

*Public Sector Equality Duty; NHS Norwich Clinical  
Commissioning group Equality Strategy*

### Document Control Sheet

<b>Name of Document:</b>	Public Sector Equality duty; NHS Norwich Clinical Commissioning Group Equality Strategy
<b>Version:</b>	2
<b>Status:</b>	
<b>Owner (post title):</b>	Engagement Manager
<b>Date of this version:</b>	February 2015
<b>Produced by:</b>	Laura McCartney-Gray, Engagement Manager
<b>Approval by (Committee):</b>	Executive Committee and Governing Body
<b>Date ratified:</b>	
<b>Next review due:</b>	<del>October</del> February 2018 <del>7</del> (and every <del>three</del> years thereafter)
<b>Enquiries to:</b>	Engagement Manager

### Revision History

Revision Date	Summary of Changes	Author(s)	Version Number
11/09/12	Sense checked and proof read. All changes tracked.	Nikki Cocks	2

### Approvals

This document required the following approvals either individual(s), group(s) or Board

Name/board	Title	Date of Issue	Version Number

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## **1. Foreword from Clinical Board Chair Chief Officer**

NHS Norwich Clinical Commissioning Group (NHS Norwich CCG) is committed to promoting equality (and diversity) when commissioning healthcare services.

In doing so the CCG is ensuring its activities are compliant with the key statutory duties in relation to equality and human rights.

Our Equality Strategy sets out a local objective driven by the equality Act 2010 and the NHS Equality Delivery System 2 against which the CCG can measure performance in this core compliance area; in addition to guiding staff to adopt best practice in relation to equality in commissioning for service users and staff, through the proactive process of Equality Impact Assessments.

Our strategy sets out the commitments to both patients, stakeholders and staff to make sure the services we commission are in line with equality and human rights legislation, and promotes community cohesion, with progress being regularly monitored using robust evidence. The CCG has been working towards embedding these requirements into the commissioning of services, pathway redesign and clinical and service user engagement through our on-going engagement and consultation programme. It also sets out our commitment to staff as employers.

In working together the strategy can be developed in the future to ensure it remains relevant and effective to serve our community through environmental and health service changes in the future. We look forward to delivering services in line with best practice working with partners, staff and health service providers in a way that best fits the needs of our patients, service users and carers.

This is a living document which will grow, develop and challenge our organisation as we go forwards as commissioner of local NHS services.

Chair                      Chief Officer                      Lay Member,  
Patient Engagement

**February 2015**

## 2. Executive summary

The CCG has a straightforward but ambitious vision for the health and wellbeing for our patient population;

- We will improve health outcomes and quality of services year after year for all the people of Norwich.

To achieve this we have four strategic goals for the coming five years;

- Improve and assure the quality and safety of healthcare,
- Continuously improve the health and wellbeing of the population,
- Reduce health inequalities – the health gap between different communities, and
- Manage our resources responsibly and ethically, and deliver value for money for the taxpayer.

We know that discrimination and limited access can have a detrimental impact upon the health of communities and that the needs of those communities and how they experience NHS services differ dramatically. In setting equality at the heart of the organisation, the CCG is making sure we continually work towards compliance through the development of this Equality Strategy.

All public sector bodies are required to produce an equality strategy and best practice is ensured by building this around the NHS Equality Delivery System. The strategy outlines how the CCG will meet its statutory duties in relation to equalities and human rights legislation.

The Equality Act 2010 brought together the legal duties in respect of all equalities duties and from this the adoption of a single strategy was required.

The strategy aims to achieve the following;

- identification of new and improved ways of working to make sure that the CCG is efficient and effective in meeting the diverse needs of its staff and patients,
- a description of how we will embrace future legislation in the nine protected characteristic groups set out in the legislation, and
- plans to address any potential forms of discrimination or unfairness and tools to impact assess services, commissioning decisions and key policies, procedure and guidance to ensure compliance and equality considerations are built into the development process.

We will continue to work closely with partners, stakeholders and local communities of interest to make sure that we both build upon the work and achievements to date and meet our statutory requirements. We strongly believe that every person should have equal access to services, new opportunities and this strategy provides us with a strong direction.

Commented [LM1]: Are these still current?

