NHS
Wyre Forest
Clinical Commissioning Group

Equality, Diversity and Human Rights Strategy 2013/16

We will bring together local people, GPs and other clinical professionals to improve the quality and experience for patients of their health care.

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2 Foreword from the Chair and the Chief Officer

Our CCG is firmly committed to ensuring all our local people have access to high quality accessible health care and services and to improving health and wellbeing and reducing health inequalities through strengthening local communities.

We believe strongly that this will only be achieved by engaging with and involving local people in these processes. We recognise the importance of ensuring our engagement is reflective of the diversity of our local population and we will monitor this and take action to ensure this is achieved.

This Equality, Diversity and Human Rights Strategy outlines the ways in which we will work to take this forward, making it part of our ways of working and our decision making processes. We will seek to underpin the principles and practice of Equality, Diversity and Human Rights in our engagement and commissioning processes, service development and business practices, including how we engage with our staff.

On-going consultation and engagement with our members, patients, local communities, staff, the wider public and stakeholders will help us develop our plans and objectives to ensure this Strategy is taken forward to secure high quality, needs based services for local people in Wyre Forest.

Simon Gates

Chair/Clinical Leader

Simon Hairsnape

Chief Officer

3 What do we mean by Equality and Diversity?

3.1 Equality is sometimes incorrectly defined as treating everyone in the same way. In actual fact, in order to ensure equality of access, treatment and health outcome, we sometimes need to treat people differently. For instance, if someone does not speak English, then they will need an interpreter in order to be able to access services or if someone has a learning disability they may need a longer appointment in order to have everything explained to them in a way that they will understand.

3.2 Diversity is about valuing and reaping the benefits of a varied workforce that makes the best of people's talents whatever their backgrounds. Diversity encompasses visible and non-visible individual differences. It can be seen in the makeup of the workforce in terms of gender, ethnicity, disabled people etc., about where those people are in terms of management positions, job opportunities, terms and conditions in the workplace.

4 Why is it important?

4.1 There are clear links between someone's gender, gender identity, ethnic background, sexual orientation, age, religion or belief, disability or long term condition, their degree of deprivation or affluence, and their health.

4.2 This means that a "one size fits all" service will not meet the needs of the whole community. We must therefore consider how people are affected differently in order that we can commission services that offer equality of access, equality of treatment and equality of outcome to all.

5 Introduction

5.1 National Changes

5.1.1 The passing into law of the Equality Act 2010 overhauled many years of equality legislation, putting a single Public Body Duty covering all protected characteristics on to NHS organisations such as NHS Wyre Forest Clinical Commissioning Group.

5.2 Regional Changes

5.2.1 NHS England's area team will have oversight of our compliance with the Duty.

5.3 Local Changes

5.3.1 Practices in Wyre Forest district have come together to become NHS Wyre Forest CCG.

5.3.2 We worked in shadow form throughout 2012/2013 and took on full authority for commissioning services in April 2013. We were assessed as green for Equality as part of the authorisation process.

5.3.3 All legal responsibilities regarding compliance with equality legislation passed to us at that time.

5.4 Sir David Nicholson, Chief Executive of the NHS England and Chair of the Equality and Diversity Council (EDC) has made a commitment to raise the importance of equality in 10 key areas as follows:

- The authorisation of Clinical Commissioning Groups.
- The development of the national curriculum for GP Pathfinder Consortia.
- Guidance for PCT clusters.
- The authorisation of Foundation Trusts.
- The HR Framework.
- The retention of staff and talent in the NHS and that we learn from existing good practice and safeguard the legacy of PCTs and SHAs.
- The development of support for commissioners enables and empowers them to deliver the equality agenda.
- The clarification of the roles of accountable officers and boards in delivering equality.
- The role of Joint Strategic Needs Assessments in designing how services are built.
- The selection and authorisation of non-NHS providers, including social enterprise.

6 Organisational Vision

6.1 Our vision is to “Bring together local people, GPs and other clinical professionals to improve the quality and experience for patients of their health care”.

