

**EQUALITY DELIVERY SYSTEM
BASELINE ASSESSMENT – Updated July 2013**

The organisation can be rated as:

- **Undeveloped** (Red) – no evidence at all **or** evidence for few or none of the protected groups
- **Developing** (Amber) – evidence for some protected groups
- **Achieving** (Green) – evidence for most protected groups
- **Excelling** (Purple) – evidence for all protected groups

The protected groups include:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership (only in relation to the requirement to have due regard to the need to eliminate discrimination and generally only applies to workplace practices)
- Religion or belief (or lack of belief)
- Race, including ethnic or national origin, colour or nationality
- Sex
- Sexual orientation

The following table provides a summary of the rating for each outcome:-

Goal/Outcome	Rating	Evidence/Actions
Goal 1- Better Health Outcomes for All		
<p>1.1 – Caroline Briggs & Louise Garnett Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.</p>	<p>Developing</p>	<p>Evidence NHS North Lincolnshire CCG has detailed analysis about the health needs and outcomes for some of the protected groups. These are especially shown in the Joint Strategic Needs Assessment (JSNA) and Director of Public Health (DoPH) Annual Report for age, disability, sex, ethnicity (particularly Eastern Europeans and Gypsies and Travellers) pregnancy and maternity. The DoPH Annual Reports contain comparisons, especially related to sex and socio-economic disadvantages. This includes life expectancy between men and women, immunisation, bowel</p>

Goal/Outcome	Rating	Evidence/Actions
		<p>cancer, and smoking cessation.</p> <p>Public Health programmes have focussed on a wide range of areas including:</p> <ul style="list-style-type: none"> • Smoking Cessation – aimed at the most deprived communities, particularly the Asian community. • Homelessness and Health Needs • Mental Health needs of the BME community. • Experience of access to health services by people of working age with physical disabilities and/or sensory impairments. • Inequality by geography • Health needs of adults with Learning Disabilities • Maternal and infant health report – equity audit <p>The Health and Wellbeing Board allows health and local authority representatives to work much more closely together to address local needs and inequalities, and improve health and social care services for residents of the North Lincolnshire. The Chief Operating Officer and the Chair of the CCG are active members of the Board which has considered joint health and social care priorities.</p> <p>The CCG has agreed to continue with collaborative commissioning arrangements with North Lincolnshire Council with regards to Mental Health, Learning Disabilities, and Safeguarding.</p> <p>Our commissioning plan supports the aim to provide care closer to home. We have particularly focussed on making services accessible to those with long term conditions, age and disability.</p> <p>Our purpose built Ironstone development in Scunthorpe is accessible and has been designed to meet the needs of people with a disability, age, and religion.</p>

Goal/Outcome	Rating	Evidence/Actions
		<p>When undertaking service change or procuring new services, engagement and Equality Impact Analysis is undertaken as appropriate.</p> <p>Actions</p> <ul style="list-style-type: none"> • Undertake more detailed work to understand whether people from all protected groups are readily accessing services. • Identify specific actions where inequalities have been flagged up from the JSNA and other reports e.g. difference of 10 year life expectancy between the top and bottom of the socio-economic gap.
<p>1.2 – Jane Ellerton Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways.</p>	<p>Achieving</p>	<p>Evidence NHS North Lincolnshire CCG has detailed analysis about the health needs and outcomes for some of the protected groups. These are especially shown in the Joint Strategic Needs Assessment (JSNA) and a wide range of documents including needs assessments, stakeholder consultation and reports (see evidence list shared by Louise Garnett).</p> <p>The JSNA and other needs assessments as described above are used in the development of NL CCG commissioning plan to ensure local services reflect local need. The formation of these documents is supported by stakeholder engagement in a number of formats.</p> <p>Development of proposals for new services incorporate Equality Impact Assessments.</p> <p>The main SLA with the providers requires them to comply with the Equality Act 2010 and to provide the Commissioners with any information they may reasonably require to allow them to monitor the equity of access to services.</p>

