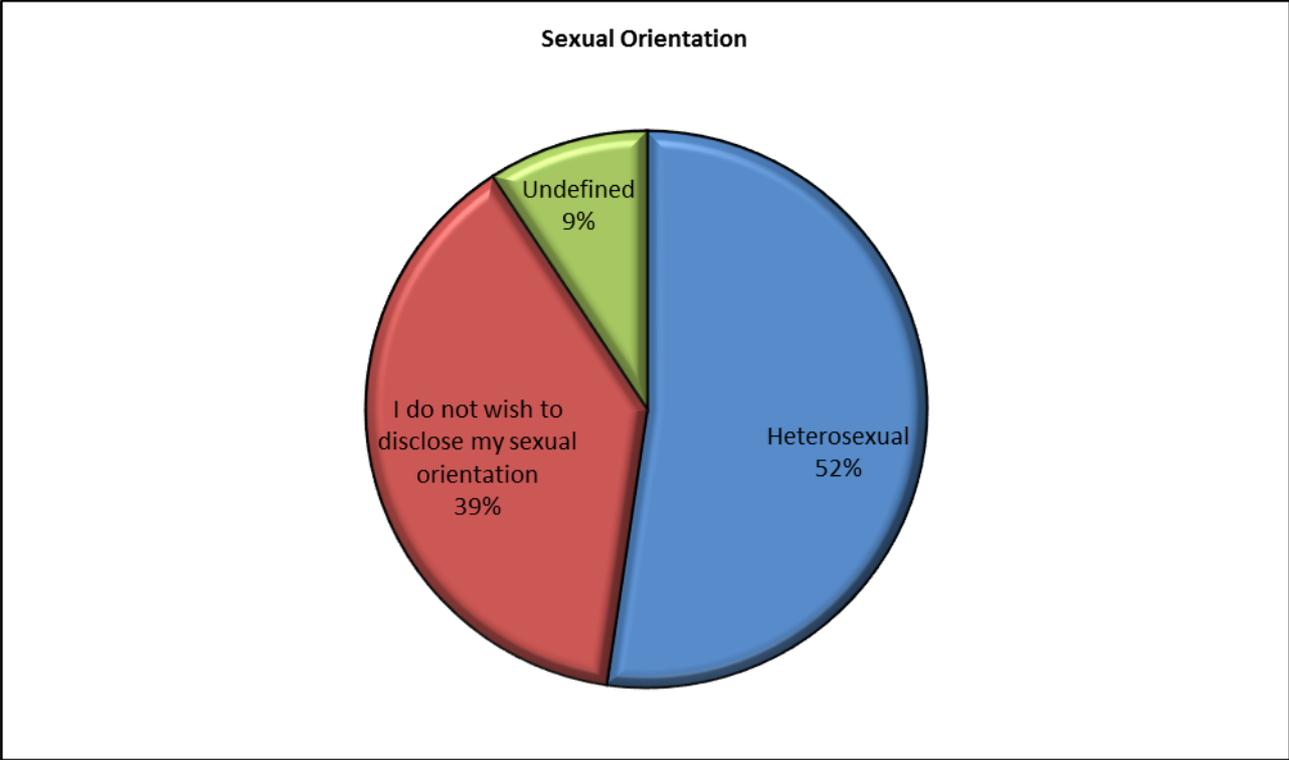
**Bexley CCG:
HR Workforce report: Q2 2015/2016: July - September 2015
Equalities profile**

The following tables are a profile of the CCG relating to the main protected characteristics. Monitoring will continue to identify any priority areas to address. Tables do not include Governing Body membership.









Equality information on our ways of working

The CCG requires all staff to undertake mandatory equality and diversity training within 3 months of commencing employment. Training is provided via an online module which aims to offer;

- a broad based knowledge of equality and diversity
- ability to empathise with colleagues and patients from diverse backgrounds
- ensure access and services are appropriate to individuals needs

The CCG considers equality when developing our policies, presenting papers to Governing Body and when formulating proposals for change to services. This is to ensure that these do not discriminate against protected groups and to identify opportunities to promote equality.

