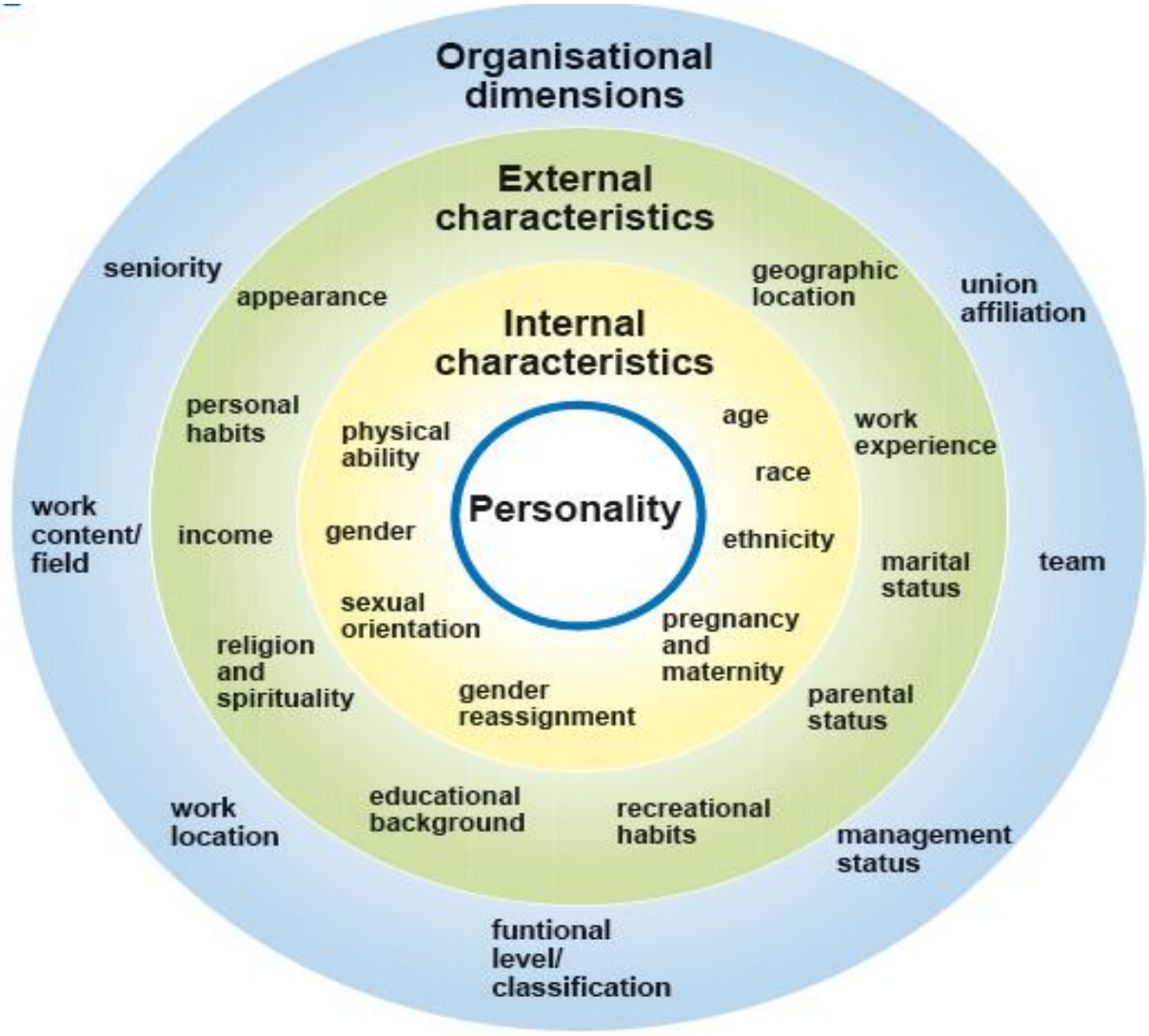
NHS

Haringey Clinical Commissioning Group

Equality, Diversity and Human Rights Strategy 2012 – 2016



Foreword

Welcome to the Haringey Clinical Commissioning Group's first Equality Diversity and Human Rights Strategy, which sets out, along with our action plan, the CCG's approach to promoting equality and diversity.

