Harrogate and Rural District
Clinical Commissioning Group

Equality and Diversity Strategy

EQUALITY AND DIVERSITY STRATEGY

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1. INTRODUCTION

Harrogate and Rural District CCG (HaRD CCG) is thoroughly committed to reducing disparity of outcomes which result from a socio-economic disadvantage. As a result equality and diversity fundamentals are the golden thread, woven throughout all of the CCG's functions. The CCG has specific legal obligations within the Equality Act 2010; this strategy intends to make a clear statement how the CCG will fulfil their duties by detailing:

- How equality and diversity issues influence our commissioning function
- The mechanisms in place to ensure that issues are embedded in daily business
- Making sure that the way the CCG operates and services we procure for Harrogate district meet the needs of the minority and the most disadvantaged.

Harrogate and Rural District is home to a number of diverse communities. Analysis of our population needs and the known inequalities in health outcomes (which are outlined in the Joint Strategic Needs Assessment (JSNA))have informed the basis of our Implementation Plan.

The 2011 Census recorded 111 Gypsy or Travellers in Harrogate. The JSNA estimates that the figure is 958 based on data regarding the number of children in education. The 2011 Census indicated that there were 1340 residents whose first language was Polish. This demonstrates just some of the cultural diversity within the locality.

2. VISION

HaRD CCG's purpose is to commission services for local people in order to improve health and wellbeing, reduce health inequalities, improve the quality of care, prevent disease and premature death and decrease hospitalisation for long term conditions. Our vision is to strengthen local communities to reduce ill health and dependency to the minimum possible. We will work with partners to commission in an integrated, holistic way that addresses the health and wellbeing needs of local people.

The principles that underpin this vision are:

- People are supported to stay well and independent in the community;
- Patients, carers and practitioners all understand how services are provided and where to find information they may need;
- When people need care, they receive it safely, in the right place for them and at the right time;
- Hospital stays will be kept to a safe minimum, with appropriately supported discharge arrangements.

3. EQUALITY AND DIVERSITY OBJECTIVES

HaRD CCG has initially identified 3 specific Equality and Diversity objectives which it intends to build upon and develop into more specific outcomes.

- Ensure HaRD CCG complies with its duties within the Equality Act as an employer and commissioner of health services.
- Engage with local communities across Harrogate district in order to shape and prioritise service changes that meet diverse needs and target local health inequalities
- Ensure that our commissioning plans systematically take account of equality and diversity within the local population.

HaRD CCG will consult their patient population on service developments based upon these objectives, and in particular specific groups outlined in this strategy; to aid in the development, and reflect the distinct Equality and Diversity issues across the Harrogate district.

4. EQUALITY ACT 2010

The Equality Act 2010 is the bedrock of the HaRD CCG Equality and Diversity Strategy and is a core piece of legislation which enables a systematic approach across agencies to eliminate all forms of discrimination and inequalities experienced by certain groups of people.

The Act specifically references 9 protected characteristics (see table below) , which makes it unlawful to directly or indirectly discriminate against. It also enables organisations to take positive action, and additional support to disadvantaged groups.

Protected Characteristics as defined within the Equality Act 2010

	Characteristic	Description
1	Age	By being of a particular age or age group
2	Disability	A physical or mental impairment which has a substantial and long term adverse effect on day to day activities
3	Gender reassignment	A person who is proposing to undergo, in process of or has been through the reassignment of a persons sex by changing physiological or other attribute of sex.
4	Marriage and civil partnership	A person who is married or is a civil partner
5	Pregnancy and maternity	If a woman is treated unfavourable because of her pregnancy, pregnancy related to maternity
6	Race	Includes colour, nationality, ethnic and nationals origins
7	Religion and belief	The full diversity of religions and belief affiliations in the United Kingdom or lack there of.
8	Sex	Being a man or women
9	Sexual Orientation	A person's sexual preference towards people of the same sex, opposite sex or both.

4.1 Harrogate and Rural District Demographics

HaRD CCG has a registered patient population of 160,000. It is located in a large geographical area covered by 17 General Practices, with these Practices forming the Membership of the CCG. A broader picture of CCG's patient demography is clearly defined in the JSNA. The following intends to outline the 9 protected characteristics within the HaRD CCG patient population.

