Barnet Clinical Commissioning Group

NHS Barnet

Clinical Commission Group

Equality Diversity and Human Rights Strategy

2012 – 2016

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Contents

1. Foreword

Welcome to the Barnet Clinical Commissioning Group's first Equality Strategy, which along with our action plan sets out the CCG's approach to promoting equality and diversity.

Barnet Clinical Commissioning Group (CCG) is committed to promoting Equality, Diversity and Human Rights for service users and our staff.

The CCG is keen to involve local people in the continuing development and monitoring of this strategy to ensure that we commission (buy) the right health care services, provide well trained staff to deliver and ensure our providers meet the equality duties set out in the Equality Act 2010 and promote people's rights.

Health inequalities still persist across Barnet and this is a real pressing concern for the CCG, this drive to eliminate discrimination and health inequalities is clearly seen in the CCG's Mission below:

Mission

'To aim to deliver efficient and effective high quality integrated health and social care, in order to improve the health and wellbeing of the population of Barnet and raise life expectancy in the Borough.

'Inequalities are a matter of life and death, of health and sickness, of wellbeing and misery. Health inequalities that could be avoided by reasonable means are unfair. Putting them right is a matter of social justice. But the evidence matters. Good intentions are not enough.'

Fair Society, Healthy Lives

(The Marmot Review) February 2010

Therefore to meet the Public Sector Equality Duty (PSED) we have developed an Equality, Diversity and Human Rights Action Plan 2013/14 (section 7) that will also enable an inextricable link to the current grip on quality and performance being maintained during the period of transition to the new system arrangements and beyond.

2. Introduction

This strategy aims to set out how the Barnet Clinical Commissioning Group (CCG) will meet the equality duties set out in the Equality Act 2010 Section 149.

The CCG intends to put the patient at the heart of what they do; through effective engagement and involvement of local people in decision making, buying health care to meet local needs, involving local people in recruiting CCG posts and working in partnership with local people, the council and other health care providers to work on improving health outcomes for those protected groups.

'Improving the health and wellbeing outcomes for patients and the local population shall be our central goal.

The CCG will ensure that all the policies and practices carried out by the CCG or on behalf of the CCG have made informed decisions based on equality Impact analysis (EQIA) of outcome that has identified if there are any effects on people; specifically with protected characteristics; within our community who may use our services or on the people we employ in line with the Equality Act 2010.

Through the adoption of the NHS Equality Delivery System the CCG aims to demonstrate to the people we serve how we are meeting the three aims of the Equality Duty:

- Aim 1: Eliminate unlawful discrimination, harassment and victimisation
- Aim 2: Advance equality of opportunity between different groups
- Aim 3: Foster good relations between different groups

Specific Duty

The Clinical Commissioning Group will meet the requirements of the Specific Duties of the Equality Act by publishing equality information gathered as part of the Equality Delivery System (EDS) self-assessment annually and work with local people and equality stakeholders to grade the CCG's performance against the four goals of EDS. The findings of the grading will identify the CCG's equality objectives – this work has already been carried out for 2012 by NHS North Central London and the CCG will adopt these where they would be relevant for the CCG to meet its public sector equality duty. The CCG will identify its equality objectives for the next year following engagement with local people from the protected groups.

3. Profile of the Community

About Barnet

Barnet residents enjoy better than average health and higher life expectancy. However, this experience is not universal across the borough and there is a seven year difference in life expectancy between the most deprived and most affluent areas.

Barnet is a very diverse borough, with 33.1% of the local population belonging to Black and minority ethnic (BME) communities. Different ethnic groups have differing health needs and susceptibilities. Over the coming years, Barnet is forecast to become increasingly diverse(35.0% BME by 2016), creating new and complex health needs.

