

NHS Darlington Clinical Commissioning Group (CCG)

Equality Strategy 2014 – 2016

Outlining our strategic direction to ensure compliance to Equality, Diversity and Human Rights (EDHR)

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1.0 Foreword

NHS Darlington Clinical Commissioning Group (CCG) Equality Strategy 2014-2016 acknowledges the Equality Act 2010 which provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

This strategy sets out our commitment to taking Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

We describe a clear picture of the significant targets we have set in relation to Equality and Human Rights. It is a long-term commitment driven by both equalities legislation, and by the needs and wishes of our local people and staff. For that reason, much of the work will be on-going over the next few years.

Our Governing Body is committed to monitoring our progress and has requested regular reporting on the implementation of the strategy, ensuring that the action plan moves forward ensuring all staff are aware of their own responsibilities in regards to equality and diversity in our organisation.

This has to be planned and supported in an effective way so that everyone concerned can play their part in turning this strategy into reality.

We look forward to the work ahead, facing the challenges, and meeting the targets we have set ourselves.

Dr Andrea Jones
NHS Darlington Clinical Commissioning Group (CCG) Clinical Chair

2.0 Introduction

NHS Darlington Clinical Commissioning Group (CCG) was established in April 2013 and operates as a collaborative, confident, open-minded, caring and accountable organisation, which seeks to maximise the value added in clinician involvement with commissioning decisions.

As a public sector organisation, NHS Darlington CCG is required to publish its equality information to demonstrate compliance with the general equality duty, as specified in the Equality Act 2010, which states in summary:

‘Those (organisations) subject to the general equality duty must, in the exercise of their functions, have due regard to the need to:

- *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- *Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- *Foster good relations between people who share a protected characteristic and those who do not.’*

For further information on the General Duties please refer to Appendix One.

Additionally, NHS Darlington CCG must:

- Prepare and publish one or more objectives they think they should achieve to do any of the things mentioned in the aims of the general equality duty, and at least every four years thereafter.
- Ensure that those objectives are specific and measurable.
- Publish those objectives in such a manner that they are accessible to the public.

Appendix Two highlights the Equality, Diversity and Human Rights Considerations.

The equality objectives for NHS Darlington CCG for 2013/2014 can be found in Appendix 1.

2.1 Purpose of strategy

This strategy is the first step in outlining our strategic direction to ensure compliance with the Public Sector Equality Duty and, highlights the national and local drivers that will shape and influence our approach.

3. National drivers

3.1 Health and Social Care Act 2012

The Health and Social Care Act 2012 states that ‘each commissioning group must, in the exercise of its functions, have the regard to the need to:

- reduce inequalities between patients with respect to their ability to access health services;
- reduce inequalities between patients with respect to the outcomes achieved for them by provision of health services;
- promote the involvement of patients and their carers in decisions about provision of the health services to them, and

- enable patients to make choices with respect to aspects of health services provided to them.'

3.2 The NHS Constitution

The NHS Constitution has been created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that's free and for everyone. The Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.

The Constitution includes clear values and principles about equality and fairness and sets out your rights:

As an NHS patient:

"You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age."