4.1.1 Age

Definition

Age refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Demographics

When compared to the national age profile the district has a lower percentage of people aged 0 – 29 and a higher proportion of people aged 45+. The average age in the district is 42 years old. Around 26.5% of the district's population are aged 60 and over; compared to 22.4% nationally. By 2030 the district's population aged 65+ is projected to rise by around 15,000 people (POPPI Institute of Public Care).

Age	Number of HD population	% of HD population
0-15	28,833	18.3
16-29	22,926	14.5
30-44	30,555	19.4
45-64	46,453	29.4
65+	29,102	18.4
Total	*157,869*	*100*

Source: Census 2011

Age-related health inequalities

Older people (65 +)
This is one of the most significant groups in terms of size of population and service need, compared to other groups who share protected characteristics.

- Dementia affects 7.1% of the over 65s and 17% of the over 80s and this can have a significant impact on individuals and carers in terms of their health and wellbeing.
- Isolation was regarded as one of the key concerns, based engagement input into the JSNA, which affects particularly affects older people.
- Reliance on public transport is significantly higher in this group. This has an impact on accessibility of services for this group.

4.1.2 Gender Reassignment

Definition
Gender reassignment refers to the process of transitioning the gender a person was assigned at birth, to the gender a person identifies themselves with.

Someone who was assigned male at birth and is transitioning to female usually identifies herself as a Transgender Woman, and similarly, a person who was assigned as female at birth and is undergoing gender reassignment usually identifies as a Transgender Man. However, many people who have undergone gender reassignment would not identify themselves as Transgender, they simply identify with their reassigned gender.

Data
There are no official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now transgender women) and 20% as girls (now transgender men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

According to GIRES, organisations should assume that 1% of their employees and service users may be experiencing some degree of gender variance. Many people who have or are undergoing gender reassignment are unlikely to wish to be detected and will be living and identify as their transitioned gender.

Transitioning carries a high level of risk for most gender variant people, with many transgender people at risk of harassment, hate crime and suicide. Nonetheless, better social, medical and legislative provisions for gender variant people, coupled with the "buddy effect" of mutual support among them, appear to be driving growth in the number who have sought medical treatment and slowly improving outcomes for transgender patients.

Transgender people report experiences of discrimination from service providers, and harassment and violence from individuals in their day to day lives. They may experience homophobia, usually relating to same-gender relationships. The similarities of discrimination experienced by Transgender people, especially when they are in same gender relationships, explains why the LGB and transgender communities may come together in sharing areas of joint concern, resulting in joint Lesbian Gay Bisexual and Transgender (LGBT) approaches. Not all Transgender people, however, are comfortable with being aligned with LGBT communities.

The community's main health needs are access to gender reassignment services, including assessment, counselling or psychotherapy, hormonal treatments, and gender reassignment surgeries. The first point of contact for these services is usually the patient's GP who will usually refer the patient into specialised gender reassignment services.

Transgender people will of course also have routine health care needs, including screening. Confidentiality and patient consultation are key to meeting the needs of transgender patients. Issues that need to be discussed and resolved include name changes and accurate screening services to meet the biological presentation of the patient. Confidentiality relating to a transgender patients gender status is a legal right within the Gender Recognition Act 2004. This applies to transgender patients who have or are in the process of applying for a Gender Recognition Certificate

4.1.3 Marriage/Civil Partnership

Definition
In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

Data:
Data from the Office of National Statistics covering the period 2008-2010 indicates that there were 18,049 Civil Partnerships in England and Wales during this three-year period – 52% men and 48% women.

4.1.4 Disability

Definition
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.

Data
The district has comparatively low levels of people with a disability. In the UK 17.6% stated that their daily activities were limited by disability in the 2011 Census. This compares to 15.5% in Harrogate and Rural District, which, equates to 24,470 residents.

