NHS
Mid Essex
Clinical Commissioning Group

# Public Sector Equality Duty

# Annual Report 2015/16

# Contents

# Welcome

We are delighted to present our 2015/16 annual report highlighting our progress in promoting equality and diversity in commissioning healthcare services and in managing our local NHS workforce.

Following significant changes to the NHS in 2013-14, the CCG has been striving to better understand and implement the statutory requirements as a public body.

This report brings together information, evidence and recommendations which demonstrates how the Mid Essex CCG is already meeting its statutory duties under the Equality Act 2010 and how we will continue to integrate the principles of human rights, equality and diversity as an employer and a commissioner of services.

The CCG has supported the completion of an extensive Joint Strategic Needs Assessment and continues to engage with the local population to help inform its commissioning decisions. As an organisation, the CCG successfully implemented the Equality Delivery System 2 (EDS2) during 2014/15 and 2015/16. We were rated as 'Developing' in some areas and 'Achieving' against an increasing number of the EDS2 standards.

We have, consequently, refreshed our Equality Objectives and corresponding action plan to support us in improving further.

We are confident that our staff will be well versed with the principles we are embedding and that services will become more responsive to the diverse community needs enabling us to work in reducing the gap in health inequalities and improve and health and wellbeing outcomes.

**Viv Barnes**
**Chair, Equality & Diversity Sub-Committee**
**Mid Essex CCG**

# Executive Summary

This report sets out how Mid Essex CCG is working to demonstrate its compliance with the Public Sector Equality Duty, highlighting progress to date and setting out some key recommendations for improving on the extensive work already in place.

The CCG has a duty to eliminate discrimination and promote equality, fairness and respecting human rights, both as an employer and a commissioner of local health services. We believe that diversity is about recognising and values the diverse population we serve and implementing good employment practices. We take the approach to promote inclusion regardless of age, gender, marital status, disability, race, religious beliefs, sexual orientation and respecting family values attached to conception and parenting capabilities.

We have been striving in the past year through our set Equality Objectives to embed equality and diversity consideration into all aspects of our work, including policy development, commissioning processes and employment practices. We have primarily achieved these though a number of measures including:

- Supporting the production of a Joint Strategic Needs Assessment and other local needs assessments.
- The ratification of Equality Objectives and the implementation of the action plan.
- The implementation of an Equality Impact Assessment framework to review and support changes in service provision and policy development and updates.
- Improving our data recording and positive approach in our recruitment practices and publishing a comprehensive report on our workforce.
- Better engagement with the public, both in reaching difficult commissioning decisions and consulting on innovative service provision, as well as listening to the patient's voice, such as through the Patient Story at Board meetings and public consultation on Service Restriction Policies.
- Inviting revalidation of our self-assessment rating by a group of external stakeholders and CCG staff

The CCG has improved its financial position although this will remain a major challenge in 2016-17, which is further compounded by the local demographics. We will continue to ensure that decisions are evidence-based and have had considerable engagement with our local population and people with protected characteristics. This will include further awareness training for staff and Board members.

A number of recommendations are highlighted at the end of this report which, when implemented, will provide assurance that the CCG will continue to strive in promoting equality and diversity and work with all stakeholders in reducing health inequalities. To this end, the CCG has updated its Equality Objectives and corresponding action plan and will endeavour to improve its rating in some of the key goals during 2016-17.

# Introduction

## 1.1 About Mid Essex Clinical Commissioning Group

Mid Essex Clinical Commissioning Group (MECCG) is a NHS commissioning organisation which was formed on the 1st April 2013. The CCG commissions (buys) health services for residents of the districts of Braintree, Chelmsford and Maldon. Some services are commissioned in collaboration with other NHS organisations as well as Essex County Council.

To see our Five Year Plan or for more information on what health services we commission, please visit our web site: http://midessexccg.nhs.uk/about-us/our-key-documents/our-plans/1504-mid-essex-ccg-five-year-strategy-2014/file

## 1.2 Public Sector Equality Duty

Section 149 of the Equality Act 2010 places a Public Sector Equality Duty (PSED) on all statutory public authorities and those who act on their behalf. CCGs may not delegate these duties and are responsible for ensuring compliance by providers commissioned to deliver healthcare services.

The Equality Act 2010 replaced previous anti-discrimination legislation aimed to protect people from unfavourable treatment because of nine 'protected' characteristics, some of which apply to everyone while others to groups of people:

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

PSED is made up of a 'general duty' which is the overarching requirement and the 'specific duties' which are intended to help performance of the general duty. The general duty applies to most public authorities, including CCGs, who must, in the exercise of their functions, have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act,
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it,
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The CCG is required to publish, in a manner that is accessible to the public, information to demonstrate its compliance with the public sector equality duty. This information must include, in particular, information relating to people who share a protected characteristic who are its employees (although public authorities with fewer than 150 employees are exempt) and people affected by its policies and practices.

We must also set equality objectives at least every four years. During 2013/14, the CCG reviewed and updated our equality and diversity strategy and action plan to show how the CCG planned to comply with our equality obligations as well as developing a more explicit approach in tackling health inequalities.

The CCG has published this report as a requirement of PSED. This document highlights the work that the CCG has undertaken towards meetings the general PSED duty, gaps it has identified and actions it is going to take to improve quality outcomes.

The CCG is also required to complete an EDS2 Summary Report template for submission to NHS England and publish the template on our web-site.

We use the Essex Joint Strategic Needs Assessment (E-JSNA) and the Mid Essex CCG Joint Strategic Needs Assessment (ME-JSNA) to inform our commissioning intentions and decision making.

The JSNA is a collection of research about the local people, places and communities that the CCG and our partners deliver services to. We use the JSNA to try to understand what needs to be done in collaboration with local knowledge and community feedback.

This information in this report meets many of the Equality and Human Rights Commission's recommendations on publishing annual equality information as the data is online, easily available and more up to date.

We know that we need to make full use of the JSNA in our commissioning practices; all staff including the Board are receiving further equality and diversity training which will include information on evidence based commissioning.

# 2. Profile of Equality Groups in Mid Essex

The CCG has committed to using the information obtained from its JSNA and equality analysis process to inform the decisions it reaches.

The JSNA process has been less successful in gathering more qualitative information to inform local decision-making. The CCG has therefore adopted a broad equality analysis, through its Equality Impact Assessment process, to help the CCG in considering the impact that a service it is seeking to commission will have on specific protected groups and those identified as vulnerable, such as carers. The information in this section has been extracted from latest JSNA and the Equality & Diversity Strategy.

## 2.1 Wider Inequalities

Despite overall improvement in average health measures, there are very significant variations in the health and wellbeing of people within the districts of mid Essex.

There is a wide gap in life expectancy between the local communities and sub-groups. Life expectancy for people with severe mental illness such as schizophrenia can be 25 years less than for the general population. There is a continued increase in dementia and a variation between areas as to the number who have been identified on GP registers.

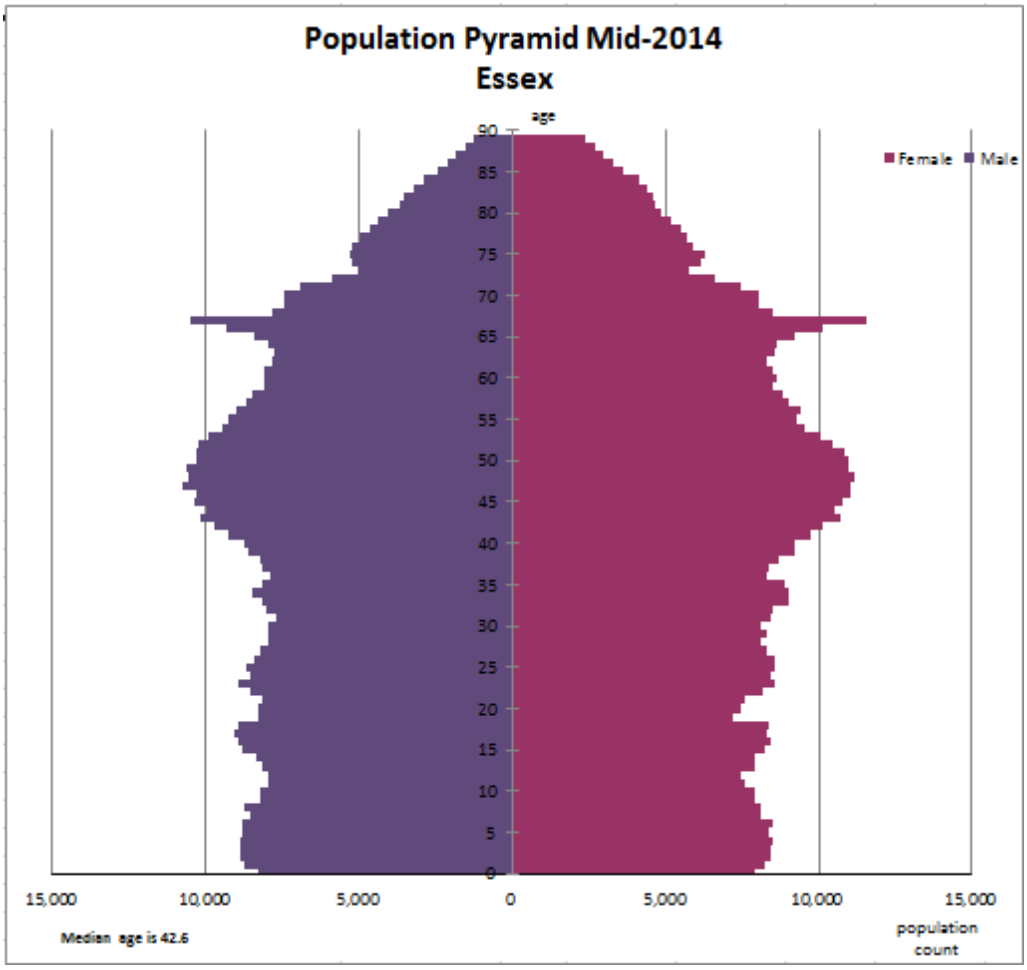
Deprivation and fuel poverty are key challenges in some of our communities, with associated poor health and social outcomes. Mid Essex has four communities who are in the 10% most deprived in the county of Essex. Of the 863 lower super output areas (population of around 1,000 residents each) in Essex, 18 of the mid Essex areas are in the 25% most deprived in the county.

## 2.2 Population Age and Gender

The population of mid Essex is estimated to be around 382,000 – the breakdown by gender and age groups are shown in the population pyramid. This is split at a district level as follows:

- Braintree District Council: 149,000
- Chelmsford City Council: 171,000
- Maldon District Council: 62,000

This population is expected to increase by 2021 with a significant increase expected in individuals aged 65 years and above, especially across Maldon.




74,140 (19.4%) are aged 65 years and over, with twice as many females over the age of 84 years, even though there is an even gender spilt within the whole population.

## 2.3 Local Ethnicity

Maldon district has the highest proportion (97.7%) of resident population classified as 'white' of all the district councils in Essex, making Maldon less ethnically diverse than the mid Essex average of 4% classified as non-white ethnic group (Essex is 6%).

With 0.3% of the Maldon residents from a Gypsy or Irish Traveller ethnic group, this is the second largest proportion of the twelve Essex authorities, just behind Basildon with 0.5%. 3.1% of the ethnic population are largely of mixed or Asian ethnicity with a very small percentage Black or other ethnic grouping.

BME groups generally have worse health outcomes than the overall population. Barriers to accessing services due to language and cultural attitudes can have an impact on health of the BME groups, asylum seekers and recent migrant groups. Therefore in response to such health inequalities, we ensure that the health services reflect the specific needs of BME and faith groups, ensuring accessibility and cultural competency.