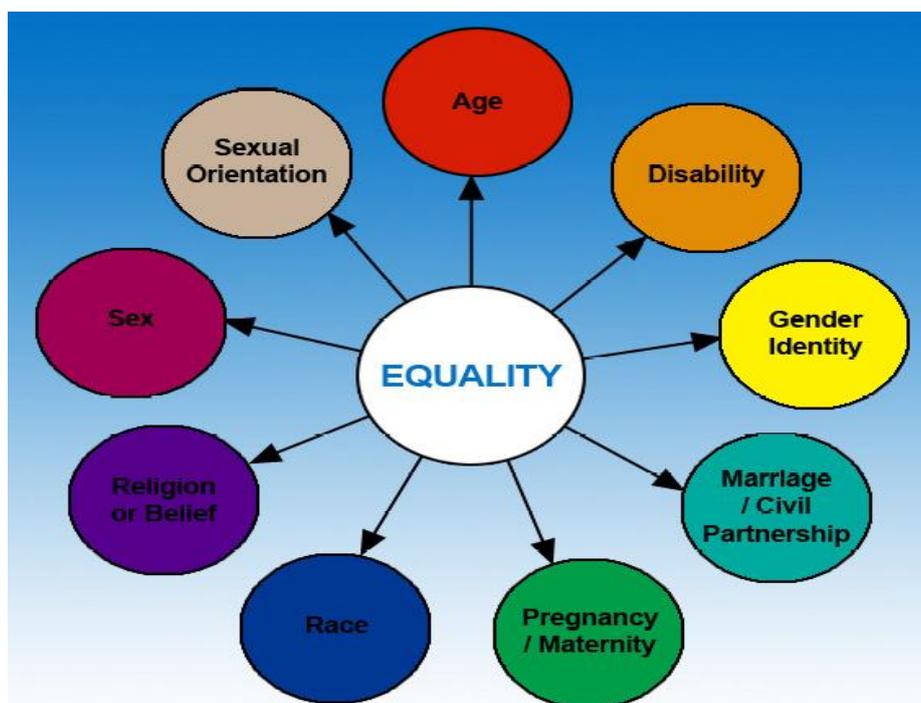
As a member of staff:

You have a duty *"Not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation."*

You have the right *"To a working environment (including practices on recruitment and promotion) free from unlawful discrimination on the basis of race, gender, sexual orientation, disability, age or religion or belief."*

3.3 Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010. The Act brings together and replaces the previous anti-discrimination laws with a single Act, which aims to simplify and strengthen the law, removing inconsistencies and making it easier for people to understand and comply with it. The Act covers the following protected characteristics:



3.3.1 Public Sector Equality Duty – General Equality Duty

The Act also includes a general equality duty that replaces previous separate duties on race, disability and gender equality. This came into force on 5 April 2011.

The aim of the general equality duty is to ensure that public authorities, and those carrying out public functions, consider how they can positively contribute to a fairer society through advancing equality and fostering good relations in their day to day activities. The duty ensures that equality considerations are built in to the design of policies and the delivery of services and that they are kept under review.

We are required to have due regard of the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a relevant characteristic and those who do not.
- Foster good relations between people who share a relevant characteristic and those who do not.

Having “*due regard*” means consciously thinking about the three aims of the Equality duty as part of the process of decision-making. This means that consideration of equality issues must influence how our decisions are reached on how services are commissioned.

To make sure we comply with the Act we must:

- Remove or minimise disadvantages experienced by people due to their protected characteristics.
- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.

- Encourage people with protected characteristics to take part in public life or in other activities where their participation is disproportionately low.

For more information on the General Duties please see Appendix 2.

3.3.2 Public Sector Equality Duty – Specific duties

Specific duties set out in the Equality Act 2010 promote better performance of the general equality duty by requiring the publication of:

- Equality objectives, at least every four years, and
- Information to demonstrate compliance with the equality duty, at least annually.

These tell us the steps we need to take to demonstrate we are paying due regard to the general duty.

For more information on the specific duties please see Appendix 2.

3.4 The Human Rights Act 1998

The Human Rights Act (HRA) 1998 details how the UK complies with and implements the rights and freedoms guaranteed under the European Convention on Human Rights. All public bodies have an obligation to ensure respect for human rights, acting in ways that positively reinforce the principles of the HRA 1998.

The HRA 1998 came into force in October 2000 and enabled people to enforce the European Convention on Human Rights in the UK courts. Article 14 of the HRA 1998 refers to the prohibition of discrimination, and states that the enjoyment of the rights and freedoms set out in the European Convention on Human Rights shall be secured without discrimination on the grounds of sex, race, colour, language, religion, political or other opinion, national or social origin, associated with a national minority, property, birth or other status.

A summary of the Human Rights Act Convention Rights is attached at Appendix 3.

3.5 The Care Quality Commission

The Care Quality Commission's (CQC) 16 essential standards of quality and safety are central to their work in regulating health and adult social care. Each of the standards has an associated outcome that we expect all people who use services to experience as a result of the care they receive. When the CQC checks providers' compliance, they focus on one or more of the 16 that most directly relate to the quality and safety of care. Providers must have evidence that they meet these outcomes, most of which have an equality theme or an impact on a protected characteristic group.