### 3. Introduction – NHS Norwich CCG approach

#### **Developing an Equality Strategy and Equality Delivery System for the Clinical Commissioning Group –**

The NHS Norwich CCG Constitution, which is based on the DH model, confirms a range of commitments in respect of delivering services effectively through commissioning in line with best practice and statute for equality, diversity and human rights. The document also confirms the requirement to embed the NHS Equality and Delivery System 2 into its local policy for equalities. This links in with the NHS constitution which confirms a core list of deliverables which are set out in this equality strategy to ensure there is an improved understanding of our legal duties.

The Equality Strategy sets out how the CCG will work in relation to promoting equality, opposing discrimination and recognising and valuing diversity, which plays an important part of the CCG's ethos.

The strategy's purpose is to clearly define how we will continue to meet our obligations under equalities legislation and reflects our commitment to respond positively to the legal requirement to promote equality in terms of the nine protected groups as outlined in the following:

- Equality Act 2010
- Gender Reassignment Act 2004
- Criminal Justice Act 2003
- Human Rights Act 1998

In addition, the strategy is a guide to our work in opposing discrimination and recognising the benefits of commissioning for a diverse community. It brings together all our plans and procedures relating to equalities.

The CCG's vision and commitments to promoting equality and diversity and challenging discrimination in the commissioning of services and employment functions,

- Guidance for staff about the promotion of equal opportunities and opposing discrimination, both as an employer and a commissioner,
- How we will tell the community and partners about our approach to equalities
- Our equality impact assessment procedures and incident reporting,
- Our public sector duties,
- Related employment policies and procedures and our approach to procurement, and
- The profile of the area's population and workforce.

A copy of this strategy will be published on the group's website at [www.norwichccg.nhs.uk](http://www.norwichccg.nhs.uk). This strategy will also be made available upon application, either by post to Freepost RTJE – GXBZ – CSJR, NHS Norwich CCG

Room 202, City hall, St Peters street, Norwich, NR2 1NH or via email to [norwichccg@nhs.net](mailto:norwichccg@nhs.net)

### ***Who does the Strategy apply to?***

This Equality Strategy applies to:

- All member practices and Governing Body Executive and Non Executive members of the CCG,
- All employees,
- Any person on secondment from other organisations who work within the CCG and volunteers,
- All visitors, and
- Freelance and temporary staff representing the CCG.

## **4. Our equality commitments, vision and approach**

Legislation recognises that people may experience different forms of disadvantage depending on their age, ethnicity, race, gender, gender re-assignment, religion and belief, sex, sexual orientation, pregnancy and maternity, marital or civil partnership status and whether or not they have a disability.

As an NHS Commissioner and employer we are committed to promoting equality, diversity and fairness by tackling all forms of discrimination. We will examine our policies and practices to guard against institutional discrimination. We are also committed to providing services fairly to all sections of the community and valuing cultural diversity.

We are **committed** to:

- valuing individuals and communities of interest, recognising their differences and similarities and tackling all forms of discrimination,
- Commissioning services which are fully and equally accessible and relevant to the needs of our community,
- providing publicity for the access to services in relevant languages and formats where needed,
- promoting equality, diversity and fairness in the employment of our staff, through promotion and training practices and procedures,
- ensuring equality forms part of our service planning,
- effectively working with all sectors including partners, stakeholders and the local community through consultation and engagement when developing policies (Communications, Engagement and Media Strategy 2012), and
- equal access to our complaints and other procedures which have been impact assessed.

In order to make sure that this commitment is on-going, this Strategy will be reviewed at least once every two years.

Our approach is to remain committed to ensuring that equality informs all of our service planning, commissioning and our employment practices.

Systematic reviews of commissioning decisions, policies and functions are undertaken to determine if any adverse impact exists; that equal opportunities are actively promoted in all our employment practices, including recruitment, training and promotion opportunities for all staff. We will actively encourage applications from people with disabilities. Staff will be required to demonstrate their performance in this area at their annual appraisal.

## **5. NHS Norwich CCG Profile and CCG Workforce**

### **5.1 Population profile**

There is a resident population of approximately 208,000 and the population is expected to grow by approximately 15.7% by 2016 for Norwich and by 4.9% for Broadland by 2020.