According to the 2001 census Barnet had a population of 314,564 and as of 2011 Barnet was London's most populous borough (ahead of Croydon) with 349,800 residents the table below shows the projected populations by the Office of National Statistics:

	2006	**2011**	**2016**	**2021**	**2026**	**2031**
Barnet	323.9	358.3	388.8	416.2	439.9	460.9

Age

Overall Barnet has a slightly older population than London as a whole. There is a higher percentage of people aged 50 years and over than London as a whole (30% compared to 26%) and a lower percentage of people aged 20-34 years (22% compared to 27%).
The changes are not limited to simple growth – they will transform the **age** and **ethnic profile** of the Borough too.

- Most significant real growth in 45-49 year old group
- Significant proportional growth in 65-69 year old group
- Proportionally high growth in 75+ age group, especially 90+
- Significant actual growth in 0-15 year olds, especially 5-9 year olds.

Race & ethnicity

Barnet has a higher percentage of its population from the White ethnic group than London overall (67% compared to 65%), and higher percentages from the Indian ethnic group (10% compared to 7%) and Chinese ethnic group (3% compared to 1%). Barnet's fastest growing ethnic group is **Other**(a classification with includes Iranians, Afghans, and Arab peoples) with 19% growth (+4,400 people) over five years against an average growth rate of 5.5%. Although numerically smaller, the **Black Other** community is experiencing the second fastest proportional growth, with 15.1% (1,000) more Black Other Barnet residents expected by 2016. Barnet's largest ethnic group, the **Indian**

community, will remain the most populous BME group over the coming half decade, but growth is slower than other groups at just 4.9% (1,600 people).

Socio-economic deprivation

Barnet is not the most deprived PCT in London but still has considerable pockets of deprivation with 12% of small areas in Barnet being in the fifth most deprived areas in England. In 2008/09, 8.5% of working age adults in Barnet were unemployed compared to 7.5% across London. According to the latest release of the **English Indices of Deprivation**, Barnet is less deprived than it was three years ago, ranked as the 165th of 326 most deprived Local Authority Area.

Religion in Barnet census 2001

Religion	**Number**	**%**
Christian	148,844	47.3%
Jewish	46,686	14.8%
Hindu	21,011	6.7%
Muslim	19,373	6.2%
Buddhist	3,422	1.1%
Sikh	1,113	0.4%
No religion	40,320	12.8%
Not stated	30,580	9.7%
Other religions	3,215	1.0%
All people	*314,564*	*100.0%*

Gender

From the 2008-based Subnational Population Projections for 2011 show that in Barnet for all ages there were 171,100 males and 178,100 females, this is in line with overall population of the UK, in which females outnumber males by approximately 10,000

Mental health

It is estimated that in any given week 10% of adults in Barnet will experience depression which is higher than the England average (8%) but lower than the London average (11%). Overall, the need for inpatient services for Severe Mental Illness (SMI) in London is 60% than the England average, but in Barnet it is 10 percent lower than the national average

Among Barnet children aged 5-16, 5.3% have a conduct disorder, 4.3% have an emotional disorder, 1.4% are hyperactive, and 1.3% have a less common mental disorder.

Disability & Long Term Conditions

The Equality Act 2010 defines disability as being where a person has a physical or mental impairment and this has a substantial and long term adverse effect on their ability to carry out normal day to day activities. In the UK it is thought that approximately 15% of the population could be defined as Disabled under the Disability Discrimination Act. If applied to Barnet's population this translates as around 52,000 people. Not all disability will be of a physical nature, but the numbers in question are significant. It is estimated there are approximately 12,600 adults in Barnet with a serious physical disability, and a further 29,500 with a moderate physical disability.

Barnet Social Services keeps records of people who are registered with visual and hearing impairments. As at March 2011, 1,884 people were registered with a visual impairment and 1,390 were registered with a hearing impairment. 107 people were registered with both.

2010 figures taken from Department of Health's PANSI and POPPI projection models estimated 6,336 adults in Barnet with a learning disability (IQ less than 70). Around 6% of these have a severe or profound learning disability (IQ less than 35), and another 15% have a moderate learning disability (IQ between 35 and 49).

