



**Somerset
Clinical Commissioning Group**

**SOMERSET CLINICAL COMMISSIONING GROUP
EQUALITY, DIVERSITY AND PUBLIC ENGAGEMENT
STRATEGY
2016 – 2020**

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EQUALITY, DIVERSITY AND PUBLIC ENGAGEMENT STRATEGY

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EQUALITY, DIVERSITY, HUMAN RIGHTS AND PUBLIC ENGAGEMENT STRATEGY

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EQUALITY, DIVERSITY, HUMAN RIGHTS AND PUBLIC ENGAGEMENT STRATEGY

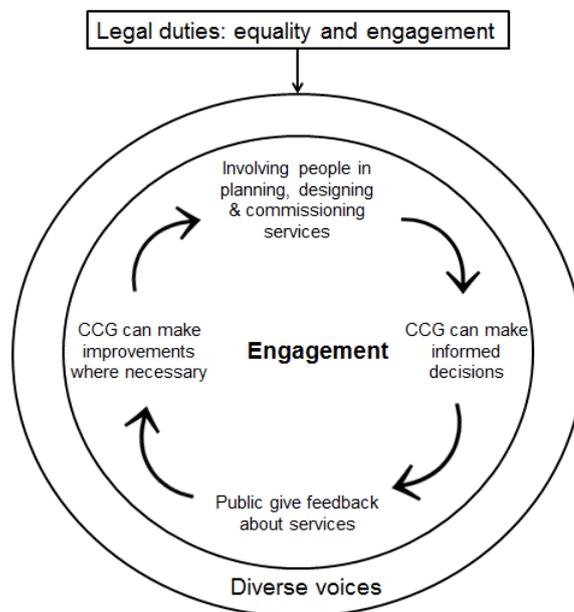
1 INTRODUCTION AND BACKGROUND

1.1 Somerset Clinical Commissioning Group (CCG) is a membership organisation of the 75 GP practices in Somerset. GPs from these practices are the clinical commissioners responsible for commissioning hospitals, mental health services and community health care across the county.

The CCG's vision is to improve the health and wellbeing of our local population by:

- Building support for people in our local communities;
- Supporting healthy lifestyle choices to be the easier choices;
- Supporting people to self-care and be actively engaged in managing their health conditions.

1.2 By involving people in planning, designing and commissioning services, we are able to make decisions based on what people need from these services in order to stay healthy. Feedback from patients and carers using the services helps us check that we have commissioned high quality services that meet people's needs. The diagram below shows how engagement is embedded into the CCG's processes.



1.3 We have a statutory responsibility under section 26 of the Health and Social Care Act (2012)¹ to involve people in our commissioning work. This means

¹ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

we must provide opportunities for the public to contribute to our decisions and service design in a meaningful way. The Act describes involvement for people on an individual level, for example enabling a person to take greater control in planning their package of care or managing their own health condition. Individual patient experience and feedback also helps us assess the quality and safety of services and is therefore a useful way to inform how we commission and monitor services. The Act also describes involvement from the public at a more strategic level. This means the public should be able to participate in a meaningful way when the CCG is designing services, making changes to services or making decisions about services.

- 1.4 The CCG recognises the diversity of the population we serve and is committed to ensuring that health services reflect and respond to the needs of the whole community, including different groups and communities across the county. We therefore aim to engage with people from all different backgrounds when involving the public in our work.
- 1.5 As a public sector organisation, we are required to comply with the requirements of equality legislation². In practice this means that, when we plan service or policy changes, we assess the positive and negative impacts of the proposed changes on different groups in our population. Therefore, our decision-making as commissioners is informed by an understanding of how our commissioned services will affect the communities we serve.

2 THE PURPOSE OF THIS STRATEGY

2.1 Somerset CCG has a statutory requirement under the Public Sector Equality Duty³ to develop and publish four-year corporate equality objectives by 1 April 2016. Therefore, the overarching purposes of this strategy are to:

- Explain our planned approach over the next four years (2016-10);
- Set our four-year equality objectives;
- Present an action plan to demonstrate how we will deliver the objectives; and
- Fulfil our legal duty.

The strategy, objectives and accompanying action plan give the people who use our commissioned services the opportunity to know about the work we are doing in regard of equality and engagement, monitor our progress against our equality objectives and to question or challenge us on how well we are commissioning services against this.

² <http://www.legislation.gov.uk/ukpga/1998/42/contents>
<http://www.legislation.gov.uk/ukpga/2010/15/contents>

³ <https://www.gov.uk/government/publications/public-sector-equality-duty>

2.2 This strategy describes how public engagement, equality and diversity are embedded throughout our commissioning and quality assurance processes and the CCG's core business. It sets out our planned corporate approaches to these areas of work over the next four years.

The strategy sets out our intention to ensure that we have engagement, inclusion and equality at the heart of all that we do and that we will involve people at every stage in our commissioning, procurement and quality assurance processes in order to ensure services are person-centred, meet the needs of our population and respond to patient feedback.

Finally, the strategy makes a strategic commitment to the principles of equality, diversity and engagement. This ranges from the individual's involvement in his or her own care – “no decision about me without me” – to wider public participation through bodies such as Healthwatch and our other community partners.

3 THE STATUORY FRAMEWORK FOR THIS STRATEGY

The Human Rights Act 1998 and Equality Act 2010⁴

3.1 Under the Human Rights Act 1998 and the Equality Act 2010, everyone has the right to be treated fairly and with dignity and respect.

3.2 The Equality Act 2010 replaces previous anti-discrimination legislation such as the Disability Discrimination Act 2005 and the Race Relations Act 2000. It simplifies the law by removing inconsistencies and makes it easier for people to understand and comply with it. It imposes obligations on everyone who provides services to the public, whether they are in the private, public or voluntary sectors.

