



**Kernow**

Clinical Commissioning Group

## **Equality and Human Rights Strategy 2017/19**

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## 1. Our vision

In all of the work we do, NHS Kernow Clinical Commissioning Group (NHS Kernow) aims, within available resources, to improve the health and well being of the population of Cornwall and the Isles of Scilly.

NHS Kernow is a group of 64 GP practices working together to commission local health services for the population of Cornwall and the Isles of Scilly.

In commissioning these services NHS Kernow will;

- Eliminate unlawful discrimination between different protected groups;
- Advance equality of opportunity and improve health outcomes for different protected groups; and
- Tackle prejudice and promote understanding between protected groups.

We will strive to ensure an equitable and comprehensive service for all of our population, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, including nationality and ethnic origin, religion or belief, sex or sexual orientation.

Our strategy revolves around four main areas:

- Better health outcomes;
- Improved patient access and experience;
- Having a representative and supported workforce; and
- Having inclusive leadership.

In developing this strategy we want to continue with the good work undertaken by our predecessor organisations, and ensure that equality and human rights continues to be embedded in our work as commissioners of healthcare for Cornwall and the Isles of Scilly. We will review the actions specified in this document on an annual basis.

## 2. Equality Act

2.1 The Equality Act 2010 detailed nine protected characteristics and placed general and specific equalities duties on all public sector organisations, of which NHS Kernow is one.

### 2.2 Protected characteristics

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- **Age:** This protected characteristic is critical to Cornwall and the Isles of Scilly in two ways. The demography of the area indicates a higher proportion of older people resident, and in need of healthcare services, and the local NHS has an ageing workforce. For example, we will need to ensure the provision of flexible retirement opportunities for older workers. Age legislation is not, however, solely focused on older people, and it is recognised that the organisation must ensure adequate, accessible and trusted service provision and employment opportunities for young people across the Health Community.
- **Disability:** A disabled person is defined as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day to day activities. NHS Kernow's commissioning intentions are intended to support people with a disability of all ages to live independent lives. We will also do all we can to enable people with a learning disability to access mainstream services. We will work to commission services to support patients with long-term conditions and disabilities to improve their quality of life, and their health outcomes.
- **Gender reassignment (trans/transgender):** This characteristic applies to people whose gender identity is different to their physiology. People who identify as trans/transgender do not have to have undertaken any medical procedure or be under medical supervision to be protected. They may have started or completed a process to change their gender. An example would be ensuring that staff within the organisations from which we commission services understand how to protect the dignity and respect of transgender people accessing health services and requiring inpatient provision.
- **Marriage and civil partnership:** This essentially protects members of staff who are married or in a civil partnership from discrimination. When commissioning services we will ensure that staff are encouraged to think about the language used when referring to 'partner' and not making an assumption that the partner is of the opposite sex.
- **Maternity and pregnancy:** A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave. For example, allowing pregnant workers to work more flexibly, split or take additional breaks where requested. The characteristic also covers the rights of nursing mothers to breast feed in public places. We will work with our providers to ensure that maternity services are provided to offer women more choice around where to have their babies in a clinically safe way.
- **Race:** The colour, nationality or ethnic origin of a person (including Cornish and Scillonian). The organisation gathers this information to ensure services meet the needs of people from different ethnic groups,

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for example providing health information in different languages if someone's first language is not English, and understanding how ethnic origin can have different effects on people's health. It will also be important that our workforce is reflective of the diverse communities served.

- **Religion and belief:** This protects people from discrimination in relation to their religion or belief, or the fact that they do not have a religion. This applies to people accessing services, for example, ensuring religion and beliefs are considered when developing care plans such as noting particular food and drink which are to be avoided. Within employment NHS Kernow promotes tolerance towards people of different religions, for example, allowing staff to work flexibly or request time off work during religious holidays.
- **Sex:** This protected characteristic requires the organisation to consider the health inequalities between men and women when commissioning services, and promote equality of opportunity in employment. For example, looking at how to encourage more men to visit their GP to benefit from earlier detection of serious health conditions, and to ensure that in our commissioning strategies we understand that whilst women live longer than men, they can spend more years in poor health, or for our staff, ensuring men and women receive the same level of pay for similar work.
- **Sexual orientation:** This applies to unlawful discrimination on the grounds of people being attracted to people of the same sex (lesbians and gay men) and the same and opposite sex (bisexuals) (LGB). It also includes people attracted to people of the opposite sex (heterosexual). We will ensure we are aware of any national intelligence around the health of the LGB population and work to improve outcomes access and experience.

### 2.3 The general duty

In all of its work NHS Kernow will have due regard to:

- Eliminate unlawful discrimination between people who share a protected characteristic and people who do not share it;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

### 2.4 The specific duty

The specific duty requires NHS Kernow to:

- Publish Equality Information; and

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- Set Equality Objectives at least every four years.

### **3. How we will meet these duties**

3.1 In November 2011 the Department of Health launched the Equality Delivery System (EDS), a tool to help NHS organisations meet their statutory duties. The refreshed, more streamlined Equality Delivery System 2 (EDS2) was launched in November 2013. NHS Kernow uses this tool which relies on community engagement in the setting and delivering of equality objectives, and in assessing our progress against both these objectives and the EDS2 indicators.

3.2 These are the objectives that were set:

- We will ensure changes across services are informed by engagement of patients, professionals and local communities, and transitions are made smoothly.
- We will embed the principles of the Accessible Information Standard 2015 (section 250 of Health and Social Care Act 2010)
- We will ensure that staff receive equal pay for work of equal value.
- We will ensure that staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues with redress being open and fair for all.

3.3 We will work with our public and voluntary sector colleagues to deliver the Single Equality Objectives for Cornwall and the Isles of Scilly.