The population has common and distinct characteristics of deprivation and health inequality and is more deprived than other areas of the East of England. In comparison with Norfolk and Suffolk the area has:

- shorter life expectancy with marked inequalities,
- higher deprivation and disability rates,
- higher rates of limiting long-term illness, and
- high levels of unemployment, particularly long-term unemployment .

As outlined above, the CCG aims to close the gap on health inequalities by working with partner organisations

### **5.2 Black Asian and Ethnic Minorities**

According to 2011 census data, 12.2% of the area's population was from a black or minority ethnic background, an increase of 10.67% from the 2001 census. This figure includes residents who identify themselves on the census form as white but not British; of mixed ethnicity; Asian or Asian British; Black or Black British; Chinese; or from another ethnic group. This is not a complete picture as it still may not reflect wholly accurately traveller communities (we have two static sites), asylum seekers and migrant workers who work in the area but do not live here. Norwich has also been designated as a dispersal area for refugees.

<http://www.norfolkinsight.org.uk/>

We currently have requests through INTRAN for 119 Languages including British Sign Language, Russian, Bengali and Arabic through CCG member practices.

### **5.3 The CCG workforce**

The CCG is responsible for improving health outcomes through effective commissioning of healthcare services for a population of approximately 208,000 people. We directly employ staff to deliver the commissioning of services aligned to patient need by involving patients and stakeholders in service planning. The CCG is an Equal Opportunities employer and provides employment opportunities and advancement for all suitably qualified persons regardless of whether they are covered by any of the nine protected characteristic groups; we are committed to making reasonable adjustments for those members of staff to ensure equity across the workplace. We are committed to:

- ensuring that equality forms part of all our service planning and provision, and employment practices, and
- employing a diverse workforce that reflects the community we serve.

## 6. Legal duties, governance and accountability

### 6.1 Background to the Legal Duties

The Equality Act 2010 Section 149 expresses the general duties in respect of nine protected characteristics and what constitutes having due regard to these duties, and specific duties, both forming the statutory requirements for equality and diversity.

Nine protected characteristics were set out in the 2010 Act as follows:

- Age,
- Disability,
- Sex,
- Gender reassignment,
- Marriage and civil partnership,
- Pregnancy and maternity,
- Race/ethnic origin,
- Religion/belief, and
- Sexual orientation.

### 6.2 The general duties are;

- i) **to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010** – this will be achieved by having due regard to removing or minimising disadvantages connected with a relevant protected characteristic (for example, address the problems that women have in accessing senior positions in the workplace). Take steps to meet the different needs of people who share a relevant protected characteristic (for example, ensure that the needs of people who cannot speak English are met). Encourage people who have a protected characteristic to participate in public life or any other activity in which they are under-represented (for example, take steps to encourage more disabled, BME, LGB people to apply for senior posts).
- ii) **Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it** – this will be achieved by having due regard to tackling prejudice (for example, tackling hate crime for people with protected characteristics).
- iii) **Foster good relations between people who share a relevant protected characteristic and people who do not share it** – this will be achieved by having due regard to promoting understanding and partnership working (for example, through the Community Cohesion Agenda).

Organisations that are not public authorities are also required to have due regard to

meet the needs listed above whenever they carry out public functions. This could include for example a private company with a contract to provide public services.

### **6.3 The specific duties are;**

- i) in relation to the **publication of information** – each public authority must publish information to show that it is complying with the Section 149 duty by 31 January 2012 and then on an annual basis after that. Authorities must include information about people who share a protected characteristic who are its employees (if it has 150 or more employees) and its service users.
- ii) in relation to the establishment of **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.

### **6.4 Human Rights Act 1998**

This strategy supports the CCG vision of making a difference to local people, reducing inequalities and delivering effective compliant services. It seeks to increase the accountability of individuals and institutions involved in the strategy's implementation and identify individuals and organisations as responsible for respecting, protecting and fulfilling rights set out in the Human Rights Act 1998 and the Equality Act 2010. The requirements of the Human Rights Act are at the heart of the NHS Constitution and the national Equality Delivery System, adopted locally. These documents bring together details of what staff, patients and the public can expect from the National Health Service, 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.