Goal/Outcome	Rating	Evidence/Actions
		<p>Actions</p> <ul style="list-style-type: none"> • Review equity profiling information currently available from providers. • Explore mechanisms available for detailed profiling of patients from providers. • Ensure a regular feedback loop into the commissioning process is established.
<p>1.3 – Caroline Briggs Changes across services for individual patients are discussed with them, and transitions are made smoothly.</p>	<p>Developing</p>	<p>Evidence Patients and local residents are engaged with about service changes and clinical pathway development. Recent examples include the long-term conditions and unplanned care.</p> <p>Experience led commissioning has been adopted by the CCG, which has been applied initially to end of life and long-term conditions.</p> <p>The Communication and Engagement Plan for the CCG for 2012/13 sets out how we will engage members of the public so that we can better understand public views and priorities, test opinions on proposed new developments and better understand how to improve and target our communications. An example of this is the Black Minority Ethnic (BME) needs assessment re: mental health.</p> <p>Actions</p> <ul style="list-style-type: none"> • Ensure that experience led commissioning and service redesign takes particular account of the views of people with protected characteristics.
<p>1.4 – Caroline Briggs & Karen Rhodes The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients</p>	<p>Achieving</p>	<p>Evidence North Lincolnshire CCG takes the safety of all patients very seriously. Any serious concerns and incidents affecting patient safety are investigated thoroughly. All providers are required to</p>

Goal/Outcome	Rating	Evidence/Actions
<p>and staff, with redress being open and fair to all.</p>		<p>report all serious incidents to us. As a commissioner, we performance manage providers to ensure that lessons learned are disseminated across the NHS as appropriate.</p> <p>QIPP (Quality, Innovation, Productivity and Prevention) programme objectives are to improve efficiency and effectiveness of care, improve patient safety, improve patient access and experience and improve staff wellbeing. Commissioners are actively focussed on this, however, equality data and information is currently limited.</p> <p>All providers are required to provide equality accounts about the services they provide and patient safety is a key feature. We also proactively monitor where systems are working well through quality monitoring information (e.g. eliminating mixed sex wards).</p> <p>We have been working closely with the (now abolished) North Lincolnshire Local Involvement Network (LINK) to resolve any concerns that have been brought to their attention by local residents. We hope to continue this close working with the newly established North Lincolnshire HealthWatch.</p> <p>We have Local Safeguarding Boards that are responsible for the safety of vulnerable adults and children where we actively participate. The CCG also has a Quality Group which is a sub group of the Governing Body and has patient safety as a standing agenda item where vulnerable adults and children’s safeguarding is discussed.</p> <p>Actions</p> <ul style="list-style-type: none"> • Develop a mechanism which enables the Quality Group to regularly examine quality issues in relation to the protected groups.

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<p>1.5 – Anna Middlemass & Rose LeBrun Public health, vaccination and screening programmes reach and benefit all local communities and groups.</p>	<p>Not Scored</p>	<p>Actions Work in partnership to support commissioners of public health and screening programmes in engaging with general practice and support the delivery of their equality and diversity objectives</p>

Goal/Outcome	Rating	Evidence/Actions
Goal 2 - Improved Patient Access and Experience		
<p>2.1 – Karen Rhodes & Christine Bromley Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.</p>	<p>Developing</p>	<p>Evidence All our services are commissioned to ensure they are accessible to all our residents. The Individual Funding Request Policy considers exceptional requests for treatment and the process is managed fairly.</p> <p>Consultation and engagement with and involvement of the Community and Voluntary Sector are given a high priority when there are changes being planned. The Communications and Engagement Plan for the organisation includes the protected groups and an update to the CCG was recently prepared.</p> <p>A wide range of methods are used including the involvement of HealthWatch and attendance at the local Overview and Scrutiny Committee to discuss local health issues and to update them on our service review programme.</p> <p>During the last year we have:</p> <ul style="list-style-type: none"> • Held a ‘Big Health Check Day’ where – all stakeholders were given information re commissioned services and asked to give feedback regarding experiences and to identify gaps. All information gathered was fed into the Learning Disability Self-Assessment Framework return • Public Health commissioned external consultants to carry out engagement activity (including focus groups, 1:1 interviews and surveys) with service users and providers to support a homeless and health needs study. • Carers who attend the Carers Advisory group were consulted