There are also significant numbers of children with learning disabilities. Although estimation of the population prevalence of learning disability is problematic and should be treated with caution, one study [Emerson & Hatton (2004)] estimated that 2% of the total population has a learning disability. They have further calculated age related prevalence as follows; 5 to 9 years (0.96%), 10 to 14 years (2.26%) and 15 to 19 years (2.67%).

Gender reassignment

The term "gender dysphoria" is commonly used as a "diagnosis" by medical professionals to describe the discomfort that arises when the experience of oneself as a man or as a woman is incongruent with the sex characteristics of the body and with the associated gender role. In transsexual people, the discomfort is extreme and they have to deal with it by transitioning, usually with medical assistance, to a gender role inconsistent with the sex assigned to them at birth. Transsexualism is not a lifestyle choice. A person has to be experiencing "gender dysphoria" in order to obtain gender reassignment treatment in the NHS[1]. (EHRC 2011)

There is little statistical information regarding Transgendered people living in Barnet who have commenced transitioning or have transitioned following gender reassignment however, in 2009 the Gender Identity Research and Education Society published a report[2] that estimated in 2007, the prevalence of people who had sought medical care for gender variance nationally was 20 per 100,000 i.e. 10,000 people. Of these people 6,000 had undergone transition.

Pregnancy (teenage)

Barnet has one of the lowest rates of teenage pregnancy (TP) in London, and this is also lower than similar boroughs (including those matched for deprivation) such as Merton, Hounslow and Enfield. Not only is it lower than the London average, but it is also lower than the national average.

There are a number of negative outcomes associated with teenage pregnancy that make it a key concern for health and social care. Firstly, the infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers. Teenage mothers are three times more likely to smoke throughout their pregnancy, and half as likely to breastfeed, than older mothers – both of which have negative health consequences for the child. Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.

Sexual Orientation

Stonewall estimates that 6% of the UK population are lesbian, gay or bisexual (LGB), and suggests that this proportion is even higher in urban areas such as Barnet. This percentage equates to approximately 900 Barnet residents.

"We will add value to commissioning services with our personal knowledge of patients and opportunities for face to face engagement"

[1] A review of access to NHS gender reassignment services (England only) http://www.equalityhumanrights.com/key-projects/trans-inequalities-reviewed/a-review-of-access-to-nhs-gender-reassignment-services/
[2] http://www.gires.org.uk/Prevalence2011.pdf

4. Equality Pledges

Barnet Clinical Commissioning Group (CCG) will:

- We aim to engage with local people as part of our decision making process to ensure we hear the voice of all our communities from all protected groups.
- Ensure that all the policies and practices carried out by the CCG or on behalf of the CCG are based on robust equality analysis and assessment of outcome which will focus on identifying if there are any effects on people; specifically with protected characteristics; within our community who may use our services or on the people we employ in line with the Equality Act 2010.
- Develop a Governance structure for Equality, Diversity and Human Rights which include lay members as well as executive board members.
- Ensure all staff including board members undertake equality and diversity training at a level pertinent to supporting them to carry out their role effectively

"We will use the NHS Equality and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes"

- Has in place robust fair and equitable recruitment processes
- Have an inclusive Engagement Strategy which aims to ensure that people of protected groups are engaged effectively.
- Uses the Equality Delivery System (EDS) to inform local people of how the CCG is performing and ensure that any health care providers commissioned by the CCG are also using EDS.

"We will reduce bureaucracy by using a human rights based approach (Fair, Respect, Equality, Dignity and Autonomy- FREDA)"

- Will engage with local people and Health Watch to grade the CCG's performance against the four goals of EDS.
- Will agree to and be bound by our Equalities Charter to ensure that the above pledges are realised.

5. Equality Delivery System (EDS)

The Equality Delivery System (EDS) is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS is all about making positive differences to healthy living and working lives.

EDS is a tool for both current and emerging NHS organisations – in partnership with patients, the public, staff and staff-side organisations - to use to review their equality performance and to identify future priorities and actions. It offers local and national reporting and accountability mechanisms.

At the heart of the EDS is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The four EDS goals are:

Better health outcomes for all

Improved patient access and experience

Empowered, engaged and included staff

Inclusive leadership at all levels

The grades for EDS are as follows:

Undeveloped – Red

Developing – Amber

Achieving – Green

Excelling – Purple

5.1 Equality Delivery Submission 2012 (PCT to CCG Transition Period)

One of the underlying pillars of the vision for Barnet Clinical Commissioning Group (CCG) is to achieve a significant positive impact on the health and well being of those who live and work in our Borough. This will be both through the legal requirements of the Equality Act 2010 and also through CCG aspirations to eliminate discrimination and promote equality in partnership with local communities and other statutory and voluntary sector partners. The CCG is committed to working with local people from Barnet across all protected groups to ensure that the CCG improves year on year against the four goals and 18 outcomes set out in EDS and will report annually its performance against the equality objectives set out in section 7 of this Strategy. In 2012 NHS North Central London carried out an extensive engagement exercise to develop their one equality objectives and the CCG will adopt these where they would be relevant for the CCG to meet its public sector equality duty. The CCG will identify its equality objectives for the next year following engagement with local people from the protected groups.

6. Engagement with local people:

The CCG has in place an Engagement and Communication Strategy which will work in partnership with the Equality Strategy. The CCG will adopt a Human rights based approach as part of its overarching governance arrangements ensuring that it engages with local people across all protected groups (see appendix 2) to ensure that they are engaged in decision making including those communities which are seldom heard or marginalised.

The implementation of a Human Rights based approach to decision making within the CCG will not only support the CCG through authorisation but will strengthen the evidence of its commitment to the three equality duties and the NHS Constitution 2009.

6.1. What is a human rights based approach?

A human rights based approach is about putting the patient, their carers and families first and foremost in decision making, empowering people to know about and how to claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights.

A Human rights based approach is at the heart of the NHS Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service, it also sets out patients right's which cover how patients access health services, the quality of care they will receive, the treatments and programmes available to them, confidentiality, information and their right to complain if things go wrong.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it.

In adopting a human rights based approach the CCG will ensure that both the standards and the principles of human rights are integrated into policymaking as well as the day to day running of the organisations.

6.2. Human rights Principles

CCG's in considering embedding a human rights based approach will need to think through what this means in practice a guide to best practice is set out in appendix 4

PANEL Principles: are important in applying a human rights based approach in practice	**FREDA Principles:** are invaluable for ensuring the project and any associated policies and procedures that are aligned with human rights values.
PARTICIPATION **A**CCOUNTABILITY **N**ON-DISCRIMINATION AND EQUALITY **E**MPOWERMENT **L**EGALITY	***F****AIRNESS* ***R****ESPECT* ***E****QUALITY* ***D****IGNITY* ***A****UTONOMY*

6.3. Dignity in Care: preventing abuse and protecting Human Rights

In taking a human rights based approach to engagement and decision making the CCG are also committed to ensuring that all vulnerable adults and children, their care givers and their advocates are treated with dignity and respect as per the Dignity Code in appendix 4, through working alongside care providers through the contract review processes and commissioning the CCG will take a lead in promoting dignity in care at all levels.

6.4. Equality Impact Analysis (EQIA)

An equality impact assessment (EQIA's) enables the CCG to treat staff fairly and better plan, promote and deliver healthcare to the local community. Over time they should help to reduce health inequalities and promote good health for everyone in the borough. EQIA's are not a legal requirement but is a good tool to ensure that we meet the public sector equality duty.

All functions, policies, including staff policies, new service developments, procurements, consultations and changes to services need to have an equality impact analysis undertaken before going ahead. EQIA's should be used as diagnostic tool to measure any possible impact of the proposal on the protected characteristics.

Managers in the CCG are required to complete an equality impact analysis and training this is included in their mandatory equality and diversity training. Once completed the EQIA should be published (website) to ensure transparency.

7. Equality, Diversity & Human rights Action Plan 2013-2014

Current EDS objective 1	Actions	Outcomes	Timeline	EDS outcome	Measures of Success
Ensure that Equality Impact Analysis (EQIA) are undertaken on any policy revisions, service/team/ directorate change	Undertake and Equality Impact Analysis are undertaken on any policy revisions, service/team/directorate change Publish Equality Impact Analysis on the intranet and external websites Review the quality of EQIA's and make recommendations for improvement by setting up an external review group made up of community groups with an interest in one or more of the equality strands. Audit a percentage of the papers that go to Board for approval to see if EQIA's have been appropriately completed.	All new policies/policy revisions, service/team/ directorate change have had an EQIA completed All EQIA's have been published EQIA Audit group set up Report to Quality & Safety Committee	Progress to be reviewed on an annual basis/1st review due March 2013.	All outcomes specifically: 1.1 1.2 1.3 1.4 2.1 3.1	All policies, functions, proposals would have had an EQIA to ensure that we do not adversely impact any protected characteristics and meet the requirements of the Public Sector Equality Duty. EQIA Audit group set up to regularly oversee EQIA's Publish EQIA's on website to ensure transparency in decision making Managers trained on EQIA using NHS NCL templates

Current EDS objective 1	Actions	Outcomes	Timeline	EDS outcome	Measures of Success
	Audit EQIA's and make recommendations for improvements Provide further training on EQIA's to improve their quality	Report to Quality & Safety Committee EQIA Master classes			

Current EDS objective 2	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Commission hospitals in North Central London to improve access to healthcare for people with a learning disability, and people on the autism spectrum	Undertake a range of actions including the provision of care plans and accessible information for learning disabled and patients on the autistic spectrum.	People with learning disability have ready access to healthcare. People with autism are included with people with learning disability in their access to healthcare Reported on quarterly by the Trusts that adopt it	Progress to be reviewed on a quarterly basis/1st review due March 2013.	1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.3	Access to healthcare for people with a learning disability improved. Staff trained to competently and sensitively handle people with a learning disability

Current EDS objective 3	Actions	Outcomes	Timeline	EDS outcomes		Measures of Success
Improve the data about our staff to identify patterns of potential discrimination and publish this data in the next Annual Equality Report	To undertake self assessment of data. Indentify potential data gaps and to close or narrow them. Publish staffing data in the Annual Equality report through the intranet and external websites	Data gaps identified. Process in place to eliminate or reduce gaps Staff data published	Publish data as per statutory requirement January 2013	3.1 3.2 3.3 3.4 3.5 3.6 4.2		Data collection methods improved the capture of information

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcome		Measures of Success
Introduce robust governance structures and the EDS equality assurance framework	Improve the range of information we have about patients in protected groups and how this is used. Disaggregate data to ensure a full	Commissioning plans demonstrate where patient information has informed decision making (as above)	Progress to be reviewed on an annual basis/1st review due March 2013.	1 2 3 4		Continue work to ensure equality monitoring is taking place. Implementation of the EDS demonstrating that

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcome	Measures of Success
	understanding of the impact of services across the protected groups Create an understanding of inequalities to service delivery and identify existing barriers Inclusion of appropriate contractual terms and conditions to comply with the Equality Act 2010 Set up the requisite governance structure to ensure equality performance, monitor and reporting on compliance	A reduction in inequalities in relation to access Equality measures are incorporated into all provider contractual and procurement arrangements. Ensure robust contract management processes are in place to drive quality services Locality based governance arrangements are recognised and work			4 or more protected groups have been consulted Publish equality objectives and annually report on positive outcomes demonstrating an upward indicator