## 2.4 Disability, Mental Health and Inequalities

The rate of disability allowance claimants is lower in mid Essex than the national average. However there is a two-fold difference in the rate of claimants between the lowest and highest GP practice population across the area.

There is a consistent picture of increased mortality rates in areas of higher deprivation, for all causes including circulatory disease and cancer. The high rates of long-term limiting illness in more deprived wards also reflect the significant role that deprivation plays in morbidity and mortality. There is wide variation (36% to 64%) in long-term limiting illness within practice populations.

About one in six adults have a mental health problem at any one time, equating to approximately 63,700 people in mid Essex. It is estimated that there are around 5,259 (7%) people aged over 65 with late onset dementia with a significant proportion likely to be living in care homes. Over 44% of people aged over 64 years are living with a limiting long-term illness. The number of additional years a person of 65 can expect to live is an average of an additional 19.3 years for males and 21.3 years for females.

## 2.5 Sexual Orientation

The lack of information/ knowledge has led to Lesbian, Gay, Bisexual and Transgender (LGBT) people's needs being a relatively low priority in health and social care policy. Evidence suggests that LGBT groups are disproportionately affected by poor mental health, problematic alcohol use, smoking and sexually transmitted infections.

Their health and wellbeing is also significantly affected by discrimination against some groups.

## 2.6 Fertility Rate and Inequalities

In 2014-15, there were around 4000 new births in mid Essex, with 42% born to women aged in their 20s and around 4% in women aged over 40 years old. The former age group are associated with fewer pregnancy complications and the latter age group at a higher risk of complications. The CCG has suspended access to fertility treatment since October 2014, following an extensive public consultation.

Maldon district has the third lowest fertility rate (56 births per 1,000 women) in Essex. This is significantly below the Essex average of 63/1,000; Braintree was 63/1,000 and Chelmsford was 61/1,000.

Deprivation impacts on the health of mothers and newly-born children due to the increased levels of smoking (11% at the time of delivery), poor diet and nutrition, misuse of alcohol and other substances and worse mental health outcomes confounded by financial challenges.

The 2013 survey of maternity services carried out by the CQC (168 MEHT patients), covered three main areas; labour & birth, staff during labour & birth and care in hospital after the birth, for which MEHT scored the rating of "about the same" as most other trusts. For three sub-areas under care in hospital after birth, MEHT scored "better" than most other trusts.

### 2.7 Communities with Specific Health and Social Care Needs

***Carers***

The second largest proportion of carers providing unpaid care for 1-50 hours per week was in Maldon at almost 12%. Chelmsford is in the lowest quartile at just under 10% and Braintree has just over 10%.

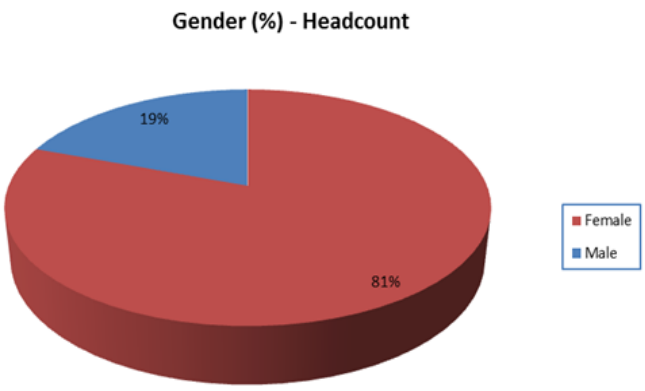
***Frail and Older People***

In Mid Essex, there is an estimated 23,700 of older people who are unable to perform one or more mobility tasks on their own, leading to poor health and wellbeing – such as falls, poor continence care. Loneliness can damage both physical and mental health and can be further exacerbated by lack of transport and poor mobility.

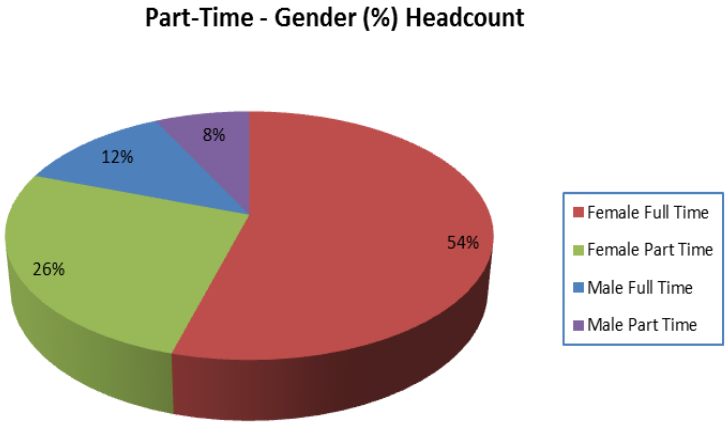
## 3. The CCG's Workforce Profile

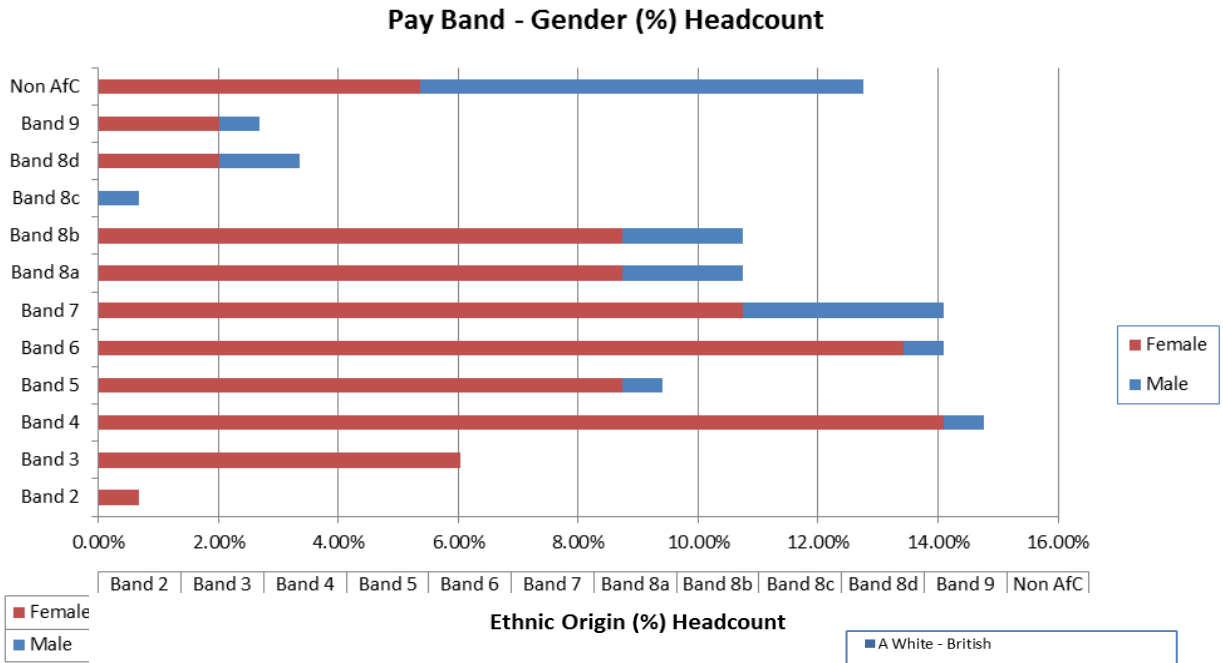
This section of the report details the Mid Essex CCG equality workforce composition under the nine protected equality characteristics. The data used for this report has been sourced from the Electronic Staff Record (ESR) system as at 31st March 2016 and is based on a total headcount at the time of 149 (123.88 whole time equivalents). It should be noted that ESR is not currently able to hold information on Gender Reassignment and so this data is not collected. Data from HR's internal records and the CCG's Staff survey has also been used within this report.