The Equality Act places a duty on NHS commissioners and service providers to protect patients and staff from discrimination based on the following ‘protected characteristics’:

- age
- disability
- gender re-assignment
- marriage and civil partnerships
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

⁴ <http://www.legislation.gov.uk/ukpga/1998/42/contents>
<http://www.legislation.gov.uk/ukpga/2010/15/contents>

The Act includes the Public Sector Equality Duty, which requires public sector organisations to not only eliminate unlawful discrimination, but to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

- 3.3 As a public sector organisation, the CCG is obliged to set equality objectives every four years and report annually on the progress made towards these objectives. Our corporate equality objectives for the four-year period 2016-20 are attached to this strategy in Appendix A.

The Public Sector Equality Duty⁵

- 3.4 The Public Sector Equality Duty applies to all the work the CCG does, including commissioning and procurement, and the work of our commissioned service providers.

We demonstrate due regard to the three aims of the Public Sector Equality Duty in the following ways:

Eliminate unlawful discrimination

- We use Equality Impact Assessments to assess the impact of our work on people from the nine protected groups. In assessing impacts, we ensure any negative impact is lawful and we take appropriate steps towards minimising negative impacts.
- We ensure that all reports going to our Clinical Operations Group and Governing Body include equality impact information for consideration in decision-making.
- We use public consultations to listen to the views of protected groups and we respond to any concerns about discrimination in our service planning and wider CCG work.

Advance equality of opportunity

- We engage people and local communities in inclusive ways, including taking positive action to encourage participation from groups who may face barriers to involvement.
- In our annual Equality Delivery System report, we demonstrate how we have identified the needs of people from protected groups and evidence the steps we have taken to meet these needs. This relates particularly to working towards parity in access to services, experiences of services and health outcomes from using services.

Foster good relations

- We regularly invite representatives from the nine protected groups to present at the Somerset Engagement and Advisory Group in order to

⁵ <https://www.gov.uk/government/publications/public-sector-equality-duty>

raise awareness of issues facing these groups and to demonstrate work being done by organisations across Somerset to respond to these issues.

- We provide resources to our CCG staff and GP members, including training packages, in order to raise awareness of the needs of different groups to tackle prejudice and to promote understanding.

Specific Duties

In order to meet the specific duties under the Equality Act, we publish the following documents on the CCG website:

- Our annual Equality Delivery System review and grading report;
- Our corporate Equality Objectives;
- Our Equality Impact Assessments;
- Somerset's population profile, as set out in the Joint Strategic Needs Assessment;
- The results of our consultation and engagement exercises.

As part of our specific duties, we also take steps to ensure that our published information is accessible to all members of the public.

The NHS Constitution⁶

- 3.5 The NHS Constitution establishes the principles and values of the NHS in England and sets out the rights to which the public and staff are entitled.

The Constitution sets out responsibilities for NHS commissioners and service providers, but also for the public and staff, to ensure that the NHS operates fairly and effectively. It covers how people access health services, the quality of care they receive, the treatment available, confidentiality of personal information and the right to complain if things go wrong.

All NHS bodies, and private and third sector providers supplying NHS services, are required by law to take account of this Constitution in their decisions and actions.

The NHS Act 2006 and Health and Social Care Act 2012⁷

- 3.6 The Health and Social Care Act 2012 strengthened the importance of the patient's voice in commissioning and service delivery and placed duties on CCGs to consult the public on their commissioning plans and involve them in service changes. The level of public engagement must be proportionate

⁶ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

⁷ <http://www.legislation.gov.uk/ukpga/2006/41/contents>
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

and appropriate to the scope and complexity of the services being changed or decision being made.

This strategy explains the arrangements the CCG has in place under section 14Z2(2) NHS Act 2006 (as amended by Health and Social Care Act 2012) to secure public involvement in the following areas of work:

- Planning our commissioning arrangements;
- Developing and considering proposals for changes in the commissioning arrangements and the consequent impact on services or on the range of health services available;
- Making decisions affecting the operation of the commissioning arrangements and considering the impact of such decisions.

4 OUR CORPORATE APPROACH TO PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT

4.1 We are committed to the inclusive involvement of individual patients and carers and the wider public. We aim to:

- Continuously seek patient feedback and experiences via a diverse range of conduits, described below;
- Collate the key themes of patient feedback from their experiences of healthcare in order to identify and act upon quality and safety issues;
- Embed the patient, carer and public involvement in the commissioning and procurement cycles to ensure that we are commissioning person-centred care;
- Support patient and carer representatives involved in the commissioning process to ensure they are enabled and empowered to fully contribute;
- Be publicly accountable for our commissioning strategy and decisions, ensuring there is two-way feedback in our consultation and engagement processes and that we communicate the decisions that are subsequently made;
- Maintain a clear accountability structure for public engagement via our Governing Body.

4.2 We understand that there are communities and groups – often those with characteristics protected under the Equality Act – who find it difficult to engage through established networks, whose voices are often unheard, who face specific barriers to accessing health services and who have particular vulnerabilities.

4.2.1 We recognise the challenges of engaging these groups and, therefore, we work collaboratively with a wide range of voluntary organisations and community stakeholders who can help us to capture the experiences of otherwise excluded people and ensure that diverse groups have a voice.

4.2.3 In this strategy we have focused on taking a combined approach towards equality and patient engagement, in which our objectives and accompanying action plan join together both our strategic aims for improving our public engagement and our aims for promoting equality with a particular focus on the nine protected groups and ensuring that they are able to engage in consultation and service redesign and able to access services.

