



MIDLANDS AND LANCASHIRE
COMMISSIONING SUPPORT UNIT



Warrington
Clinical Commissioning Group

Equality, Diversity and Human Rights Strategy

2018 - 2021

Contents

1. Forward	3
2. Our vision, aims and values.....	5
3. National drivers.....	6
4. Enabling documents	8
5. Equality Delivery System (EDS2)	10
6. Equality objectives	11
7. Ensuring 'due regard' for equality and diversity	12
9 Governance.....	14
10. Conclusion	15

1. Forward

- 1.1. Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfill their potential. Equality means treating individuals in a way that is appropriate to their needs, with dignity and worth regardless of their protected characteristics. Diversity builds on equality and focuses on how individual differences and their strengths can be valued for the benefit of both society and the individual.
- 1.2. One of the key principles of the NHS Constitution¹ is that *'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'*.
- 1.3. This principle is often summarised in terms of:
 - equal access to services
 - equal treatment
 - equal health outcomes
- 1.4. The Equality, Diversity and Human Rights (EDHR) Strategy for NHS Warrington Clinical Commissioning Group (CCG) reinforces this principle and is the first step in outlining our approach to equality and diversity and ensuring our compliance with the Public Sector Equality Duty² and the Human Rights Act³. It highlights the national and local drivers that will shape our approach and commitment to valuing the diversity of service users and employees.
- 1.5. This Strategy is one of our enabling documents that guides us in the delivery of our organisational vision, values and principles. This includes ensuring that our local services are transformed through meaningful engagement and partnership working with our patients, carers, local communities, local authority, the voluntary, charity and faith sector and provider organisations.
- 1.6. We recognise and take seriously our responsibilities and duties under the Equality Act 2010⁴, described in further detail in Section Three. In particular we note the need to have due regard to equality analysis in our decision making, commissioning, procurement and service delivery.

¹ [The NHS Constitution](#)

² [Public Sector Equality Duty](#)

³ [Human Rights Act \(1998\)](#)

⁴ [Equality Act 2010](#)

- 1.7. We recognise Warrington's diverse population and will endeavour to engage and work with this population to ensure their health needs are met and to ensure no negative impact on any changes or development to services.
- 1.8. Warrington's population includes:
 - i. 4.1% of our population recorded their ethnicity as non-white compared with 14.6% for England, of these, the highest group is Asian/ Asian black 2.4%
 - ii. 113 statutory homelessness acceptances
 - iii. 8.9% reported that have a disability which limits their day to day activity
 - iv. 21,843 provides unpaid care
 - v. 82% of Warrington residents stated they were Christian, the highest other religion is Muslim 0.6%

Dr Andrew Davies
Clinical Chief Officer

2. Our vision, aims and values

- 2.1. The vision is supported by a set of values that embody the culture and style of working that enables the CCG to become an organisation that local communities, member practices and staff can be proud of.
- 2.2. Developing an inspiring, inclusive and successful place to work is at the centre of our commitment to our practices and staff that work for us. We have agreed visions and values that we consider as essential “foundation blocks” in determining what is core work for us, and what we believe is important to seek external support for.
- 2.3. Our vision is simple - we want ‘**Excellence for Warrington**’ and we will strive to turn the £273 million we receive into the best possible health outcomes for our communities.
- 2.4. To reach our vision, we will:
 - Work in partnership to develop excellent health services for our town, contributing to a healthier Warrington for all
 - Focus on our patients and we will strive to be different, working in partnership with local people
 - Recognise and work within our external constraints, whilst always striving for quality
- 2.5. Supporting our vision is our values. Our values are:
 - Excellence
 - Valuing patients and partners
 - Accountability
 - Partnerships in everything
 - Honest and integrity
 - Open and transparent
- 2.6. Our vision, values and principles demonstrate to our local population, staff and partners that we are an open, transparent and responsive organisation and that we will:
 - identify how people would like to get involved and what skills and support they need
 - develop and implement mechanisms that will enable us to gather a wide range of views
 - proactively engage with patients, public and communities whose views are often under-represented