Disability Profile 2001 & 2011

Census Category	Year	Harrogate %	England & Wales %
Long Term Health Problem or Disability	2011	15.5%	17.6%
Limiting Long Term Illness	2001	15.6%	18.2%

Sensory Impairment

The table below indicates the number of people in North Yorkshire diagnosed as sight impaired or severely sight impaired currently on the North Yorkshire and the prevalence by age group (figures are not available at a District level). The data shows that the prevalence of sight loss increases with age, and the UK population is ageing. This needs to be considered when commissioning services, particularly with regards to accessible communication.

People diagnosed as sight impaired or severely sight impaired currently on the North Yorkshire Certificate of Visual Impairment (CVI) register							
	Total no. of people	Age 0-4	5-17	18-49	50-64	65-74	75+
Partially Sight Impaired	2040	5	40	170	160	145	1520
Severely Sight Impaired	1610	5	25	180	145	130	1125

Data source: www.ic.nhs.uk/pubs/blindpartiallysighted11

Hearing Impairment

1.41% of the 18+ population of Harrogate have a moderate or severe hearing impairment. Hearing Impairment' is used here to represent the key different groups of population with a hearing loss: Deaf British Sign Language (BSL) users, deafened people, Deafblind people (otherwise referred to as people with a dual sensory loss) and hard of hearing people.

Hearing loss includes a smaller number of people whose first language is British Sign Language. Whilst this is the smallest group, it is a group that faces a large number of barriers in society due to lack of language access to English in all its forms. BSL is a gestural language used in the deaf community. It is not related to English or any other spoken language.

Many people born deaf or who become deaf in early life use sign language to communicate. The British Deaf Association estimates that the number of people who use BSL on any given day may total 250,000 (nationally).

Mobility Impairment

The Government's 'Improving Lives Survey' establishes the prevalence of mobility impairment for Yorkshire and the Humber.

In the general population (over 16) is 14%. Of those who define themselves as having a disability, 36% have mobility impairments.

Learning Disability

Harrogate has a higher than county average of registered GP population aged 18+ on the learning disability register (476.9 per 100 000 people).

Mental Ill Health

The incapacity claims rate for people with mental health or behaviour problems is 16.7 per 1000 working age adults. This is lower than the national average, however the JSNA also uncovers some other statistics relating to mental and emotional health:

- It is estimated that in North Yorkshire, 52,790 people aged 16-74 experience

common mental health problems including phobias, depression, anxiety, obsessive-compulsive disorder and panic disorder.

- During 2010/11, there were 60,789 people on the GP depression disease register in North Yorkshire, equivalent to a prevalence of 13.3%, above the national average of 11.2%.

4.1.5 Disability related health inequalities

Physical Disability

Disability and impairment does not necessarily imply ill health. However, some impairments can be a result of illnesses (e.g. a limb removal due to cancer, or long term hearing loss due to an ear infection), and some long-term conditions will have a progressive impact, resulting in different and fluctuating impairments at different stages of the condition (e.g. Multiple Sclerosis).

There is also national evidence that disabled people may be more at risk of ill health, due to a range of factors:

- Disabled people are more likely to experience economic disadvantage, and income is one of the most significant indicators of health status.
- Disabled people do not currently enjoy the same access to exercise facilities or green spaces as the general population.
- The isolation that some disabled people experience can put them at increased risk of depression.
- Some health services may not be fully accessible to disabled people, either through the built environment or through attitudes, practices and procedures

Learning Disability

There are numerous health inequalities associated with learning disabilities (see North Yorkshire County Council Topic Summary: Learning Disability - www.northyorks.gov.uk/).

In summary, people with learning disabilities have poorer health than their non- disabled peers, differences in health status that are, to a large extent, avoidable. Mortality rates for this group are starkly higher than other groups. People with learning disabilities not associated with any other condition (such as Down's Syndrome) average age of death is 65, compared to age 80 in the general population.