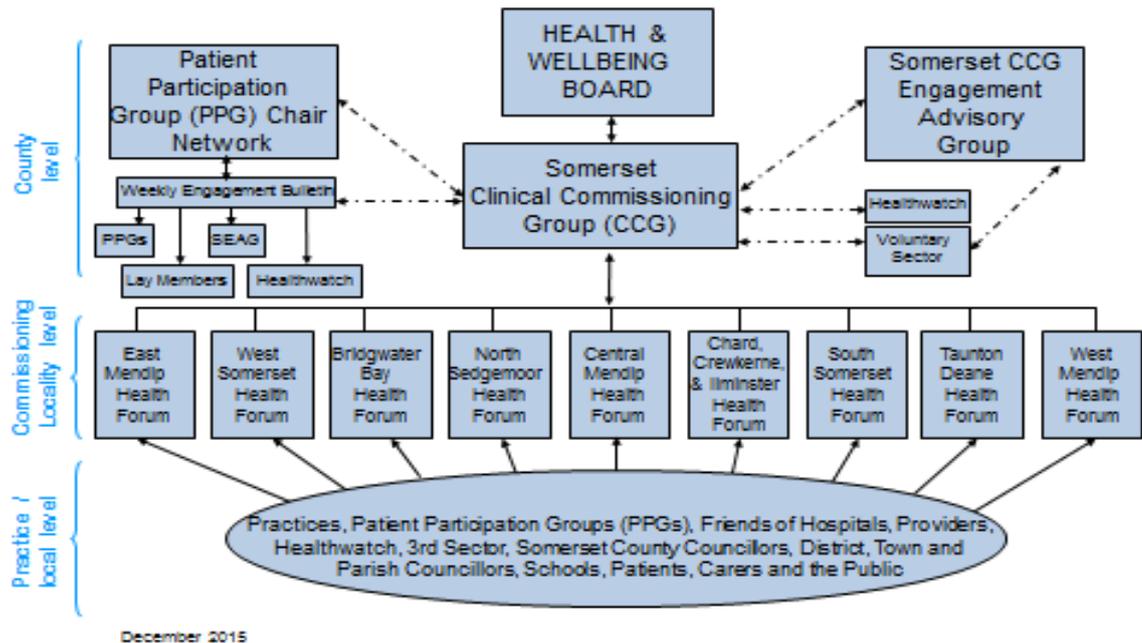
4.3 There are a number of different engagement conduits that we have developed, as set out in the figure below. These include:

- Our statutory relationship with Healthwatch Somerset, through whom we engage the public and receive wider community intelligence;
- Health Forums covering the different geographical patches in the county;
- Patient participation groups (PPGs), who enable the patient voice to be heard at GP practice level;
- Somerset Engagement Advisory Group, which brings together a range of stakeholders from diverse groups to scrutinise and support our engagement work;
- Lay member involvement on the CCG Governing Body and Clinical Operations Group;
- The voluntary sector, through which we capture patient feedback and Experiences and feedback from both local communities but also specialist patient groups;
- The Patient Advisory Liaison Service (PALS), complaints, GP feedback and other channels through which individual patient experiences are reported.
- Groups we work with that support people from the nine protected groups. For example, Somerset Parent Carer Forum, Somerset Rural Youth Project, Somerset Gypsy and Traveller Forum and Somerset Faith Forum.

4.3.1 In addition to these channels, we also utilise existing forums and networks to engage and communicate with the public and, where necessary, we arrange individual engagement events on particular proposals, reviews or consultations.

4.3.2 For significant service redesign projects and changes to commissioning policies we run engagement events and consultations involving the wider public, as well as through our established engagement networks such as the Health Forums and the Somerset Engagement and Advisory Group. We also encourage members of the public to engage with their local health service at provider led events and in consultations about their experience, for example through listening events held by the Care Quality Commission. We also make information available to the public through the CCG website and social media accounts which enables members of the public to contact us if they would like to get involved with engagement opportunities.

Evolving Structure for Patient and Public Engagement in Somerset



Engagement with each of the nine protected groups

Age

The CCG has strong representation from older people in the Somerset Engagement and Advisory Group, Health Forums, Patient Participation Groups and lay user involvement. The CCG ensure that engagement opportunities are accessible for these groups, for example we ensure there are paper copies of surveys and meeting papers for older people who may not have as good access to digital information.

We are also committed to increasing participation opportunities for younger people. We have undertaken work with local youth organisations such as Youth Parliament, Somerset Rural Youth Project and local colleges. These are all areas where work can be continued and developed, particularly with regard to the 2016 Joint Strategic Needs Assessment which will provide valuable information about the health needs of young people.

We also support people of working age to attend engagement activities, for example we ensure that some of our engagement activities occur outside of working hours. The virtual Patient Participation Groups are also an opportunity for people of working age to engage with the CCG.

Disability

We have provision for people with sensory disabilities to participate in our engagement opportunities, for example we provide information in alternative formats where required and we use hearing equipment where necessary.

We will consider ways to engage better with people with learning disabilities, for example by providing information in EasyRead. The CCG is currently improving learning disability services and the Patient Engagement Team will provide support for the engagement for these changes where necessary. We are also ensuring that learning disability services commissioned by the CCG carry out equality monitoring to highlight where patients may be part of multiple protected groups and therefore may have additional needs.

We include people who are physically disabled by ensuring all meetings we hold are in accessible venues with adequate parking facilities.

We have strong representation on the Somerset Engagement and Advisory Group from organisations supporting those with mental health issues and we will continue to work in partnership with these organisations. The CCG carries out work which demonstrates to the public that we are working to reduce stigma around mental health and to show that we value participation from this group. For example, we follow the Mindful Employer Charter for our paid staff and lay members and we support the work being carried out by the national charity Time to Change.

Religion and Belief

We are committed to working with people from different faith groups, including those with non-religious based beliefs. Our provider Trusts have established links with the chaplains working in the hospitals. We will use the Equality Delivery System Group to incorporate into our work programme further development of engagement with chaplains as an opportunity to hear more about the needs of various faith groups.

Somerset County Council also run a Faith Forum which we have been attending. The CCG will work with the Faith Forum to identify individuals and groups who we can engage with to ensure representation from faith and belief groups in our engagement activities.

Sex

Our current engagement groups are representative of both males and females.

Sexual Orientation

We have some lesbian, gay and bisexual representatives in our engagement groups. Through previous engagement and commissioned reports, we have identified issues which affect this group and their access to engagement opportunities. We have considered practical ways to respond to issues that have been highlighted to us. For example, we are committing to using more inclusive language and images in CCG publications.