We require providers to meet equality and diversity legislative requirements as part of the procurement process for new or revised commissioning contracts. Our premises are accessible and we ensure that all our public meetings are held in accessible premises.

Complaints

The Patient Experience Team (PET) deal with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by the CCG. Equality and diversity monitoring is an important source of information helping us to identify whether certain groups experience problems disproportionately to other groups. Intelligence gathered is analysed and brought together in quarterly insight reports so trends and themes can be identified and addressed.

An equality and diversity questionnaire is sent to all complainants with their acknowledgement. During the reporting period in question the CCG received a total of 29 formal complaints. Of the 29 forms sent out just 5 were returned. This means that while the information contained is of interest, it is not possible to state that it is reflective of all those who have made a complaint.

Serious incidents

All serious incidents (SI's) from NHS providers are reported on STEIS and reviewed by our Quality Team. This means that we are able to triangulate data with other information (including complaints data) to see if any group is disadvantaged or impacted upon. Additionally intelligence gained is used to monitor contracts and assure quality safety standards.

Engagement and communications

The NHS Act places a statutory duty on NHS organisations to involve and consult patients and the public in planning of service provision, the development of proposals for change and decisions about how services operate.

The CCG is committed to developing effective and sustainable relationships with our patients, carers, the public and partners in health, social care and the voluntary and community sector to improve the lives of our local population. Patient experience is different for every person but by gathering feedback in a consistent and on-going way we are able to identify where changes may be needed to improve services.

Over the past year the Patient Experience Team (PET) has actively engaged with local patients, carers and the public. Additionally they have engaged with local groups and organisations representing the 9 protected characteristics through focus groups, attending community interest forums and holding meetings relating to commissioning projects. Examples of this work include:

- engagement and activities around re-tender of learning disability services, paediatric audiology services, hydrotherapy pool, musculoskeletal services, diabetic services, ophthalmic services end of life care and development of Queen Mary's Hospital site
- Supporting self-management – Diabetes (Xpert), social prescribing and pulmonary rehabilitation
- Diversity celebration event in June, with keynote address from Chair of Multifaith forum
- Engagement with carers and people with learning disability, focus group to understand needs and current experiences (plus collation of patient stories)

The CCG have focused on attending local community groups to discuss projects and present information that is relevant to them. For example the PET have attended a variety of groups to share key messages including older people (pensioners forum), youth council and youth ambassador programme, Multifaith forum, Mencap, Asian Women's group, Maternity Service Liaison Committee

We encourage direct feedback through a range of methods that suit different people, including making information available (if requested) in different languages and formats (e.g. large print or easy read), surveys, online feedback (contact us mailbox), public meetings etc. In addition the CCG regularly hears patient stories at Governing Body meetings and uses this direct feedback to improve services through commissioning activities. The successful introduction of a mystery shopper scheme also means that our ears are constantly to the ground listening and acting on the experiences of our patients.

Effort is made to engage with seldom heard groups by contact through existing forums and representative groups. We recognise the importance of enabling these groups to be involved in their preferred local communities where they feel most comfortable and supported. We go to specific community meetings by arrangement (community forums, PPG's, BME groups etc.). Through grass routes involvement and large scale public/community events the CCG is able to listen to residents (or their representatives) about experiences of healthcare services and engage these groups directly in its work. This year the CCG has engaged directly with seldom heard communities on a number of projects by working in partnership to forge strong links within these groups.