Haringey Clinical Commissioning Group (CCG) is committed to promoting equality, diversity and human rights for service users and our staff.

The CCG is committed to involving local people in the continuing development and monitoring of this strategy to ensure that we commission (buy) the right health care services, provide well trained staff to deliver and ensure our providers meet the equality duties set out in the Equality Act 2010 and promote people's rights.

'Inequalities are a matter of life and death, of health and sickness, of wellbeing and misery. Health inequalities that could be avoided by reasonable means are unfair. Putting them right is a matter of social justice. But the evidence matters. Good intentions are not enough.'

Fair Society, Healthy Lives (The Marmot Review)

Health inequalities still persist across Haringey and this is a real pressing concern for the CCG. Our determination to eliminate discrimination and health inequalities is embodied by our vision of "enabling the people of Haringey to live long and healthy lives with access to fair, well coordinated and high quality services" and our aim to "promote well being, reduce health inequalities and improve health outcomes for local people."

In order to meet the Public Sector Equality Duty (PSED) we have therefore developed this strategy, with an accompanying draft action plan (section 6). This Action Plan will be reviewed annually and the objectives will be updated to reflect new and emerging issues. An Equalities and Diversity Annual Report will be published to demonstrate our achievements over the previous 12 months.

1.0 Introduction

This strategy sets out how Haringey Clinical Commissioning Group (CCG) will meet the equality duties set out in the Equality Act 2010 Section 149.

The CCG will put the patient at the heart of what we do. This will be achieved via effective engagement and involvement of local people in decision making, commissioning health care to meet local needs, and working in partnership with local people, the council and other health care providers to improve health outcomes for the protected groups identified under the Equality Act 2010.

The CCG will ensure that all policies, functions and services carried out either by itself or on its behalf will be subjected to an Equality Impact Analysis (EQIA) to ascertain any differential impacts on people - specifically with protected characteristics - within our community or those we employ, in line with the Equality Act 2010.

Through the adoption of the NHS Equality Delivery System (EDS) the CCG aims to demonstrate to the people we serve how we are meeting the three aims of the Equality Duty:

Aim 1: Eliminate unlawful discrimination, harassment and victimisation
Aim 2: Advance equality of opportunity between different groups
Aim 3: Foster good relations between different groups

1.1 Specific Duty

The CCG will meet the requirements of the Specific Duties of the Equality Act by publishing equality information gathered as part of the EDS self-assessment annually and work with local people and equality stakeholders to grade the CCG's performance against the four goals of EDS. The findings of the grading will identify the CCG's equality objectives – this work has already been carried out for 2012 by NHS North Central London and the CCG will adopt these where they would be relevant for the CCG to meet its Public Sector Equality Duty. The CCG will identify its final equality objectives for 2013-14 following engagement with local people from the protected groups. Proposed draft objectives are attached in section 6.

2.0 Profile of the Community

About Haringey

Haringey is an exceptionally diverse and fast-changing borough. We have a population estimated to be 225,000 according to the 2010 Office for National Statistics (ONS) Mid-Year Estimates. Almost half of our population, and three-quarters of our young people, are from minority ethnic backgrounds, and over 190 languages are spoken in the borough. Our population is the fifth most ethnically diverse in the country.

Following the national trend, Haringey's population is ageing, with the proportion of those of pensionable age (65 plus) projected to increase from 11.4% of the population to 14.5% by 2035. The 2010 ONS Sub National Population Projections predict that Haringey's total population will increase to 309,500 by 2035. This would represent a 29.6% increase on the 2010 population estimate.

Haringey is ranked the 4th most deprived borough in London – only Hackney, Newham and Tower Hamlets are more deprived.

80 of Haringey's 144 LSOAs (lower super output areas are small geographical areas) are within the most deprived 20% in England, located predominantly in the east of the borough, especially the north east. In 2007, 76 SOAs were within the 20% most deprived in England.

Within Haringey there are large variations in life expectancy for both men and women, depending on the ward in which people live. Life expectancy for men ranges from 72.5 years in Tottenham Green to 81.5 years in Fortis Green – a gap of 9 years. 11 out of the 19 wards in Haringey have life expectancies that are significantly lower than the England average. The variation in male life expectancy is closely linked to deprivation levels across the borough – more deprived areas have lower life expectancy.

2. 1 Age

Haringey's older people population is projected to increase by 69.8% over the next 25 years. Haringey's younger population has a similar age profile to London, with 23.9% of Haringey residents aged under 20 in 2010, compared with 23.8% in London. The 2010 ONS Sub National Population Projections predict that Haringey's 0-19 population will have increased to 66,700 by 2035 - a 21.7% increase on the 2010 population estimate of 54,800 by 2035:

2.2 Gender

50.7% of the Haringey population are male and 49.3% are female. The population pyramid below shows the breakdown of gender by age.

Data from **2010 Mid Year Estimates, ONS**

Figures do not currently exist for the number of people living in Haringey who would consider themselves as either transgender or trans-sexual. However, in 2009 the Gender Identity Research and Education Society published a report[1] that estimated that in 2007, the prevalence of people who had sought medical care for gender variance nationally was 20 per 100,000 i.e. 10,000 people, with 6,000 of these having undergone transition.

2.3 Race and ethnicity

Haringey' is one of the most ethnically diverse boroughs in the UK. According to the 2009 Mid Year Ethnicity Estimates, 48.7% of the Haringey population are not White British. This is higher than the overall London figure of 40.5%. It was estimated that the largest ethnic groups in Haringey were White British (51.3%), White Other (11.9%), Black Caribbean (6.6%) and Black African (8.1%).

[1]http://www.gires.org.uk/Prevalence2011.pdf

2009 Mid Year Ethnicity Estimates					
		Haringey		London	
5 Ethnic Groups	16 Ethnic Groups	Total	%	Total	%
Total	Total	225500		7753600	
White	British	115600	51.3	4614600	59.5
	Irish	7300	3.2	169100	2.2
	Other White	26900	11.9	622300	8.0
Mixed	White and Black Caribbean	3000	1.3	78800	1.0
	White and Black African	1500	0.7	42200	0.5
	White and Asian	2700	1.2	79400	1.0
	Other Mixed	2700	1.2	73900	1.0
Asian or Asian British	Indian	9000	4.0	480000	6.2
	Pakistani	4300	1.9	215100	2.8
	Bangladeshi	3800	1.7	168000	2.2
	Other Asian	4400	2.0	157400	2.0
Black or Black British	Black Caribbean	14900	6.6	308200	4.0
	Black African	18200	8.1	412300	5.3
	Other Black	2800	1.2	64000	0.8
Chinese or Other Ethnic Group	Chinese	4200	1.9	137600	1.8
	Other	4300	1.9	130700	1.7

Source: 2009 Mid Year Ethnicity Estimates - ONS

The ONS state that 24,230 people moved to Haringey in 2009/10, with 4950 coming from outside the UK. As we have seen, Haringey has a growing population, but this is due to the number of babies being born in the borough, rather than the number of people moving to it. In fact, more people move out of the borough than move into it. A similar picture is seen across London, with more residents leaving than settling in the city. Here again, population growth is due to births outnumbering deaths, rather than net inward migration.

2.4 Sexual Orientation

Stonewall estimates that 6% of the UK population are lesbian, gay or bisexual (LGB), and suggests that this proportion is even higher in urban areas such as Haringey. There is no local data currently available.

2.5 Disability and Long Term Conditions

The Equality Act 2010 defines disability as “a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities”.

Based on the 2001 Census, around 33,590 people (15% of Haringey's population) have a limiting long-term illness. Over 500 children and young people have a disability, and an estimated 2,830 of 5-15 year olds have some sort of mental health need.