Lesbian and Bisexual Women

Stonewall's Prescription for Change (> 6000 respondents) showed:

- Less than half the women surveyed had taken up any screening for Sexually transmitted infections (STI's).
- The percentage of women over 25 who had never been for cervical screening was double that of heterosexualwomen
- The rates of self-harm in this population group are significantly higher
- Half of the women in the survey reported negative experiences in the health sector

Gay and Bisexual Men

In Stonewall's Gay and Bisexual Men Health Survey (6 861 respondents) showed:

- Smoking prevalence is higher in this group compared to heterosexual men

- Gay and bisexual men are more likely to attempt suicide, self-harm and have depression than their heterosexual peers. They are more likely to take illegal drugs.
- There is a lower uptake of cancer screening services
- Gay men have indicated concern at 'coming out' to their GPs (more so than their managers, work colleagues and family)

Lesbian, Gay and Bisexual people in later life

In older life, Stonewall's research in Lesbian, Gay and Bisexual People demonstrates that many older gay people have experienced, or fear, discrimination because of their sexual orientation and they say this creates a barrier to receiving appropriate care and treatment. They are particularly concerned about facing discrimination in services they may need to access in later life, including residential care services. Stonewall has produced a guide to making services more inclusive and accessible for older LGB people (http://www.stonewall.org.uk/sites/default/files/older_people_final_lo_res.pdf).

4.1.6 Ethnicity

Definition

The protected characteristic of Race refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. The term BME is used to refer to Black and Minority Ethnic and by definition* includes anyone who is:

- 'White Irish, white other (including white asylum seekers and refugees and Gypsies and Travellers), mixed (white & black Caribbean, white & black African, white & Asian, any other mixed background), Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background), black or black British (Caribbean, African or any other black background), Chinese, and any other ethnic group'

Broad Group	Sub-Group	Numbers	% total population
White	British or NI	144,719	91.67
White	Other White	6,473	4.10
Asian or Asian British	Chinese	868	0.55
White	Irish	774	0.49
Asian or Asian British	Other Asian	774	0.49
Mixed / Multiple ethnic groups	White and Asian	631	0.40
Black/African/Carribean/Black British	African	631	0.40
Asian or Asian British	Indian	584	0.37
Other groups <500 in total	*n/a*	*2415*	*1.53*
Total population	*n/a*	157,869	*100*

4.1.7 Sexual Orientation

Definition

Whether a person's sexual attraction is towards his or her own sex, the opposite sex or to both sexes. The term LGB refers to lesbian, gay and bisexual.

Data

Local population data is not available for sexual orientation. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, Stonewall estimates that 5 - 7% of the national population are lesbian, gay or bisexual.

4.1.8 Religion/Belief

Definition

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.

Data

As seen in the table below**,** 98.6% of the district's population is either Christian, of no religion or did not state a religious belief *(2011 Census)*. Of the remaining 1.4% of the district's population 0.4% are Muslim, 0.3% are Buddhist, 0.2% are Jewish and 0.5% are of other religions or beliefs.

Religion	2011	2001
Christian	68.6%	79.0%
Buddhist	0.3%	0.2%
Hindu	0.1%	0.1%
Jewish	0.2%	0.2%
Muslim	0.4%	0.2%
Sikh	0.1%	0%
Other Religion	0.3%	0.2%
No Religion	22.9%	13.1%

4.2 Public Sector Equality Duty

HaRD CCG has a Public Sector Equality Duty (PSED) explicitly outlined within the Act to carry out its core functions across Harrogate district being a fairer society. The three general duties include:

- Eliminating discrimination, harassment and victimisation and other conduct prohibited under the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In relative terms, HaRD CCG should have due regard for the three aims whilst planning or making decisions. This means through the development, evaluation and monitoring of health services both current and new, as well as internal policy, the aims will be robustly considered, in relation to the 9 characteristics. Thus removing disadvantages experienced by people sharing protected characteristics, and enabling them to live in a community with equal opportunity.

Implementing the HaRD CCG Equality Duty will require all staff within the HaRD CCG who are delivering its core functions to have a sound knowledge of the Equality duty. It also requires the CCG to ensure compliance from the early initial stages of service/policy development through to key decision making stages, so the CCG's duties are timely.