Examples of engagement to reach groups with protected characteristics include:

- Involvement of patients in service redesign, contract monitoring and evaluation – MSK, Ophthalmology, Cardiology, Paediatric audiology, physical disability services review
- Celebrating diversity community event in June 2015
- Patient council, includes representation from most protected characteristic groups, they meet every 6 – 8 weeks.
- Outreach with ‘seldom heard groups’ including lesbian and gay group, Asian womens group, youth ambassadors, pensioners forum, mencap and carers
- In December 2015 we worked with people with learning disabilities and their carers to gather feedback as to the discrimination/difficulties they face in accessing services and how these could be overcome.
- In January 2016 we are taking part in the Carer’s Partnership Board engagement event to understand needs, priorities and concerns of carers across Bexley

The PET has built a comprehensive stakeholder distribution list, this helps ensure information about local health care and opportunities for involvement are disseminated widely throughout the borough. We also use a number of online platforms to engage with the public, our staff and GP members, this includes;

- Public website
- Staff intranet
- GP extranet
- Twitter
- GP and staff briefing
- Stakeholder briefings

Interpreting services

The CCG has in place an interpreting and translation service to assist patients in primary care settings. The service can provide face to face and telephone interpreting services in a range of languages and can translate documents upon request. This service enables those with interpreting needs to access and increase knowledge of local health services, improving health and wellbeing and supporting community cohesion. A summary of interpreting data/activity can be found at Appendix B.

Commissioning intentions, contracts monitoring and equality analysis

The CCG buys a range of health care to meet the needs of the people of Bexley. We develop plans every year setting out the CCG priorities, these are called Commissioning Intentions. Equality information is considered when we develop commissioning plans; undertake service design and strategic developments.

Equality analysis is built into the commissioning process to ensure equality is at the heart of the process (EiA). This enables the CCG to show due regard to the aims of the general equality duty by ensuring that all requirements around equality are given advanced consideration before the Governing Body (or senior managers) make any

policy decisions that may be affected by them. This ensures no part of the population is disadvantaged in terms of access and health outcomes.

Our contracts and tendering process includes specific requirements around equalities and this offers assurance that commissioners and providers are taking account of their responsibilities. It also enables the organisation to monitor how different communities access services and establish mechanisms to address any inequalities.

Commissioning Intentions 2016/17

The development of our Commissioning Intentions 2016 is an iterative process with our GP membership, clinical leads, managerial leads, and public and stakeholders.

A review of the 2014 Commissioning Intentions (CIs) was undertaken at a Primary Care membership event earlier this year, at that point our membership was asked to provide feedback on areas of improvement that they would like to see in 2016. At that event it was also agreed that the Clinical Leads would be asked to take a steerage and development role for these CIs with the results of those processes being fed back to the GP membership and to stakeholders for consideration and further input.

All agreed that the Our Healthier South East London Strategy (OHSEL) would be the cornerstone of the CIs for the CCG. There has been an extensive process of engagement for OHSEL. The OHSEL strategy has been discussed and is fully supported by NHS Bexley CCG Governing Body. The Commissioning Intentions are therefore developed using OHSEL as the first point for each of the care areas identified, with then a 2nd Bexley centric page to show additional developments (or enhancements) planned for Bexley that exceed (or respond to) the OHSEL strategy

The Clinical Leads have met on two occasions across the summer to determine the draft CIs– London Borough of Bexley and the Bexley Voluntary Services Council also took a very active role in these events. The leads within the CCG (with Public Health from London Borough of Bexley) have also met frequently across the summer to provide their input to the development of these CIs (lead by the Director of Commissioning and her deputy).

On 3rd November 2015 the CCG held a Stakeholder Event led by Dr Nikki Kanani to discuss and consider these CIs. More than 50 members of the public, local authority representatives, provider partners and voluntary sector representatives attended this very lively event. It was clear that this was part of our on-going conversation regarding healthcare in Bexley, and the improvement of our services. There was very positive feedback throughout the room on the CCG's work so far and commitment to improving services and engaging with stakeholders and the public in a very open and transparent manner.

Detailed round table discussions were undertaken for each of the areas of care (e.g. Planned Care, Emergency/ Urgent care) to determine if it had the correct plans, to explore any opportunities for working together to improve care and to establish if they had other ideas to improve care.



The output from these discussions is now being collated and will be used to prepare the final version of the Commissioning Intentions (to be presented to the January Governing Body for approval).

Equality progress in Bexley

Three key developments in 2015 have been initiated so that the CCG can assure itself that addressing equality and health inequalities for Bexley people is at the heart of all our functions.