- make use of available information to make robust and informed decisions about the commissioning and delivery of local health services

2.7. Our EDHR Strategy supports our vision, values and principles by providing a coherent strategic framework that has the following aims:

- **to eliminate unlawful discrimination, harassment and victimisation** by ensuring our clinical leaders and staff are confident and feel equipped and supported to challenge discriminatory and prejudicial behaviour
- **to ensure advancement of equality of opportunity between different groups** by reducing health inequalities within and across across groups with protected characteristics based on a robust analysis of equality information and evidence
- **to foster good relationships** by engaging effectively with local communities and our membership especially against those groups who have historically been the least heard and continuing improvements in access to, experience of and outcomes from primary health care services amongst those communities

and outcomes:

- providing clarity on the requirements for leadership, capacity and capabilities for clinical leaders and staff with regards to promoting equality, diversity and human rights
- generating ownership of the equality objectives and actions through consultation, membership growth and on-going improvements in the evidence base for equality
- identifying the appropriate relationships and networks required to support the objectives and associated delivery plan.

3. National drivers

3.1. Health and Social Care Act 2012

The Health and Social Care Act 2012⁵ states that ‘each commissioning group must, in the exercise of its functions have the regard to the need to:

- reduce inequalities between patients with respect to their ability to access health services
- reduce inequalities between patients with respect to the outcomes achieved for them by provision of health services
- promote the involvement of patients and their carers in decisions about provision of the health services to them

⁵ [Health and Social Care Act 2012](#)

- enable patients to make choices with respect to aspects of health services provided to them'

3.2 Equality Act 2010

3.2.1 The Equality Act 2010 replaces previous anti-discrimination laws with a single Act and set out national principles, which will be followed in Eastern Cheshire, to ensure the successful delivery of world class health and social care services, namely:

- to involve and empower people
- to target different communities through effective partnerships
- to ensure excellence in our health and social care services
- to become a high performance, high reputation organisation through partnership working

3.2.2. The Equality Act simplified the law removing inconsistencies and making it easier for people to understand and comply with, as well as strengthening the law to help tackle discrimination and inequality.

3.2.3. Section 149 of the Equality Act sets out the **Equality Duty** - a duty on public bodies and others carrying out public functions. It ensures that public bodies consider the needs of all individuals in their day-to-day work – in shaping policy, in delivering services, and in relation to their own employees.

3.2.4. The Equality Duty supports good decision making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

3.2.5. The Equality Duty replaces the three previous public sector equality duties – for race, disability and gender. It covers the following protected characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex (male or female)

- sexual orientation

(It is worth noting that in addition to the protected characteristics, the CCG should also have due regard for ‘other disadvantaged groups’ such as those from low socio-economic backgrounds, homeless, Gypsies & Travellers and military veterans).

- 3.2.6. The Equality Duty has three aims. It requires public bodies to have *due regard* to the need to:
- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
 - advance equality of opportunity between people who share a protected characteristic and people who do not share it
 - foster good relations between people who share a protected characteristic and people who do not share it
- 3.2.7. Having “*due regard*” means consciously thinking about the three aims of the Equality duty as part of the process of decision making. This means that consideration of equality issues must influence how our decisions are reached on how services are commissioned.
- 3.2.8. The Equality Duty is supported by specific duties which require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty and to set themselves specific, measurable equality objectives. Publishing this information makes public bodies transparent about their decision-making processes and accountable to their service users. It allows the public to have the information they need to hold public bodies to account for their performance on equality.
- 3.2.9. Under the Public Sector Equality Duty (PSED), as a CCG we are responsible for:
- setting equality objectives every four years
 - publishing equality data (patient data, workforce data) annually
 - ensuring all providers complete the Equality Delivery System (EDS2) assessment and that EDS2 is mandated in contracts
 - undertaking equality analyses (Equality Impact & Risk Assessments)
 - ensuring the corporate website includes a prominent section on Equality and Diversity and is fully accessible