It was also highlighted in previous engagement work that this group often faced issues when using health services, for example health workers making assumptions that patients were heterosexual. We have provided training for GP surgeries which includes reducing unintended discrimination when seeing lesbian, gay or bisexual patients and will continue to direct staff from GP surgeries to relevant information and guidance.

The CCG is committed to supporting lesbian, gay or bisexual people. This has included using social media to show support to, and engage with, lesbian, gay and bisexual people and organisations in Somerset. We will continue to find ways and forums where we can engage with lesbian, gay and bisexual people to ensure their concerns are heard and they are able to engage in the work of the CCG.

Gender Reassignment

The recently published Transgender Inquiry⁸ has provided areas for improvement for the NHS in supporting transgender people's health needs. We will consider these recommendations and ascertain what is within our scope as a CCG to action.

We have used social media to demonstrate an interest in transgender issues and to indicate our intention to work with this group. The Patient Engagement Team has also provided information and guidance for CCG staff around issues specific to transgender people to ensure we take an inclusive approach to this group. We will continue to provide training where necessary and share information and best practice ideas with our provider organisations.

Race

We enable people who may not speak English as a first language to engage with us by offering our documents in alternative languages and providing translation services⁹ in circumstances where the CCG is responsible for provision of such services.

We have been working with one GP surgery to support the provision of information events for patients from the Polish community. We will use this approach to provide engagement events and supporting and identifying ways to further engage with the Polish community.

Further work is required to identify issues for different race groups in accessing engagement events as previous attendance has been low. We will consider where there may be further opportunities for us to ensure information reaches these groups.

⁸ <http://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/inquiries/parliament-2015/transgender-equality/>

⁹ N.B Translation is also available for people using British Sign Language

Pregnancy and Maternity

We will ensure our meetings are accessible for women who are pregnant or have recently given birth. We will also continue to work with the Maternity Services Liaison Committee and the Trust Labour Ward Councils to engage further with this group of women.

Marriage and Civil Partnership

Involvement with engagement groups and in engagement activities is in no way dependent on a person's marital/partnership status, and we will take care in how we address people so that we are not making assumptions about marital status or sexual orientation.

Healthwatch Somerset

4.4 As our statutory partner, Healthwatch Somerset plays a critical role in supporting, scrutinising and challenging our engagement and equality work with patients and the public. We work with Healthwatch, both operationally and strategically, to ensure that:

- Issues and concerns raised by the community are communicated to and acted upon by commissioners and providers;
- Feedback from individual patients and carers is collated and reported within the CCG so that we have a clear picture of how the quality and safety of services is reflected in people's experiences;
- Key messages and opportunities to engage are cascaded to communities and the voluntary sector;
- Healthwatch volunteers are actively involved in scrutinising CCG commissioning and quality assurance processes, including playing an active role on our quality visit teams.

Health Forums

4.5 We currently facilitate nine Health Forums covering the following geographical areas, which are aligned to the GP commissioning localities across Somerset: South Somerset, CLICK (Chard, Ilminster and Crewkerne), Taunton Deane, West Somerset, Bridgwater Bay, the East, West and Central Mendips and North Sedgemoor.

4.5.1 The forums bring together members of the public, GPs, Healthwatch volunteers, district and parish councillors, voluntary organisations and other interested stakeholders. They provide opportunities for the public to engage with commissioners, as well as a conduit through which we can communicate with communities across the county.

4.6 We are committed to working with Health Forums to broaden the diversity of those involved and seeking greater feedback from the forum members. Our intention is to strengthen the role of the Health Forums as a bridge between patients and the public and the NHS. The forums will be settings

where people can raise concerns about local health needs and pro-actively identify local actions to respond to these needs. In addition, the forums will continue to be ways to keep people informed of and engaged in the work of the CCG.

The Patient Participation Group (PPG) Chairs' Network

- 4.7 The PPG Chairs' Network brings together local patient leaders from across the county, enabling them to share good practice and concerns, provide comment and feedback on the work of the CCG and raise challenges. The network gives PPGs the opportunity to engage with commissioners, comment on quality concerns and influence commissioning.
- 4.7.1 The PPG Chairs' Network is also represented on the CCG's Governing Body and Clinical Operations Group. Therefore, the network gives patient representatives direct access to and feedback from the decision-making process and leadership of the CCG.
- 4.7.2 Additionally, for the CCG, the network is a valuable way to keep people informed, test new ideas and proposals, share information and hear feedback from patient-led groups. It enables us to maintain and strengthen patient involvement in primary care and engage with local patient groups on the CCG agenda.
- 4.8 In recent years, there has been a steady increase in the number of active PPGs in place. Of Somerset's 75 GP practices, 70 now have active PPGs, four only have a virtual patient group and one is planning a PPG. Fifty-one PPG chairs are part of the network and, where there is no patient chair, the practice managers receive information via the network.

The Somerset CCG Engagement and Advisory Group

- 4.9 We originally developed the Somerset Engagement and Advisory Group (SEAG) in recognition of the barriers that many protected groups experience when accessing healthcare or trying to make their voices heard. We have made good progress in involving a diverse range of stakeholders in SEAG, including many voluntary and community organisations. Where we have not been able to secure full representation of a group with a protected characteristic, we have pro-actively sought to engage organisations who can help us ensure these voices are heard, for example we have invited specific groups to attend and share updates about their work.
- 4.9.1 SEAG has broad representation from groups supporting older people, carers and disabled people. More work needs to be done to engage with lesbian, gay, bisexual and transgender groups, particularly gay men and transgender people, groups working with the black and minority ethnic community and groups focused on religion and/or belief.
- 4.9.2 SEAG supports our engagement and equality agendas. It provides scrutiny of the CCG's annual Equality Delivery System Evidence and Grading

Report and members of SEAG are empowered to challenge our self-assessment where they feel it is incorrect.