1. Equality Steering Group

The purpose of the Steering Group is to ensure that the CCG meets the General and Specific duties under the Equality Act 2010 across all commissioning decisions, contracting and workforce, and that equality, diversity and human rights is actively promoted, communicated and managed from the workforce of the CCG and the community of Bexley alongside the continuing work with other partners to contribute to reducing health inequalities. Responsibilities will include:

- Ensure the CCG Equality and Diversity Strategy is implemented and revised as required.
- Develop an Equality Action Plan to improve the CCGs performance against the NHS Equality Delivery System (EDS2).
- Ensure that the CCG meets and monitors all its statutory requirements, both nationally and locally, relating to equality, diversity and human rights both in commissioning and employment. Including assurance that Equality Impact Assessments (EiA) are embedded and published on our internet website.
- Promote equality in the workplace and mainstream equality and diversity issues into the work of the CCG, ensuring it seeks to employ a workforce that is representative of the Bexley community.
- Ensure the CCG's patient and public engagement work utilises every opportunity to involve groups across the 9 protected characteristics to maximise the input of these users experiences and inform effective commissioning of services to meet the needs of the whole population we serve.
- Provide briefings and update reports to the QSSC and Governing Body

2. Equality delivery system (EDS2)

To help the CCG meet its PSED better over the coming years, the CCG will implement EDS2 – the preferred equalities reporting framework for the NHS. This will be achieved in two stages. During stage one the CCG will self-assess how it is doing against the four goals and 18 outcomes. This involves gathering evidence against each goal and outcomes using a RAG rating as follows:

- **Red – underdeveloped**
- **Amber – Developing**
- **Green – Achieving**
- **Purple – Excelling**

The self-assessment exercise should be completed during April 2016. Stage Two involves working with local organisations, including Bexley Patient Council and Healthwatch to take critical feedback on the RAG rating with the aim of publishing an agreed EDS2 RAG rating for the CCG by end of June 2016.

3. Equality and Diversity Strategy

The CCG has an Equality and Diversity Strategy and action plan to support delivery of its statutory responsibilities. This was agreed in 2012 during the authorisation phase of the CCG. Since 2012 local equality priorities may have changed. In this respect the CCG should consider refreshing its equality action plan and refreshing the strategy document. This will be undertaken in 2016 alongside progress with EDS2, specifically working with Bexley Patient Council, Healthwatch and other community organisations to help identify the current local equality issues for Bexley people.

Equality action plan and objectives progress in 2015

The CCG equality action plan highlights six key areas for action. The chart below identifies the areas for action and refers to where update can be found on the CCG Objectives Action Plan

| | Action | Update |
|---|--|------------------------------|
| 1 | Ensuring the CCG is legally compliant with the Equality Act 2010 | Objective 3 Actions A - B |
| 2 | Ensuring agreed equality objectives feature in all aspects of the CCG's activity, especially when commissioning services | Objective 2 Actions A-B |
| 3 | Undertaking timely Equality Impact Assessment (EiA) whenever new project proposals or policies, commissioning and strategies are being developed | Objective 1 & 2 |
| 4 | Engaging with diverse communities | Objective 4 Action A |
| 5 | Training in equality and diversity for all our staff | Objective 1 Action C |
| 6 | Effective governance arrangements for equality and diversity work | Objective 3 Action C |

Please refer to appendix A for details of the CCG Equality Objectives Action Plan

Partnerships and performance monitoring providers

The CCG works in partnership with other commissioners and local partners to deliver high quality support and care. Bexley CCG aims to work in partnership with the community in the commissioning of services. There is a good record of partnership working and strong relationships with:

- **South East London Clinical Commissioning Groups**

The six CCGs in South East London, Bexley, Bromley, Greenwich, Lambeth, Southwark and Lewisham have established collaborative arrangements to meet their shared and interdependent commissioning responsibilities.

- **Health and wellbeing board**

This is a partnership with Bexley Council that encourages local service commissioners and providers to work together to advance the health and wellbeing of the area.