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Build strong relationships with diverse groups and communities to understand their needs, priorities and experiences.	Proactively engage with service users and residents in community social housing in areas of high deprivation Engaging with locally excluded groups and communities, such as the homeless and gypsy/ traveller. Develop appropriate communications and engagement plans that recognise the value of community feedback. Using technology and techniques best suited to different population groups. Develop strategies in line with local partners e.g. local authorities, health and wellbeing boards LINKS/Health watch, voluntary and third sector organizations	All protected groups involved in engagement and consultation processes Planned events/consultations Communities feel engaged and empowered as communications become more meaningful Joint planned events across health and social care Active patients in	Progress to be reviewed on an annual basis/1st review due March 2013.	2.1 2.2 2.3 2.4	The CCG has a robust engagement strategy which includes the provision of reasonable adjustments they will need to employ in engaging effectively e.g. range of formats of documents, ensuring interpreter support where required, times of engagement etc CCG has a clear understanding of the demographics of the people they are serving, identifying any groups which are marginalised or seldom involved in engagement Evidence shows that the whole of the local

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
	Proactively engage in the development of JSNAs and joint health and wellbeing strategies to integrate commissioning and work in shared governance and processes with local authorities	partnership groups engaged in the development of key documents and plans.			community is equally able to access services and has the same quality of experience.
Proposed EDS objectives continues	Set up engagement forums with patient representatives for all major care pathway, service redesign work streams and systems. Actively communicate commissioning decisions and respond to feedback Implement system to allow recent arriving and long standing communities to input into our decision making process. Arrangements for handling	Analyse and act on information from engagement to translate into priorities for improvement in services, access and outcomes e.g. Increase capacity of advocates delivering EPP (Expert Patient Programme)			Patients, carers and communities can readily access Primary and secondary care services and shouldn't be denied access on unreasonable grounds . Evidence of a robust

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
	complaints and concerns raised with the CCG deliver outcomes equivalent to those set out in the statutory framework for complaints handling.	Local and national guidelines for handling and monitoring complaints are in place. Proactive process to ensure the 'seldom heard' communities are able to feedback complaints			inclusive complaints system in place for complaints.

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Develop the following targeted prevention, early intervention and self management programmes	Diabetes Awareness and Peer Education for BME communities Targeted approach to deliver stop smoking programmes BME Men and Young gay men Improve Cervical Screening uptake amongst lesbians and younger women Deliver targeted Mental Health	Programmes demonstrate, increases in take up, with prevalence decreasing over time, national and local target being met and where possible exceeded, patient experience survey demonstrate increased confidence and self management. Decrease in hospital admissions.	Progress to be reviewed on an annual basis/1st review due March 2013	1.1 1.2 1.3 1.4 1.5	Experience consists of actual monitoring results (e.g. Acute patient experience by protected group dashboard, performance data, PALS data, etc) showing how commissioners/ Providers have developed a baseline for each Equality Target Group, has closed data gaps through contract

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
	and Wellbeing programmes for people with physical disabilities and long term conditions Deliver targeted Mental Health and Wellbeing programmes for African Caribbean men Develop and deliver self management programmes for those with sickle cell and Thalassaemia (predominantly BME groups) and deliver training and awareness raising programmes for healthcare professionals Deliver a targeted programme of activities for African, African-Caribbean and South Asian Communities. In particularly focus on African, African-Caribbean and Bangladeshi Children.	Equality monitoring is taking place. Evidence of Patient Surveys and evaluation with findings reported with demonstrated improvements			management and has disaggregated data to an appropriate level

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS Outcomes	Measures of Success
Improve access to and provide a patient centred approach to delivering primary and community services:	Provide a self-referral process to IAPT (Impact Access Psychological Therapy) services, recruit and train bilingual IAPT counsellors Improve uptake of mental health service by young gay men Identify areas of low uptake or non-access to services particularly where there is a high prevalence of certain conditions such as Diabetes, Cancer and Stroke and screening programmes such as childhood immunisation, programmes, cervical, breast and bowel cancer screening. Work with communities and local heath advocates to co-design outreach activities to address priority areas of low uptake e.g. teenage pregnancy rates,	Patients health needs are assessed, and resulting services provided, in appropriate and effective ways Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	Progress to be reviewed on an annual basis/1st review due March 2013	1.2 1.3 2.3	Evidence shows that all sections of the local community are able to make informed choices and that the benefits of this are being felt through improved health outcomes.

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS Outcomes	Measures of Success
	childhood immunisation for MMRbooster at age 5 Improve Awareness of maternity and other healthcare services around Female Genital Mutilation.				

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation	Ensure robust equality and diversity analysis is integral in the staff transition programme Develop effective communication and engagement plan to promote staff participation in the Equality Delivery System for themselves and service users Include session on Equality, diversity and Culture and values into staff training to support the	Staff feel consulted and engaged in the transition process. Feedback suggests that staff feel fairly treated as evidenced by robust impact assessment and ultimately the right individuals get the right jobs. CCG's able to evidence that through the collection and	Progress to be reviewed on an annual basis/1st review due March 2013	3.1 3.3 3.4 3.5 4.2 4.3	The workforce profile substantially matches the local demographic for all communities at all levels. Created a respectful environment at work where people are confident that senior managers are committed to upholding respect and values.

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
	improvement of staff survey results Ensure CCG identify Competent Equality, Diversity and Human rights Leadership that can consistently deliver	user of staff profiling data that staff from all protected groups have equity in the level of personal development The CCG workforce planning assesses the overall capability and capacity within its existing workforce to deliver the Equality Human Rights outcomes set out in the authorisation workbook, EDS and the NHS Outcomes Framework.			Published annual equality data and information e.g. annual EDHR report, workforce profile demonstrating progress Developed Competency Framework for E&D leaders at all levels. Ensure the delivery of a robust open and transparent approach to the agenda

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation	Ensure CCG identify Competent Equality, Diversity and Human rights Leadership that can consistently deliver	EDHR Specialist to support the CCG by providing strategic visioning, leadership and operational delivery competence e.g. a. Be able to respond to diverse and changing community needs b. Apply robust equalities analysis to service planning and improvement	Progress to be reviewed on an annual basis/1st review due March 2013	3.1 3.3 3.4 3.5 4.2 4.3	Developed Competency Framework for E&D leaders at all levels. Ensure the delivery of a robust open and transparent approach to the agenda

8. Appendices

8.1. Appendix 1

Equality Act 2010 Section 149 General / Specific Duties (1-3)		
	General Duties	**Due Regard**
1	Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010	Remove or minimise disadvantages connected with a relevant protected characteristic (e.g. address the problems that women have in accessing senior positions in the workplace) Take steps to meet the different needs of persons who share a relevant protected characteristic (e.g. ensure the particular needs of BME women fleeing domestic violence are met) Encourage persons who share a relevant protected characteristic to participate in public life or any other activity in which they are under-represented (e.g. take steps to encourage more disabled people to apply for senior posts).
2	Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	Tackle prejudice (e.g. tackle hate crime for people with protected characteristics)
3	Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.	Promote understanding (e.g. promote an understanding of different faiths).
NB	Organisations that are not public authorities are also required to have due regard to the needs listed above whenever they carry out public functions. This could include, for example, a private company with a contract to provide certain public services.	
	Specific Duties	
4	Publication of information Each public authority must publish information to show that it is complying with the s.149 duty by 31st January 2012 and at least on an annual basis after that. Authorities must include information about persons who share a protected characteristic who are its employees (if it has 150 or more employees) and its service users.	
5	Equality objectives Each public authority must prepare and publish one or more objectives it thinks it should achieve to have due regard to the need to eliminate discrimination and harassment, to advance equality of opportunity or to foster good relations. Any objective must be specific and measurable. Authorities must publish their first objectives no later than 6 April 2012 and at least every four years after that.	

8.2. Appendix 2

The Public Sector Equality Duty 2010 (protected characteristics) (1-8)		
1	Age	By being of a particular age / within a range of ages
2	Disability	A physical or mental impairment which has a substantial and long term adverse effect on day to day activities
3	Gender (sex)	being a man or a woman
4	Gender Reassignment	Transsexual people who propose to; are doing or have undergone a process of having their sex reassigned
5	Pregnancy and maternity	If a woman is treated unfavourably because of her pregnancy, pregnancy related illness or related tomaternity leave
6	Race	Includes colour, nationality, ethnic origins and national origins
7	Religion or belief / lack of belief	The full diversity of religious and belief affiliations in the United Kingdom.
8	Sexual orientation	A person's sexual preference towards people of the same sex, opposite sex or both
9	Marriage and Civil Partnership	This is relevant in relation to employment and vocational training, the CCG will ensure that this protected group is considered in relation to employment of staff and their training.

8.3. Appendix 3

How we were graded – LINKS grades

Narrative	Outcome	Barnet
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 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	
	1.3 Changes across services are discussed with patients, and transitions are made smoothly	
	1.4 The safety of patients is prioritised and assured	
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	
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 so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	
	2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	
NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is 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 NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes	

8.4. Appendix 4 – Dignity Code

The purpose of this Dignity Code is to uphold the rights and maintain the personal dignity of all people in Barnet but especially those who are vulnerable such as older people, people with Learning Disability, people with mental health etc., within the context of ensuring the health, safety and well-being of those who are increasingly less able to care for themselves or to properly conduct their affairs.

This Code recognises that certain practices and actions are unacceptable to vulnerable such as older people, people with Learning Disability, mental health etc. such as:

- Being abusive or disrespectful in any way, ignoring people or assuming they cannot do things for themselves
- Treating people but especially vulnerable people such as older people, people with Learning Disability, people with mental health, people with disabilities as objects or speaking about them in their presence as if they were not there
- Not respecting the need for privacy
- Not informing people especially vulnerable people such as older people, people with Learning Disability, people with mental health, people with disabilities of what is happening in a way that they can understand
- Changing the person's environment without their permission especially vulnerable people such as older people, people with Learning Disability, people with mental health, people with disabilities
- Intervening or performing care without consent
- Using unnecessary medication or restraints
- Failing to take care of an person's personal appearance
- Not allowing people to speak for themselves, either directly or through the use of a friend, relative or advocate
- Refusing treatment on the grounds of age, disability or any other protected characteristic unless it is proportionate, justifiable and legal as set out in the Human Rights Act 1998 and the Equality Act 2010

This Code therefore calls for:

- Respect for individuals to make up their own minds, and for their personal wishes as expressed in 'living wills', for implementation when they can no longer express themselves clearly
- Respect for an individual's habits, values, particular cultural background and any needs, linguistic or otherwise
- The use of formal spoken terms of address, unless invited to do otherwise
- Comfort, consideration, inclusion, participation, stimulation and a sense of purpose in all aspects of care
- Care to be adapted to the needs of the individual
- Support for the individual to maintain their hygiene and personal appearance
- Respect for people's homes, living space and privacy
- Concerns to be dealt with thoroughly and the right to complain without fear of retribution
- The provision of advocacy services where appropriate

DIVERSITY CHARTER

Our commitments

- Full compliance with the Equality Act 2010 by meeting the public sector equality duty.
- Adopt the Equality Delivery System [EDS] as best practice tool.
- Work collaboratively with local partners, staff, patients and carers and local community groups.

NHS
Barnet Clinical Commissioning Group

Governance

Our CCG's governance will remain committed to meeting the public sector equality duty through effective governance, strong leadership and continuous training.

Equality Information

Every year we will produce our equality information to tell our patients, carers and local communities how we are performing to meet the public sector equality duty.

The Equality Delivery System

We will adopt the Equality Delivery System [EDS] to manage our equality performance. We will start from our Cluster baseline as a 'developing' organisation and work towards reaching the 'excelling' stage within next five years.

Equality Analyses

We will make sure all our policies and functions go through a robust equality analysis before they can be changed, redesigned and implemented. The process of conducting the analysis will be open, engaging and transparent.

EQUALITY OBJECTIVES 2012-2016

We will develop and publish our Equality Objectives every four years but review them annually. Our current Equality Objectives to 2016 reflect all our priorities and what we need to do to address health inequalities in Barnet.

We will review the Equality Objectives Action Plan every year to ensure year on year progress in our equality performance.