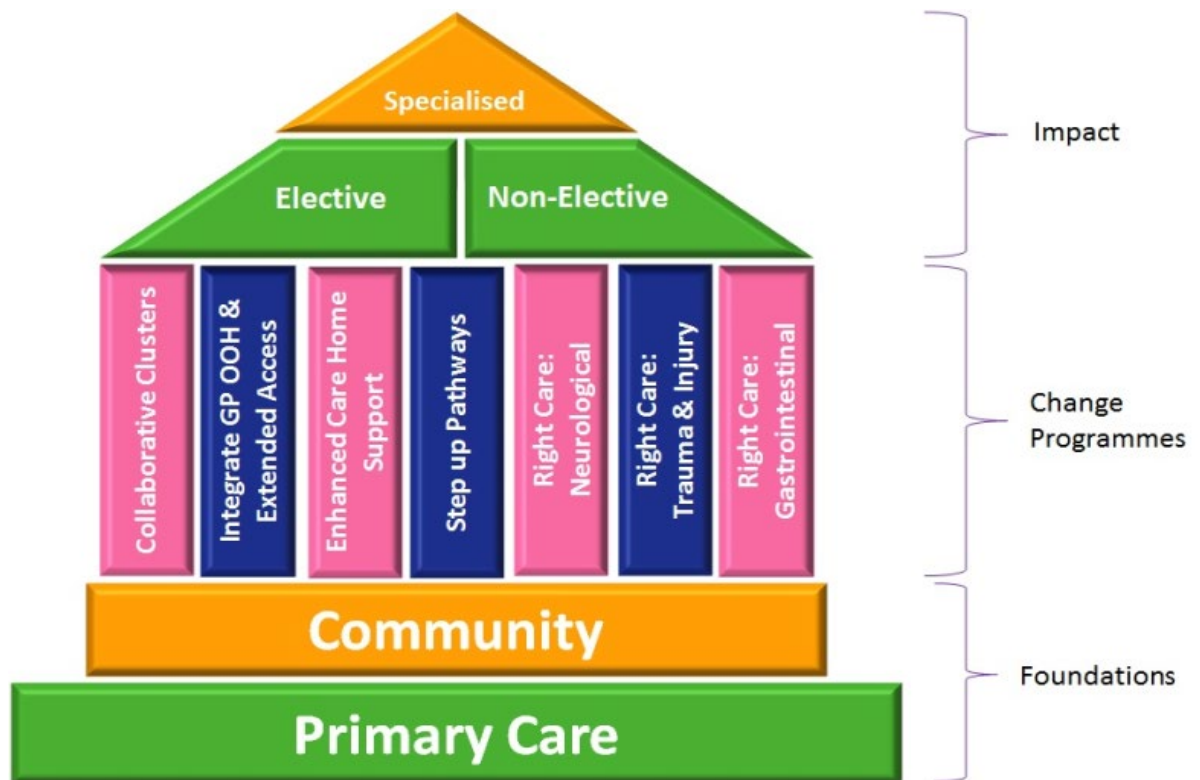
4. Enabling documents

- 4.1. In pursuit of realising our organisational vision, we have produced a five year strategic plan which articulates various organisational objectives and

ambitions. The plan establishes the framework by which the CCG can prioritise activities, coordinate resources and measure success. Equality, diversity and human rights considerations are paramount throughout the delivery of the plan. The Five Year plan can be found here: <http://www.warringtonccg.nhs.uk/Downloads/About%20Us/FINAL%20NHS%20Warrington%20CCG%20-%20Commissioning%20Plan%20Refresh%202017-19.pdf>