- **London Borough of Bexley**

We work with the local council to jointly commission a number of services, including children and young people, learning disability, mental health, physical disability.

- **Healthwatch and Voluntary and community organisations**

- **Healthcare providers**

Local acute, community and mental health hospital trusts etc

The CCG reviews information about our provider organisations to ensure they are compliant with equality legislation. Whilst the CCG is an associate commissioner for some NHS providers, such as Lewisham and Greenwich NHS Trust, we still monitor their compliance with equality.

| Organisation | Equality objectives | Equality annual report published | EDS grading | Workforce standards published |
|--------------------------------|---------------------|----------------------------------|-------------|-------------------------------|
| Lewisham & Greenwich NHS Trust | ✓ | ✓ | ✓ | ✓ |
| Oxleas NHS Foundation Trust | ✓ | ✓ | ✓ | ✓ |

The CCGs quality and patient experience teams regularly review provider's patient experience and equality intelligence from our main provider. Any issues or queries are taken to the relevant Clinical Quality Review Group (CQRG) meetings, ensuring any issues are discussed and addressed quickly and providers are held to account to improve patient experience.

Conclusion and summary of actions identified for 2016/17

The CCG is committed to reducing health inequalities, promoting equality and valuing diversity as integral part of everything we do. This annual equality report outlines the work undertaken by the CCG during 2015 in that respect. Through successfully implementing the objectives linked to the Equality Delivery System and implementing our action plan for equality the CCG is ensuring the needs of the public, patients, carers and CCG staff are met. The CCG will continue to monitor progress against the Equality action plan and objectives and report regularly and openly on the development of this work.

- Identify key BME groups to connect with and visit – build up engagement/stakeholder database
- Deliver annual community equality roadshow/celebrating diversity event
- Provide equality training/development for Patient Council and PPG chairs
- Ensure equality steering group works effectively, feeding issues into quality reports and Governing Body
- Ensure work or programme boards consider equality issues and ensure different sections of the community do not face discrimination as a result of commissioning decisions
- Implement EDS 2 framework and undertake grading
- Review existing objectives and refresh
- Refresh Equality and Diversity strategy/action plan
- Undertake engagement audit to identify which groups of people or communities we are not reaching and plan more outreach/engagement.



| Objectives | Specific action/deliverables | Update/notes |
|---|--|--|
| <p>1. Embed the PSED into the work of the organisation via effective governance arrangements and appropriate training. (Meet statutory requirements of the Equality Act)</p> | | |
| | <p>A. CCG has a robust Equality Impact Assessment (EiA) process for all commissioning and business cases</p> | <p>All business cases include EIA as part of the process. This is assessed at all stages of the approval process</p> |
| | <p>B. The Quality and Safety sub-committee ensure all new policies, strategies, proposals and business cases are accompanied by robust EiA</p> | <p>The EiA involves a comprehensive check list for completion and the Quality Impact Assessment includes ensuring compliance with relevant Policy/Guidance/ Procedures, particularly compliance with the Equality and Diversity Act 2010</p> |
| | <p>C. All CCG staff are aware of and understand equality diversity and human rights</p> | <p>All CCG staff complete mandatory online equality and diversity training.</p> |
| <p>2. To put the general equality duty into practice across the organisations functions including policy and decision making and commissioning</p> | | |
| | <p>A. CCG ensures all commissioning and business case proposals are accompanied by robust EiA</p> | <p>All business cases include an EiA as part of the process. This is assessed at all stages of the committee approval process.</p> |
| | <p>B. CCG ensure all contracts include reference to compliance with Equality Act 2010</p> | <p>Standard NHS contracts template adopted which includes provision and requirement to comply with the Equality Duty. Where this provision is not contained the contract will be reviewed making all providers that we</p> |



| | | |
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| | | <p>commission from aware that all contracts would be subject to the requirements of the Equality Act</p> <p>We use the NHS Standard Contract, with Equality Duty, and this will continue.</p> |
| <p>3. Ensure the specific requirements of the PSED are met by publishing objectives at least every four years and information on progress annually</p> | | |
| | A. The CCG publishes annual equality information | Information first published Jan 14 Refreshed report published annually thereafter. |
| | B. The CCG has identified and published equality objectives | Equality objectives were agreed in 2013. These will be reviewed and refreshed during 2016/17 |
| | C. The CCG has effective governance arrangements for equality and diversity work | The work of the Equality Steering Group will be presented to and reviewed by the Quality and Safety Committee. This will provide assurance to the Governing Body that the CCG is fulfilling its equality goals and objectives |