As a commissioner of health services, we closely monitor the outcomes of the CQC's work and expect our providers to demonstrate robust compliance with these outcomes.

3.6 NHS Equality Delivery System

The Equality Delivery System (EDS) is an equality outcomes framework specifically designed for the NHS to support 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 aims to assist organisations to achieve compliance with the Public Sector Equality Duty by encouraging them – in engagement with stakeholders – to review their equality performance and to identify future priorities and actions.

The EDS was refreshed in 2013 (EDS2) and includes a set of 18 outcomes grouped into four objectives. 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 and graded and action determined.

The four EDS2 objectives are:

1. Better health outcomes.
2. Improved patient access and experience.
3. A representative and supported workforce.
4. Inclusive leadership.

For each EDS2 outcome, there are four grades to choose from:

- Excelling (all protected groups) – **Purple**
- Achieving (for most (6-8) protected groups) – **Green**
- Developing (for some (3-5) protected groups) – **Amber**
- Undeveloped (no evidence at all, few or no protected groups) – **Red**

It should be recognised that the grades are intended to help organisations clearly identify equality progress and challenges. Whilst both good and poor performance may come to light, the purpose of the EDS2 and its grades should, primarily, be about helping good organisations maintain and further improve their performance, and helping poor organisations address and overcome their difficulties and so embed equality into mainstream business.

The grades for the performance of NHS Darlington CCG, following analysis and engagement undertaken during 2013, are shown in Appendix 4. This contributed to a gap analysis which has been used to inform our equality objectives and help identify what actions we might take.

It will also help us demonstrate ourselves to be an employer that recognises the importance of embedding equality among our workforce; develop a working culture where employees feel they can work in an environment free from discrimination and, recognition that differences among individuals can be an asset to an organisation.

4. Our approach to meeting our equality duties

4.1 Leadership and governance

The Governing Body accountability for equality and diversity sits with the Chief Officer of the CCG and the executive lead for equality is the Assistant Chief Officer. Our Executive Committee will monitor our performance against our objectives.

Our leadership approach will ensure that there is fairness in our commissioning decisions and that business is planned and conducted to meet our equality duties.

Our Governing Body members are committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business.

4.2 Equality analysis

Essentially, equality analysis is about asking a simple question: Can everyone who needs to, use the service, no matter who they are, no matter what their background? And when they do, have we done everything possible to make sure it's a positive experience for them? To be able to answer yes, we have to firstly do some thinking and research and secondly agree some actions. To ensure that our decision making is robust and does not discriminate we need to undertake an equality analysis.

Equality Analysis (EA) is a legal requirement under the Equality Act 2010 and the public sector equality duty and is a process of systematically analysing a new or existing policy or strategy to identify what effect or likely effect will follow as a result of its implementation for different groups within the community. It can also be used as a mechanism for analysing the impact of a whole service or one aspect of the service.

We have developed and implemented a tool and guidance for use by staff to help identify likely equality implications of any of our policies, projects or functions. Training has been provided to our staff and our Governing Body will consider the results of any analysis undertaken during the decision-making process.

EA is published, either as part of a policy document or separately on our website.

4.3 Diversity monitoring

Populations are always changing and this has a direct impact on existing and future needs. We will implement a more consistent approach to collecting diversity monitoring data among our service users and staff; this will help us build a current picture of existing needs and, of equal importance, an indication of our future population their future needs.

4.4 Our staff

NHS Darlington CCG directly employs 11 staff, which means we are not required by law to publish staff equality data. However, we are committed to attracting, retaining and developing a diverse and skilled workforce that is representative of our local population.

We actively work to remove any discriminatory practices in our work, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices. We have policies and processes in place to support this.

We routinely provide equality, diversity and human rights training which is mandatory for all our staff and Governing Body members. Enhanced training is available, as appropriate to individual roles.

4.5 Our population and their health needs

NHS Darlington CCG serves a population of approximately 100,000 people.