6.2 The CCG’s values are:

- The CCG will be a caring organisation;
- The CCG will serve local people, patients and Practices;
- Clinical input will be valued and incorporated in all it does;
- The CCG will aim for safe, seamless patient centred care, delivered as close to patients’ homes as possible;
- Partnerships with other organisations are important;

- The CCG will look to be aware of risk and manage it, but it will not be afraid to take calculated risks if it is in the interests of local people to do so.

6.3 The 2012 Public Health Observatory[1] identified the following priority areas for Wyre Forest:

- Obesity – this is worse than the English average for both children and adults.
- Smoking in pregnancy – this is worse than the English average
- Self harm – the rate of hospital stays for self harm is worse than the English average
- Diabetes – rates of diabetes are a concern, as is underdiagnosis of the disease

6.3.1 Objectives related to all these areas of concern will intersect with the protected characteristics, and the Equality Delivery System Action Plan (Appendix 1) demonstrates how taking account of diversity can improve outcomes.

6.3.2 Our Integrated Plan, based on this and other information and national directives, are published in a separate document and Equality Impact Assessments will be carried out on all decisions.

7 Equality Objectives 2013 – 2016

7.1 As part of our Equality Duty, our Equality Objectives are:

- To ensure our patient and public engagement is representative of the diversity of our local populations;
- To ensure patients get the help they need when they need it for their mental health problem;
- Strengthen communities and develop more effective systems of service delivery to improve health and well being and reduce inequalities.

7.2 These objectives will be delivered via our Equality Delivery System Action Plan.

[1] http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=wyre%20forest&SPEAR=

8 Commissioning for Equality

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

8.1 Equality is built into the commissioning cycle[2] with Equality Impact Assessments (EIAs) being completed for all strategies, business cases, reconfiguration, commissioning and de-commissioning of services. The issues identified through the EIA become part of the decision making process and form part of the contract with providers and are monitored along with other Key Performance Indicators (KPIs) in regular monitoring meetings.

9 Equality Impact Assessments

9.1 In order to ensure that we are addressing the specific health needs of minority groups within the population, Equality Impact Assessments[3] are carried out on every strategy, commissioning intention and care pathway. This enables us, as commissioners, to consider how the issue or disease currently affects different groups so that we can meet our Public Sector Duty to “meet the needs of the people who share the relevant characteristic where these are different to those who do not”.

[2] http://nww.covwarkitc.nhs.uk/pct/directorates/StrategyRedesign/businessprocesses/Key%20Documents/Commissioning%20Handbook.pdf

[3] See appendix 1

9.2 To this end, under the Service Level Agreement (SLA) which the CCG has with Worcestershire Public Health Department, staff contribute what intelligence is available on how different groups are affected, including local statistics and national data. This quantitative information is enriched through community engagement work

9.3 Having consequently identified where the strategy needs to be different for different groups, staff in the ACS will support clinicians in the CCG to highlight what action will be taken to address these differences in health, access or outcomes and ensure that contracts with providers contain equality targets and Key Performance Indicators (KPIs) that are equally important as other KPIs relating to clinical quality. These equality targets are then monitored as part of regular contract monitoring meetings with Providers.

9.4 We would expect these processes to lead to measurable improvement in the health of affected groups.

9.5 The Government's Outcomes Framework[4] has had an EIA completed and published and this has highlighted where targeted work needs to happen, and expects outcomes to be monitored, by equality strand as certain health conditions disproportionately affect some groups.

10 Equality Legislation and Public Sector Duty

10.1 The Equality Act 2010 overhauled all previous equality legislation, broadening out the characteristics which are protected and streamlining public body duties.

10.2 This supersedes the Disability Discrimination Act, the Race Relations Act, and the Sex Discrimination Act, together with their associated duties.

11 What are our responsibilities as a public body?

11.1 The Act says that, in the exercise of our functions, we must have due regard to the need to:

11.2 Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under the Act (see Appendix 1 for information on types of discrimination).

11.3 Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. For instance, by removing or minimising disadvantages connected with the protected characteristic, by meeting the needs of the people who share the relevant characteristic where these are different to those who do not and by encouraging participation by people who have the protected characteristic where their participation is disproportionately low.

[4] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122955.pdf

11.4 Foster good relations between persons who share a relevant protected characteristic and persons who do not share it through tackling prejudice and promoting understanding.

