

Equality and Inclusion Strategy 2022 -2026

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Introduction

NHS Cheshire and Merseyside is governed by the the Integrated Care Board (ICB). The ICB is committed to embracing equality, diversity, and inclusion (EDI) by promoting and sustaining an open and supportive environment. We want everyone to feel they can bring their whole selves to work. We expect everyone to have commitment to equality, diversity, and inclusion.

NHS Cheshire and Merseyside is responsible for planning and buying healthcare services for a population of 2.7 million people across 9 boroughs. Our Partnership aims to improve the overall health of our population, as well as the services we can offer on a day-to-day basis.

In our region, 33% of the population live in the most deprived 20% of neighbourhoods in England. According to the GP patient survey for England, across Cheshire and Merseyside 4% of patients state their sexual orientation as being either Gay, Lesbian, Bisexual or Other and 4.5% of the population are from black and minority ethnic (BME) groups.

The Partnership is fully committed to advancing equality, diversity, and inclusion across the region.

Our vision, as described in our [ICS strategy](#), is for everyone in Cheshire and Merseyside to have a great start in life, and get the support they need to stay healthy and live longer.

We will do this by working together, to tackle health inequalities and improve the lives of the poorest fastest.

Joining up health and care is nothing new – we have been working towards this for some years, and we want to continue to build on this excellent work. This includes further strengthening the incredible joint working we have seen throughout the Covid-19 pandemic, which has made a massive difference to the lives of local people and their families.

Strategic objectives

We have four key strategic objectives:

- Improve population health and healthcare
- Tackle health inequality, improving outcomes and access to services
- Enhancing quality, productivity, and value for money

- Helping the NHS to support broader social and economic development.

We are a clinically led organisation which encourages public involvement at all stages of the commissioning cycle, NHS Cheshire and Merseyside ensures that the views of clinicians and residents are front and centre of our decision-making processes.

It is no secret that demand for health and care services is rising faster than budgets. Quite rightly, the people of Cheshire and Merseyside expect NHS organisations and others to work together to help meet this challenge.

NHS Cheshire and Merseyside have appointed a Governing Body to carry out their commissioning functions and to govern the delivery of effective, efficient, and equitable and accessible health care services.

Our Equality Objectives

Promoting equality, diversity, human rights, and inclusion is at the heart of our values, ensuring that we commission, redesign and decommission services fairly and that no community or group is left behind in the improvements that will be made to health outcomes across Cheshire and Merseyside.

We will work in partnership with our service providers, community and voluntary sector agencies and other key organisations to ensure that we advance equality of opportunity to meet the requirements of the Equality Act 2010. The Equality Act 2010 requires us to meet our Public Sector Equality Duty across a range of protected groups, that include, age, disability, gender, race, sexual orientation, religion or belief, gender identity, marriage or civil partnership status and pregnancy or maternity status. There are also, unprotected characteristics which we consider as we understand that these can affect health inequalities and access to services. These include, low income, disadvantaged communities, homelessness, armed forces communities and carers.

The *Equality Act 2010* and *Public Sector Equality Duty* require public bodies to have due regard to the need to:

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

‘Due regard’, means that we consider the needs of different groups of people when making decisions.

In addition, NHS Cheshire and Merseyside has specific equality objectives, which are to:

- Make fair and transparent health care decisions
- Improve health care access and outcomes for patients and communities who experience disadvantage
- Improve the equality performance of our health care providers through robust procurement and monitoring practice
- Empower and engage our NHS workforce.

Our organisational requirement to demonstrate due regard and our specific equality objectives links to our corporate objective to:

Plan and buy healthcare services for the people of Cheshire and Merseyside by working with communities and partners to ensure you and your loved ones receive the best possible care.

A single operational plan for NHS Cheshire and Merseyside will outline local plans to improve patient care in line with the NHS Long Term Plan.

Our Equality and Inclusion Strategy is designed to meet the duties placed upon us as a public body under the Equality Act 2010 and other legislation that tackles discrimination and promotes equality and diversity.

We recognise the importance of embedding equality principles and practices within the organisation to support us to commission and provide the right services for our local population.

This strategy will be reviewed every four years, and information regarding its delivery will be provided to the Integrated Care Board on an annual basis within the Equality and Inclusion Annual Report to ensure that the aims and objectives within this strategy are being progressed.

NHS Cheshire and Merseyside Constitution

The NHS Cheshire and Merseyside constitution describes the governing principles, rules, and procedures we have established to ensure probity and accountability in the day-to-day running of our organisation.

We will ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to our goals, along with addressing Health Inequalities and access to services.

The Constitution applies to our member practices, our staff, individuals working on behalf of our organisations and to anyone who is a member of our Governing Body and any of our other committees.

The NHS Constitution

One of the key principles of the NHS Constitution is that:

"The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose, and treat both physical and mental health problems with equal regard. It has a duty to everyone that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population."

The Health and Social Care Act 2012 states that we must, in the exercise of our functions, have the regard to the need to:

- Reduce inequalities for patients with respect to their ability to access health services
- Reduce inequalities for patients with respect to the outcomes achieved for them by provision of health services
- Promote the involvement of patients and their carers in decisions about provision of the health services to them
- Enable patients to make choices with respect to aspects of health services provided to them.