The CCG will ensure that its duties will be systemic in all its commissioning functions, with real consideration given to all principles. The CCG will ensure it has all the information required to make a sound decision with regard to equality and diversity, and ensure that the HaRD CCG Equality Duties are the CCG's alone, and will not be delegated to a third party.

This strategy and the CCG's activities in delivering its duties, is a dynamic process to be reviewed regularly and monitored by the Clinical Qulaitya nd Governance Committee yearly.

Overview of the different types of discrimination an individual or individuals can experience.

Type		Description
Discrimination	**Direct**	Treating a person, without justification, less favourably than another, particularly because of one's feelings, assumptions or prejudices about the characteristic, attributes or circumstance of that person this can include certain forms of harassment or abuse.
	Indirect	Occurs when applying, without justification, a request or condition which on the face of it applies to everyone but which in practise, forms a greater obstacle to a person, or group of persons, with particular characteristics, attributes or circumstances.
	Associative	This is direct discrimination against someone because they associate with another person who possesses a protected characteristic. This applies to race, religion or belief, sexual orientation, age, disability, gender reassignment and sex.
	Perceptive	This is direct discrimination against an individual because others think they possess a particular protected characteristic. This applies even if the person does not actually possess that characteristic.
Harassment		Is unwanted conduct related to a relevant protected characteristic and is intended to be violating ones dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. It may also involve unwanted conduct of a sexual nature or be related to gender reassignment or sex.
Victimisation		Subjecting a person to a detriment because they have made a complaint of discrimination, or are thought to have done so; or because they have someone else who has made a complaint of discrimination

4.3 Equality Delivery System (EDS)

Embedding equality and diversity into mainstream business is a key enabler to establishing a robust approach. The EDS is a model which allows both NHS Commissioner and Providers to fulfil their PSED under the Equality Act 2010. The system has four overarching goals.

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

5.0 HUMAN RIGHTS

The European Convention of Human Rights is represented in the United Kingdom (UK) as the Human Rights Act 1998 and is central to the NHS Constitution and EDS. A human rights

approach to commissioning is about putting the patient, their careers and families first and foremost in the decision making process.

To enable the CCG to effectively embed a human rights approach we will imply the PANEL principles to our day to day business and commissioning activities:

Participation	Everyone has a right to participate in decisions which affect their human rights
Accountability	Requires the effective monitoring of human rights standards and mitigation where breaches occur.
Non-discrimination and equality	All forms of discrimination are prohibited, prevented, eliminated and reducing inequalities is prioritised.
Empowerment of rights holders	Individuals and communities should know their rights and supported to do so
Legality of rights	Recognition of rights as legally enforceable

6.0 COMMUNITY ENGAGEMENT

HaRD CCG wants its patients to feel empowered, especially those who experience the greatest challenges. The engagement of all residents within Harrogate district is central to the development of our commissioning plans, and operational development. HaRD CCG intends to develop the breadth of engagement to minority groups, which is essential in ensuring an equitable health service.

HaRD CCG Communications and Engagement Strategy clearly outlines strategic objectives to communicate not only with the general populations but those within 'diverse and disadvantaged groups.

7.0 COMMISSIONING AND PROCUREMENT

HaRD CCG is, indicative of its name, a group whose membership comprises of clinicians who commission health services for the patient population of Harrogate district. Commissioners will not only role model best practice, but also provide leadership and support to the providers, to ensure equality and diversity principles.

As part of our local JSNA and other assessments of need, stakeholder input will inform the CCG of where the greatest resources are needed to reduce disparities in health outcomes, which includes issues around access, and priority groups. Initial business cases will be assessed for their impact on equality, through an Equality Impact Assessment. This is in addition to the valued inputs from community engagement, previously mentioned.

As part of the HaRD CCG commitment to equality and in keeping within our statutory duties, we will ensure that our procurement processes are transparent and fair. We will also ensure that the services we procure and commission adhere to the aims and objectives of our Equality and Diversity Strategy to ensure there is substantial objective justification which ensures sufficient reasoning and evidence exists behind an approach.