11.5 One of the ways that we evidence that we have had due regard is by carrying out Equality Impact Assessments on all policies, strategies and decisions regarding service changes, tendering for new services and decommissioning of existing services.

12 Protected Characteristics[5] – Definitions and Local Picture

12.1 Protected characteristics (from the Equality Act 2010) are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

12.2 The most up to date figures are from the 2011 census.

12.3 Age

12.3.1 Age is defined in the Act by reference to a person's age group. In relation to age, when the Act refers to people who share a protected characteristic, it means that they are in the same age group.

12.3.2 An age group can mean people of the same age or people of a range of ages. Age groups can be wide (for example, people 'under 50'; 'under 18s'). They can also be quite narrow (for example, 'people in their mid-40s'; 'people born in 1952'). Age groups may also be relative (for example, 'older than me' or 'older than us').

12.3.3 There is some flexibility in the definition of a person's age group. For example, a 40 year old could be described as belonging to various age groups, including '40 year olds'; 'under 50s'; '35 to 45 year olds'; 'over 25s'; or 'middle-aged'. Similarly, a 16 year old could be seen as belonging to groups that include: 'children'; 'teenagers'; 'under 50s'; 'under 25s'; 'over 14s' or '16 year olds'.

12.3.4 The Wyre Forest profile can be found on the Office for National Statistics http://www.neighbourhood.statistics.gov.uk

12.3.5 Link to Integrated Plan

- ***Wyre Forest has the highest number of over 65s in Worcestershire with the increased demand in service that goes with an aging population.***

[5] Taken from Equality Act 2010 Statutory Code of Practice: Employment. EHRC 2011

12.4 Disability

12.4.1 The Act says that a person has a disability if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. Physical or mental impairment includes sensory impairments such as those affecting sight or hearing.

12.4.2 An impairment which consists of a severe disfigurement is treated as having a substantial adverse effect on the ability of the person concerned to carry out normal day-to-day activities.

12.4.3 'Long-term' means: the impairment has lasted, or is likely to last, for at least 12 months or for the rest of the affected person's life.

12.4.4 Where a person is taking measures to treat or correct an impairment and, but for those measures, the impairment would be likely to have a substantial adverse effect on their ability to carry out normal day to day activities, it is still to be treated as though it does have such an effect.

12.4.5 This means that 'hidden' impairments (for example, mental illness or mental health conditions, diabetes and epilepsy) which are treated with medication to enable the person to live their lives 'normally' may count as disabilities where they meet the definition in the Act.

12.4.6 Cancer, HIV infection, and multiple sclerosis are deemed disabilities under the Act from the point of diagnosis.

12.4.7 Progressive conditions and those with fluctuating or recurring effects will amount to disabilities in certain circumstances.

12.4.8 Wyre Forest profile:

- 2011 Census: Percentage reporting

Day-to-day activities limited a lot	Day-to-day activities limited a little
9%	11%
Bad health	Very bad health
5%	1%

12.4.9 Those in receipt of Disability Living Allowance in Wyre Forest district is 5%.

12.4.10 Link to Integrated Plan

- ***We are concerned about the needs of mental health patients and our aim is to intervene early to allow patients to get the help they need when they need it for their mental health problems.***

12.5 Gender reassignment

12.5.1 People who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex have the protected characteristic of gender reassignment.

12.5.2 Under the Act 'gender reassignment' is a personal process, i.e. Moving away from one's birth sex to the preferred gender, rather than a medical process.

12.5.3 Where an individual has been diagnosed as having 'Gender Dysphoria' or 'Gender Identity Disorder' and the condition has a substantial and long-term adverse impact on their ability to carry out normal day-to-day activities, they may also be protected under the disability discrimination provisions of the Act.

12.5.4 Worcestershire profile:

- The rate of gender dysphoria in the population is estimated to be 1 in 12,500[6]. This would mean that there are approximately 8 trans people in the Wyre Forest area.
- Gender dysphoria is now commissioned by NHS England

12.6 Race

12.6.1 The Act defines 'race' to include colour, nationality, and ethnic or national origins.

12.6.2 Everyone has an ethnic origin but the provisions of the Act only apply where a person belongs to an 'ethnic group' as defined by the courts. This means that the person must belong to an ethnic group which regards itself, and is regarded by others, as a distinct and separate community because of certain characteristics. These characteristics usually distinguish the group from the surrounding community.

12.6.3 There are two essential characteristics which an ethnic group must have: a long shared history and a cultural tradition of its own. In addition, an ethnic group may have one or more of the following characteristics: a common language; a common literature; a common religion; a common geographical origin; or being a minority; or an oppressed group.

12.6.4 The courts have confirmed that the following are protected ethnic groups: Sikhs, Jews, Romany Gypsies, Irish Travellers, Scottish Gypsies, and Scottish Travellers.

12.6.5 Wyre Forest is less diverse than the country as a whole. The following information on the percentage of population that is from a BME background is taken from the 2011 census:

[6] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089939.pdf

12.6.6 Wyre Forest district profile

White British	95%
White Irish	<1%
Gypsies and travellers	<1%
White other	2%
Mixed – total	1%
Asian / Asian British - total	<1%
Black / Black British - total	<1%
Other ethnic group - Arab	<1%
Other ethnic group – any other group	<1%

12.6.7 The majority of ethnic minority residents in Wyre Forest are children or working age adults with very few over 65s currently. This will change over time and will need to be considered when planning future care needs for the elderly. The largest minority group of overseas nationals is from Poland following the accession of the A8 countries.

12.6.8 Additionally, Wyre Forest has a number of gypsy and traveller sites. Gypsies and travellers have worse health than any other ethnic minority group.

12.6.9 Link to Integrated Plan

- ***The Public Health Observatory has highlighted that people of mixed race and of Asian background are more likely to be admitted as an emergency. We will be exploring why this might be happening***

12.7 Religion or belief

12.7.1 The protected characteristic of religion or belief includes any religion and any religious or philosophical belief. It also includes a lack of any such religion or belief.

12.7.2 For example, Christians are protected against discrimination because of their Christianity and non-Christians are protected against discrimination because they are not Christians, irrespective of any other religion or belief they may have, or any lack of one.

12.7.3 A religion need not be mainstream or well known to gain protection as a religion. However, it must have a clear structure and belief system.

12.7.4 Denominations or sects within religions, such as Methodists within Christianity or Sunnis within Islam, may be considered a religion for the purposes of the Act.

12.7.5 For a philosophical belief to be protected under the Act:

- it must be genuinely held.
- it must be a belief and not an opinion or viewpoint based on the present state of information available.
- it must be a belief as to a weighty and substantial aspect of human life and behaviour.
- it must attain a certain level of cogency, seriousness, cohesion and importance.
- it must be worthy of respect in a democratic society, not incompatible with human dignity and not conflict with the fundamental rights of others.

12.7.6 Wyre Forest profile:

- Christianity is the most commonly stated religion in the 2011 census with 69%. A further 23% said 'no religion' and 7% choosing not to answer. No other religion was over 1% of the population.

12.7.7 Link to Integrated Plan:

- ***Mental health problems are one of our key priorities and faith and spirituality have been shown to have a positive influence on mental well being.***
  http://www.rcpsych.ac.uk/expertadvice/treatmentswellbeing/spirituality.aspx

12.8 Sex

12.8.1 Sex is a protected characteristic and refers to a male or female of any age. In relation to a group of people it refers to either: men and/or boys, or women and/or girls.

12.8.2 Wyre Forest profile:

12.8.3 51% of the total population are female and 49% are male.

12.8.4 Link to Integrated Plan:

- ***Smoking rates amongst pregnant women remain worryingly high.***

12.9 Sexual orientation

12.9.1 Sexual orientation is a protected characteristic. It means a person's sexual orientation towards:

- persons of the same sex (that is, the person is a gay man or a lesbian).
- persons of the opposite sex (that is, the person is heterosexual); or
- persons of either sex (that is, the person is bisexual).

12.9.2 Sexual orientation relates to how people feel as well as their actions.

12.9.3 Wyre Forest profile:

- The Department of Trade and Industry use 5 – 7% of the population as their estimate of the lesbian, gay and bisexual (LGB) population. This means that 93% to 95% are heterosexual. The percentage in towns and cities is likely to be higher than in rural areas.