4.10 We have worked hard to support SEAG members to participate and to enable the communities they represent to be heard. This has included tailoring the agenda to specific themes or programmes of work, enabling the group to question and challenge service providers, creating space for voluntary and community organisations to showcase their own work and allowing time for networking and discussion.

4.10.1 We will continue to consult with SEAG to improve how we can make the best of future meetings. We are also working with Somerset County Council to ensure SEAG develops the right connections with the council's Service User Engagement Group (SUEG).

Lay member involvement

4.11 We have a pool of lay members who volunteer their time and experience to act in the role of public or community representatives. Lay members are appointed to the CCG's Clinical Operations Group and Governing Body, where they have direct scrutiny of and opportunity to challenge CCG decision-making and strategy. In addition, lay members are regularly deployed on CCG committees, programme boards, project boards and steering groups, procurement panels, and evaluation groups, where they provide both scrutiny and bring a patient voice to the work of these Committees. For example, our lay members are involved in our planned quality assurance visits to providers and also attend our Serious Incident Requiring Investigation panels, allowing the patient perspective to be reflected in serious incident reports and reviews.

4.12 Lay members are an excellent resource for the CCG as they are often able to take a wider view or consider issues from the public perspective. They bring a patient voice to the table, which adds value to and challenges our commissioning processes. Their focus is strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role is to oversee key elements of our governance, including audit, public involvement, finance management and managing conflicts of interest.

4.12.1 Lay members bring specific expertise, skills and experience, as well as their knowledge as a member of the local community, to the work of the CCG. We value their contribution and will continue to support and develop our lay membership. We are also committed to enabling a more diverse group of people to become involved in lay roles, particularly ensuring young people are not excluded, and will continue to work with Healthwatch and the broader voluntary sector to further this aim.

Using Patient Feedback

4.13 There are a number of conduits through which the CCG captures patient feedback, information about the quality of patients' experiences and wider

community intelligence. These are two-way communication channels in which we also inform patients, carers and the public of the outcome of engagement exercises.

- 4.13.1 Within the CCG, we regularly capture patient feedback via Healthwatch Somerset, queries to the Patient Advice and Liaison service, the nine Health Forums, the PPG Chairs' Network, our lay members, complaints, professional feedback from our 75 GP practices, our voluntary and community sector partners, and our Engagement Advisory Group (SEAG). Patient stories are regularly reported to the CCG's Governing Body to illustrate and illuminate the trends detected.
- 4.13.2 In addition to these conduits, we review patient experience and quality information from our service providers and patient feedback on health services in Somerset from NHS Choices.
- 4.13.3 We use all the feedback collected to improve services. One example is our response to feedback about the Referral Management Centre waiting times. In order to ensure patients have a clearer understanding of how referral to treatment processes work, we developed a new webpage which includes information about waiting times for first appointments and treatment. The CCG has also responded to carer feedback by embedding carers' issues in our quality assurance processes.

5 OUR CORPORATE APPROACH TO EQUALITY AND DIVERSITY:

The Equality Delivery System (EDS)¹⁰

- 5.1 All NHS organisations are required to implement the NHS Equality Delivery System (EDS). The EDS is a tool that enables us to understand our equality performance, assess how well embedded equality, diversity and human rights are within our systems and processes, and identify the main challenges and areas for improvement. There are eighteen nationally specified outcomes in the EDS which relate to the nine characteristics protected by the Equality Act 2010. These are grouped into four goals, two of which are public-focused and two staff-focused. Under each outcome, we are required to answer the question, 'how well do people from protected groups compare to people overall?'

The four main goals are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels.

¹⁰ <https://www.england.nhs.uk/about/gov/equality-hub/eds/>

- 5.1.1 Our equality objectives for 2016-2020 are aligned with the EDS goals. This means that when we collate evidence to demonstrate progress in our equality objectives, we can also use that evidence in support of the EDS.
- 5.2 We undertake an annual self-assessment of performance against the 18 outcomes, which includes grading the progress we have made towards our equality objectives. Evidence for this report is collected from across all of our Directorates. We present the self-assessment grades to the Somerset Engagement and Advisory Group prior to publishing and they advise us whether they agree with our self-assessment. Where there is disagreement about a grading, the CCG will accept the grade given by SEAG. The report is then published on the CCG website in a timely manner.
- 5.2.1 We ensure that the evidence we collect to support the EDS is presented to the public in accessible ways, and that it demonstrates progress in achieving the outcomes for each of the nine protected groups. The report is available in different formats upon request and there are summary versions available which present in the information in way which is easy for the public to understand.

Partnership working

- 5.3 The Somerset Equality Delivery System Group (EDS Group), originally established in July 2011, will continue to ensure a combined commissioner and provider approach to patient engagement, equality, diversity and EDS implementation across Somerset. This is achieved through a joint work programme with NHS Providers, peer reviews and information and resource sharing. The Somerset Engagement and Advisory Group are kept informed of the work carried out by the EDS Group through the EDS newsletter.
- 5.3.1 We facilitate this EDS Group, which brings together representatives from our key service providers, as well as Healthwatch, providing leadership and supporting good practice in the health economy in ensuring all people from the nine protected groups are able to access health services. The membership of the EDS Group is growing to include relevant staff from wider services, such as NHS 111 and staff from other regions with whom we can share ideas for good practice.
- 5.4 We also work in partnership with the county council and other local authorities as part of the Somerset Equalities Group (SEOG), where we share best practice and consider joint responses to some of the challenges faced by people from protected groups across Somerset.