### 3.1 Gender

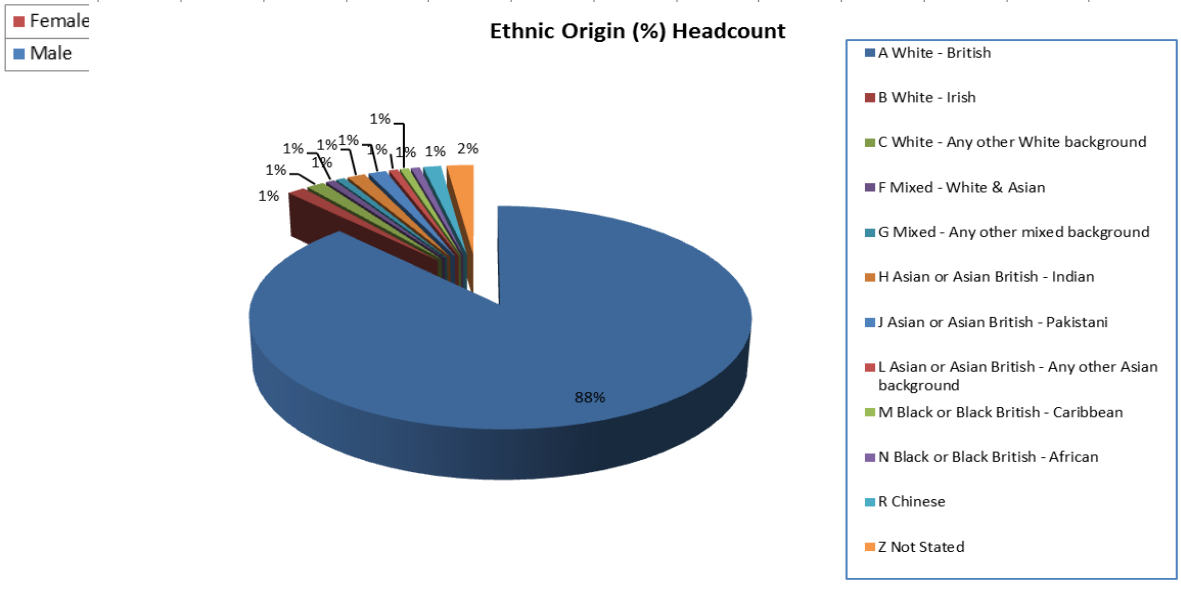


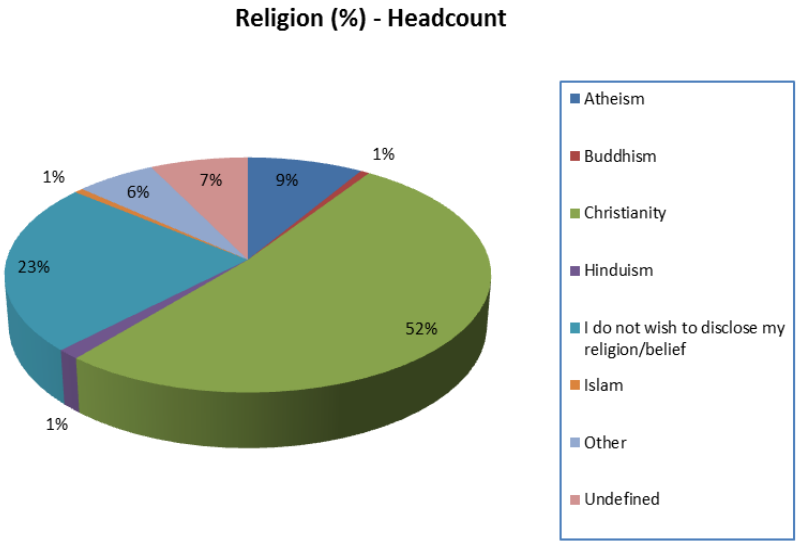

### Status

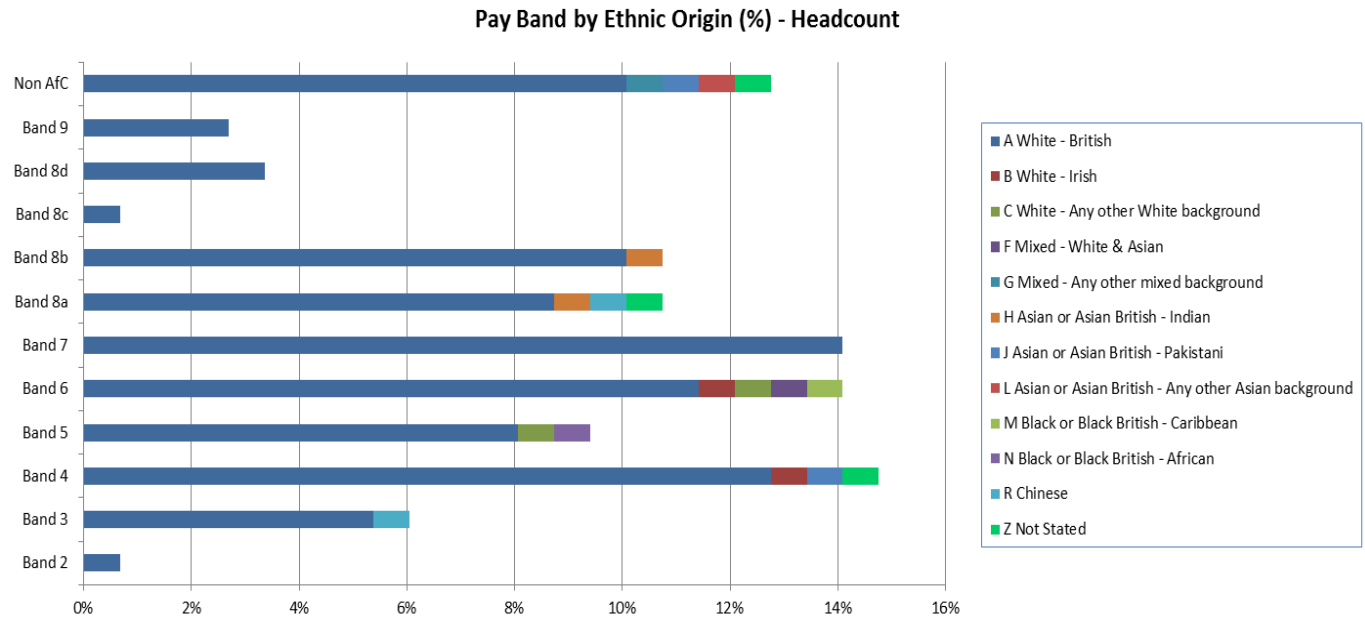


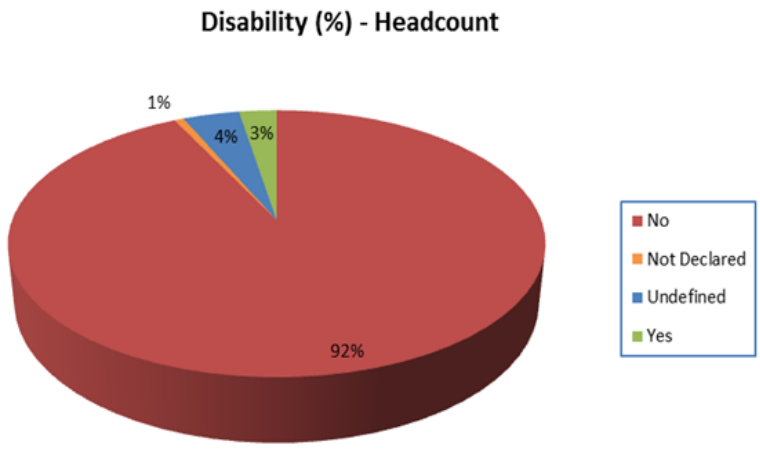

## 3.2 Ethnic Origin and Religion

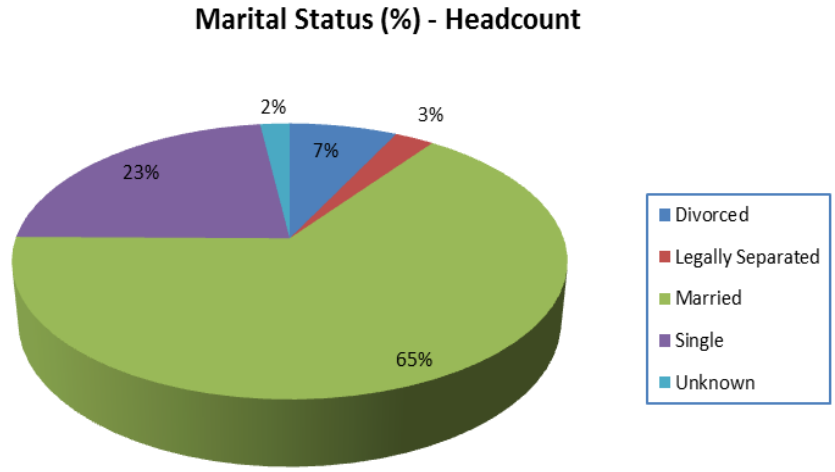


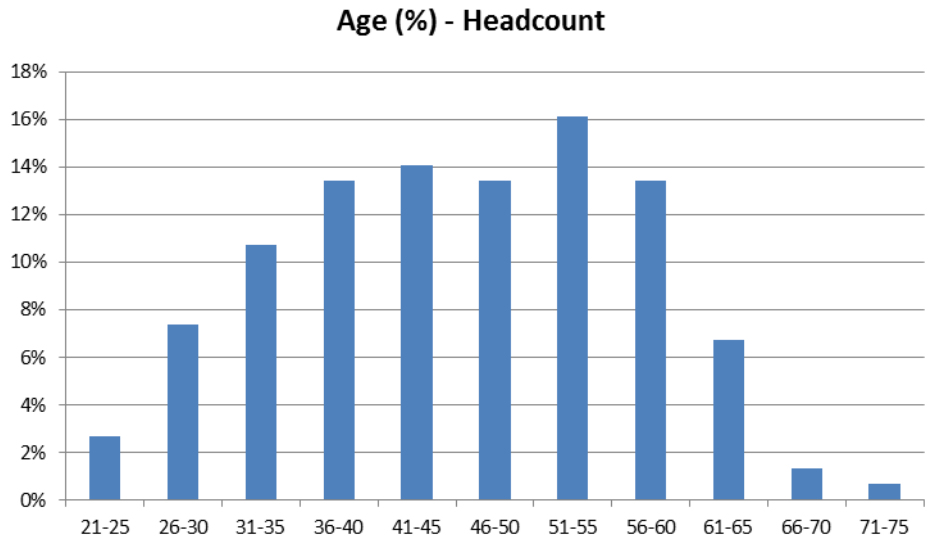



## 3.3 Disability, Marital and Age Status

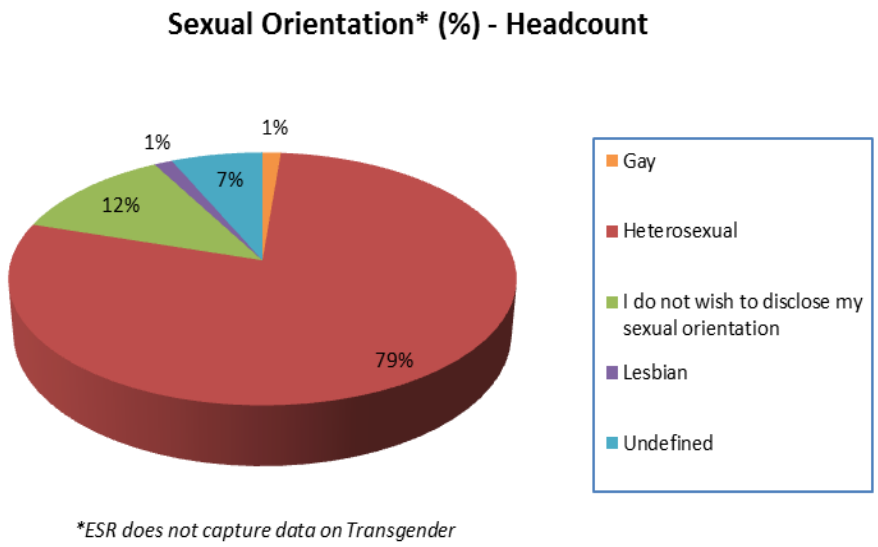



## 3.4 Sexual Orientation

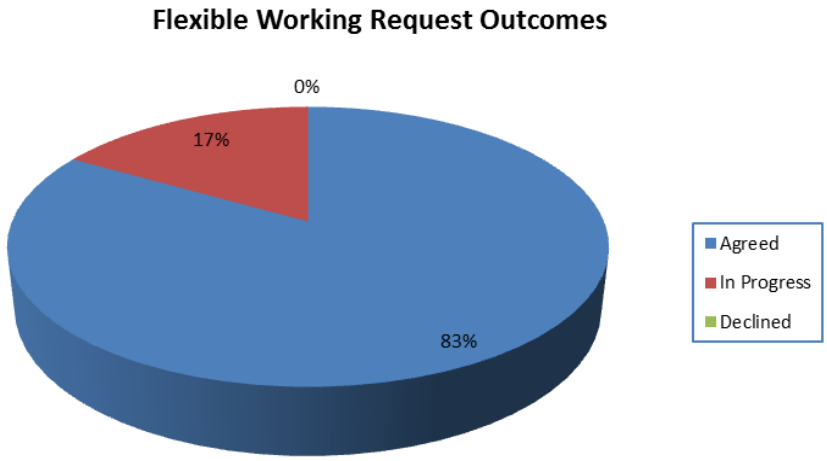
The data below is based on the information received by individual staff members which is then recorded on the Electronic Staff Record (ESR) system.




*ESR does not capture data on Transgender

## 3.5 Flexible Working Requests

An analysis was undertaken to decipher the number of Flexible working requests received and agreed.




| Ethnicity | Sex | Requests |
|---|---|---|
| White British | Female | 6 |

## 3.6 Disciplinary

The data below had been collated over a 24 month period as required under the reporting requirements of the Workforce Race Equality Standard.