12.9.4 Questions about sexual orientation were not included in the 2011 census therefore we are unlikely to have accurate figures regarding the local population to use in our EIAs.

12.9.5 Link to Integrated Plan:

- ***Teenage pregnancy is a result of heterosexual activity and Wyre Forest has a high rate of teenage conception***

12.10 Marriage and Civil Partnership

12.10.1 The Act continues to protect people who are married or in a civil partnership. Single people are however not protected by the legislation against discrimination.

12.10.2 This protected characteristic would be pertinent when considering reproductive services and HR policies.

12.11 Pregnancy and maternity

12.11.1 Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

12.12 Social deprivation

12.12.1 Although socio-economic deprivation was removed from the Equality Act, we in the Wyre Forest Clinical Commissioning Group have made the decision to consider it when performing EIAs as the link between health and deprivation is so closely interconnected.

12.12.2 Wyre Forest profile:

- Life expectancy for men and women.

Men	Women
78.6	82.8

12.12.3 Link to Integrated Plan:

- ***Perinatal and infant mortality is more common if the mother is a teenager and/or smokes and/or is from an economically deprived area. Wyre Forest has a significantly higher rate of low birthweight babies compared to Worcestershire as a whole*** ***http://www.nct.org.uk/sites/default/files/related_documents/Social_inequalities_0.pdf***

12.13 Workforce

12.13.1 In addition to our responsibilities under the Equality Act to the population whom we serve, our duties also apply to us as an employer.

12.13.2 Workforce information will be added to our website as soon as possible and workforce targets will be part of the Equality Delivery System.

13 NHS Constitution

13.1 In March 2010, the NHS Constitution was enshrined in English Law.

13.2 This includes rights for patients and staff which include rights on equality and human rights such as the right not to be discriminated against and the right to be treated with dignity and respect.

13.3 The principles of the constitution have been cross referenced to the Equality Delivery System outcomes by the Department of Health.

14 Human Rights[7]

14.1 The Human Rights Act 1998 came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK law.

[7] Taken from http://www.equalityhumanrights.com/human-rights/what-are-human-rights/the-human-rights-act

14.2 All public bodies (such as hospital trusts, Clinical Commissioning Groups, and other bodies carrying out public functions including sub-contractors) have to comply with the Convention rights.

14.3 The Act sets out the fundamental rights and freedoms that individuals in the UK have access to. They include:

- Right to life
- Freedom from torture and inhuman or degrading treatment
- Right to liberty and security
- Freedom from slavery and forced labour
- Right to a fair trial
- No punishment without law
- Respect for your private and family life, home and correspondence
- Freedom of thought, belief and religion
- Freedom of expression
- Freedom of assembly and association
- Right to marry and start a family
- Protection from discrimination in respect of these these rights and freedoms
- Right to peaceful enjoyment of your property
- Right to education
- Right to participate in free elections

14.4 Some rights are absolute whilst others are not and can be restricted; usually when the individual's rights are weighed against the rights of others. For instance, the right to liberty and security can be restricted when a patient might be a risk to themselves or others. In this case, clinical staff would have to follow Deprivation of Liberty guidance to ensure that the patient's rights were not being unreasonably withheld.

14.5 The recent Care Quality Commission investigation of care provided by private and statutory organisations, particularly to elderly people and disabled adults, show that some organisations have infringed those patients' human rights.

14.6 It is vital that NHS Wyre Forest CCG keeps patients' human rights at the core of commissioning and regularly reassure themselves (for instance through unannounced visits to providers) that care is of a good standard.

15 What do we already have in place?

15.1 To contribute to our duty to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act we will monitor complaints to cover all protected characteristics. We will ensure that all Human Resources policies are inclusive of all the protected characteristics and have Equality Impact Assessments (EIAs) done on them.

15.2 We have a duty to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it by removing or minimising disadvantages connected with the protected characteristic. We are a Two Ticks employer

15.3 We have a duty to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it by meeting the needs of the people who share the relevant characteristic where these are different to those who do not. We are carrying out Equality Impact Assessments (EIAs) on all commissioning strategies to ensure that different needs are considered when configuring services.

15.4 We have a duty to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it by encouraging participation by people who have the protected characteristic where their participation is disproportionately low. We are developing an Engagement Strategy which will ensure that we engage with representatives of all our communities

15.5 In order to foster good relations between persons who share a relevant protected characteristic and persons who do not share it through tackling prejudice and promoting understanding we are providing staff training on equality and diversity issues.

16 Governance and Reporting

16.1 Governance is the method by which the organisation reassures itself that it is meeting its responsibilities.

16.2 Delivery of our plan will be overseen by the Quality and Patient Safety Committee.

17 Public and Patient Involvement

17.1 The Patient and Public Engagement Manager in the CCG will work closely with the Equality and Diversity Specialist to ensure that all sections of the population are involved in consultations.

17.2 We seek data from our Membership Scheme applicants in order that we can assess who is and, more importantly who is not, having their voices heard and will use a data collection form at other public engagement events to do the same.

17.3 Whenever the CCG is considering changing services, or buying new ones, we will make sure that local people who might use these services, or for whom any changes might make it harder for them to get the services they need, are involved at an early stage. An Equality Impact Assessment will be completed, and we will listen to the patients, public and communities who it might affect. By developing relationships with local people and involving them in our business, we will get a better understanding of their experiences of using health services in South Warwickshire and any barriers that exist to them receiving care. We will then work with them to try and remove the barriers and make sure that there are have high quality services available to the whole population.

18 How we will implement this policy

18.1 In 2009, the Equality and Diversity Council[8] was set up to bring together NHS Leaders and trade union and third sector representatives to champion improvement in equality and diversity performance throughout the NHS. It is chaired by Sir David Nicholson.

18.2 One of the tools to have been developed by the Council is the Equality Delivery System (EDS). This tool, similar to local governments' equality framework, will support NHS organisations (including GP consortia) to comply with their public sector duties.

18.3 NHS Wyre Forest CCG has chosen to use it as one tool that will contribute to our evidence of compliance with legislation and our public body duties.

18.4 The system comprises four goals. Each goal has up to five objectives, giving eighteen objectives in all. These objectives link to other government publications such as the NHS Constitution and the Outcomes Framework.

[8] http://www.dh.gov.uk/en/Managingyourorganisation/Workforce/Equalityanddiversity/index.htm

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised

Goal	Narrative	Outcome
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4. Inclusive leadership	NHS organisations should ensure that equality is	4.1 Boards and senior leaders conduct and plan their business so that equality is

Goal	Narrative	Outcome
at all levels	everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes

18.5 Objectives will be developed in alignment with our strategic priorities and commissioning intentions, as a result of EIAs and Public Health data, and with the needs of our patients in mind. An action plan will then be developed with clear, measureable, outcomes; each of which will have a member of CCG staff accountable for achieving them.

18.6 Organisations self assess their achievements for each objective as underdeveloped, developing, achieving or excellent.

18.7 Healthwatch Worcestershire and the Worcestershire Health and Wellbeing Board will look at the evidence we provide as part of our self-assessment and report to the NHS Commissioning Board who will publish a red/amber/green (RAG) rating for each organisation.

18.8 Our objectives and action plan for the EDS will be developed and reported during the year.

19 Appendix 1- Types of Discrimination

19.1 **Direct discrimination:** This refers to less favourable treatment because of a person's protected characteristic.

19.2 **Indirect discrimination:** This is when a provision, criterion or practice is applied in a way that creates disproportionate disadvantage for a person with a protected characteristic as compared to those who do not share that characteristic, and is not a proportionate means of achieving a legitimate aim.

19.2.1 For example, if a clinic were only open on Friday lunchtime, then it would be indirect discrimination as Muslim patients would be less likely to attend the clinic due to the religious requirement to attend communal Friday prayers at mid day.

19.3 **Discrimination by association:** This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

19.3.1 For example, if someone was not offered a job because it was known that they had caring responsibilities for their disabled child and assumptions were made about the possibility that they would take a lot of time off then that would be direct discrimination on the grounds of disability.

19.4 **Discrimination by perception:** This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

19.4.1 For example, if someone were discriminated against because they were thought to be gay then that would be discrimination on the grounds of sexual orientation even though they were, in fact, heterosexual.