- 4.2. The CCG have introduced a Programme Management Office to ensure equality and diversity is embedded throughout its work. The PMO office ensures EIAs and sufficient and targeted engagement is undertaken.
- 4.3. Communications and Engagement Strategy. This is a key document that supports our approach to equality and diversity. It sets out our approach to effectively communicating and engaging with all our stakeholders throughout the commissioning cycle. The strategy ensures that we will facilitate the inclusion of our patients, carers, public, communities, staff and partners in the further development of the organisation, our plans and activities to deliver our vision. This Strategy is being refreshed for 2018 and will expand on already established best practice in terms of engagement with diverse communities. This includes monthly outreach to a peer support group for people with learning disabilities to ensure their voices are heard in the CCG's governance structures. The 2015 – 2018 strategy can be found on the CCG website <http://www.warringtonccg.nhs.uk/Downloads/Your%20Views/Engagement%20Experience%20and%20Communications%20Strategy%20refresh%202015-2018.pdf>
- 4.4. **Two year commissioning Intentions**

The CCG publishes a two year operational plan which articulates the key programmes of work. The plan links back to the Five Year Strategic Plan of the organisation and ultimately helps to deliver the vision and strategic objectives. The CCG's two year diagram is below, through the PMO equality and diversity cuts across the operation plan's work streams.



5. Equality Delivery System (EDS2)

- 5.1. NHS England has developed the Equality Delivery System (EDS2) toolkit. This helps NHS commissioners and providers deliver better outcomes for patients and communities. It also helps staff in NHS organisations understand how equality can drive improvements and strengthen the accountability of services to patients and the public.
- 5.2. At the heart of the EDS2 is a set of 18 outcomes grouped into four goals known as the EDS Outcomes Framework. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. The four EDS2 goals are:
- Better health outcomes for all
 - Improved patient access and experience
 - Empowered, engaged and included staff
 - Inclusive leadership at all levels
- 5.3. The outcomes in full within the goals (or a selection of them) are assessed annually and graded as per the following categories:
- **Undeveloped** if there is no evidence one way or another for how a protected group of people fares, or if evidence shows that the

- majority of people in only two or fewer protected groups fare well
- **Developing** if evidence shows that the majority of people in three to five protected groups fare well
- **Achieving** if evidence shows that the majority of people in six to eight protected groups fare well
- **Excelling** if evidence shows that the majority of people in all nine protected groups fare well.

- 5.4. It is worth noting that while the EDS2 tool is mandated for commissioning and provider organisations, not all 18 outcomes contained within it are directly applicable to CCGs.
- 5.5. The core component of the EDS2 is engagement with stakeholders, service users, staff and local communities. It is people from these local interest groups that contribute to the grading and decide how well the organisation is performing.
- 5.6. In light of the inclusion of EDS2 in the NHS Standard Contract and in the CCG Assurance Framework, all NHS organisations are mandated to use the EDS2 summary report template to produce and publish a summary of their EDS2 implementation.
- 5.7. We are committed to undertaking the EDS2 assessment annually while also ensuring that local providers are also meeting their contractual obligations by completing the assessment.
- 5.8. The EDS2 will identify areas of work requiring further development with regards equality, diversity and human rights. Therefore action plans will be produced to ensure that the outcomes of the EDS2 are not lost, and indeed are further built on.
- 5.9. A summary report from each EDS2 assessment completed by the CCG will be uploaded to the website⁶ as is required and shared with key stakeholders on request. Results from providers' EDS2 assessments will be included in the CCG's Annual Report & Accounts.

6. Equality objectives

- 6.1. In order to meet the PSED, CCGs are required to publish equality objectives every four years. Our objectives were most recently refreshed in 2017 and endorsed by the CCG Governing Body in May 2017. They are to:

<http://www.warringtonccg.nhs.uk/Page%20Images/public-info/equality-delivery-system.htm>

- i. improve commissioner understanding of the populations we serve
- ii. ensure accessibility to services and information
- iii. demonstrate a commitment to Equality and Diversity through training and development at all levels of the organisation
- iv. ensure equality of opportunity in employment and training provision.

6.2. In addition to the locally developed equality objectives, we also work towards achieving the 18 outcomes (split in to four goals) in EDS2.

6.3. In order to meet the local objectives and achieve the EDS2 outcomes, a one year EDS2 action plan (Appendix A1) has been developed which will be reviewed on a six monthly basis by the CCG Equality Champions and the established EDS2 Grading representatives, which is reflected of the nine strands.