**Total Number of Disciplinary Cases**

***1st February 2014 - 31st March 2016***

| Ethnicity | Sex | Disciplinary Cases |
|---|---|---|
| White British | Male | 1 |
| White British | Female | 2 |

## 3.7 Non-Mandatory Training Requests

**Total number of non-mandatory training requests received**

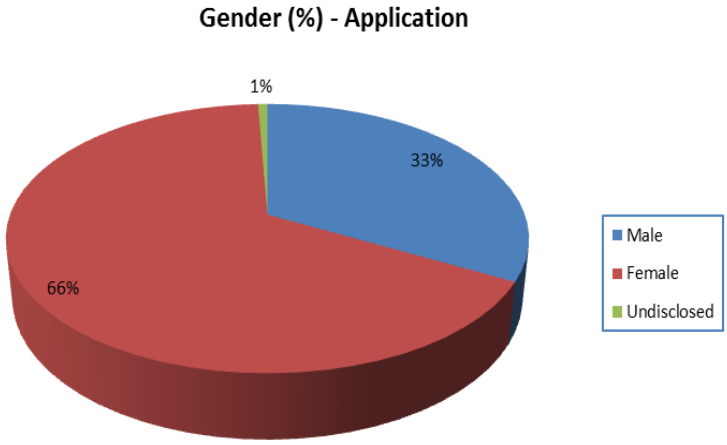
***1st April 2015 - 29th February 2016***

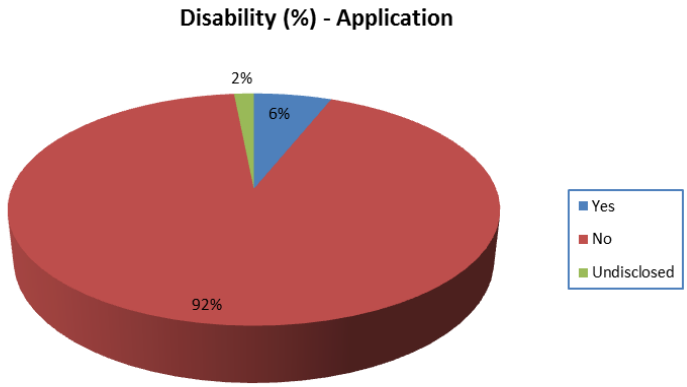
| Ethnic Origin | Sex | Number of Requests | Agreed |
|---|---|---|---|
| White British | Male | 5 | 5 |
| White British | Female | 24 | 24 |
| White - Other | Female | 8 | 8 |

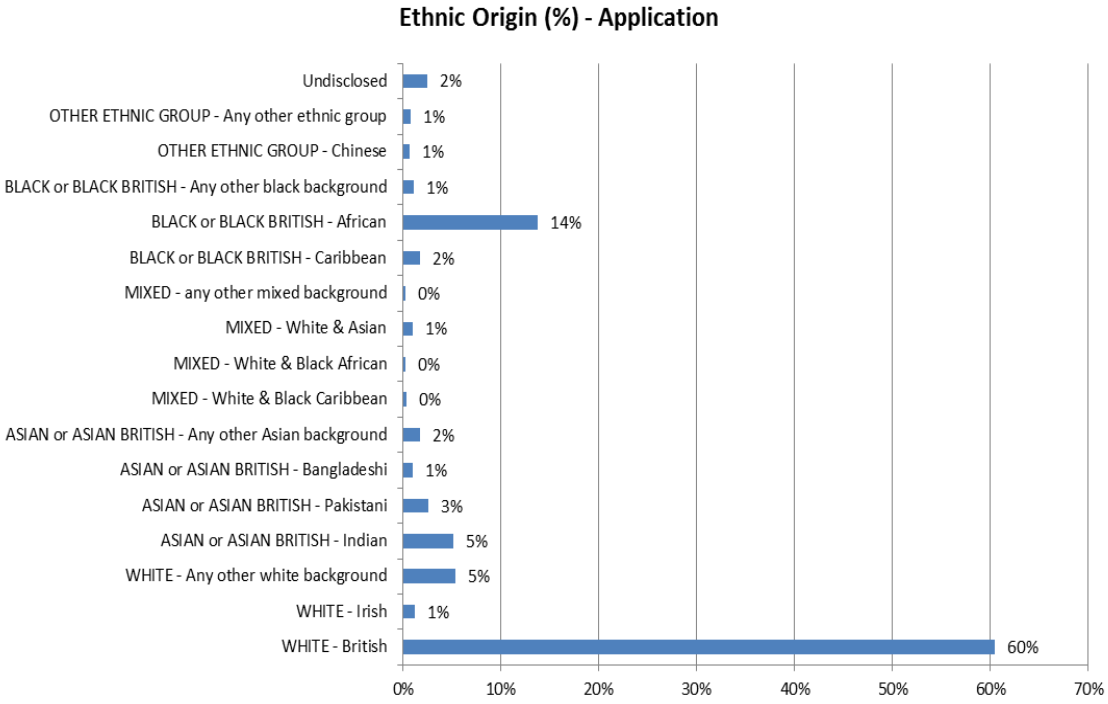
## 3.8 Job Applications

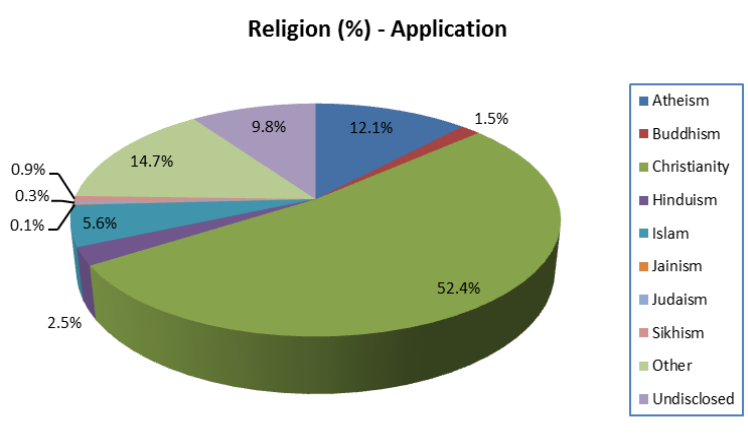
An analysis has been undertaken of Mid Essex CCG job applications against the protected equality characteristics. The data used in this section has been obtained from the NHS Jobs website as at 31st March 2016 and is based on a total of 1169 applications for 86 vacancies. It should be noted that NHS Jobs is not currently able to report information on Maternity, Paternity, Adoption or Gender Reassignment.