### **6.5 Equality duty applicability**

The duty applies to all functions, not just to employment and service delivery; for example, when drafting clinical guidelines, standards and good practice guides, public authorities must take into account how they ensure due regard is taken to the general duties and how they fit into the practices established to secure compliance with the specific duties.

### **6.6 Socially disadvantaged groups**

There are no formal requirements to give consideration to socially disadvantaged groups as part of equality legislation. However, we recognise that there are groups who are socially disadvantaged from mainstream society. These include those on low pay, those in poverty and those with limited mobility. We aim to address the particular needs of these groups in all our activities. These groups are included in relation to the objectives which will be set out set within the Equality Delivery System.

### **6.7 Governance and accountability**

We are determined to ensure that we translate what we say about equality into action and will monitor progress and outcomes, and to help achieve this, the following governance and director responsibilities are identified within the group:

**Governing Body and Chief Officer** – the Governing Body is responsible for approving the Equality Strategy and together with the Chief Officer they hold the ultimate responsibility for ensuring the group complies with the statutory requirements in respect of equality and diversity. The Governing Body members will receive training to ensure a culturally awareness and strategic steer in board-level decision making and ensure it has equality at its core.

**Quality Committee** – this committee will maintain controls monitoring overview of activity to ensure compliance with the Public Sector Equality Duty and implementation of the Equality Delivery System.

**Director of Operations** – the compliance obligation held by the Governing Body and Chief Officer is implemented by the Director of Operations as executive lead. The Director of Operations will ensure training resources (including e-learning and face to face awareness training) is secured to maintain the operational requirements in respect of this key compliance area. The executive lead will also promote best practice in executive team deliberations and provide a steer to the board in handling issues raised in this regard.

**The senior management** – are responsible for the overall management of all equality and diversity work that is carried out within the CCG. This includes responsibility for the implementation of the CCG's Equality Strategy in their respective areas and are responsible for scrutinising policies/commissioning decisions which require a full equality impact assessment. The responsibility on promoting equality and diversity in recruitment practices alongside Human Resources (HR) will be the delegated responsibility of the CSU HR team.

Governing Body Reporting and Challenge will be via the Annual Consultation and Engagement Report.

## Equality in action

### 7. Public Sector Equality Duty and the Equality Delivery System 2

The CCG is required to make sure it complies with the Public Sector Equality Duty. Objectives are set every four years to demonstrate how the CCG is complying with the duty. Publication of these objectives with a progress update is required annually to show the performance of the CCG in respect of achievement of the objectives. **Please see Appendix one.**

### 8. Equality Impact assessment form (EQIA)

Under legislation designed to promote equality and diversity, the CCG is required to undertake a systematic review of all policy/function/service provision to determine if any adverse impact exists.

The CCG must consider potential adverse impact on equality and diversity in relation to nine protected characteristics as set out in the Equality Act 2010.

The Impact assessment process is a systematic way of finding out whether a proposed policy/commissioning/function decision affects people from different minority groups differently. It enables staff to:

- take account of the needs, circumstances and experiences of those affected by the organisation's policies,
- identify actual and potential inequalities in outcomes, including unlawful discrimination, and
- consider other ways of achieving the aims of a policy/function/commissioning decision in order to minimise or remove any possible adverse impact.

The benefits accruing from carrying out impact assessments and consultations include:

- being able to anticipate problems and make informed decisions,
- making sure that policies/functions/commissioning decisions are properly targeted,
- improving the CCG's ability to deliver suitable and accessible services that meet the varied needs of its communities,
- increasing confidence in public services,
- helping to develop good practice, and
- helping to avoid claims of unlawful discrimination.

An impact assessment starts at the point we, as a commissioning organisation, are deciding/confirming a policy's aims and objectives or considering a new, de-commissioning or re-commissioning services. Given that the principles of relevance and proportionality underpin the general duties are enshrined in legislation, the time and resources given to impact assessment and engagement/consultation activities will change according to the relevance of the function/policy to equality duty.

. **See Appendix 2** for the form to be used to carry out an impact assessment. This form is available electronically on the CCG shared drive. Queries and a duplicate copy of completed forms should be forwarded to both the Governance Manager and Engagement manager for archiving electronically. The CCG has a duty to publish completed EQIA's on its website.