3.4 These objectives are required to be revised at least every four years and are revised yearly as good practice.

### **4. Impact assessments**

4.1 We will undertake robust Equality Impact Assessments (EIAs) or Comprehensive Impact Assessments (CIAs) on our policies, strategies and plans to ensure that we meet our statutory duty, taking action to reduce any inequalities highlighted as a result of this.

4.2 Where possible within joint / partnership working initiatives NHS Kernow will collaborate with joint EIAs or CIAs to ensure consistency across organisations and fairness of service provision.

### **5. Human Rights**

5.1 The Human Rights Act 1998 details the basic rights all individuals have, regardless of who they are, where they live or what they do. Human Rights are underpinned by five values which we will strive to embed within the organisation. These are:

- Fairness

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- Respect
- Equality
- Dignity
- Autonomy

5.2 We will ensure that the organisations from which we commission services are as committed to human rights as we are and will work with them to continually improve the patient experience, ensuring a personal fair and diverse service, and treating patients with dignity and respect. A Human Rights Statement and Guidance document is available to anyone for guidance for staff in NHS Kernow and provider organisations.

## 6. Better health outcomes

- 6.1 Patient safety is of great importance to us and we will work to ensure patient safety outcomes are able to be measured by our providers, with an emphasis on keeping people safe, cleanliness and the environment and infection prevention and control. We will work with our providers to ensure that patients from different protected groups are safe in their care, and in particular, free from abuse, harassment, bullying and violence from other patients and staff. Safeguarding is of particular significance and particularly affects older people, children and disabled people.
- 6.2 We will ensure that any specifications for services include equalities so that healthcare providers understand what is required of them in helping to improve outcomes for protected groups.
- 6.3 We will ensure that healthcare providers offer a personal, fair and diverse service tailored to individual need.
- 6.4 We will work with public sector partners in understanding the health needs of our population, using Joint Strategic Needs Assessments and health and wellbeing strategies.
- 6.5 We will ensure that any proposed service changes are properly impact assessed to inform the planning process, which when appropriate will be undertaken in consultation with relevant protected groups.
- 6.6 We will lead the local health community's accessible communications work so that public facing information is easily understood by the whole population. This work is in line with the NHS Accessible Information Standard.

## 7. Improved patient access and experience

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- 7.1 We will work with providers to ensure services are accessible for all protected groups, and to improve communication between healthcare providers and patients and carers.
- 7.2 We will continue to focus our providers on dignity and respect in patient care, particularly with regard to improving care of the elderly and other vulnerable groups.
- 7.3 We will embed dignity and respect and positive patient experience across all protected groups into the ethos and culture of the organisation, commissioning a personal, fair and diverse service.
- 7.4 We will ensure that our providers gather and report information about patient experience across all protected groups, working towards ensuring that the numbers of patients reporting positive experience of their care and treatment continues to improve.
- 7.5 We will gather data on patients who use the complaints procedure to ensure that all protected groups are able to use the procedure and are fairly treated.
- 7.6 We understand that there are some vulnerable groups who need additional support engaging with healthcare, for example Gypsies and Traveller communities. We will work with them to try to find solutions to improve their access, experience and outcomes.
- 7.7 We understand that temporary residents may be vulnerable, due to access to healthcare needs and access to health related information needs.

## 8. A representative and supported workforce

- 8.1 Every day, staff bring together their different perspectives, talents and skills to assist in developing our organisation and the services we commission. We aim to attract, develop and retain a workforce which reflects the population we serve and recruit from, and to encourage our healthcare providers to do the same. We will ensure that our employment policies and practices are inclusive, and that we demonstrate our commitment to equality through our words, actions and deeds.
- 8.2 We will monitor our workforce and our recruitment and selection processes to ensure there is no unlawful discrimination and develop measures to increase diversity knowledge and understanding in line with the local population.
- 8.3 We will undertake and publish workforce data. We will do this through our Equality Information and by monitoring our performance against the Workforce Race Equality Standard (WRES). This Standard requires organisations employing almost all of the 1.4 million NHS workforce to



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demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of black, minority and ethnic Board representation. An action plan will be produced to demonstrate progress against the indicators in the WRES.

- 8.3 We will seek to retain the Disability Confident status awarded by the Department for Work and Pensions. It is an award to employers who have made commitments to employ, keep and develop the abilities of disabled staff. This includes commitments to interviewing disabled applicants who meet essential criteria.
- 8.4 We will undertake annual staff surveys and form action plans to continue to support staff in the workplace.
- 8.5 We will train our staff to ensure that they understand how critical equality and human rights is to our work as a commissioner and are able to undertake full and robust impact assessments on their work and incorporate the outcomes into amended work plans which seek to reduce health inequalities.
- 8.6 We will adopt a zero tolerance approach to abuse, harassment and bullying in the workplace with redress being open and fair to all.
- 8.7 We will promote flexible and remote working to enable our staff to maintain a strong work life balance.

## 9. Inclusive leadership

- 9.1 We will seek to retain a nominated Board level equality champion to lead and embed this work throughout the organisation.
- 9.2 We will work with local partners to share knowledge and good practice.
- 9.3 We will continue to develop our website to improve information and increase access.
- 9.4 We will ensure that all levels of staff understand the business case for diversity and its ability to improve outcomes and experience.
- 9.5 We will participate in national programmes as and when the opportunities arise to strengthen our knowledge and capacity in equality and human rights practice.
- 9.6 We will champion events which promote understanding and respect such as Respect and Pride, and attend them to discuss our plans and strategies with different protected groups. We will use local events to consult on our work with regards to equality and human rights, particularly in relation to the EDS2.