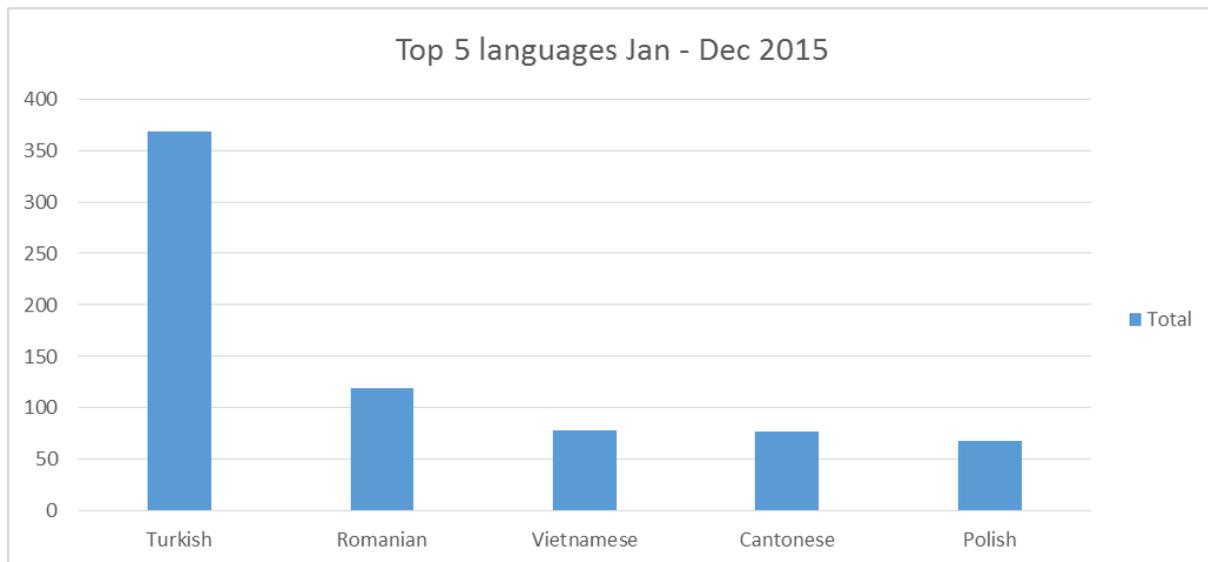


4. Develop Equality and Diversity Focus Group with representation from patients and public – ensuring robust governance arrangements for engagement and sharing information with the Governing Body

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| | <p>A. Promote diversity and inclusion in the engagement of patients and provision of accessible information</p> | <p>Communications and Engagement strategy to be refreshed in 2016/17</p> <p>Attend and promote CCG work at local community meetings – presentations and documents shared tailored to audience</p> <p>Community roadshow/engagement event and audit of patient experience planned for June 2016</p> <p>The CCG has in place a range of systems and methods to ensure that local patients and the public are able to be involved in decision making</p> <p>The CCG has used a variety of media to champion the need to hear the multiple perspectives of diverse people, patients and communities (including social media)</p> |
| | <p>B. Establish Equality Steering Group</p> | <p>A small group of senior managers and patient representatives (including PPI Lay Member and Vice Chair of Patient Council) have been recruited to join the Equality Steering Group.</p> <p>Terms of reference for the group have been developed.</p> |



Appendix B – Translation data



- A total of 1120 requests were made on behalf of Bexley residents for access to translation services.
- 51% were requested from GP practices in the North Bexley locality