The area covered by NHS Darlington CCG is predominantly urban, centred on the town of Darlington, and is coterminous with Darlington Borough Council (DBC). We know that Darlington has an increasing and an ageing population which will bring an increased demand on healthcare from cancers, cardiovascular disease, stroke, dementia and long term conditions such as diabetes and chronic obstructive airways disease (COPD). Cardiovascular disease and cancers already account for the majority of early deaths in Darlington.

We need to do more to improve the overall quality of care and reduce clinical variation in health care in order to optimise health outcomes and overall patient experience for everyone.

We know that although there are many more services now delivered in the community and closer to home for patients, this shift needs to be accelerated through transformational change underpinned by the redesign of pathways of care to give the best outcomes from the resources available.

Our plans now and in the future need to be built up from and reflect the contributions of all within the local health and social care system, stimulating clinical engagement and improving quality within the finance available. Poor health can affect anyone, regardless of income. We need to focus on addressing the health inequalities that exist, not only across the sector, but within the individual localities.

Using the Single Needs Assessment (SNA), Practice Health Profile and other sources of epidemiological and demographic data, NHS Darlington CCG has developed a picture of the health challenges facing our local populations.

Darlington is significantly worse than the England average in the following areas:

- Lifestyle (smoking, healthy eating, binge drinking).
- Over 65's "not in good health"
- Incapacity benefit for mental illness
- Hospital stays for alcohol related harm
- Substance misuse

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



| Domain | Indicator | Local No. Per Year | Local Value | Eng Avg | Eng Worst | England Range | Eng Best |
|--------------------------------------|---|--------------------|-------------|---------|-----------|------------------------|----------|
| Our communities | 1 Deprivation | 28885 | 27.4 | 20.3 | 83.7 | [Grey bar, red dot] | 0.0 |
| | 2 Proportion of children in poverty | 4245 | 21.3 | 21.1 | 45.9 | [Grey bar, yellow dot] | 6.2 |
| | 3 Statutory homelessness | 15 | 0.3 | 2.3 | 9.7 | [Grey bar, green dot] | 0.0 |
| | 4 GCSE achieved (5A*-C inc. Eng & Maths) | 724 | 82.2 | 59.0 | 31.9 | [Grey bar, green dot] | 81.0 |
| | 5 Violent crime | 1346 | 13.4 | 13.6 | 32.7 | [Grey bar, yellow dot] | 4.2 |
| | 6 Long term unemployment | 912 | 13.6 | 9.5 | 31.3 | [Grey bar, red dot] | 1.2 |
| Children's and young people's health | 7 Smoking in pregnancy ‡ | 257 | 19.6 | 13.3 | 30.0 | [Grey bar, red dot] | 2.9 |
| | 8 Starting breast feeding ‡ | 834 | 63.7 | 74.8 | 41.8 | [Grey bar, red dot] | 96.0 |
| | 9 Obese Children (Year 6) ‡ | 166 | 18.0 | 19.2 | 28.5 | [Grey bar, yellow dot] | 10.3 |
| | 10 Alcohol-specific hospital stays (under 18) | 34 | 154.9 | 61.8 | 154.9 | [Grey bar, red dot] | 12.5 |
| | 11 Teenage pregnancy (under 18) ‡ | 76 | 39.4 | 34.0 | 58.5 | [Grey bar, red dot] | 11.7 |
| Adults' health and lifestyle | 12 Adults smoking | n/a | 23.3 | 20.0 | 29.4 | [Grey bar, red dot] | 8.2 |
| | 13 Increasing and higher risk drinking | n/a | 22.6 | 22.3 | 25.1 | [Grey bar, yellow dot] | 15.7 |
| | 14 Healthy eating adults | n/a | 23.5 | 28.7 | 19.3 | [Grey bar, red dot] | 47.8 |
| | 15 Physically active adults | n/a | 53.3 | 56.0 | 43.8 | [Grey bar, yellow dot] | 68.5 |
| | 16 Obese adults ‡ | n/a | 27.6 | 24.2 | 30.7 | [Grey bar, red dot] | 13.9 |
| Disease and poor health | 17 Incidence of malignant melanoma | 18 | 16.6 | 14.5 | 28.8 | [Grey bar, yellow dot] | 3.2 |
| | 18 Hospital stays for self-harm | 353 | 360.8 | 207.9 | 642.4 | [Grey bar, red dot] | 51.2 |
| | 19 Hospital stays for alcohol related harm ‡ | 2867 | 2417 | 1895 | 3276 | [Grey bar, red dot] | 910 |
| | 20 Drug misuse | 779 | 11.4 | 8.6 | 26.3 | [Grey bar, red dot] | 0.8 |
| | 21 People diagnosed with diabetes | 5471 | 6.4 | 5.8 | 8.4 | [Grey bar, red dot] | 3.4 |
| | 22 New cases of tuberculosis | 2 | 2.3 | 15.4 | 137.0 | [Grey bar, green dot] | 0.0 |
| | 23 Acute sexually transmitted infections | 738 | 699 | 804 | 3210 | [Grey bar, green dot] | 162 |
| | 24 Hip fracture in 65s and over | 112 | 434 | 457 | 621 | [Grey bar, yellow dot] | 327 |
| Life expectancy and causes of death | 25 Excess winter deaths ‡ | 54 | 16.4 | 19.1 | 35.3 | [Grey bar, yellow dot] | -0.4 |
| | 26 Life expectancy – male | n/a | 78.0 | 78.9 | 73.8 | [Grey bar, red dot] | 83.0 |
| | 27 Life expectancy – female | n/a | 82.4 | 82.9 | 79.3 | [Grey bar, yellow dot] | 86.4 |
| | 28 Infant deaths | 5 | 3.8 | 4.3 | 8.0 | [Grey bar, yellow dot] | 1.1 |
| | 29 Smoking related deaths | 185 | 237 | 201 | 356 | [Grey bar, red dot] | 122 |
| | 30 Early deaths: heart disease and stroke | 84 | 70.2 | 80.9 | 113.3 | [Grey bar, red dot] | 29.2 |
| | 31 Early deaths: cancer | 149 | 123.1 | 108.1 | 153.2 | [Grey bar, red dot] | 77.7 |
| | 32 Road injuries and deaths | 37 | 35.5 | 41.9 | 125.1 | [Grey bar, yellow dot] | 13.1 |

‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

Darlington's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

Not all of these measures are the responsibility of healthcare commissioners, and NHS Darlington CCG is working with other partners through the SNA to affect positive change for the population of Darlington in all these indicators. More details can be found at www.healthprofiles.info

4.6 Communications and engagement

We have an executive and lead for equality and diversity and a lay member of the Governing Body who is a champion for patient and public involvement who aims to ensure that the voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG

Patient and public engagement is critical to the success of developing the CCG, promoting GPs as the leaders of commissioning in the NHS and the authoritative source of information on local health services to help people make informed choices on health matters. In particular there needs to be a focus on working with community

and voluntary organisations to increase engagement with easy to overlook communities.

5.0 Our vision

“Working together to improve the health and well-being of Darlington”

For the population of Darlington this means:

- health services which are safe and of the highest quality
- best possible health outcomes
- joined up services which benefit patients and the public and give best value for money

6.0 Implementing our plans

Implementing effective engagement processes and promoting equality is important as we want to work in partnership with our local population to ensure we commission services that are best for them and contribute to promoting better health for all groups. We will promote a human rights based approach to our work, with the belief that individuals should be treated with fairness, respect, equality, dignity, and autonomy.

7.0 Protected Characteristics

This equality strategy outlines our commitment to valuing the diversity of service users and employees, and identifies our approach to promoting equality and respect for human rights. In doing so we will take the following categories into account, which are the specific groups listed in the Equality Act 2010, and are referred to as the nine protected characteristics:

Age- Where this is referred to, it refers to a person belonging to a particular age.

Disability- A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment - The process of transitioning from one gender to another.

Marriage and civil Partnership- Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

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

Race - Refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex - A man or a woman.

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

In addition to the protected characteristics, the particular geography of Darlington, being a mix of urban and rural communities, means that we want also to take into account the differing needs and perspectives that these communities bring.

8.0 Conclusion

NHS Darlington CCG has developed detailed constitutional and governance arrangements to ensure the structures are in place to develop and maintain the organisation's capacity to deliver on all statutory duties and responsibilities.