## **9. Commissioning services**

An important aspect of equal opportunities is that it is not about providing the same service to all but about providing services that are sensitive to difference. Individuals and groups in the CCG area may not receive equal access to services because facilities may not always be appropriate, accessible or sensitive to needs. To ensure equality in service provision, we are committed to the following:

- Interaction with the public – we will ensure that our staff are fully trained to understand the principles, practices and policies related to equality and diversity
- Access to CCG buildings – we will work to ensure that as far as is reasonably practicable buildings from which a public service is commissioned/delivered are accessible to people with disabilities
- Service delivery – we will seek to ensure equality of access is provided by providers and they will strive to meet people's specific needs,
- Monitoring take up of services – we will ask providers, wherever practical to monitor and evaluate the take up of services to ensure that no one is disadvantaged because of disability, gender, race, religion, sex/sexual orientation or age,
- Access to information – we will make information about our commissioning/services, policies and practices available in a range of different formats so as not to disadvantage any group or individual,
- Charges for services – when charges are made for services we will recognise this may have an impact on people on low incomes and offer concessions where appropriate, and
- Community engagement – we will, where appropriate, consult and involve organisations, communities of interest and individuals who are able to represent their community in order to help us develop policies and services that are sensitive to the needs of all communities.

As part of its commitment to equality and diversity, the CCG will seek to meet the communication needs of all its stakeholders.

- In recognition that printed English is not always the most appropriate means of consultation, efforts will be made to communicate in different ways to people whose first language is not English,
- The CCG will consider, where appropriate, all measures that might be used to ensure effective communication of relevant information to all members of the community. This includes web-based support services, and
- The CCG will actively promote equality of opportunity and good relations between all sections of the community, including communities of interest in the NHS Norwich CCG area.

## **10. Employment**

### **10.1 Employment & Equality**

The CCG is committed to equality of opportunity and the fair treatment of all existing and prospective employees. There will be no discrimination on the grounds of gender, sexual orientation, race, religion, age or disability or any other of the protected nine characteristics set out in the Equality Act (see section 6.1,) throughout all stages of the CCG's recruitment process. The process will adhere to current employment legislation as appropriate. The purpose of recruitment and selection is to ensure the best person for the post is appointed. Our aim is to ensure that the makeup of our workforce reflects the diversity of the greater Norwich community. We recognise that as a CCG, a community leader and a highly visible employer we should be a positive example of good practice to other employers within the area.

The CCG is therefore committed to taking positive steps to make sure that opportunities for employment are available to all without prejudice or discrimination.

It is in both our best interest and those who work for us, to ensure that the attributes, talents and skills available throughout the community are considered when employment opportunities arise. Assessment for recruitment, selection, appraisals, training and career progression purposes is based entirely on the individual's ability and suitability for the work.

The CCG is not only committed to a robust equal opportunity policy in recruitment and selection but is also committed to equal opportunities through training and development, appraisal and promotion to retirement.

We have 'Family Friendly' working policies in place which provide all staff with the opportunity to request flexible working. We will monitor take up of this policy to enable staff to have the opportunity of flexible working.

We will carry out staff surveys to keep up to date with staff opinions and this helps us work out what we can do better. The surveys ask for opinions on a range of subjects including:

- internal communications,
- staff welfare,
- work-life balance,
- learning culture,
- team-based working,
- recruitment and retention, and
- pay and benefits.

### **10.2 Workforce and recruitment monitoring**

Annual workforce monitoring will take place (through the HR function in the Commissioning Support Service) so that our employment policies are not discriminatory and to update our

human resources records. We will encourage staff to share with us (through this function) any information regarding race, gender and disability issues they may have. Any information about our staff helps us to understand the makeup of our workforce and how it reflects that of our community.

- The organisation will encourage diversity within its workforce, and
- We will monitor all our applications based on the nine protected characteristics.

We monitor recruitment to ensure equal opportunity in regards to our legal duties. We will gather information on each applicant and monitor this to ensure that our advertising is reaching all sectors of the community. We monitor the following activities:

- job applications,
- access to training and internal promotions,
- grievances/discipline matters,
- leavers from employment,
- staff affected by redundancy and early retirements,
- flexible working requests, and
- instances of bullying.