8.0 MONITORING AND PERFORMANCE

The CCG is aware that it needs to establish robust methods of ensuring that the organisation and its providers are having a positive impact on inequalities. To achieve this, HaRD CCG will monitor the impact of policies, procedure, and service provision to:

- Highlight possible irregularities
- Investigate underlying causes
- Remove or at least minimise any unfairness or disadvantages
- Demonstrate that we are offering equality of opportunity to all staff and patient groups
- Assist in establishing how and why we may be doing well or under performing
- Help focus on finding solutions and making improvements and plans for the future
- Ensure we use our resources effectively.

Information will be published on the HaRD CCG Website.

9.0 EQUALITY ASSURANCE AND GOVERNANCE

HaRD CCG has clear governance structures and lines of assurances which the group will continue to refine to meet the developing needs of the CCG and its duties within the Act.

9.1 Equality Assurances

9.1.1 Partnership Working

HaRD CCG can demonstrate close partnership working with agencies across Harrogate district and throughout the county, with other CCGs, Councils and other partner organisations.

9.1.2 Equality Impact Assessments (EIA)

HaRD CCG will undertake regular EIA's on its policies and commissioning activities, to determine the impact on various sections of the population, specifically in relation to the 9 protected characteristics. Where a negative impact is identified, the CCG will take direct steps to ensure that the principles of equality are assured. The CCG has made the assessment process an integral part of its protocols for developing business cases and policies and has made a commitment that all policies for ratification at Governing Body level will have undergone an EIA.

9.1.3 Engaging with patient and public

As described earlier in this strategy, members of the CCG highly value patient and public involvement. Patient and public views are at the forefront of CCG business, represented by the CCG's Patient Advocates, HaRD Net and many other, constantly evolving, mechanisms which ensure effective two-way communication between the CCG and our patients and public. The CCG has a public website (www.harrogateandruraldisctrictccg.nhs.uk) with accessibility adjustment control as well as a generic email (hardccg.enquireis@nhs.uk) for use by the general public.

9.1.4 Patient access and experience

We are committed to publishing a range of equality information to help our local resident's gain a greater understanding of the decisions we are making and why they are being taken. In line with good practice, we will aim to ensure our published equality information:

- Is available on-line and up-to-date.
- Is easy to find, clearly linked together and (ideally) available in one place.
- Covers both potential and actual service users.
- Provides information on the core functions of the organisation.

- Includes evidence on how equality impact is assessed, particularly with regard to the most relevant functions and policies.
- Is accessible to everyone and available in relevant alternative formats and languages, where required.

We will undertake a review of our published information at least annually.

9.1.5 Equality in complaints, Comments from Patients

The Patient Advice & Liaison Service (PALS) offers help, support and advice to patients, relatives or carers, about any issue relating to our provider organisations. As part of their work PALS collects diversity data from patients who make enquires, compliments, raise concerns or make complaints. HaRD CCG will ensure that PALS and complaints information is available in different formats and patients and carers are supported with the use of interpreting services.

9.1.6 Equality in Membership

HaRD CCG is a membership organisation; our membership and Governing Body are integral part of the engagement with the local community. It is important to HaRD CCG that membership and appointments are transparent and available to all and that it is representative of the community it serves.

9.1.7 Equality in Workforce

HaRD CCG is committed to having a workforce that reflects the diverse communities it serves, ensuring its policies and procedures promote equality and inclusion, that our staff feel confident and capable in their roles.

To ensure that we are meeting these goals we will:

- Create and promote key policies and procedures
- Train our staff in equalityand diversity
- Hear from and involve our staff on equality and inclusion
- Recognise and promote key events and celebrations
- Identify and support needs of diverse staff
- Collect an evaluate our workforce data

The HaRD CCG acquires its Human Resources services from eMBED, in which Equality and Diversity will be fundamental in delivering best practice Human Resource functions.

9.1.8 Employee Training

The CCG has incorporated Equality and Diversity training within its induction package for new employers, and is tagged into the regular Mandatory Training. This consists of an online learning tool.

9.2 Equality Governance

Specific governance responsibilities belong to the,

9.2.1 Governing Body

The Governing body is responsible approving the arrangements for meeting the public sector equality duty.