6 EQUALITY AND ENGAGEMENT IN OUR COMMISSIONING PROCESSES

The public voice in procurement and service development

- 6.1 The CCG Procurement Strategy (2014-17) sets out how the commissioning process supports the aims of the statutory duties relating to equality and

patient engagement, as well as our corporate vision and objectives, as described in our Five Year Strategy (2014-2019).¹¹

- 6.2 As a statutory organisation responsible for public money, we have a duty to demonstrate commissioning decisions are being made with involvement and engagement with our local population. Therefore, we have made a commitment to ensure that the public is involved in commissioning arrangements, including service planning, design and procurement. Working in partnership with individual patients and carers and the wider public is a key element embedded in our commissioning and procurement processes.
- 6.2.1 Our duty to involve the public applies from the very outset of a commissioning process, before procurement commences. Where appropriate, we take steps to obtain the views of the public, including people from the nine protected groups, at the earliest possible stage, while proposals are still being developed. The appropriate level of public involvement will depend on the specific circumstances of the service to be commissioned or changed.
- 6.3 Equality Impact Assessments are embedded in our commissioning projects. This enables us to consider and understand the implications of our proposals on people from protected groups when developing, changing, decommissioning or procuring services. We recognise that commissioning decisions may have negative impacts on some people in our local population and it is important that we are able to demonstrate that these impacts are justified and lawful. Equality Impact Assessments help to ensure that we make informed decisions and that we are ready to manage any risks to particular protected or minority groups. On the one hand, public feedback, monitoring information and research evidence inform our impact assessments and, on the other, the findings of our impact assessments help us focus our engagement work on particular areas or groups. Therefore, the two areas of work inform each other and support our commissioning and procurement processes.

The public voice in quality assurance and service monitoring

- 6.4 The CCG holds commissioned service providers to account for the quality, safety and performance of their services. We expect local providers to involve their patients in monitoring the quality of services, as well as in making decisions about their own care and treatment. Providers are expected to seek feedback on a regular basis from the people they serve and show evidence that they have acted upon that feedback to improve services and outcomes for patients. It is also important that providers collect feedback from people across the protected groups and that, where relevant, they ensure that minority groups are able to access complaints services, for example through the use of translators.

¹¹ <http://www.somersetccg.nhs.uk/publications/strategies-and-plans/>

6.5 Patient experience is a quality measurement tool for the CCG. We scrutinise how providers learn from and respond to patient experience and feedback in a number of ways, including through regular quality review meetings, quality assurance visits to services – which also involve patient representatives – and quality accounts, which providers publish annually. Our partnership work with Healthwatch Somerset also supports quality assurance by triangulating patient feedback across the community and helping us to hold providers to account.

6.5.1 In addition, patient stories and experiences are regularly reported to CCG committees, programme boards and Governing Body to ensure that clinical commissioners and leaders are directly aware of the difficulties or challenges facing people when using our commissioned services.

7 OUR CORPORATE EQUALITY AND ENGAGEMENT OBJECTIVES

7.1 Between 2016 and 2020, the CCG will implement five over-arching corporate equality and engagement objectives, as follows:

Objective 1	The CCG will be transparent and accountable to the public, ensuring that our methods of collecting feedback and our responses are inclusive and accessible to people from different protected groups.
Objective 2	The CCG will communicate clearly with the public about health matters.
Objective 3	Patients, carers and the public will have a core role in our commissioning and quality assurance processes.
Objective 4	The CCG will ensure our staff are aware of and supported by senior leadership to meet equality and patient engagement requirements.
Objective 5	The Human Resources Team will commit to improving the working lives of all Somerset CCG staff.

7.2 We have a statutory duty to publish our four-year corporate equality objectives, which are attached to this strategy in Appendix A. The Equality and Human Rights Commission advises that, “the purpose of setting specific, measurable equality objectives is to help listed authorities to better perform the general equality duty, focusing on the outcomes to be achieved. Equality objectives help focus attention on the priority equality issues within an organisation in order to deliver improvements in policy making, service delivery and employment, including resource allocation.”¹²

¹² Objectives and the equality duty: A guide for public authorities, Equality and Human Rights Commission Guidance 2011. Available from: http://www.equalityhumanrights.com/sites/default/files/documents/EqualityAct/PSED/ehrc_psed_objectives_web.pdf (Accessed Jan 2016).

The development of these objectives has taken account of a wide range of information and evidence, including:

- Feedback gathered via our patient and public engagement channels;
- Scrutiny and comment from the Somerset Engagement Advisory Group;
- Feedback from the CCG staff forum;
- Corporate and directorate priorities and plans identified within the CCG;
- Information and risks identified through our equality impact assessments;
- Our Equality Delivery System evidence and grades;
- Research evidence from national and local reports which highlight health needs for particular protected groups.

7.2.1 It was identified that there was a need to ensure our objectives focused more explicitly on particular needs of protected groups. In order to achieve this, the objectives demonstrate overarching areas for improvement while the accompanying action plan sets out specific and measurable ways to meet these objectives and in turn meet the particular needs of minority groups.

7.2.2 Following publication on our website on 1 April 2016, we will share our equality and engagement objectives, along with this strategy, with local interest groups, particularly those representing the nine protected characteristics, to ensure they are kept informed of our future priorities and are able to assess our progress and actions.

8 HOW WE MONITOR AND REVIEW THIS STRATEGY

8.1 An action plan arising from our equality and engagement objectives is attached to this strategy in Appendix A. This will be reported to and monitored by the CCG's Governance Committee and the Somerset Engagement and Advisory Group and progress reported to our Governing Body on a six-monthly basis. Equality objectives and actions will be reviewed annually alongside the Equality Delivery System evidence and grading process.

8.2 The CCG's Governance Committee receives six-monthly reports giving an overview of our equality and patient engagement work. This ensures a robust monitoring and review process to support implementation of this strategy, our equality and engagement objectives and the associated action plan.

8.3 The action plan attached to this strategy is updated monthly and refreshed annually, with any changes scrutinised by the Somerset Engagement Advisory Group and then reported to the CCG's Governance Committee and Governing Body.