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		<p>on the carers' action plan. This plan outlines the joint resources available to carers by North Lincolnshire Council and NHS North Lincolnshire to meet carers' needs as outlined in the operating framework 2012/2013.</p> <ul style="list-style-type: none"> • Students at North Lindsey College. Mellior Community College and Fred Gough School were consulted about their attitudes to risky behaviour, Smoking and Cancer Awareness • Dental Practice managers were consulted on equality & diversity, Behavioural Insight Techniques and Cancer awareness. <p>We aim to collate a wide range of information 'About you' on all our engagement activities in order to monitor that all protected groups are included in these events.</p> <p>We have introduced a DES for learning disabilities to ensure that health checks are offered to people with a learning disability and to ensure reasonable adjustments are made.</p> <p>Actions</p> <ul style="list-style-type: none"> • Develop further a database of individuals and groups with interests in discreet areas of health and social care to support meaningful engagement. • Roll out Personal Health Budgets to all people in receipt of Continuing Health funding by April 2014. • Support Public Health social marketing campaigns in areas such as obesity and sexual health to further the equality plan objectives in relation to identified diverse groups accessing primary care services and screening/ health checks. • Utilise new Internet and Intranet arrangements for the CCG, including the facility to enhance the use of social media. • Establish via the Commissioning Support Unit a mechanism whereby patient feedback and insights can systematically gathered to influence our commissioning decisions.

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<p>2.2 – Karen Rhodes, Jane Ellerton & Christine Bromley Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment.</p>	<p>Achieving</p>	<p>Evidence In all our service specifications and commissioning intentions we make it clear that we expect patients are involved in decisions about their care. We are actively promoting “Choice” and engage patients and the public during all service change programmes. We have a range of alternative providers for patients to access and are implementing Any Qualified Provider (AQP).</p> <p>A range of evidence sources have been used to assess how involved North Lincolnshire residents are in their care and whether they are able to exercise choice about treatments and where they are treated. This includes:</p> <ul style="list-style-type: none"> • NHS GP Patient Survey • NHS Inpatient Questionnaire • CQC Survey • Annual Report on Consultation (Section 242 - Real Accountability) • Patient participation DES feedback including the friend and family test. • Community Mental Health Survey <p>Actions</p> <ul style="list-style-type: none"> • Ensure through quality contract monitoring that providers include feedback on patient involvement in patient satisfaction surveys and develop appropriate action plans.
<p>2.3 – Karen Rhodes & Christine Bromley 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.</p>	<p>Achieving</p>	<p>Evidence Trust Quality Account Reports are taken into consideration by the CCG when commissioning services and contract setting. This is monitored through the quality contract meetings.</p> <p>A range of evidence sources have been used to assess the quality of experiences patients have in relation to care and treatment.</p>

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		<p>This includes:</p> <ul style="list-style-type: none"> • NHS GP Patient Survey • NHS Inpatient Questionnaire • NHS Outpatients Survey • CQC Survey • Annual Report on Consultation (Section 242 - Real Accountability) • Diverse groups • Patient participation DES feedback including the friend and family test. • Community Mental Health Survey <p>Policy implementation schemes are in place with all providers to capture patient experience of care (including privacy and dignity). We monitor provider complaints and incidents and scrutinise themes and trends.</p> <p>We have introduced a Translation and Interpretation Policy which ensures that patients can access NHS services through all GPs and independent contractors.</p> <p>Actions</p> <ul style="list-style-type: none"> • Work with providers to ensure that the design and analysis of all surveys allows for more information to be gathered regarding the experiences of patients from protected groups • Establish via the CSU a mechanism whereby patient feedback and insights can be systematically gathered to inform commissioning decisions • Establish via the CSU an experience, engagement & communications database to be used to produce regular reports for consideration at CCG Quality Group meetings.