### **10.3 Disability issues**

Applicants with disabilities are identified through the Equal Opportunities Monitoring Form, which is sent out with every application form. Special arrangements will be offered, if necessary, for the interview.

All disabled applicants who meet the essential criteria will be guaranteed an interview. For the successful applicant, reasonable adjustments and adaptations can be made if necessary, sometimes in conjunction with access to work. Indeed, conditions of employment may be varied, for instance by giving the employee greater flexibility with regard to the hours of work, thus allowing greater flexibility with travel arrangements. Employees will be recruited solely on the criteria laid down in the person specification.

On commencing work the employee's line manager is responsible, in consultation with the employee with disabilities and occasionally the HR team, for ensuring that reasonable adjustments are made to enable the employee to undertake the work effectively and safely. Depending on the circumstances an external specialist may be consulted for example when an ergonomic assessment is required.

### **10.4 Employment and equal pay**

Current legislation gives CCG's the choice as to whether or not to continue with employing staff on the Agenda for Change terms and conditions. Legislation requires the CCG to address all issues around equal pay and other terms and conditions of its employees, which the CCG absolutely commits to.

### **10.5 Employment policies and review**

To help us to continually improve our approach to equality we are committed to regularly reviewing our recruitment and employment practices in partnership with the HR function within the CSS.

### **10.6 Learning and development for employees**

We are conscious that effective communication, staff development and organisation-wide learning will play a key role in the implementation of this Equality Strategy. We are therefore committed to integrating an equality dimension in the design, development and implementation of learning and development activities. A programme of equality training to support the strategy is on-going.

In accordance with our legal responsibilities and our commitment to delivering high performing customer-focused service, all staff will be made aware of the performance standards of work and behaviour expected. We ensure equality of access to learning and development (and thereby opportunities for career progression), and evaluate the extent to which the beneficiaries of training activities acquire the necessary skills and knowledge. Learning and development activities are delivered by both in-house staff and external consultants/trainers.

## **11. Equality in procurement**

We do not just value diversity and equality within our own working practices and the services we provide, but expect those supplying services on our behalf to adhere to those values also.

We will respect and value good employment practice; equality and diversity principles in procurement decisions and seek to ensure our provider markets meet the same duty and standards. In particular, we will make sure that all contracts are delivered in a way that are non-discriminatory and which promote equality of opportunity for staff, the public and businesses.

## **12. Partnership and consultation**

The CCG recognises that a range of various partnerships provide opportunities for making the case for and promoting equality and diversity. The CCG works in partnership with other organisations wherever possible. Key partnerships include; the Commissioning Support Unit, local authority partners, NHS England and HealthWatch Norfolk.

Engagement with communities, both groups and individuals, provides vital information to make sure that our functions and services, including those in GP practices, are delivering and meeting the needs of our communities. We will regularly involve and consult on a wide range of issues. This provides people with the opportunity to tell us what they think about us and how we should be commissioning our services and monitoring providers. We will ensure that:

- consultation methods are accessible for underrepresented groups (for example in a language and style that is understandable),
- consultations are well managed, properly time-tabled and with clear aims,

- service users are consulted and their views taken into account when developing policies and services,
- the same groups are not overburdened,
- the results of consultation are published and fed back to communities an open and responsible way, and
- we will tell communities what we have done as a result of what they have said.

### 13. Implementing, monitoring, reviewing and reporting – impact assessments, corporate reporting & incidences

#### 13.1 Impact Assessment

Section 8 outlines the background to the use of the Impact Assessment Tool (see Appendix 3). These forms are used to ensure new and refresh exercises to existing policies, procedures and services are reviewed against the statutory requirements for Equality and Diversity. We will publish our Equality Impact Assessment analysis annually on our website.

#### 13.2 Corporate reporting

Reporting will be via the Annual Consultation and Engagement Report and will include a table each year showing the performance for the year against

- a) the objectives set to deliver the Public Sector Equality Duty,
- b) Those set within the Equality Delivery System, and
- c) against the NHS Constitution

The objectives in 13.2 a) and b) are required to be refreshed every four years and will focus on specific initiatives to develop the CCG's working practices in respect of the Public Sector Equality Duty.

Alongside the table a list of key information will be reported to meet the specific duty to publish information showing the CCG is complying with the duty. Included in this list will be the required performance indicators collated by human resources (CSS function) annually as follows:

- percentage of employees with a disability,
- percentage of employees from black, minority ethnic communities,
- percentage of chief, deputy chief and principal officers that are women,
- percentage of chief, deputy chief and principal officers that are from black, minority ethnic communities, and
- percentage of chief, deputy chief and principal officers with a disability.

**Commented [LM2]:** Nikki we need to request this information from HR.

#### 13.3. Responding to incidences of discrimination and harassment

We are committed to eliminating discrimination and harassment in the services we commission and employment on the grounds of the nine protected characteristics. However, in the event that incidences of discrimination and harassment occur, we will deal with these in a fair, equitable and sensitive manner.

We will respond to complaints from members of the public about harassment and discrimination by using our complaints procedure. We have both a Bullying and Harassment Policy and a whistleblowing policy (which adds to the protection of staff) which explains our position on all forms of harassment. It details arrangements to help prevent it occurring and, where incidents are reported, provides a supportive and confidential environment in which to pursue a complaint, and for disciplinary action to be taken in appropriate situations.

Commented [LM3]: Do we need this in here?

Awareness of the different forms of discrimination is important in responding to and reporting incidences and in making changes to working practices to ensure discrimination is eliminated. Listed below are the various forms discrimination can take:

**Direct Discrimination** occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see below Perception Discrimination,) or because they associate with someone who has a protected characteristic (see discrimination by association below).

**Discrimination by Association** already applies to race, religion or belief and sexual orientation, now extended to cover disability, gender reassignment and sex. 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.

**Indirect discrimination** already applies to age, race, religion or belief, sex, sexual orientation and marriage and civil partnership, now extended to cover disability and gender reassignment. Indirect discrimination occurs where there is a condition, rule, policy or practice in the organisation that applies to everyone but particularly disadvantages people who share a protected characteristic. Indirect discrimination can be justified if it can be shown that the organisation acted reasonably in managing their business, i.e. that it is 'a proportionate means of achieving a legitimate aim'.

A 'legitimate aim' might be any lawful decision that is made in running the organisation, but if there is a discriminatory effect, the sole aim of reducing costs is likely to be unlawful. Being 'proportionate' means being fair and reasonable, including showing that less discriminatory alternatives to any decision made have been looked at.

**Dual discrimination** is where a person is subject to direct discrimination on grounds of no more than two of the following protected characteristics: age; disability; gender reassignment; race; religion or belief; sex and sexual orientation.

**Harassment** is unwanted conduct to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Harassment applies to all protected characteristics except for pregnancy and maternity and marriage and civil partnerships. People can now complain of behaviour they find offensive even if it is not directed at them, and the complainant need not possess the relevant characteristic themselves.

**Third party harassment** has been extended to cover age, disability, gender reassignment, race, religion or belief and sexual orientation. An employer can be held responsible for harassment of a worker by someone who does not work for them, such as a customer; this is sometimes called 'third party harassment.' The organisation will be legally responsible if they know that their worker has been harassed by someone who does not work for them, but fail to take reasonable steps to protect the worker from further harassment. It does not have to be the same person harassing the person on each occasion.

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint. There is no longer a need to compare treatment of a complainant with that of a person who has not made or supported a complaint under the Act.

#### **14. Our commitment to our patients stakeholders and employees**

NHS Norwich CCG has made a commitment to the following:

- We are a partner of the Multi Agency Norfolk Hate Crime Protocol; this sets out our commitment and the reporting mechanism for hate crime incidents in line with the Criminal Justice Act 2003. More details can be found at <http://www.norfolk.police.uk/aboutus/equalitydiversity/hatecrime/multiagencyprotocol.aspx> ,
- We will work with the equality and diversity officer of the Norfolk Community Relations Board (CREB).,
- We will support the development of an Equality Council for Norfolk,
- We will work with communities of interest to ensure NHS services are accessible to all.

## Appendix 1

### **Public Sector Equality Duty 2010 – protected characteristics**

#### **Age**

By being of a particular age/within a range of ages

#### **Disability**

A physical or mental impairment which has a substantial and long term adverse effect on day to day activities

#### **Gender**

Being a man or a woman

#### **Gender Reassignment**

People who propose to; are doing or have undergone a process of having their sex reassigned

#### **Pregnancy and maternity**

If a woman is treated unfavourable because of her pregnancy, pregnancy related illness or related to maternity leave

#### **Race**

Includes colour, nationality, ethnic origins and national origins

#### **Religion or belief/lack of belief**

The full diversity of religious and belief affiliations in the United Kingdom

#### **Sexual orientation**

A person's sexual preference towards people of the same sex, opposite sex or both

#### **Marriage and Civil Partnership**

This is relevant in relation to employment and vocational training; the CCG will need to ensure that it considers this protected group in relation to employment of their staff and their training

**Appendix 2**  
**Appendix 3**

**Equality Toolkit Resource 2: Equality Impact Assessment Tool**

Name of document/s*	<i>Risk Assessment Policy and Procedure</i>
Confirm if the document is Existing or Proposed	
Manager Leading the Assessment	
Date of Review	<i>See Date of Policy Review</i>

**Stages of Assessment**

- identify the aims of the document (\*this could be a policy, service, protocol, procedure, guidance or strategy)
- consider the available data/research that would demonstrate any likely impact (could result from work at a national level)
- assess any likely impact
- consider the alternatives
- consult formally
- decide whether to adopt the policy
- make monitoring arrangements
- publish assessment results

Please state briefly the aims of the document under review:
Is there a known public, patient or staff concern regarding this document? Describe how these concerns have been identified:
Describe how this document is likely to affect any vulnerable groups:
Describe the information or data available to show the impact of this document:
Describe the results of any internal consultation on this issue, including details of consultation mechanisms:
Describe how the views of any external consultative and community groups have been obtained (letters; meetings; interviews; focus groups; questionnaires; workshops; conferences; other):
Explain in detail the views of the relevant consultative and community groups:
Describe the result/outcome of any external consultation and the way in which the views expressed have influenced the development of the policy/procedure/service:
Describe and quantify any impact this document will have on Climate Change or the actions the CCG is taking to reduce Co2 emissions to meet the targets set out in the Climate Change Act 2008.



**Analysis and Decision-Making** - Using all of the information recorded on the previous page, please show below those groups for whom an adverse impact has been identified.

**Adverse Impact Identified?**

Age	Yes/No
Disability	Yes/No
Sex	Yes/No
Gender reassignment	Yes/No
Marriage and civil partnership*	Yes/No
Pregnancy and maternity	Yes/No
Race/Ethnic Origin	Yes/No
Religion/Belief	Yes/No
Sexual Orientation	Yes/No

\* The Equality Act 2010 notes the requirement is only to have 'due regard' to the need to eliminate discrimination for Marriage and Civil Partnership.

Delete as applicable and summarise the impact this document has on the particular community minority group, considering the following points:

- can this adverse impact be justified?
- can the document be changed to remove the adverse impact?

<p>If your assessment is likely to have an adverse impact (so answering Yes to one or more categories listed above,) is there an alternative way of achieving the organisation's aim, objective or outcome</p>
<p>Where adverse impact is identified and no alternatives are available, confirm where the discrimination is unlawful, the following:</p> <ul style="list-style-type: none"> <li>• which legislation applies – Equality Act 2010 or Human Rights Act 1998.</li> <li>• whether the discrimination is direct or indirect</li> <li>• Is there an occupational qualification e.g. minimum working age, exemptions e.g. gender specific?</li> </ul> <p>Yes/No/na</p>
<p>What changes, if any, need to be made in order to minimise unjustifiable adverse impact?</p> <p>Do the changes ensure legislative compliance?</p> <p>Yes/No/na</p>
<p>Do you recommend that the CCG adopts this document?</p>
<p>Director sign off: _____ Date: _____</p>

A copy of this Assessment to be retained by the service manager with a copy forwarded to the Governance Manager to facilitate the reporting of activity to the Clinical Board. The assessment should be reviewed when the document/service is next under review.