Cheshire and Merseyside NHS are committed to eliminating unlawful discrimination and promoting equality of opportunity for all. We do this in the way we commission and deliver healthcare services and by aiming to develop a diverse and well-supported workforce which reflects the population we serve.

The Equality Act (updated 2011) and the NHS Constitution help set the standard for us follow. This involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different

- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

As a commissioner (buyer) of services, NHS Cheshire and Merseyside is committed to making sure equality and diversity is a priority when we plan local healthcare services. To do this we work closely with our communities to understand their needs and how best to commission the most appropriate services to meet those needs.

As an employer, we are committed to ensuring we have a diverse workforce by providing fair and equal access to all job opportunities, including access to career development and training opportunities for existing and future staff. To do this we aim to recruit the best talent that we can and remove any barriers to ensure that we have the widest possible pool of talent to draw from.

Human Rights

The Human Rights Act 1998 sets universal standards to ensure that a person's basic needs as a human being are recognised and met. The act includes 16 basic rights. The rights relating to health care and commissioning include:

- The right to life
- The right not to be tortured or treated in an inhuman or degrading way
- The right to be free from slavery or forced labour
- The right to liberty
- The right to a fair trial
- The right to respect private and family life, home, and correspondence
- The right to freedom of thought, conscience, and religion
- The right not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention of Human Rights

Human rights belong to everyone. They are the basic rights that enable us to live our lives in safety, with dignity and respect regardless of our backgrounds. Human rights mean we can choose how we live our lives. Human rights are based on several core values including:

- Fairness
- Respect
- Equality
- Dignity

- Autonomy

These values are referred to as the FREDA principles.

Human rights are important in the NHS as most people will encounter NHS services at some point of their lives – usually when they are most vulnerable.

Putting human rights at the centre of policy development, employment and service provision and commissioning decisions ensures that services are designed and delivered for everyone, ensuring that patients, patients relatives, carers and staff experiences reflect the core values of fairness, respect, equality, dignity, and autonomy. This improves compliance with the Human Rights Act and reduces complaints and risk of legal challenge.

NHS Cheshire and Merseyside have developed a Human Rights Policy to ensure that all employees, patient, and public groups are protected by human rights legislation and to ensure that the organisation meets its obligations under the Human Rights Act 1998 and staff understand how this applies in their everyday work.

As employers, NHS Cheshire and Merseyside set high standards of performance and behaviour from the people it employs. The organisation is committed to equality and upholding human rights. The seriousness of this commitment is reflected in its policies and procedures. It recognises that any breach of human rights is unacceptable and unlawful

The Human Rights policy has been developed in accordance with the following legislation:

- Human Rights Act 1998
- Equality Act 2010
- NHS Equality Delivery System
- The Health and Social Care Act 2012
- Mental Capacity Act 1983 amended 2007
- Care Act 2014
- The Children's Act 2004
- PREVENT Strategy 2011
- Modern Day Slavery Act 2015

National Drivers

Health and Social Care Act 2012

The Health and Social Care Act 2012 states that we must, in the exercise of our functions have the regard to the need to:

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

The Equality Act 2010

The Equality Act 2010 imposes general and specific duties on all public bodies.

The General Equality Duty

The General Equality Duty applies to 'public authorities. In summary, those subject to the general equality duty must, in the exercise of their functions, have due regard to the need to:

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

These are often referred to as the three aims of the general equality duty.

The Equality Act explains that the second aim (advancing equality of opportunity) involves having due regard to the need to:

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

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

The Act states that meeting different needs includes, for example, taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It explains that compliance with the general equality duty may involve treating some people more favourably than others.

To comply with the general equality duty, a public authority needs to have due regard to all three of its aims.

The Specific Public Sector Equality Duty

As well as complying with the general duty, we must also comply with the following specific duties:

- Publish information to demonstrate compliance with the Public Sector Equality Duty annually.
Review and publish equality objectives every four years.

The key functions that enable NHS Cheshire and Merseyside to make commissioning decisions and monitor that the performance of health care providers must demonstrate that the needs of protected groups have been considered in:

- Commissioning processes
- Consultation and engagement
- Procurement functions
- Contract specifications
- Quality contract and performance schedules
- Governance systems

We do this by;

- Carrying out Equality and Health Inequality Impact Assessments on these functions and developing actions to address any adverse impact
- Ensuring that our website has a prominent and accessible section on Equality and Inclusion and that information on progress is available
- Ensuring our health care providers are compliant with the Public Sector Equality Duty

The Brown Principles

These principles have been taken from the Equality and Human Rights Commission's paper on making fair financial decisions (Equality and Human Rights Commission, 2012).

Case law sets out broad principles about what public authorities need to do to have due regard to the aims set out in the general equality duties. These are sometimes referred to as the 'Brown principles' and set out how courts interpret the duties. They are not additional legal requirements, but form part of the Public Sector Equality Duty as contained in section 149 of the Equality Act 2010.

- Decision-makers must be made aware of their duty to have 'due regard' and to the aims of the duty.
- Due regard is fulfilled before and at the time a policy that will or might affect people with protected characteristics is under consideration, as well as at the time a decision is taken.
- Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken. Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty. General regard to the issue of equality is not enough to comply with the duty.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty must be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of 'ticking boxes'.
- The duty cannot be delegated and will always remain on the body subject to it.
- It is good practice for those exercising public functions to keep an accurate record showing that they had considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.

NHSEI Equality Mandated Standards

The Equality Delivery System (EDS)

The main purpose of the EDS is to help NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the Public Sector Equality Duty. EDS informs our planning and actions for improvement.

Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES) is a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities. The Standard is used by organisations to track

progress to identify and help eliminate discrimination in the treatment of employees from different ethnic backgrounds.

Accessible Information Standard

The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand and any communication support that they need.

The Accessible Information standard informs organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

The Accessible Information standard also tells organisations how they should make sure that people get any support with communication that they need, for example support from a British Sign Language (BSL) interpreter, deafblind manual interpreter, or an advocate.

The Equality Protected Groups

To comply with the general duty, Cheshire and Merseyside NHS needs to have due regard to these aims in relation to the following nine equality protected characteristics:

Protected Equality Group	Definition
Age	Age is defined by being of a particular age (for example being 35 years old) or by being in a range of ages (for example being between 60 and 75 years old).
Disability	A person is classed as having a disability if they have a physical or mental health condition and this condition has a 'substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.' These words have the following meanings: • Substantial means more than minor or trivial.

	• Long term means that this condition has lasted or is likely to last for more than twelve months. There are progressive conditions that are a disability. These include: • People who have had a disability in the past that meets this definition. • There are additional provisions relating to people with progressive conditions. • People with HIV, cancer, multiple sclerosis are covered by the Act from diagnosis. • People with some visual or hearing conditions are automatically deemed to have a disability.
Gender Reassignment	Gender reassignment protects people who have changed their gender from what they were identified as at birth. The Equality Act covers people at any stage of this process.
Sexual Orientation	Sexual orientation means a person's sexual preference towards people of the same sex, opposite sex, or both.
Sex	Sex (gender) is included to protect the individual man or woman from being discriminated against.
Race	Race refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Religion or Belief	Religion has the meaning usually given to it, but belief includes religious convictions and beliefs including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live, for it to be included in the definition.
Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby.

	Maternity refers to the period after the birth and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth.
Marriage and Civil Partnership	The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same sex partners. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. 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.

*There are also unprotected characteristics which we must consider, such as low income, deprived communities, homelessness, gypsies and travellers, armed forces communities and carers.

Understanding the needs of Armed Forces Communities:

During 2019 the Equality and Inclusion team produced commissioning guidance considering the needs of Military Veterans and their families in the commissioning of health services.

This guidance was produced with the support of a range of organisations. The guidance draws on identified health needs and information relating to the armed forces community. The guidance provides good practice case studies to improve services and address the needs of veterans and their families. The release of the guidance helped to promote understanding of this group of interest and should be read in conjunction with this policy. In summary the guidance provides a range of information regarding health needs of veterans.

<https://www.midlandsandlancashirecsu.nhs.uk/wp-content/uploads/2019/04/VETERANS-GUIDANCE-2019.pdf>

Equality Impact and Risk Assessments

NHS Cheshire and Merseyside has a process to identify and assess impact and risk on any groups of people who are vulnerable or who have a protected characteristic. This enables us to show 'due regard' to the three aims of the general equality duty

by ensuring that all requirements around equality, human rights and privacy are given advanced consideration prior to any policy or commissioning decisions that the Governing Body or senior managers make. All Equality and Risk Assessments are quality checked by an Equality and Inclusion Business Partner.

Personal Development Reviews – A Representative and Supported Workforce

Policy, guidance, and service planning may set the structure for expectations for service delivery, but individual employee commitment and actions can determine whether they are delivered in a fair and equitable way. We want our employees to be knowledgeable about our legal duties and local population needs; where appropriate: link to staff development policy and planning. Managers undertaking employee Personal Development Reviews (PDRs) are responsible for ensuring that discussions take place around equality, inclusion, and their own personal development. This is measured and reported on via the mandated NHS EDS regarding a representative and supported workforce.

Governance

Promoting equality, diversity, human rights, and inclusion is the responsibility of all our staff and members. The NHS Cheshire and Merseyside Integrated Care Board has overall responsibility for ensuring that statutory and NHS mandated duties regarding equality and inclusion are discharged effectively.

This strategy will be reviewed every four years, and information regarding its delivery will be provided to the NHS Cheshire and Merseyside Integrated Care Board on an annual basis within the Equality and Inclusion Annual Report.

Conclusion

This Equality and Inclusion strategy reaffirms our commitment to meet our requirements under the Public Sector Equality Duty, address health inequalities in Cheshire and Merseyside and to maintain a fair and equal work environment for our staff. We will continue to pay due regard to the needs of those with protected characteristics and other disadvantaged groups to ensure that we develop and commission services for all in the community that we serve. This strategy will be reviewed in March 2026 and progress will be reported within our Equality and Inclusion annual report.