9.2.2 Executive Team

Delegated operational responsibility for ensuring all commissioning decisions comply with equality and diversity legislation and that equality assessment is carried out on all policies, strategies, specifications and business cases

9.2.3 All HaRD CCG Team

Adhering to policy and monitoring the impact of policy and practice and ensuring it is incorporated into daily functions and includes personal and professional interactions being free from prejudice or discrimination

9.2.4 Quality and Clinical Governance Committee

This Committee will ensure that all commissioned services meet safeguarding systems and processes and individual needs are met. The Committee will ensure all commissioned services improve the quality of care for our patients and services users. Commissioned services will be effective, safe and provide as positive experience as possible.

9.2.5 Corporate Governance Manager

The Corporate Governance Manager provides support to the successful development and maintenance of the corporate governance functions of the CCG. The role ensures effective monitoring and delivery systems making timely responses in relation to the operation of the CCG Constitution, Standing Orders and Scheme of Delegation and other Corporate Governance issues

9.2.6 Patient Advocates

The CCGs Patient Advocates represent Patient Participation Groups at GP Practices across Harrogate district. They engage with the CCG at regular forums to learn more about the work of the CCG and to help engage with a wider public audience whilst providing vital personal experiences and feedback on our commissioning plans.

Equality and Diversity Action Plan 2017-18

Objective	Steps needed to achieve	Timeframe	Lead
To ensure that all our communication activity is accessible, taking into account a wide range of communications needs, and seek assurance that our providers do the same	To ensure staff are aware of methods of ensuring accessible communications including the use of 'Plain English' - Include within the Staff Handbook	Ongoing	Governance Manager
	Ensure appropriate use of accessibility statements for public facing documents	December 2017	Governance Manager
	Publish equality information on website (including annual reports, EqIAs, population data, WRES, EDS)	As available for publication	Head of Nursing and Quality
	Review content of EIAs in project charter documents	On commencement of any new project	Business Change Manager
	Offer ongoing coaching and support for EIAs	As required	Business Change Manager
To ensure and provide evidence that equality is consciously considered in all commissioning activities	Strengthen engagement on EIAs (possibly share with local interest groups - needs proper and accessible communication to enable meaningful dialogue)	On commencement of any new project	Head of Nurisng and Quality
	Contract management: - Get assurance re meeting of equality standards: WRES, EDS (NHS providers) Accessible Information Standard Ensure provider equality reports are feeding back into equality impact assessment	Ongoing via contract management meetings	Head of Contracting
	Check EIAs on new / refreshed policies (corporate and clinical)	At time of writing/review of policies	Governance Manager
	- *Consider IFR exceptionality from an equality perspective*	Ongoing	Quality Lead
	Explore opportunities for joint engagement with stakeholders	Ongoing	Head of Nursing and Quality
	Continue to attend and support the North Yorkshire Equality & Diversity Strategic Partnership	Quarterly	Head of Nursing and Quality
Be a strong partner and actively seek	Share job vacancies to community groups via existing	As advertised	HR

Objective	Steps needed to achieve	Timeframe	Lead
to collaborate with partners to meet our public sector duties	engagement networks (including CVS and community groups)		
	Feed into HR review of appraisals/staff engagement group (identified as an area for further action by staff survey & EDS)	July 2017	HR
To maintain a well-supported, empowered motivated and engaged workforce, which is representative of the population we serve	Feed into HR review of evaluating impact on non-mandatory training (identified as an area for further action by staff survey & EDS)	Ongoing	HR
	Deliver specific staff training / coaching to strengthen equality impact analysis skills and understanding of the needs of particular protected characteristic groups (e.g. need for more awareness about Transgender equality).	December 2017	HR
To continue to demonstrate strong leadership on equality so that it remains firmly on the agenda throughout any organisational change	Integrate equality work into mainstream business planning The Governing Body and senior management team should confirm their own commitment to, and vision for, services with fair access and equivalent outcomes for people who use services, and a workplace where people can thrive based on their talent. They should stress that promoting equality is everyone's business, and that no one organisation or stakeholder can work in isolation from others in making progress.	Ongoing	All