9 ATTACHED DOCUMENTS

9.1 The following document is attached to this strategy:

- Appendix A: Somerset CCG Equality and Engagement Objectives 2016-20 and the supporting action plan
- Appendix B: Equality Impact Assessment

Somerset CCG Equality and Engagement Objectives 2016-20 and the supporting action plan

<p>Objective 1: The CCG will be transparent and accountable to the public, ensuring that our methods of collecting feedback and our responses are inclusive and accessible to people from different protected groups.</p> <p>Key theme of our five-year strategy: Sustain and continuously improve the quality of all our services</p>		
Domain	Action	Equality Considerations
Accessible and inclusive information	Use social media e.g. Twitter to share information particularly with young people	More inclusive of younger people
	Ensure documents aimed at the public are free from jargon	More inclusive for all of our population and particularly for people who do not speak English as a first language and people with learning disabilities
	Offer translated materials	More inclusive of people who do not speak English as a first language More inclusive of people with sensory disabilities
	Promote use of interpreters at GP practices for people who require appointments in a different language or with British Sign Language interpretation	More inclusive of people who do not speak English as a first language More inclusive of people with sensory impairments
	Use diverse images in public facing material	More inclusive of people from black and minority ethnic backgrounds, disabled people and lesbian, gay, bisexual and transgender people
	Increase number of public facing documents that are produced in Easy Read	More inclusive of people with a learning disability
	Publish equality reports regularly to show how we are engaging with different groups	Allows all groups to see how their needs are being met
Meaningful engagement	Use 'you said, we did' structure to respond to feedback	Allows all groups to see how their needs are being met
	Ensure engagement events are at times and locations that encourage a broad range of people to attend	More inclusive of younger people, carers, people with disabilities and people with particular

	and where possible provide practical support to enable participation e.g. transport	religious requirements
	Allow adequate time at SEAG for discussion	Allows all groups to engage with the CCG
	Use evaluative methods to measure impact of engagement events	Ensures all groups are benefiting from engagement events
	Support people with access issues to participate fully in engagement activities, for example through use of interpreters, notetakers and/or assistive technology	More inclusive of people with disabilities, including sensory disabilities.

Objective 2:

The CCG will communicate clearly with the public about health matters.

Key theme of our five- year strategy: Encourage communities and individuals to take more control of their own health and wellbeing

Domain	Action	Equality Considerations
Patient Education	Work with partner organisations, including those we commission, to identify opportunities for health education and subsequently provide, or support the provision of, health education	Specific groups to be identified
	Review the information in the 'Your Health' section of the CCG's website and include information specific to the protected groups	Specific groups to be identified
	Identify specific needs of different groups in regard to health education	Specific groups to be identified
Targeted communications	Use research to inform service design in order identify and respond to the needs of individual groups	Specific groups to be identified
	Support Trusts to implement the Accessible Information Standard	More inclusive of people with disabilities and people who do not speak English as a first language

Objective 3:

Patients, carers and the public will have a core role in our commissioning and quality assurance processes.

Key theme of our five- year strategy: Develop joined-up person centred care

Domain	Action	Equality Considerations
Diverse range of patient and carer representatives	Increase SEAG membership to include a wider, more diverse range of community stakeholders	Aim for more inclusion of people from lesbian, gay, bisexual and transgender communities, black and minority ethnic communities and religion/belief groups
	Work closely with young people's	More inclusive of young people

	services to include young people in CCG decision making	
Diverse needs of patients and carers considered in service design	EIAs used to evidence equality considerations	More inclusive of all groups
	Involve patients and carers in planned assurance visits	More inclusive of all group
	Involve patients and carers in the procurement process	More inclusive of all group
	Involve patients and carers from the start of any service change	More inclusive of all groups
Objective 4: The CCG will ensure our staff are aware of and supported by senior leadership to meet their equality and patient engagement requirements.		
Domain	Action	Equality Considerations
Training	Equality and patient engagement to remain on the Corporate Induction Day agenda	More inclusive of all groups
	Provide equality and patient engagement training and use staff feedback from training to continuously improve the training on offer	More inclusive of all groups
	Support GP surgeries to access equality and diversity training	More inclusive of all groups
	Use the EDS Group as a forum to share good practice in regard to training	More inclusive of all groups
Information for staff	Equality and diversity to be a standing item on the Staff Member Forum agenda	More inclusive of all groups
	Produce regular Equality Update for staff, including information about specific protected groups	More inclusive of all groups, some groups to be specifically highlighted
	Review guidance material available for CCG staff, e.g. EIA guidance and ensure information is up-to-date	More inclusive of all groups
	Regularly update the Equality, Diversity and Patient Engagement staff intranet pages	More inclusive of all groups
Workforce Race Equality Standard	Develop actions specific to WRES implementation and work across all Directorates to implement these actions	More inclusive of people from the black and minority ethnic community
Objective 5: The Human Resources Team will commit to improving the working lives of all Somerset CCG staff.		
Domain	Action	Equality Considerations

Action plan to be developed with the HR team.

APPENDIX B: EQUALITY IMPACT ASSESSMENT



**Somerset
Clinical Commissioning Group**

EQUALITY IMPACT ASSESSMENT FORM

INITIAL INFORMATION

Name of policy/service: Equality, Diversity, Human Rights and Public Engagement Strategy Version number (if relevant):	Directorate/Service: Quality, Safety and Governance
Assessor's Name and Job Title: Fiona Abbey Telephone: 01935 381999	Date: 19/01/2016
Sponsoring Director: Lucy Watson, Director of Quality, Safety and Governance	Date:

Please refer to the Equality Impact Assessment Guidance to complete this form.

OUTCOMES

Briefly describe the aim of the policy / service and state the intended outcomes for patients and / or staff?

Somerset CCG has a statutory requirement under the Public Sector Equality Duty¹³ to develop and publish four-year corporate equality objectives by 1 April 2016. Therefore, the overarching purposes of this strategy are to:

- Explain our planned approach over the next four years (2016-10);
- Set our four-year equality objectives;
- Present an action plan to demonstrate how we will deliver the objectives; and
- Fulfil our legal duty.

The strategy, objectives and accompanying action plan give the people who use our commissioned services the opportunity to know about and engage in the work we are doing in regard of equality and engagement, monitor our progress against our equality objectives and to question or challenge us on how well we are commissioning services against this and engaging patients and the public in shaping our commissioning plans.