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<p>2.4 – Karen Rhodes Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.</p>	<p>Achieving</p>	<p>Evidence</p> <p>All complaints are managed in line with the NHS Complaints Regulations and every complainant is advised of their right to seek support from the Independent Complaints Advocacy Service or approach the Parliamentary Health Services Ombudsman for concerns or failure of the complaints service to resolve their concern.</p> <p>Every complainant is dealt with as an individual and spoken to agree what the outcome is that they are looking for and how we will maintain contact. Adjustments are made at this point based on individual needs.</p> <p>We seek views of complainants at the end of the process for their input on whether the complaints process was followed to their satisfaction. An equality and diversity monitoring form accompanies the survey which is completed voluntarily.</p> <p>Customer services report, which includes complaints and PALs, is a standing item on the CCG Quality Group agenda.</p> <p>Actions</p> <ul style="list-style-type: none"> • Introduce an annual audit to monitor complaints and incidents in relation to Equality and Diversity. • Ensure that there are no protected groups being disproportionately represented in the numbers of complaints.

Goal/Outcome	Rating	Evidence/Actions
Goal 3 - Empowered, engaged and well-supported staff		
<p>3.1 – Kerry Ryan 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.</p>	Achieving	<p>Evidence North Lincolnshire CCG has a Recruitment and Selection Policy in place and staff are asked regularly if the organisation acts fairly when recruiting. However this requires updating.</p> <p>The application process is open to all and work is done to assess if any disadvantaged groups need assistance to apply for jobs.</p> <p>There is access to HR staff for advice in relation to recruitment for all protected groups.</p> <p>External recruitment is monitored by NHS jobs for all protected groups.</p> <p>They offer to make adjustments for interviews, mainly relating to disability and religion.</p> <p>Also following national guidance.</p> <p>Action</p> <ul style="list-style-type: none"> • Review and update the Recruitment and Selection Policy • Routinely publish equality data of Governing Body members.
<p>3.2- Kerry Ryan 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.</p>	Achieving	<p>Evidence Pay and related terms and conditions are determined by nationally agreed policies which are consistently applied.</p> <p>All new and revised job descriptions are evaluated through the Agenda for Change process. Staff side representatives are</p>

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		<p>involved in the evaluation panels. This is a national process and has been assessed for equality impact.</p> <p>All staff are employed on nationally agreed terms and conditions.</p> <p>The pay bands are widely known and it is an open policy.</p> <p>Job descriptions have been revised for new posts.</p> <p>No actions identified</p>
<p>3.3 - Kerry Ryan 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.</p>	<p>Achieving</p>	<p>Evidence North Lincolnshire CCG has a range of processes in place to support and train staff.</p> <p>The CCG monitors training requests from staff to ensure there is equal opportunity for all staff to attend training.</p> <p>There is a single performance appraisal process for all staff</p> <p>The CCG has a Grievance Policy in place which staff can use to report any unfairness in the provision of personal development opportunities</p> <p>Equality and Diversity training is mandatory for all staff.</p> <p>There is a training policy and a training needs analysis has been carried out.</p> <p>The Commissioning Support Unit will provide training therefore ensuring future delivery of equality training.</p>

Goal/Outcome	Rating	Evidence/Actions
		<p>Action</p> <ul style="list-style-type: none"> • Ensure that E&D training opportunities are available for all CCG staff, Governing Body members and the Council of Members. • Support GP practices in accessing appropriate E&D training.
<p>3.4 - Kerry Ryan Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all.</p>	<p>Achieving</p>	<p>Evidence North Lincolnshire CCG has a Bullying and Harassment Policy in place which includes specific reference to age, race, gender, religious or political beliefs, disability, marital and family status, and sexual orientation.</p> <p>There are guidelines and processes in place to handle any incidents or concerns about abuse, harassment, bullying and violence.</p> <p>Advice can be obtained from Trade Unions or the CSU Workforce Department</p> <p>Action</p> <ul style="list-style-type: none"> • Ensure that the provisions of the Whistleblowing policy are fully implemented • Develop systems to monitor the effectiveness of the Whistleblowing policy
<p>3.5 - Kerry Ryan Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives.</p>	<p>Achieving</p>	<p>Evidence North Lincolnshire CCG has a Flexible Working Policy in place which is available to all staff. The policy is consistently applied to all staff and it contains a clear appeals process.</p> <p>Actions Finalise new Flexible Working policy.</p>

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<p>3.6 - Kerry Ryan 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.</p>	<p>Achieving</p>	<p>Evidence Healthy lifestyle initiatives are in place such as:</p> <ul style="list-style-type: none"> • Corporate Leisure Centre membership • NHS discounts • No smoking policy <p>Risk, Health and Safety training is mandatory for all staff.</p> <p>Work related Stress Policy applies to all staff.</p> <p>Occupational Health support for all staff.</p> <p>Advice available from the Workforce Department on managing return to work after illness.</p> <p>Pregnancy and maternity risk assessment in the Maternity policy.</p> <p>Action</p> <ul style="list-style-type: none"> • Review staff access to health and wellbeing initiatives.

Goal/Outcome	Rating	Evidence
Goal 4 - Inclusive Leadership at all Levels		
<p>4.1 – John Pougher Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond.</p>	Developing	<p>Evidence North Lincolnshire CCG has developed an Equality Plan and Objectives for 2013-2015 and this is currently in the process of being finalised and approved by the CCG Governing Body.</p> <p>Health Inequalities are identified in the Join Strategic Needs Assessment and this helps to inform the strategic direction of the CCG and also it's Equality Objectives. However, the range of those with protected characteristics involved is limited.</p> <p>Governing Body meeting cover sheet requests Equality Impact Analysis (EIA) to be evidenced, where appropriate, providing assurance to members that this has been considered.</p> <p>Actions</p> <ul style="list-style-type: none"> • Take forward the messages from the Equality Impact Analysis training for Governing Body members • Review all relevant policies and procedures and carry out an Equality Impact Analysis on them as part of the review.
<p>4.2 - Kerry Ryan Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.</p>	Achieving	<p>Evidence North Lincolnshire CCG works to attract, retain and develop a diverse and skilled workforce.</p> <p>We actively work to remove any discriminatory practices in our work, eliminate all forms of harassment and promoting equality of opportunity in our recruitment, training, performance management and development practices.</p> <p>Encourage staff to consider equality as a priority.</p>

Goal/Outcome	Rating	Evidence
		<p>Policies and processes in place to support this include:</p> <ul style="list-style-type: none"> • Capability Policy • Bullying and Harassment Policy • NHS Code of Conduct for Managers • Job descriptions including statements regarding equality and diversity • Annual appraisals with staff • Mandatory training including E&D and H&S • Disciplinary Policy where discrimination has been identified. <p>Action</p> <ul style="list-style-type: none"> • Ensure all CCG staff receive appropriate E&D training
<p>4.3 - Kerry Ryan The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes.</p>	<p>Undeveloped</p>	<p>Evidence</p> <p>North Lincolnshire CCG has not adopted a competency framework for Equality and Diversity Leadership.</p> <p>However some senior managers have received training in Managing Equality and Diversity in an organisation.</p> <p>The CCG has identified two lay leads to provide Board level leadership and champion equality and diversity.</p> <p>E&D training is mandatory for all staff.</p> <p>Action</p> <ul style="list-style-type: none"> • Review whether E&D is adequately covered in the competency framework used to recruit CCG leaders