Gender, Ethnic Origin, Religion and Disability Status of Applicants

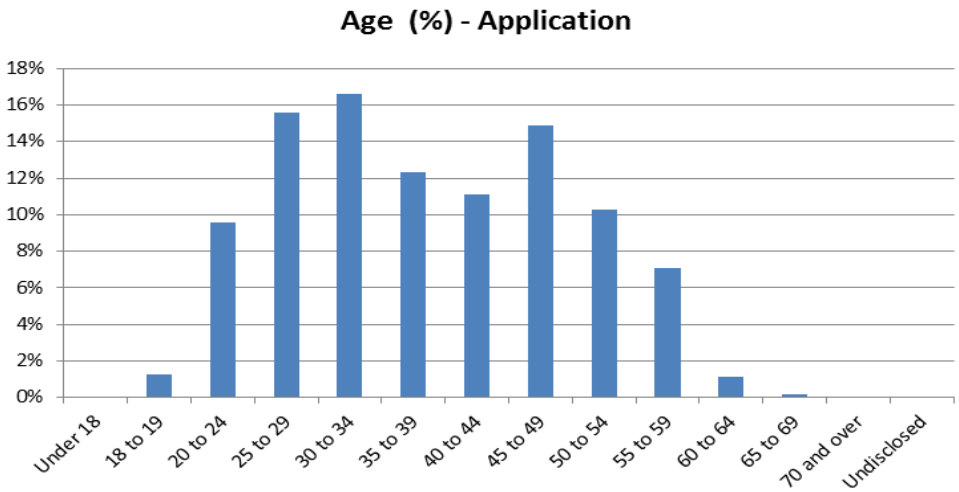


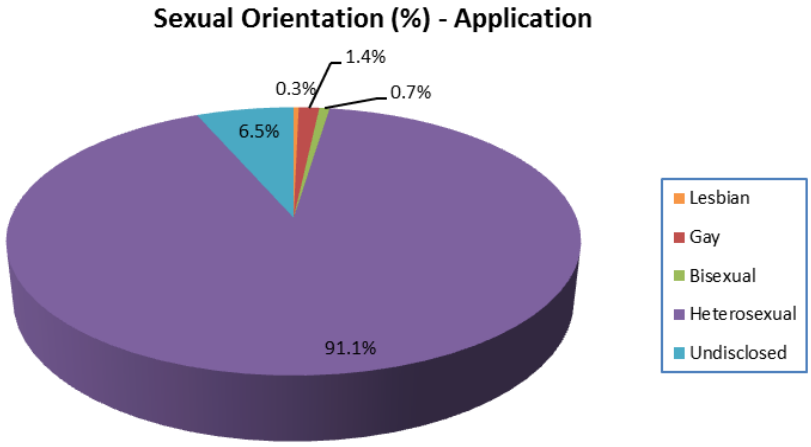


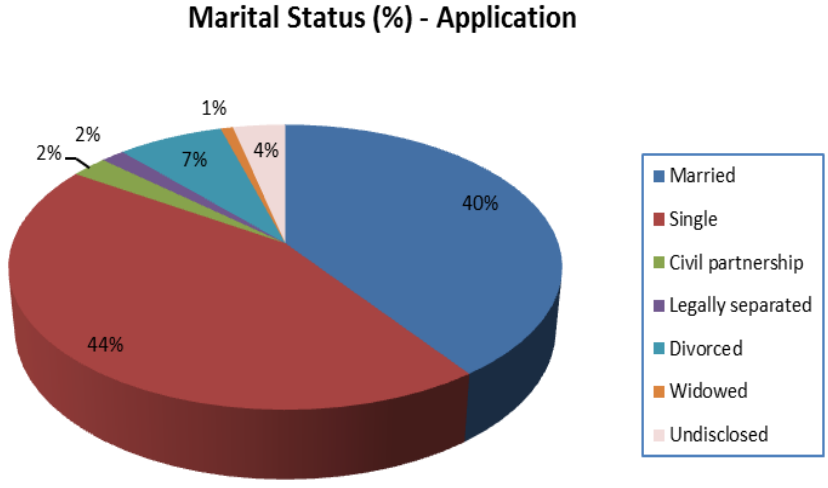




## Age, Sexual Orientation and Marital Status of Applicants



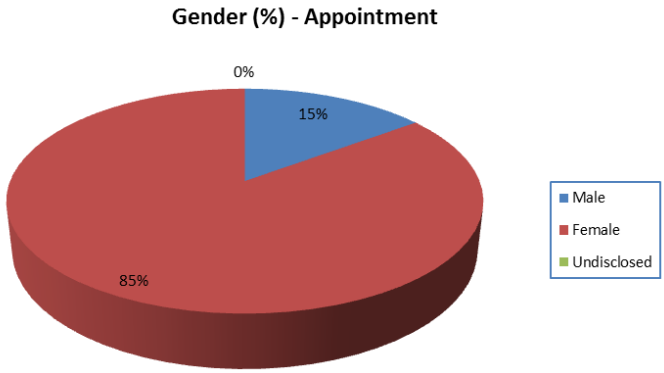



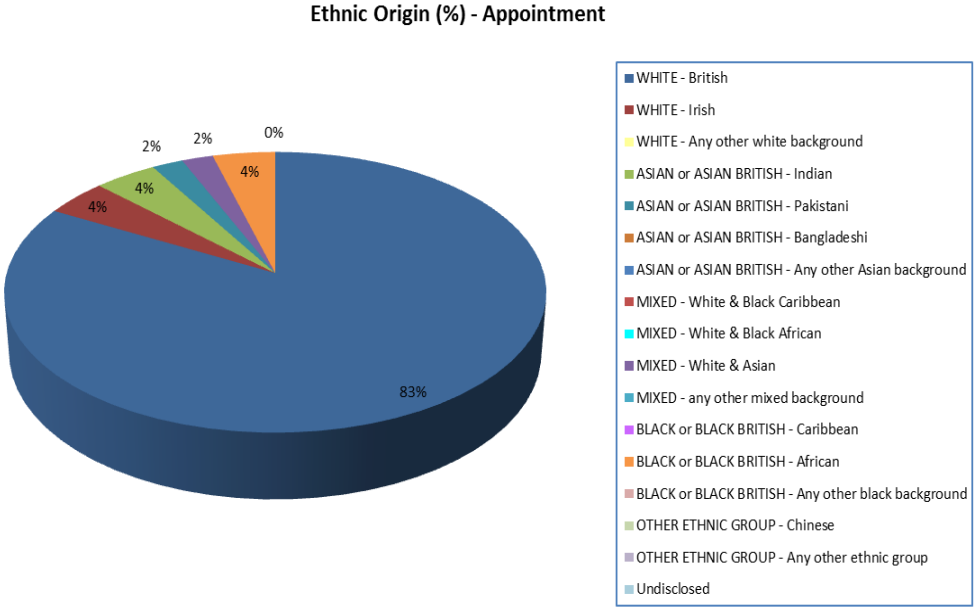



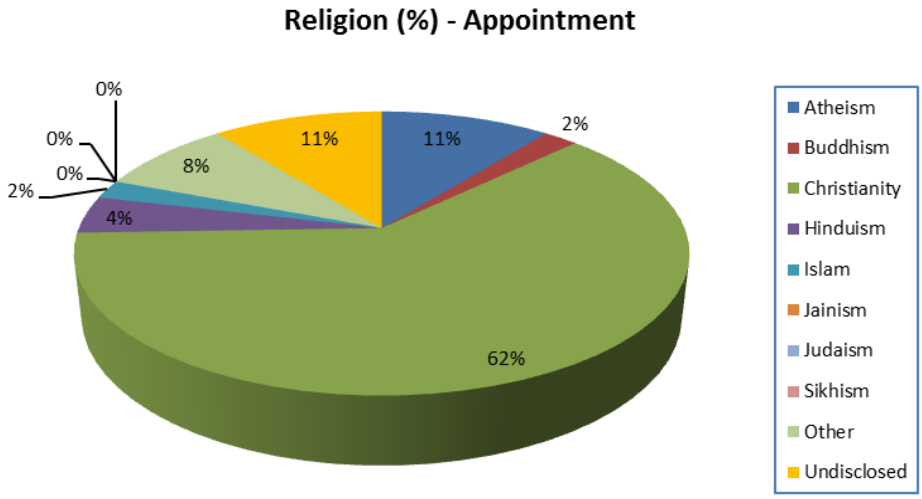

## 3.9 Appointments

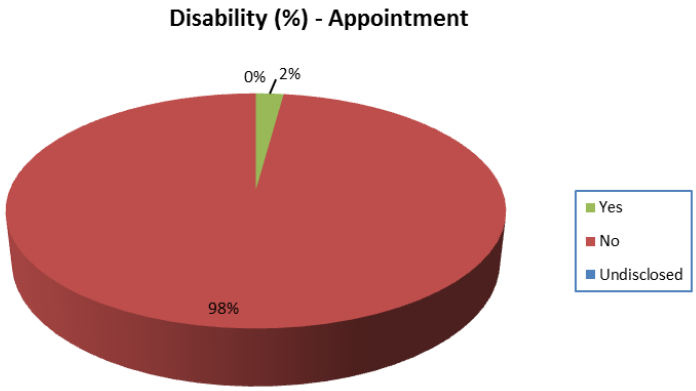
An analysis has been undertaken of job appointment composition under the nine protected equality characteristics. The data used in this section has been obtained from the NHS Jobs website as at 31st March 2016 and is based on a total of 47 appointments made during this time.

Gender, Ethnic Origin, Religion and Disability Status

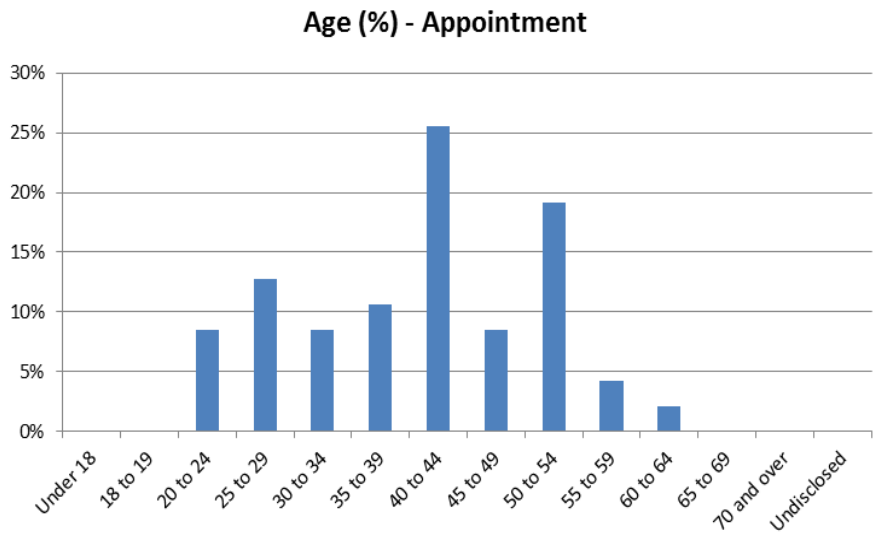


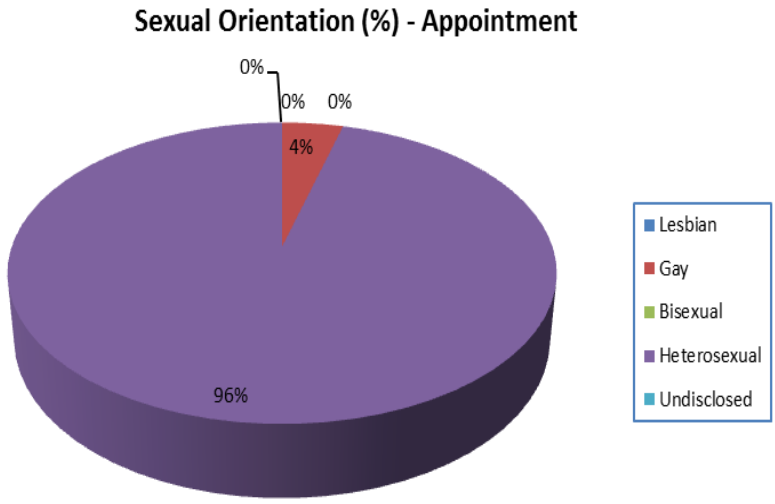



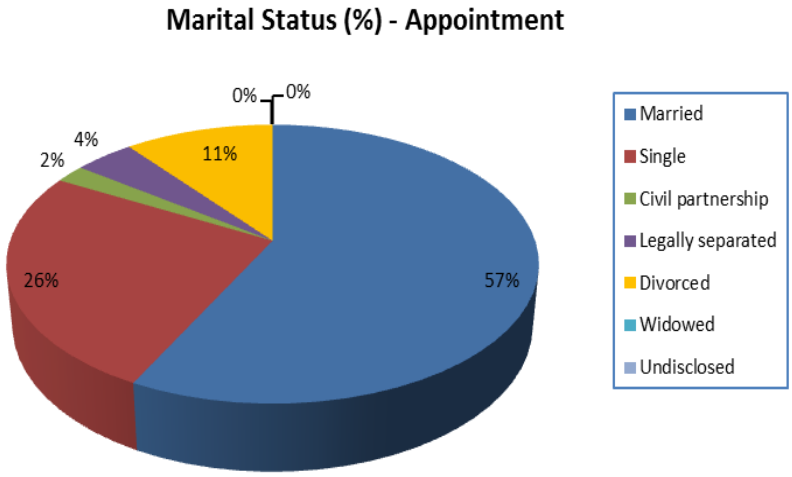



## Age, Sexual Orientation and Marital Status






# 4. Equality & Diversity Governance

## 4.1 Governance Arrangements

In order to meet the CCG's statutory duty as stated in PSED, the CCG's Board has set four Equality Objectives for 2014/16 (see Appendix 1). The CCG will ensure Equality and Diversity is embedded through the Equality Delivery System (EDS2) which is a national framework to assist the NHS with this responsibility.

In March 2014, the CCG agreed a clear governance framework which included the instigation of the Equality and Diversity Sub-Committee, which reports to the Quality and Governance Committee and thereafter the CCG's Board. This group is responsible for:

- The development of an Equality and Diversity Strategy and Action Plan – monitor/review its implementation and report on outcomes,

- Carrying out a self-assessment using EDS2, with external review with patient and public involvement from those who speak for or are within the protected groups to inform future equality objectives,
- Leading on information and evidence gathering on equality and diversity using the Joint Needs Strategic Assessment,
- Ensuring the publication of agreed information to meet PSED at least annually,
- The quality assurance of all Equality Impact Assessments and advise where further strengthening is required or where the assessments meet the PSED fully.

The latter process will enable the CCG to analyse the potential or actual impact of its proposals, policies, plans and services on vulnerable groups (including those protected by equality legislation), and reach decisions based on robust evidence of their impact.

## 4.2 Robust System for Equality Impact Assessments

An Equality Impact Assessment (EIA) is the process we use to check that our policies and decisions are fair for all groups. The process includes:

- An initial screening to identify which proposed activities and policies may affect groups differently.
- A full assessment, involving and consulting local people, to identify actions to reduce the negative effects and promote fair services.

All EIAs must be approved by the Equality and Diversity sub-committee and receive endorsement from the Quality and Governance Committee before they are acted upon and no policy can be approved without an EIA – a process flowchart is shown at **Appendix 4** .

We undertake these assessments to ensure that we provide a fair and equal service to all, including our staff through the policies and procedures that we have in place and also through the services that we commission for our residents and other service users.

## 4.3 Complaints Procedure and Equalities Monitoring

The CCG is committed to equality and diversity and anti-discriminatory practice. To guide us on fulfilling this commitment, we ensure that the CCG's governance processes support full compliance with the Equality Act 2010 and the Human Rights Act 1998.

The Equality Act 2010 requires us as a public authority to have "due regard" to the need to tackle prejudice and promote understanding between people who share a protected characteristic and those who do not.

The Human Rights Act 1998 sets out the basic rights and focuses on the core principles of Fairness, Respect, Equality, Dignity and Autonomy. Under the Act public authorities and those organisations providing a public function must promote these rights while safeguarding the rights of the wider community.

The PALS and Complaints teams support those values in addressing the patient and public's concerns, complaints and respect their needs and rights. Work is in progress to ensure a more systematic recording of this approach.

# 5. Communications & Engagement

It has been a challenging year for the CCG in many respects, which itself has made for a busy yet rewarding year in terms of how the organisation engages, involves and informs people living in mid Essex.

The Communications and Engagement team has been at the heart of embedding and developing an open and transparent culture in which to capture patient voice and lived experience.

In the past 12 months, the CCG has undertaken two separate formal consultations with local people regarding changes to policy or restrictions to service.

The first, in July 2015, focused on proposals to introduce an equity and choice policy for NHS Continuing Healthcare.

The second, in October 2015, sought to garner feedback and views on proposals to restrict access to four different health services.

During both, the Communications and Engagement team developed robust ways for the organisation to capture and consider patient voice.

Working with an independent NHS organisation, Enable East, the team established a wide-ranging database of stakeholders and organised a series of 1-2-1 meetings with professional bodies representing patients with considered experience of services or care.

Both consultations were conducted with the foundations of holding honest and timely engagement with a wide variety of stakeholders to ensure the CCG could draw on broad evidence; feedback and considered opinion before taking decisions affecting changes to local commissioning.

More than 1,500 people got involved in the consultations – either via online surveys, social media dialogue, workshops and public meetings or smaller professional body meetings.

Both Essex Health and Overview Scrutiny Committee (the county body which oversees issues affecting the local population) and Healthwatch Essex have acknowledged the effective and thorough consultation carried out by the CCG.

As a result of the NHS Continuing Healthcare consultation, the CCG continues to work with the Spinal Injuries Association to develop its equity and choice policy.

The CCG also engaged directly during and after the consultation with the Royal Society of Physiotherapists and local providers to adapt proposals to services and find a better local solution.

This was echoed again regarding proposals on hearing aids set out in the original consultation. The CCG benefitted from direct engagement with the British Academy of Audiology and leading charity, Action on Hearing Loss, as well as the local acute provider Mid Essex Hospital Trust, to adopt an alternative local solution which also echoed patient views and opinions.

In addition to the formal consultation, the Communication and Engagement team have been able to develop and expand on building more networks with local organisations supporting our local community.

The team has developed and regularly update an engagement log to capture views and experiences from the wide variety of meetings, groups, networks and partnership programmes in which the CCG is involved.

A summary of the log is contained in reports to the CCG Board and issues fed back directly to senior Executives for action and response.

Alongside this, the team has also driven efforts to regularly build new relationships with voluntary and community groups supporting people who may not always access mainstream services.

Open Road, the Dengie D-Caf, the Breathe Easy group, InterAct and the Macular Society Chelmsford branch are just some of the new organisations we have been able to meet with this year to gain better understanding of our local audiences and gather feedback on their experiences of health services.

During the past year, the CCG has continued to develop and rebrand its Maternity Services Liaison Committee – a group designed to engage with new parents on their lived experiences of local maternity services.

The committee rebranded in early 2016 to become Maternity Voices in order to create a fresh and modern identity that would resonate with new parents.

As part of the rebranding and to broaden its membership and reach more new parents, the group re-launched its presence on social media via a new Facebook and Twitter page.

The Maternity Voices social media sites signpost new parents to news and advice and support available locally.

The CCG has used this medium to ask new parents to share their lived experiences of maternity services via online and face-to-face surveys. Several new mums have contacted the group to take part in a video of their maternity experience that will be publicised via YouTube and shared with CCG Members in a future Board meeting.

The Maternity Voices group, established in early 2015, meets bi-monthly with the
CCG's Director of Nursing and Quality and the local Trusts' Heads of Maternity Services to ensure there is senior decision-making represented in the group.

Maternity Voices will be returning to the 3 Foot People Festival in Chelmsford in July 2016 after a successful presence at the event last year. The festival attracts around 13,000 parents, carers and children from across the area.

With support from the CCG's Communications and Engagement Team, the group will also be present at the 2016 Little Legs festival in Braintree and Bocking – another popular community event aimed at new parents and parents of young children.

More community events are planned in 2016 and further projects to capture the views of more people regarding maternity services.

The CCG continues to work with the Essex Coalition of Disabled People (ECDP) on developing commissioned services.

The CCG also partnered with Chelmsford Mencap in early 2016 to bring patient voice to the CCG Governing Body regarding the importance of health checks for adults with learning difficulties.

Working in partnership with Mid Essex Hospitals Trust and Mencap, the CCG has been reviewing care pathways for people with learning difficulties to ensure that as many people as possible can support themselves to self-care and access care when needed.

Work continues on a very local level too, with Chelmsford Mencap working alongside one of the CCG's GP practices in Melbourne on a review of patient leaflets to ensure that information about health and services is accessible to everyone.

The CCG has maintained its commitment to working with other specific patient groups – those with long term conditions – via several patient insight groups including one for Diabetes and one for COPD and lung conditions.

Both groups have met regularly to offer peer support but also expert insight into lived experience and self-management of conditions.

The CCG has, in the past 12 months, progressed work on a new children and young people's strategy.

Together with Essex County Council and many other partners and providers of services, the CCG has been researching and drafting a new five year vision for health and care for the under 18s.

A phase of engagement with young people will soon begin in order to gain some direct feedback on proposals and to further scope the strategy.

Finally, a recent independent MORI IPSOS stakeholder survey - a national piece of research that seeks to measure how effective the CCG's engagement is with peers and partners - has shown some marked improvement in the past year.

The CCG gained above average response rates and, in some areas, gained considerably higher than the national average rates.

Some 81% of stakeholders feel they have been engaged with, compared to 63% last year with 78% of respondents stating that they feel the relationship with the CCG is very good.

Over the next year, the CCG will need to seek out wider representative views and will focus more attention on engagement with GP members to ensure that patients across mid Essex are being guided by well-informed and engaged practices at grass-roots.

## 6. Equality Delivery System (EDS2) Assessment 2015/16

The CCG carried out its annual review of the EDS2 self-assessment in March 2016 against the following nationally set goals:-

- Goal 1 - Better health outcomes
- Goal 2 - Improved patient access and experience
- Goal 3 - A representative and supported workforce

- Goal 4 - Inclusive leadership

These goals have a total of 18 outcomes, against which the CCG is required to assess its performance as either 'Underdeveloped', 'Developing', 'Achieving' or 'Excelling'. The table below sets out the 18 outcomes.

| Goal | Number | Description of Outcome |
|---|---|---|
| **1. Better health outcomes** | 1.1 | Services are commissioned, procured, designed and delivered to meet the health needs of local communities |
| | 1.2 | Individual people's health needs are assessed and met in appropriate and effective ways |
| | 1.3 | Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed |
| | 1.4 | When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment & abuse |
| | 1.5 | Screening, vaccination and other health promotion services reach and benefit all communities |
| **2. Improved patient access and experience** | 2.1 | People, carers and communities can readily access hospital, community health or primary care services and should not be denied on unreasonable grounds |
| | 2.2 | People are informed and supported to be as involved as they wish to be in decisions about their care |
| | 2.3 | People report positive experiences of the NHS |
| | 2.4 | People's complaints about services are handled respectfully and efficiently |
| **3. A representative and supported workforce** | 3.1 | Fair NHS recruitment and selection processes lead to a more representative workforce at all levels. |
| | 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 obligations. |
| | 3.3 | Training and development opportunities are taken up and positively evaluated by all staff. |
| | 3.4 | When at work, members of staff are free from abuse, harassment, bullying and violence from any source. |
| | 3.5 | Flexible working options are made available to all staff, consistent with the needs of the service and the way people lead their lives. |
| | 3.6 | Staff report positive experiences of their membership of the workforce. |
| **4. Inclusive** | 4.1 | Boards and senior leaders routinely demonstrate |

| Goal | Number | Description of Outcome |
|---|---|---|
| **Leadership** | | their commitment to promoting equality within and beyond their organisations. |
| | 4.2 | Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed. |
| | 4.3 | Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. |

The CCG shared its draft self-assessment with community and voluntary stakeholder groups for comments. There were no objections to the self-assessed ratings that the CCG had given for 2015/16. However, there were some very helpful suggestions on how the CCG can improve its evidence going forward in relation to achieving better health outcomes. Our patient representatives have also given some very constructive feedback in relation to how we can assure the CCG Board and the public that improvements are happening, in particular a 'you said, we did' summary for inclusion in our next EDS2 self-assessment.

The CCG also consulted with members of the Staff Engagement Group regarding performance against the workforce related Goal 3.

Following these consultations the final agreed performance indicators were as follows:-

- Developing – in 5 outcomes
- Achieving – in 13 outcomes

The table below summarises the CCG's performance following stakeholder feedback:

| Goal | No of Outcomes | Final Rating |
|---|---|---|
| 1. Better Health Outcomes | 5 | Developing – 2<br>Achieving - 3 |
| 2. Improved patient access and experience) | 4 | Developing – 0<br>Achieving - 4 |
| 3. A representative and supported workforce | 6 | Developing – 2<br>Achieving - 4 |
| 4. Inclusive Leadership | 3 | Developing – 1<br>Achieving - 2 |
| Totals | 18 | Developing – 5<br>Achieving – 13 |

The following points are of note:-

- The overall score of 5 x Developing and 13 x Achieving is an improved position compared to 2014/15 (14 x Developing and 4 x Achieving).
- There were no perceptions that the CCG was either 'Underdeveloped' or 'Excelling'.
- After reviewing the evidence available, the CCG considered that performance against the following outcomes had improved from Developing to Achieving compared to 2014/15:

- Outcome 1.2 - Individual people's health needs are assessed
- Outcome 1.4 - When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
- Outcome 2.1 – People, carers and communities can readily access hospital, community health or primary care services and should not be denied on unreasonable grounds
- Outcome 2.2 – People are informed and supported to be as involved as they wish to be in decisions about their care.
- Outcome 3.3 – Training and development opportunities are taken up and positively evaluated by all staff.
- Outcome 3.5 – Flexible working options are made available to all staff, consistent with the needs of the service and the way people lead their lives.
- Outcome 4.1 – Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
- Outcome 4.3 – Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

**Appendix 1** provides the full EDS2 self-assessment.

Community and voluntary stakeholder group representatives provided comments and suggestions as to how the CCG could improve its performance against EDS2 goals and outcomes. These comments are set out at **Appendix 2**.

## 7. Local Equality Objectives 2014/2016

The Equality and Diversity Group developed broad local objectives to deliver against the four goals. These were updated for 2015/16 as follows

**Objective 1** – Ensure there is local engagement from vulnerable and ethnic groups in assessing health needs, service redesign and measuring the impact of commissioned services.

**Objective 2** - Improve the individual experiences of the protected groups in accessing and using NHS Services.

**Objective 3** – Improve overall staff health & wellbeing within the CCG.

**Objective 4** – The CCG has a representative workforce who suffers no inequity in remuneration and is empowered to promote equality at work

**Objective 5** – Embed equality and diversity at Board level and at every level within the CCG.

Progress against these objectives was monitored during the year by the Equality and Diversity Group and a number of key actions were completed during 2015/16, including:-

- Draft Equality Workforce Information Report submitted to Equality & Diversity Group, which details the composition of Mid Essex CCG's workforce under the nine protected equality characteristics. The final report will be published on the CCG's web-site.
- Implementation of formal reporting to Quality & Governance Committee and the Board on equality & diversity.
- Provision of equality & diversity training to Board members in January 2016. This training highlighted the need to improve ongoing monitoring of equality impact assessments.
- Implementation of the Workforce Race Equality Standard.

These local objectives will be carried forward into 2016/17.

**Appendix 3** sets out the local objectives and action plan for 2016/17, which will improve the CCG's ability to meet its equality duties.

## 8. Next Steps

This report demonstrates that the CCG has undertaken a considerable amount of work in relation to equality and diversity and provides evidence of our commitment to commissioning for equal access and improving health outcomes for vulnerable groups as well as for people with protected characteristics.

However, the CCG also recognises the need to improve its approach in a number of areas to deliver a significant improvement in the self-assessment of EDS goals:

- Undertake a refresher Equality & Diversity awareness training for staff and Board
- Agree a system to better evidence how the JSNA recommendations are implemented
- Development of a health inequalities plan
- Undertake staff training in improving the effective use of the Equality Impact Assessment process
- Engagement with key protected groups to inform wider decision-making and provide meaningful data for the JSNA refresh
- Develop a 'you said, we did' summary of improvements to use as evidence for the 2016/17 EDS2 self-assessment.
- Improve recording of complaints and PALS information to better evidence that protected groups are not discriminated against
- Continue to develop a framework to promote workplace health and wellbeing

## 10. Appendices

Appendix 1 – Assessment against EDS2 2015/16.
Appendix 2 – Comments from stakeholders on EDS2 assessment 2015/16.
Appendix 3 – Local Equality & Diversity Objectives Action Plan 2016/17
Appendix 4 – Process for Equality Impact Assessments

**Appendix 1**

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (Broad/National)** | **Rating through Self Assessment** | **Rating by Stakeholders** |
| **Better health outcomes** | 1.1 | Services are commissioned, procured, designed and delivered to meet the health needs of local communities | Governance Processes, e.g FRP Business cases.<br>Equality Report to Board.<br>PALS service<br>Quality report to Board.<br>Mid-Essex JSNA.<br>Local Consultations.<br>Business Cases for new services<br>Livewell Strategy.<br>Maternity Services Liaison Committee.<br>Frailty business case.<br>Draft Frailty workplan. | Standard NHS Contracts<br>NHS Patient surveys<br>GP Patient surveys<br>Friends and Family Test | **2015/16 Developing**<br>↔<br>(2014/15 Developing) | **2015/16 Developing**<br>↔<br>2014/15 Developing |
| | 1.2 | Individual people's health needs are assessed and met in appropriate and effective ways | PALS service.<br>Translation Services.<br>Advocates for LD/MH.<br>Quality report to Board.<br>Continuing Health Care (CHC) service.<br>Patient Transport Service.<br>Individual Funding Requests.<br>Contracts with | Quality Accounts<br>Healthwatch and PALS<br>Friends and Family Test.<br>National Framework for CHC. | **2015/16 Achieving**<br>↑<br>(2014/15 Developing) | **2015/16 Achieving**<br>↑<br>(2014/15 Developing) |

**Appendix 1**

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (Broad/National)** | **Rating through Self Assessment** | **Rating by Stakeholders** |
| | | | Providers.<br>Patient Stories to Board. | | | |
| | 1.3 | Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed | Quality Accounts, PALS, Complaints, Serious Incident reports.<br>IAM form.<br>Patient Stories to Board.<br>Clinical Triage Service between IAPT and NEP.<br>New CAMHS service. | Friends and Family Test<br>Serious Incidents Reports | **2015/16 Developing**<br>↔<br>(2014/15 Developing) | **2015/16 Developing**<br>↔<br>(2014/15 Developing) |
| | 1.4 | When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment & abuse | CCG Constitution<br>KPIs<br>Quality Reports<br>Walkarounds and High Impact Teams.<br>Complaints, Serious Incidents.<br>Safeguarding processes, including staff training.<br>Provider contract monitoring. | NHS Constitution<br>Quality Accounts<br>Friends and Family Test<br>CQC Reports on providers. | **2015/16 Achieving**<br>↑<br>(2014/15 Developing) | **2015/16 Achieving**<br>↑<br>(2014/15 Developing) |

**Appendix 1**

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (Broad/National)** | **Rating through Self Assessment** | **Rating by Stakeholders** |
| | 1.5 | Screening, vaccination and other health promotion services reach and benefit all communities | Local reporting in NHSE.<br>ECC Health & Social Care Scorecard report on select health promotion interventions that are the commissioning responsibility of ECC Public Health and NHSE (Essex Area Team) | Health & Social Care Information Centre Health Promotion and Health Protection publications | **2015/16 Achieving** ↔ (same as 2014/15) | **2015/16 Achieving** ↑ 2014/15 Developing |
| **Improved patient access and experience** | 2.1 | People, carers and communities can readily access hospital, community health or primary care services and should not be denied on unreasonable grounds | Contracts. Reasonable adjustment requirements and reports.<br>KPIs.<br>Equality Impact Assessments.<br>Quality Accounts. | NHS patient surveys<br>GP patient surveys<br>A&E and other waiting times surveys<br>Healthwatch and PALS | **2015/16 Achieving** ↑ (2014/15 Developing) | **2015/16 Achieving** ↑ (2014/15 Developing) |
| | 2.2 | People are informed and supported to be as involved as they wish to be in decisions about their care | Complaints, PALS, Advocacy/Interpretation Services.<br>Personal Health Budgets, Continuing Health Care and IFR processes. | | **2015/16 Achieving** ↑ (2014/15 Developing) | **2015/16 Achieving** ↑ (2014/15 Developing) |

**Appendix 1**

## Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (Broad/National)** | **Rating through Self Assessment** | **Rating by Stakeholders** |
| | | | Quality Accounts from Providers.<br>Consultations on Service Restriction Policies.<br>Patient User Groups.<br>Maternity Services Liaison Committee. | | | |
| | 2.3 | People report positive experiences of the NHS | Compliments received<br>Patient experience surveys<br>Reports to Quality & Governance/Board on complaints analysis.<br>Patient stories.<br>360 CCG Stakeholder Survey.<br>Patient experience report by MEHT. | NHS patient surveys<br>GP patient surveys<br>A&E and other waiting times surveys<br>Quality Accounts<br>Friends and Family Test | **2015/16 Achieving**<br>⟷<br>(2014/15 Achieving) | **2015/16 Achieving**<br>⟷<br>(2014/15 Achieving) |
| | 2.4 | People's complaints about services are handled respectfully and efficiently | Further development of consent form<br>PALS. Complaints.<br>Patient experience reports, implementation of HSP recommendations.<br>Quality Reports.<br>Annual Complaints | Ombudsman Reports | **2015/16 Achieving**<br>⟷<br>(2014/15 Achieving) | **2015/16 Achieving**<br>⟷<br>(2014/15 Achieving) |

**Appendix 1**

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (Broad/National)** | **Rating through Self Assessment** | **Rating by Stakeholders** |
| | | | Report.<br>Lived Experience Network. | | | |

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (National)** | **Rating Through Self Assessment** | **Rating by Stakeholders** |
| A representative and supported workforce | 3.1 | Fair NHS recruitment and selection processes lead to a more representative workforce at all levels. | Data shows BME individuals make up approx. 9.3% of the population in Essex. BME individuals make up 9% of the CCG's workforce, and equated for 30% of applicants with 18% being appointed. Over all this information suggests that the CCG has a diverse workforce close to that of the Essex population. | Health & Social Care Information Centre Workforce Statistics<br>NHS Staff Survey<br>Local NHS workforce data and surveys<br>Local demographic data of the working age population | **2015/2016 Achieving**<br>↔<br>(2014/2015 Achieving) | **2015/2016 Achieving**<br>↔<br>(2014/2015 Achieving) |

**Appendix 1**

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (National)** | **Rating Through Self Assessment** | **Rating by Stakeholders** |
| | 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 obligations | The CCG scoped out what would be involved to undertake an equal pay audit in 2015 but due to other conflicting priorities this is on hold. However the CCG is confident that this is applied due to the undertaking of job evaluation for all roles within the CCG using the national Agenda for change protocols. | Equal pay audits Agenda for change evidence | **2015/2016 Developing** ↔ (2014/2015 Developing) | **2015/2016 Developing** ↔ (2014/2015) Developing |
| | 3.3 | Training and development opportunities are taken up and positively evaluated by all staff | Non mandatory training is shared with the wider team to ensure shared learning. Mandatory training has a compliance rate of 76 – 94% (up from 42 - 87% for 2014/15). Both the new mandatory training system and appraisal and PDP plans were rolled | NHS Staff Survey Local NHS workforce data and surveys Information on the take up and evaluation of local training and development opportunities | **2015/2016 Achieving** ↑ (2014/2015 Developing) | **2015/2016 Achieving** ↑ (2014/2015) Developing |

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (National)** | **Rating Through Self Assessment** | **Rating by Stakeholders** |
| | | | out in 2015. As a result of the previous skills audit undertaken in 2015 a number of areas that required training were identified and this has subsequently been sourced and rolled out to staff to ensure that staff are skilled in the right areas for their role and promote shared learning across the directorates. Staff are required to complete an evaluation for on-site training which is then evaluated to assess its relevance and effectiveness and generally positive feedback is received. | | | |

**Appendix 1**

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (National)** | **Rating Through Self Assessment** | **Rating by Stakeholders** |
| | 3.4 | When at work, staff are free from abuse, harassment, bullying and violence from any source | Whistleblowing Policy and Dignity at Work Policy in place. The CCG now has trained Contact Officers to provide support and advice to anyone who feels they may be subject to Bullying & Harrassment | NHS Staff Survey Local NHS Workforce data and surveys The monitoring of local Dignity at Work, Grievance, Disciplinary, Whistleblowing and domestic Abuse policies and procedures | **2015/2016 Achieving** ⟷ (2014/2015 Achieving) | **2015/2016 Achieving** ⟷ (2014/2015) Achieving |
| | 3.5 | Flexible working options are made available to all staff, consistent with the needs of the service and the way people lead their lives | The CCG has a flexible Working Policy in place. 32% of the workforce work non-standard hours (full time) and local flexibility is given as work and deadlines permit. | Local NHS Workforce data and surveys | **2015/2016 Achieving** ↑ (2014/2015 Developing) | **2015/2016 Achieving** ↑ (2014/2015 Develping) |
| | 3.6 | Staff report positive experiences of their membership of the workforce. | The CCG is committed to the engagement and positive experience of its employees. Through the | Local NHS Workforce data and surveys | **2015/2016 Developing** ⟷ (2014/2015 | **2015/2016 Developing** ⟷ (2014/2015 |

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (National)** | **Rating Through Self Assessment** | **Rating by Stakeholders** |
| | | | development of the CCGs Live Well values and the reconfiguration of the Employee Engagement Group. The CCG has a Stress Management Policy and access to Occupational Health and IAPT services for any individual that needs additional support. The CCG has a trained workstation assessor but this can also be accessed through OH if needed. The CCG is also a Mindful organisation and has access to a range of resources to enable us to support those with mental health conditions at work. | | Developing) | Developing) |

**Appendix 1**

# Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (National)** | **Rating Through Self Assessment** | **Rating by Stakeholders** |
| | | | The CCG is also about to roll out a Workwell initiative and will be looking to recruit Workplace Health champions who will be trained to support employees and arrange health initiatives throughout the year | | | |

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (Broad/National)** | **Rating through Self Assessment** | **Rating by Stakeholders** |
| **Inclusive leadership** | 4.1 | Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations | Board and senior leaders' involvement in consultation and engagement events. Annual Equality Report to Board 2015. Representation on Equality & Diversity | Board and senior leaders' involvement in consultation and engagement events. | **2015/16 Achieving** ↑ (2014/15 Developing) | **2015/16 Achieving** ↑ (2014/15 Developing) |

**Appendix 1**

## Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2015/2016

| The Goals and Outcomes of EDS2 | | | | | | |
|---|---|---|---|---|---|---|
| **Goal** | **Number** | **Description of Outcome** | **Evidence (Locality)** | **Evidence (Broad/National)** | **Rating through Self Assessment** | **Rating by Stakeholders** |
| | | | Group.<br>E&D Training provided at Board Development January 2015.<br>Board member involvement in review of EIA process. | | | |
| | 4.2 | Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed | Process in place – Board/Committee summary sheet contains entry to identify equality related impacts | Department of Health Impact Assessment for key policies. | **2015/16 Developing** ⟷ (2014/15 Developing) | **2015/16 Developing** ⟷ (2014/15 Developing) |
| | 4.3 | Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination | No cases or grievances<br>Turnover rates<br>Exit interviews<br>Equality & Diversity Training.<br>HR policies. | NHS Staff survey<br>Local NHS workforce data and surveys | **2015/16 Achieving** ↑ (Developing 14/15) | **2015/16 Achieving** ↑ (Developing 14/15) |

**APPENDIX 2**

## COMMENTS FROM STAKEHOLDERS ON MECCG EDS2 SELF-ASSESSMENT

- Better Health Outcomes - in the local & national columns [of the EDS2 assessment], you appear to show the mechanism by which evidence may be found. As a service user, I would like to see resolution to patient issues, but also what measures are in place to avoid reoccurrence, in order to instil a learning culture (see F120 B6 - Learning from Complaints in Board Papers) Clearly evidence is held by MEHT/PALS, but how are better health outcomes achieved? To show that individual health needs are assessed and met, consider including HSMR data to show improved outcomes. Consider including wait times for elective procedures to show improvements, I couldn't find this under CHUFT Performance dashboard. Consider publishing CQC action plans following inspections.
- What measures are in place to avoid reoccurrence of complaints in order to instail a learning culture. In PALS report 2014/15, the number of complaints are logged and comparisons made with previous timescales to show performance trends. However, what measures are in place to avoid reoccurrence of the same complaints.
- In my own experience PALS has been excellent. Sometimes a delay answering the phone as you would expect in busy times.
- Looking at Board papers of 28/01/16 there is no evidence that actions have been completed. Noting the content of the report by the Board does not resolve the actions. Has the Accountable Officer discussed monitoring of staffing levels with NECCG and if so, what measures are in place. Clearly this is a key element to delivering qualitative care, i.e. Safe/Caring/Effective. Also, what are adequate (national Matrix) staffing levels for mental health and how will this be benchmarked? Has this been discussed with Director of Nursing at NEP?
- Improved patient access and experience - Quality reports in Board Papers of 28/1/16 for example, do not show resolution to actions (Item no 9.1, Board Papers Jan 2016) - see review notes in attached document. What was the outcome of Safeguarding referral at Broomfield Grange? How is the CCG being assured? Perhaps include the 'You Said/We did' summary in EDS2, so that responses and improvements are easier to see. Couldn't find Patient Stories in Board Paper Jan 2016.
- NHS Services have always been good in my opinion. I was very well treated in hospital. Minor criticism, the consultant doing the rounds was a bit keen to discharge me (understandable as beds are needed) but resulted in me being readmitted a week later.
- My GP practice is good as is Community Nursing. Ambulance brilliant. In hospital services such as X rays and scans all excellent. Provide do a great job.
- With the introduction of 'SystemOnline' in my GP practice it is very easy to access my records on my iPhone. In my experience PALS and consultant's secretaries are very helpful with queries re my treatment and records, as is my GP practice.
- In my experience I am always consulted about my treatment and feel involved.

# Appendix 3 – Local Equality & Diversity Objectives Action Plan 2016/17

## Equality Objective in support of Goal One – Better Health Outcomes

**Lead: PPE Executive Lead – Viv Barnes**

**Objective 1** – Ensure there is local engagement from vulnerable and ethnic groups in assessing health needs, service redesign and measuring the impact of commissioned services.

**Key Action 1.1**: Identify and use a variety of ways to engage protected and hard to reach groups in service redesign and access and use feedback to inform the refresh of the CCG's JSNA.

| No. | Actions | Timescale | Current Position |
|---|---|---|---|
| A | To regularly review and update the CCG's protected and hard to reach groups contact list. | Ongoing | Communications & Engagement Team continuously reviews the contact database. |
| B. | As part of the CCG's delivery of transformation, the CCG will incorporate and prioritise engagement with the key protected and hard to reach groups. | Ongoing | Commitment incorporated into CCG Communications & Engagement Strategy. Several streams of transformation programmes have engagement plans in place. Further work will be undertaken to ensure that all programmes are underpinned by active engagement. |
| C. | To implement a process to enable the CCG to share information and feedback from engagement activity with Public Health colleagues in order to help inform the annual refresh of the Joint Strategic Needs Assessment. | October 2015 | Head of Communications & Engagement to discuss with Public Health Consultant how to share information and forward planning. |
| D. | Use feedback and learning from engagement, where appropriate, to inform our commissioning activity moving forward. | Ongoing | Update – feedback from engagement and consultation through 2015/16 has influenced decisions on policy change and service restrictions. Targeted engagement on various aspects of the CCG's work has fed into commissioning and development of strategies. |

# Appendix 3 – Local Equality & Diversity Objectives Action Plan 2016/17

## Equality Objective in support of Goal Two – Improved Patient Access and Experience

**Lead: Quality Lead – Steve McEwen**

**Objective 2** – Improve the individual experiences of the protected groups in accessing and using NHS Services

**Key Action 2.1** Request and analyse the data from protected groups for complaints and PALS service usage to inform areas where improvements in experience is required for relevant protected groups.

| Actions | Timescale | Current Position |
|---|---|---|
| A. Joint approach to be developed for capturing patient experience of protected groups in partnership with the Communications and Engagement Team to implement their strategy. | September 2015 | Ongoing |
| B. Use a variety of approaches and methodology to identify protected groups to ensure the CCG captures experience of mid Essex residents to inform commissioning decisions. | December 2015 | Ongoing. |
| C. Use the information from the profile of demographic variances and locations of protected and hard to reach groups to feed into the patient experience agenda. | December 2015 | DATIX to be updated with discrimination as a subject and the protected characteristics as the sub-subject. |

# Appendix 3 – Local Equality & Diversity Objectives Action Plan 2016/17

## Equality Objective in support of Goal Three –A representative and supported workforce

**Lead: HR Lead – Julie Burton**

**Objective 3** – Improve overall staff health & wellbeing within the CCG.

**Key Action 3.1 –** To develop and implement a variety of approaches to improve staff health and wellbeing, including the provision of workplace health activities and social events planned in partnership with the CCG Staff Engagement Group.

| Actions | Timescale | Current Position |
|---|---|---|
| A. Staff away day | July 2016 | The CCG continues to have regular staff away days, with the next one being held on 14th July 2016. |
| B. Development of a programme of activities through the Working Well Initiative which will link in with Staff survey regarding preferred health activities and social events and identification of staff "Health Champions". | July 2016 | Working with Provide on Working Well Initiative. Staff Survey carried out in May 2016 and training of Health Champions is taking place in July 16. We also have a dedicated Engagement Forum and Social Committee. |
| C. Annual staff survey | September – December 2016 | The CCG will be participating in the national NHS Staff Survey through Picker Europe. The survey will start in September and in line with national process run until the end of December 2016. |
| D. Becoming a mindful employer | July 2016 | Mid Essex CCG is now a Mindful Employer. Currently working on literature to update intranet. |

# Appendix 3 – Local Equality & Diversity Objectives Action Plan 2016/17

## Equality Objective in support of Goal Three – A representative and supported workforce

**Lead: HR Lead – Julie Burton**

**Objective 4** – The CCG has a representative workforce who suffers no inequity in remuneration and is empowered to promote equality at work

**Key Action 4.1 -** Annual reporting to the Board to provide assurance on action being taken by the CCG to ensure a representative workforce and seek the Board's support regarding any further action taken.

| **Actions** | **Timescale** | **Current Position** |
|---|---|---|
| A. Contact provider of workforce information to request report (Feb 2017) in order to meet Board deadline of March 2016 | March 2017 | ACE provide workforce data in time for March 2017 Board. |
| B. Reporting of NHS Workforce Race Equality Standard | March 2016 | Currently producing a WRES report for the period April 15 – March 16 for uploading agreement and to be published on the intranet. |
| C. Review and update Equal Opportunities Policy | August 2016 | Currently in draft with further areas to review and will then be submitted to JSF for agreement |

# Appendix 3 – Local Equality & Diversity Objectives Action Plan 2016/17

## Equality Objective to support Goal Four – Inclusive Leadership at all Levels

**Lead: PPE Executive Lead - Viv Barnes**

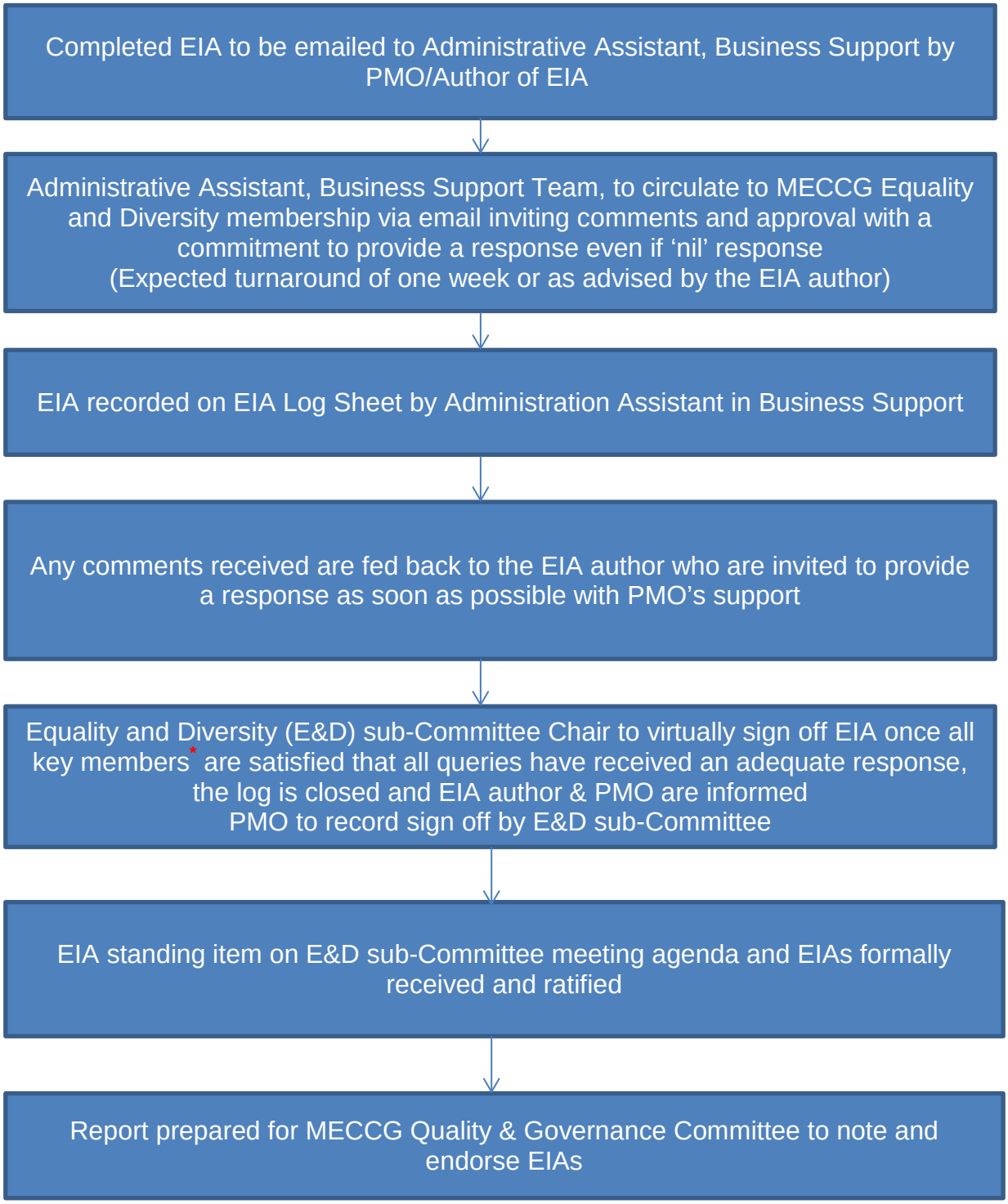
**Objective 5** – Embed equality and diversity at Board level and at every level within the CCG

**Key Action 5.1**: Arrange provision of equality and diversity training to all Board members and CCG staff members - to include Equality Act 2010, Public Sector Equality Duty, and equality analysis.

| No. | Actions | Timescale | Current position |
|---|---|---|---|
| A. | To profile and identify the demographic variances and locations of protected and hard to reach groups. | July 2015 | Priority groups identified for Mid Essex are:<br>• BME Communities<br>• Carers<br>• Gypsies & Travellers<br>• Migrant Workers<br>To be discussed with new Public Health lead. |
| B. | Equality Impact Training to be provided for Commissioners. | March 2016 | In-house training to be developed.<br><br>This was not progressed in 2015/16 due to workload pressures within Corporate Services Directorate. Training will be provided during 2016/17. |
| C. | Equality & Diversity Training to be provided to Board members. | October 2015 | Training for Board members had to be rescheduled on a number of occasions, but took place on 14 January 2016. |
| D. | Review of E&D documentation/process. | September 2016 | Meeting held on 12 April 2016 to review process. Documentation being updated. |

**Appendix 4**

# Process for Sign-off of Equality Impact Assessments




* These include the following leads, one must be the Chair: **Clinician, Governance, Quality, Lay Board member and Public Health**