2.6 Religion in Haringey

Haringey is one of the most religiously diverse boroughs in the UK. The most up-to-date figures on the religious profile of Haringey residents come from the 2001 Census. In 2001, half of the residents of Haringey were Christian, 8.1% less than the overall percentage for London and 21.6% less than England and Wales. 11.3% of Haringey residents stated that their religion was Muslim, 2.8% higher than London, and 8.3% higher than England and Wales. Haringey has a lower percentage of residents who stated their religion as Hindu (2.1%) and Sikh (0.3%) than London as a whole (4.1% and 1.5%, respectively). A fifth of Haringey residents stated that they did not have a religion.

3.0 Equality Pledges

Haringey Clinical Commissioning Group (CCG) will:

- Ensure we engage with local people as part of our decision-making processes to ensure we hear the voices of all our communities from all protected groups.

- Ensure that all the policies and practices carried out by or on behalf of the CCG are based on robust EQIAs which focus on identifying whether there are any effects on people - specifically with protected characteristics - within our community who may use our services or on the people we employ, in line with the Equality Act 2010.

- Develop a governance structure for Equality, Diversity and Human Rights which includes a member of the Governing Body

- Ensure all staff, including Governing Body members, undertake equality and diversity training at a level pertinent to supporting them to carry out their role effectively

- Have in place robust, fair and equitable recruitment processes

- Have an inclusive Communication and Engagement Strategy which aims to ensure that people of protected groups are engaged effectively.

- Use the EDS to inform local people how the CCG is performing and ensure that any health care providers commissioned by the CCG are also using EDS.

- Engage with local people and HealthWatch to grade the CCG's performance against the four EDS goals.

- Agree to and be bound by our Equalities Charter to ensure that the above pledges are realised.

4.0 Equality Delivery System (EDS)

The EDS is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff. It is specifically intended to make positive differences to healthy living and working lives.

EDS is a tool for both current and emerging NHS organisations – in partnership with patients, the public, staff and staff-side organisations - to use to review their equality performance and to identify future priorities and actions. It offers local and national reporting and accountability mechanisms.

At the heart of the EDS is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The four EDS goals are:

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

4.1 Equality Delivery Submission 2012 (PCT to CCG Transition Period)

Achieving a significant positive impact on the health and well being of those who live and work in our Borough is one of the underlying pillars of the CCG's vision. This will be delivered both through the legal requirements of the Equality Act 2010 and also through CCG aspirations to eliminate discrimination and promote equality in partnership with local communities and other statutory and voluntary sector partners.

The CCG is committed to working with local people from Haringey across all protected groups to ensure that the CCG improves year-on-year against the four goals and 18 outcomes set out in the EDS and will report annually on our performance against the equality objectives set out in section 7 of this Strategy. In 2012 NHS North Central London carried out an extensive engagement exercise to develop its own equality objectives and the CCG will adopt these where they are relevant for the CCG to meet its Public Sector Equality Duty. The CCG will identify its equality objectives for the next year following engagement with local people from the protected groups.

5.0 Engagement with local people

The CCG has in place a Communications and Engagement Strategy which will complement the Equality Strategy. The CCG will adopt a human rights-based approach as part of its overarching governance arrangements, ensuring that it engages with local people across all protected groups (see appendix 2) to ensure that they are engaged in decision-making, including those communities which are seldom heard or marginalised.

The implementation of a human rights-based approach to decision making within the CCG will not only support the CCG through authorisation but will also reinforce its commitment to the three equality duties and the NHS Constitution 2009.

5.1 What is a human rights-based approach?

A human rights-based approach means putting patients, carers and families first and foremost in decision-making, empowering people to know about and how to claim their rights and increasing the ability and accountability of individuals and institutions which are responsible for respecting, protecting and fulfilling rights.

A human rights-based approach is at the heart of the NHS Constitution, which brings together in one place what staff, patients and the public can expect from the National Health Service. It also sets out patients' rights which cover how patients access health services, the quality of care they should expect to receive, the treatments and programmes available to them, confidentiality, information and their right to complain if things go wrong.

In adopting a Human rights-based approach the CCG will ensure that both the standards and the principles of human rights are integrated into policy-making, as well as the day-to-day running of the organisation.

5.2 Human rights principles

The CCG will strive towards best practice in demonstrating human rights principles.

PANEL principles: are important in applying a human rights based approach in practice	**FREDA principles:** are invaluable for ensuring policies and procedures are aligned with human rights values.
PARTICIPATION **A**CCOUNTABILITY **N**ON-DISCRIMINATION AND EQUALITY **E**MPOWERMENT **L**EGALITY	**F**AIRNESS **R**ESPECT **E**QUALITY **D**IGNITY **A**UTONOMY

5.3 Dignity in Care: preventing abuse and protecting human rights

In taking a human rights-based approach to engagement and decision-making the CCG is also committed to ensuring that all vulnerable adults and children, their care givers and their advocates are treated with dignity and respect in accordance with the Dignity Code in appendix 4. By working alongside care providers through the contract review processes and commissioning the CCG will take a lead in promoting dignity in care at all levels.

5.4 Equality Impact Analysis (EQIA)

The use of Equality Impact Analyses (EQIAs) will help to ensure that the CCG treats people fairly, as well as planning, promoting and delivering equitable healthcare to the local community. Over time EQIAs should help to reduce health inequalities and promote good health for everyone in the borough, while also helping to ensure that we meet our Public Sector Equality Duty.

All functions, policies, including staff policies, new service developments, procurements, consultations and changes to services will have an EQIA undertaken before going ahead. EQIAs will be used as a diagnostic tool to measure any possible impact of the proposal on the protected characteristics.

CCG managers will be required to be trained in completing EQIAs as part of their mandatory equality and diversity training. Once completed, all EQIAs will be published on the CCG's website to ensure transparency.

6.0 Equality, Diversity & Human Rights Action Plan 2013-2014

Current EDS objective 1	Actions	Outcomes	Timeline	EDS outcome	Measures of Success
Ensure that Equality Impact Analyses (EQIAs) are undertaken on any policy revisions, service/team/ directorate change	EQIAs are undertaken on any policy revisions, service/team/directorate change Publish EQIAs on the intranet and the external website. Review the quality of EQIAs and make recommendations for improvement by setting up an external review group made up of community groups with an interest in one or more of the equality strands. Audit a percentage of the papers that go to Board for approval to review whether EQIAs have been appropriately completed. Audit EQIAs and make recommendations for improvements Provide further training on EQIAs to improve their quality	All new policies/policy revisions, service/team/ directorate change have had an EQIA completed All EQIAs have been published EQIA Audit group set up Report to Quality Committee Report to Quality Committee EQIA Master classes	Progress to be reviewed on an annual basis/1st review due March 2013.	All outcomes specifically: 1.1 1.2 1.3 1.4 2.1 3.1	All policies, functions, proposals would have had an EQIA to ensure that we do not adversely impact any protected characteristics and meet the requirements of the Public Sector Equality Duty. EQIA Audit group set up to regularly oversee EQIAs Publish EQIAs on website to ensure transparency in decision making Managers trained on EQIA using NHS NCL templates

Current EDS objective 2	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Commission hospitals in North Central London to improve access to healthcare for people with a learning disability, and people on the autism spectrum	Undertake a range of actions including the provision of care plans and accessible information for learning disabled and patients on the autistic spectrum.	People with learning disability have ready access to healthcare. People with autism are included with people with learning disability in their access to healthcare Reported on quarterly by the Trusts that adopt it	Progress to be reviewed on a quarterly basis/1st review due March 2013.	1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.3	Access to healthcare for people with a learning disability improved. Staff trained to understand and act in a manner appropriate to the needs of people with learning disabilities.

Current EDS objective 3	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Improve the data about our staff to identify patterns of potential discrimination and publish this data in the next Annual Equality Report	To undertake self assessment of data. Indentify potential data gaps and to close or narrow them. Publish staffing data in the Annual Equality report through the intranet and external websites	Data gaps identified. Process in place to eliminate or reduce gaps Staff data published	Publish data as per statutory requirement January 2013	3.1 3.2 3.3 3.4 3.5 3.6 4.2	Data collection methods improved by the capture of information

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcome	Measures of Success
Introduce robust governance structures and the EDS equality assurance framework	Improve the range of information we have about patients in protected groups and how this is used. Disaggregate data to ensure a full understanding of the impact of services across the protected groups Create an understanding of inequalities to service delivery and identify existing barriers Inclusion of appropriate contractual terms and conditions to comply with the Equality Act 2010 Set up the requisite governance structure to ensure equality performance, monitor and reporting on compliance	Commissioning plans demonstrate where patient information has informed decision making (as above) A reduction in inequalities in relation to access Equality measures are incorporated into all provider contractual and procurement arrangements. Ensure robust contract management processes are in place to drive quality services Locality based governance arrangements are recognised and work	Progress to be reviewed on an annual basis/1st review due March 2013.	1 2 3 4	Continue work to ensure equality monitoring is taking place. Implementation of the EDS demonstrating that 4 or more protected groups have been consulted Publish equality objectives and annually report on positive outcomes demonstrating an upward indicator

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Build strong relationships with diverse groups and communities to understand their needs, priorities and experiences.	Proactively engage with service users and residents in community social housing in areas of high deprivation Engaging with locally excluded groups and communities, such as the homeless and gypsy/ traveller. Develop appropriate communications and engagement plans that recognise the value of community feedback. Using technology and techniques best suited to different population groups. Develop strategies in line with local partners e.g. Haringey Council, the Health and Wellbeing Board, Healthwatch, voluntary and third sector organisations Proactively engage in the development of JSNAs and joint health and wellbeing strategies to integrate commissioning and work in shared governance and processes with Haringey Council	All protected groups involved in engagement and consultation processes Planned events/consultations Communities feel engaged and empowered as communications become more meaningful Joint planned events across health and social care Active patients in partnership groups engaged in the development of key documents and plans.	Progress to be reviewed on an annual basis/1st review due March 2013.	2.1 2.2 2.3 2.4	The CCG has a robust engagement strategy which includes the provision of reasonable adjustments it will need to employ in engaging effectively e.g. range of formats of documents, ensuring interpreter support where required, times of engagement etc CCG has a clear understanding of the demographics of the people it is serving, identifying any groups which are marginalised or seldom involved in engagement Evidence shows that the whole of the local community is equally able to access services and has the same quality of experience.

Proposed EDS objectives continues	Set up engagement forums with patient representatives for major care pathway, service redesign work streams and systems. Actively communicate commissioning decisions and respond to feedback Arrangements for handling complaints and concerns raised with the CCG deliver outcomes equivalent to those set out in the statutory framework for complaints handling.	Analyse and act on information from engagement to translate into priorities for improvement in services, access and outcomes Local and national guidelines for handling and monitoring complaints are in place. Work with partners such as HealthWatch to ensure the 'seldom heard' communities are able to feedback complaints				Patients, carers and communities can readily access Primary and secondary care services and shouldn't be denied access on unreasonable grounds. Evidence of a robust inclusive complaints system in place for complaints.

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Commission the following targeted prevention, early intervention and self management programmes	Deliver targeted physical disability and long term conditions programmes for people with Mental Health problems *Develop an integrated care system* - provide better coordinated care, identify and support more vulnerable patients and deliver more equitable and superior health outcomes To implement case management for people with long term conditions improving self management and independence To develop a comprehensive fall pathway To improve access to CAMHS Tier 3 services	Programmes demonstrate, increases in take-up, with prevalence decreasing over time, national and local targets being met and where possible exceeded, patient experience survey demonstrate increased confidence and self management. Decrease in hospital admissions. We aim to reduce health inequalities by working through locality-based networks	Progress to be reviewed on an annual basis/1st review due March 2013	1.1 1.2 1.3 1.4 1.5	Improved access to physical disability and Long Term Conditions services for people with mental health co-morbidities to promote rehabilitation and recovery. Monitoring, reviewing and responding to patient experience Improve patient experience Service stakeholders engaged/reduction in secondary care attendances and reduce the number of falls in older people Reduction in Tier 4 placements

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS Outcomes	Measures of Success
Improve access to and provide a patient centred approach to delivering primary and community services:	Identify areas of low uptake or non-access to services, such as Mental Health, Learning Disabilities and dementia and screening programmes such as childhood immunisation, programmes, cervical, breast and bowel cancer screening. Work with communities and local heath advocates to co-design outreach activities to address priority areas of low uptake e.g. teenage pregnancy rates, childhood immunisation for MMR booster at age 5 To improve access to and address inequalities in primary medical services through the Primary Care Strategy. To improve access to urgent primary care services reducing dependence on hospital services for urgent care. To strengthen existing practice participation groups and to establish a pan-Haringey Network for engagement.	Patients health needs are assessed, and resulting services provided, in appropriate and effective ways Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	Progress to be reviewed on an annual basis/1st review due March 2013	1.2 1.3 2.3	Increased uptake of services. Increased uptake of services. Improved scores relating to access in Primary Care Patient Experience Survey` Reduced attendances in A&E minor activity Every patient has access to a practice participation group.

Proposed EDS objectives	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation	Ensure robust equality and diversity analysis is integral in the staff transition programme Develop effective communication and engagement plan to promote staff participation in the Equality Delivery System for themselves and service users Include session on Equality, diversity and Culture and values into staff training to support the improvement of staff survey results Ensure CCG has in place competent Equality, Diversity and Human Rights leadership that can consistently deliver	Staff feel consulted and engaged in the transition process. Feedback suggests that staff feel fairly treated as evidenced by robust impact assessment and ultimately the right individuals get the right jobs. CCG is able to evidence that through the collection and user of staff profiling data that staff from all protected groups have equity in the level of personal development CCG workforce planning assesses the overall capability and capacity within its existing workforce to deliver the equality and human rights outcomes set out in the authorisation workbook, EDS and the NHS Outcomes Framework.	Progress to be reviewed on an annual basis/1st review due March 2013	3.1 3.3 3.4 3.5 4.2 4.3	The workforce profile substantially matches the local demographic for all communities at all levels. Created a respectful environment at work where people are confident that senior managers are committed to upholding respect and values. Published annual equality data and information e.g. annual EDHR report, workforce profile demonstrating progress Developed Competency Framework for Equality and Diversity leaders at all levels. Ensure the delivery of a robust, open and transparent approach to the agenda

continued	Actions	Outcomes	Timeline	EDS outcomes	Measures of Success
Develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation	Ensure CCG has in place competent Equality, Diversity and Human Rights leadership that can consistently deliver.	EDHR Specialist to support the CCG by providing strategic visioning, leadership and operational delivery competence e.g. a. Able to respond to diverse and changing community needs b. Robust EQIAs provided to service planning and improvement	Progress to be reviewed on an annual basis/1st review due March 2013	3.1 3.3 3.4 3.5 4.2 4.3	Developed Competency Framework for equality and diversity leaders at all levels. Ensure the delivery of a robust, open and transparent approach to the agenda.

Appendix 1

Equality Act 2010 Section 149 General / Specific Duties (1-3)		
	General Duties	**Due Regard**
1	Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010	Remove or minimise disadvantages connected with a relevant protected characteristic (e.g. address the problems that women have in accessing senior positions in the workplace) Take steps to meet the different needs of persons who share a relevant protected characteristic (e.g. ensure the particular needs of BME women fleeing domestic violence are met) Encourage persons who share a relevant protected characteristic to participate in public life or any other activity in which they are under-represented (e.g. take steps to encourage more disabled people to apply for senior posts).
2	Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	Tackle prejudice (e.g. tackle hate crime for people with protected characteristics)
3	Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.	Promote understanding (e.g. promote an understanding of different faiths).
NB	Organisations that are not public authorities are also required to have due regard to the needs listed above whenever they carry out public functions. This could include, for example, a private company with a contract to provide certain public services.	
	Specific Duties	
4	Publication of information Each public authority must publish information to show that it is complying with the s.149 duty by 31st January 2012 and at least on an annual basis after that. Authorities must include information about persons who share a protected characteristic who are its employees (if it has 150 or more employees) and its service users.	
5	Equality objectives Each public authority must prepare and publish one or more objectives it thinks it should achieve to have due regard to the need to eliminate discrimination and harassment, to advance equality of opportunity or to foster good relations. Any objective must be specific and measurable. Authorities must publish their first objectives no later than 6 April 2012 and at least every four years after that.	

Appendix 2

The Public Sector Equality Duty 2010 (protected characteristics) (1-8)		
1	Age	By being of a particular age / within a range of ages
2	Disability	A physical or mental impairment which has a substantial and long term adverse effect on day to day activities
3	Gender (sex)	being a man or a woman
4	Gender Reassignment	Transsexual people who propose to; are doing or have undergone a process of having their sex reassigned
5	Pregnancy and maternity	If a woman is treated unfavourably because of her pregnancy, pregnancy related illness or related to maternity leave
6	Race	Includes colour, nationality, ethnic origins and national origins
7	Religion or belief / lack of belief	The full diversity of religious and belief affiliations in the United Kingdom.
8	Sexual orientation	A person's sexual preference towards people of the same sex, opposite sex or both
9	Marriage and Civil Partnership	This is relevant in relation to employment and vocational training; the CCG will ensure that this protected group is considered in relation to employment of staff and their training.

Appendix 3

How we were graded – LINKS grades

Narrative	Outcome	Haringey
The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	
	1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	
	1.3 Changes across services are discussed with patients, and transitions are made smoothly	
	1.4 The safety of patients is prioritised and assured	
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	
The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	
	2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	
	2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	
NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	
	4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes	

Appendix 4 – Dignity Code

Dignity Code

The purpose of this Dignity Code is to uphold the rights and maintain the personal dignity of all people in Haringey but especially those who are vulnerable such as older people, people with Learning Disability, people with mental health etc., within the context of ensuring the health, safety and well-being of those who are increasingly less able to care for themselves or to properly conduct their affairs.

This Code recognises that certain practices and actions are unacceptable to vulnerable such as older people, people with Learning Disability, mental health etc. such as:

- Being abusive or disrespectful in any way, ignoring people or assuming they cannot do things for themselves
- Treating people but especially vulnerable people such as older people, people with Learning Disability, people with mental health, people with disabilities as objects or speaking about them in their presence as if they were not there
- Not respecting the need for privacy
- Not informing people, especially vulnerable people such as older people, people with Learning Disability, people with mental health, people with disabilities of what is happening in a way that they can understand
- Changing the person's environment without their permission especially vulnerable people such as older people, people with Learning Disability, people with mental health, people with disabilities
- Intervening or performing care without consent
- Using unnecessary medication or restraints
- Failing to take care of an person's personal appearance
- Not allowing people to speak for themselves, either directly or through the use of a friend, relative or advocate
- Refusing treatment on the grounds of age, disability or any other protected characteristic unless it is proportionate, justifiable and legal as set out in the Human Rights Act 1998 and the Equality Act 2010

This Code therefore calls for:

- Respect for individuals to make up their own minds, and for their personal wishes as expressed in 'living wills', for implementation when they can no longer express themselves clearly
- Respect for an individual's habits, values, particular cultural background and any needs, linguistic or otherwise
- The use of formal spoken terms of address, unless invited to do otherwise
- Comfort, consideration, inclusion, participation, stimulation and a sense of purpose in all aspects of care
- Care to be adapted to the needs of the individual
- Support for the individual to maintain their hygiene and personal appearance
- Respect for people's homes, living space and privacy
- Concerns to be dealt with thoroughly and the right to complain without fear of retribution
- The provision of advocacy services where appropriate