7. Ensuring 'due regard' for equality and diversity

7.1 An Equality Impact Assessment (**EIA**) is a way to assess the impact of new or existing policies / services on particular groups of people, to find out if there is a positive or negative outcome and make reasonable changes where possible. It is an opportunity to identify possible disadvantages, decide if they are discriminatory and the extent to which discrimination can be eliminated, minimised or justified. The CCG will ensure that equality and diversity is embedded within our approach to redesigning and commissioning health and care services for our population. In this regard, we will pay particular attention to the needs of those with protected characteristics to ensure they are neither disadvantaged nor discriminated against throughout the commissioning cycle, as illustrated below:



- 7.1. Commissioning managers will continue to be supported in identifying and recording information detailing the impact of any project or proposal on protected characteristic groups through the EI&RA process. In this regard the CCG uses a tool developed by MLCSU and benefits from support provided by it to complete the assessments.
- 7.2. All papers and reports presented at Governing Body meetings, will continue to be required to assess and highlight equality and diversity impacts and considerations including health inequalities, to ensure that we are meeting our statutory duties
- 7.3. The CCG is committed to ensuring that we have a diverse workforce by providing fair and equal access to jobs, career development and training opportunities for existing and future staff. To do this we aim to recruit the best talent that we can and remove any barriers to ensure that we have the widest possible pool of talent to draw from.
- 7.4. The CCG will also ensure that all staff, upon commencement of their employment and as part of their induction undertake statutory equality and diversity training which will be refreshed every two years. Staff will also be made aware of the equality and diversity action plan and the organisation's responsibilities under the PSED.
- 7.5. The CCG is committed to making sure equality and diversity is a priority when we plan and commission local healthcare. To do this we will continue to work closely with our communities to understand their needs and how best to commission the most appropriate services to meet those needs.
- 7.6. We will also ensure in the development of key strategies, commissioning intentions, corporate communications and other documentation that the experience and skills of our communities are taken in to account. This may be facilitated by ongoing engagement with CCG's patient and public Health Forum, Patient Participation Groups, statutory organisations such as Healthwatch, voluntary, community and faith sector organisations, specific focus groups and individual patient representatives.
- 7.7. Through membership of the Warrington's Health and Wellbeing Board and our duty to co-produce the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy⁷, we will work with partners to reduce health inequalities amongst all communities in all parts of Warrington

8. Provider assurance

<http://partnership.warrington.gov.uk/strategies-and-plans/warrington-health-and-wellbeing-strategy/>

- 8.1. The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, gender reassignment; marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non-medical characteristics, except as permitted by Law.
- 8.2. The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.
- 8.3. In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010, the Equality Act 2010 (Specific Duties) Regulations and section 6 of the HRA. If the Provider is not a public authority for the purposes of those sections it must comply with them as if it were.
- 8.4. In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan setting out how it will comply with its obligations under SC13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this SC13.4.
- 8.5. The Provider must implement EDS2.
- 8.6. The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.
- 8.7. The Provider must implement the National Workforce Disability Equality Standard from 1 April 2018 and must submit a report by 31 March 2019 and then annually to the Co-ordinating Commissioner on its progress in implementing that standard.

9 Governance

- 9.1. For equalities and diversity in the organisation and is responsible for keeping the Executive Committee and Governing Body updated on compliance with the PSED.

- 9.2. The Governing Body patient representative also champions the equality and diversity agenda as Governing Body Lead for patients and the public

10. Conclusion

- 10.1. This Equality and Diversity Plan has sought to reaffirm our commitment as an organisation to meet our requirements under the PSED, address health inequalities in Warrington and maintain a fair and equal work environment for our staff.
- 10.2. We will continue to pay due regard to the needs of those with protected characteristics and other disadvantaged groups in order to ensure that we develop and commission services for all in Warrington.
- 10.3. This Plan will be reviewed in March 2021 to coincide with a review of the equality objectives.