NHS Darlington CCG endeavours to always gain the support of people with the right skills, competencies and capacity to ensure NHS Darlington CCG can carry out all corporate and commissioning responsibilities, including the delivery of statutory functions such as Equality, Diversity and protecting people's Human Rights.

NHS Darlington CCG will incorporate equality, diversity and human rights into all aspects of its business plans, such as its commissioning and organisational development plans, developing an organisational culture which is diverse in its makeup, uphold equality of opportunity and fairness for all.

NHS Darlington CCG will recruit, develop and maintain executive leads and specialists to ensure quality expert support is always available to achieve the relevant diversity, equality and human rights standards required to function effectively in our role.

Glossary

Here is a guide to some of the commonly used terms that are used in relation to Equality and Diversity, many of which have been used in the Scheme.

| Term | What it means |
|---------------------------------|---|
| Access | The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services) |
| Ageism | Discrimination against people based on assumptions and stereotypes about age. |
| Black and Minority Ethnic (BME) | Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities. |
| Champion | Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. Equality and Diversity). A champion can be a senior staff member in health or social services; a councillor; or a representative of the group concerned, e.g. older people. |
| Commissioning | The process of specifying, purchasing and monitoring services to meet the needs of the local population. |
| Comply | To make sure the Trust meets the requirements of different Equality and Diversity legislation. |
| Consultation | Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings. |
| Culture | Relates to a way of life. All societies have a culture, or common way of life, which includes: <ul style="list-style-type: none"> • Language — the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet). |
| Direct Discrimination | Treating one person less favourably than another on the grounds of race / disability / gender / age / religion or belief / sexual orientation or other grounds. |
| Disability | The Disability Discrimination Act 1995 defines disability as ‘a physical or mental impairment that has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities’. |
| Discrimination | Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care. |
| Diversity | Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make. |

| Term | What it means |
|-------------------------|--|
| Duty | Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law. |
| Equal Opportunities | This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups. |
| Equalities | This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services. |
| Equality | Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways. |
| Ethnicity | A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group. |
| Gender | Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals). |
| Harassment | Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation. |
| Homophobia | An irrational fear of, aversion to, or discrimination against people who are gay and homosexual. |
| Indirect Discrimination | Setting rules or conditions that apply to all, but which make it difficult for a group to comply with on the grounds of race, disability, gender, age, religion or belief, or sexual orientation. |
| Institutional Racism | Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race. |
| Interpreting | The conversion of one spoken language into another, enabling communication between people who do not share a common language. |
| LGB | Lesbian, Gay and Bisexual |
| Monitoring | The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented. |
| Multicultural | Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society. |
| National Origin | Relates to the country where someone was born, regardless of where they are now living and their current citizenship. |
| Positive Discrimination | Selecting someone for a job / promotion / training / transfer etc. purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job. |
| Prejudice | Is a negative assumption or judgement about a person – or a group of people – that we do not know. |

| Term | What it means |
|----------------------------------|--|
| Race | A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference. |
| Racism | Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity. |
| Religion | The term religion – sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief. |
| Sexual Orientation | <p>Within the sexual orientation regulations, sexual orientation is defined as:</p> <ul style="list-style-type: none"> - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual) |
| SLAs | Service Level Agreement is a form of contract between two parties. |
| Transsexual / Transgender People | Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex. |
| Victimisation | Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment. |

Appendix 1 – NHS Darlington CCG Equality Objectives

1. Work with partners to improve the safety and quality of commissioned services across Darlington.
2. Ensure all patients and carers can be involved and that patient experience is captured and acted upon to inform service change and delivery where possible.
3. That NHS Darlington CCG has sufficient organisational data to demonstrate that staff from all protected groups are paid equally and in line with pay levels for the organisation as a whole and that appropriate training has been given on equality and diversity matters.
4. That the Governing Body receives adequate assurance around equality and diversity including the equality objectives, strategy and progress towards achievement.