EVIDENCE

What data / information have you used to assess how this policy / service might impact on protected groups?

The strategy as well as the strategic equality objectives have been founded upon feedback from and engagement with members of the public, patients, carers and CCG staff. An engagement event with representatives from all nine protected groups took place in September 2015. This was the original source of information which influenced the key areas that needed to be covered in the strategy and objectives. More information was gathered from previous engagement events undertaken by the

¹³ <https://www.gov.uk/government/publications/public-sector-equality-duty>

CCG, for example the previous years' EDS conference. National reports such as 'Is Britain Fairer?' also provided information about healthcare issues faced by people from protected groups

(http://www.equalityhumanrights.com/sites/default/files/uploads/IBF/Final-reports/EHRC_IBF_MainReport_acc.pdf).

From this information, objectives were set with the aim of having a positive impact on people from protected groups in areas where they had previously reported poor experience.

Who have you consulted with to assess possible impact on protected groups?

If you have not consulted other people, please explain why?

The strategy and objectives will be presented at Somerset Engagement Advisory Group (SEAG). This group is made up of representatives from the nine protected groups, either as individuals from those groups or staff from organisations who represent these groups. There is particularly strong representation in SEAG of carers, older people and people with disabilities. The group exists to enable two-way communication between the CCG and people from protected groups and other relevant organisations (such as advocacy organisations). Meetings are held quarterly with opportunities for engagement throughout the year which are offered to the group through the email distribution list.

ANALYSIS OF IMPACT ON EQUALITY

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

Please read 'Questions to Ask' in the EIA guidance.

Note: in some cases it is legal to treat people differently (objective justification).¹⁴

- **Positive outcome** – *the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
- **Negative outcome** – *protected group(s) could be disadvantaged or discriminated against*
- **Neutral outcome** – *there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral.

Consider direct and indirect discrimination, harassment and victimisation.

¹⁴ See definition of 'objective justification' in guidance

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Age	✓			<p>It is hoped that the strategy and objectives will have a positive impact on younger people. The engagement activities described in the strategy are deliberately inclusive of younger people and it is hoped that young people will be more involved with the work of the CCG as a result of the actions relating to young people on the action plan.</p> <p>Within the engagement opportunities described in the strategy, there is provision for people of working age to attend meetings. For example, patients are able to join virtual PPG meetings if they are unable to attend meetings during the day and when running consultation events the CCG varies the time of day and day of the week to ensure there are opportunities to engage outside of work time.</p> <p>Older people are already highly represented on SEAG and in other engagement roles. This group will therefore have substantial input into the final strategy from which it is assumed they</p>

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
				will view the strategy and objectives as beneficial.
Disability ¹⁵	✓			The strategy describes how engagement activities will be made accessible to people with disabilities. People with disabilities are well represented in the CCG's engagement groups.
Religion and belief	✓			The strategy describes an intention to increase engagement work with people of particular faith groups. The strategy provides a section to demonstrate how we plan to achieve this.
Sex	✓			This strategy is positive for both males and females. The engagement groups that will input into the formation of this strategy, and to which we are accountable to for progress, have a fair representation of both males and females.
Sexual Orientation	✓			The strategy describes an intention to increase engagement work with lesbian, gay and bisexual people and includes a section on how this will be achieved. There are a small number of actions included in the action plan with an intention of improving outcomes for LGB

¹⁵ Includes mental impairment, learning difficulty (dyslexia). Full definition in guidance.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
				people.
Gender Reassignment	✓			The strategy describes an intention to increase engagement work with transgender people. The strategy includes a section on how we will achieve this.
Race	✓			The action plan included in this strategy demonstrates a substantial number of actions which will benefit people who do not speak English as a first language and are therefore possibly from black and minority ethnic groups. However, the positive impact may be small as there remains an under-representation of BME people in the engagement groups. The strategy includes a section to demonstrate how we will increase engagement with this group in order to see better outcomes.
Pregnancy and maternity	✓			This strategy describes ways this group will be specifically supported to engage, including highlighting the communication channel we have with this group through the Maternity Services Liaison Committee. Support will be given to pregnant women and mothers to ensure that pregnancy or

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
				maternity does not prevent them from engaging in the CCG's work.
If applicable, Other Disadvantaged Groups (for example carers, veterans and military staff, homeless) ¹⁶	✓			Carers are included throughout the strategy.

¹⁶ These groups are not protected groups under the Equality Act 2010 but should be considered alongside the protected groups where applicable.

MONITORING OUTCOMES

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

What methods will you use to monitor outcomes on protected groups?

The action plan accompanying the objectives will be monitored by Governance Committee and the CCG Governing Body and SEAG will provide independent monitoring of our progress.

It should be noted that the work undertaken as a result of this strategy will be used as evidence in the Equality Delivery System Evidence and Grading Report. This means there will be an annual opportunity to monitor both engagement with and improvement on access to healthcare for any specific protected groups where engagement is low.

REVIEW

How often will you review this policy / service? (Minimum every three years)

The strategy is reviewed annually with the whole strategy being updated every four years.

If a review process is not in place, what plans do you have to establish one?

IMPLEMENTING THE POLICY / SERVICE

Negative outcomes – action plan

An Equality Impact Assessment **cannot be signed off** until negative outcomes are addressed. What actions you have taken / plan to take to remove / reduce negative outcomes?

Action taken / Action to be taken	Date	Person responsible

NEGATIVE OUTCOMES cont.

If a negative outcome(s) remain explain why you think implementation is justified.

**Equality Impact Assessment forms must be authorised
by the sponsoring Director**

Send completed form to the Patient Experience Team at EIA@somersetccg.nhs.uk.

This form will be published on the Somerset Clinical Commissioning Group website.

The EIA form and guidance are currently available on NHS Somerset website:

<http://www.somerset.nhs.uk/welcome/about-us/equality-and-diversity/equality-impact-assessments/>