Appendix 2- Equality Act 2010 Section 149 General / Specific Duties

| Equality Act 2010 Section 149 General / Specific Duties (1-3) | | |
|---|--|--|
| General Duties | Due Regard | |
| 1 | <p>Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010</p> | <p>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).</p> |
| 2 | <p>Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it</p> | <p>Tackle prejudice (e.g. tackle hate crime for people with protected characteristics)</p> |
| 3 | <p>Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p> | <p>Promote understanding (e.g. promote an understanding of different faiths).</p> |
| NB | <p>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.</p> | |
| Specific Duties | | |
| 4 | <p>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.</p> | |
| 5 | <p>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.</p> | |
| | | |

Appendix 3 - Summary of the Human Rights Act

| | |
|--------------------|---|
| Article 1 | The Convention |
| Article 2 | Right to life |
| Article 3 | Prohibition of torture |
| Article 4 | Prohibition of slavery and forced labour Exclusions from meaning of “forced labour” defined (military service, penal sentence etc). |
| Article 5 | Right to liberty and security No deprivation of liberty except in the cases specified in accordance with law. e.g. of those of unsound mind. Right to damages for unlawful arrest/detention |
| Article 6 | Right to a fair trial Provides for a fair, timely, and public hearing except in the interests of morals, public order, national security, juveniles or the protection of the private life of the parties. |
| Article 7 | No punishment without law |
| Article 8 | Right to respect for private and family life No interference except in accordance with the law or in the interests of national security, public safety, the economic well being of the country, the prevention of disorder or crime, the protection of health or morals, or for the protection of the rights and freedoms of others. |
| Article 9 | Freedom of thought, conscience and religion Includes freedom to change religion or beliefs and to manifest these in worship, teaching, practice and observance. |
| Article 10 | Freedom of expression Includes freedom to hold opinions and to receive and pass on information and ideas. Exclusions include the rights of others and disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary. Freedom of assembly and association Includes the right to form and join trade unions, or refuse membership of a union. |
| Article 12 | Right to marry |
| Article 14 | Prohibition of discrimination The enjoyment of Convention rights and freedoms irrespective of sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. |
| Article 16 | Restrictions on political activity of aliens Nothing in Articles 10, 11 and 14 shall be regarded as preventing the High Contracting Parties from imposing restrictions on the political activity of aliens. |
| Article 17 | Prohibition of abuse of rights The Convention does not authorise any activity aimed at the destruction of any of the rights and freedoms it contains. |
| Article 18 | Limitation on use of restrictions on rights Restrictions permitted under the Convention on rights and freedoms shall not be applied for any purpose other than those for which they have been prescribed. |
| The First Protocol | |
| Article 1 | Protection of property Entitlement to peaceful enjoyment of possessions subject to the securing of payment of taxes or other contributions or penalties. |
| Article 2 | Right to education No person shall be denied the right to education. Where the State assumes functions in relation to education and teaching, it shall respect the right of parents to ensure such education and teaching conform with their own religious and philosophical convictions. |
| Article 3 | Right to free elections Free elections at reasonable intervals by secret ballot. |
| The Sixth Protocol | |
| Article 1 | Abolition of the death penalty |
| Article 2 | Death penalty in time of war A government may derogate from its Convention obligations during war or other public emergency. |

Appendix 4 – NHS Equality Delivery System Self-Assessment Grading

| Goal | Narrative | Outcome | Grade | | | |
|--|---|---|-------------|------------|-----------|-----------|
| | | | Undeveloped | Developing | Achieving | Excelling |
| 1. Better health outcomes for all | The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results | 1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities | | | | |
| | | 1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways | | | | |
| | | 1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly | | | | |
| | | 1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all | | | | |
| | | 1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups | | | | |
| 2. Improved patient access and experience | The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience | 2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds | | | | |
| | | 2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment | | | | |
| | | 2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised | | | | |
| | | 2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently | | | | |
| 3. Empowered, engaged and well-supported staff | The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and | 3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades | | | | |
| | | 3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay | | | | |
| | | 3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately | | | | |

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|---------------------------------------|---|--|--|--|--|--|
| | communities' needs | 3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all | | | | |
| | | 3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.) | | | | |
| | | 3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population | | | | |
| 4. Inclusive leadership at all levels | 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 "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes | | | | |