

NHS South Tees Clinical Commissioning Group (CCG)

Equality Strategy 2016 – 2020

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1. Foreword

The aim of this Equality Strategy is to ensure the Clinical Commissioning Group (CCG) promotes equality of opportunity to all our patients, their families and carers and our staff and to proactively address discrimination of any kind.

We are keen to involve local people in the continuing development and monitoring of its equality objectives to ensure that we commission the right health care services, provide well trained staff and ensure our providers meet the equality duties as set out in the Equality Act 2010.

We are fully committed to meeting the diverse needs of our local population and workforce, ensuring that none are placed at a disadvantage over others.

We know that experiences of health services can be affected by various factors including age, ethnicity, gender, whether or not someone is disabled and sexual orientation. There are also factors that will influence how individuals interact with health services; these can include religion and belief, and social and economic factors.

These combined factors are often described as determinants of health and can lead to individuals experiencing health inequalities i.e. poorer health experiences. Our challenge is to tackle and reduce health inequalities for local people.

This can only be done effectively by working in partnership with our Local Authority and Voluntary and Community Sector (VCS) colleagues to tackle the wider determinants of health.

Reducing health inequalities and promoting equality should be everyone's business, however we know that demonstrable and sustainable progress in this area can be greatly improved.

I am proud to present our Equality Strategy 2016-20 which sets out our commitment to taking Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

I would like to thank all those people who were involved in producing or influencing this Equality and Diversity Strategy and hope that its introduction makes a real difference to service users, partners and our staff, and the way we deliver and commission our services.



Mr Simon Gregory
NHS South Tees CCG Chief Finance Officer

2. Introduction

This strategy sets out how NHS South Tees CCG will meet the equality duties, as set out in the Equality Act 2010, by putting the patient at the heart of everything we do.

The Equality Act 2010 replaced previous anti-discrimination laws with a single Act, making it easier for people to understand. It also strengthened the law in important ways to help tackle discrimination and inequality.

As a commissioner of health services we believe that to meet our requirements and to improve access for local people we must commit to effective engagement and involvement of local people in decision making and commissioning of services. By working in partnership with local people, our local authorities and stakeholders to improve health outcomes for the protected groups (please see Appendix 1), as identified under equality legislation.

As a public sector organisation, NHS South Tees CCG must to publish its equality information to demonstrate compliance with the general equality duty, as specified in the Equality Act 2010, which states in summary:

‘Those (organisations) 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.’*

Additionally, NHS South Tees CCG must:

- Prepare and publish one or more objectives they think they should achieve to achieve the aims of the general equality duty, and at least every four years thereafter.
- Ensure that those objectives are specific and measurable.
- Publish those objectives in such a manner that they are accessible to the public.

Additional reading on our Equality, Diversity and Human Rights duties and requirements is available on our website and available upon request.

This strategy has been developed to move beyond legal compliance and to support NHS South Tees CCG to initiate best practice and to improve both working and service conditions, and health outcomes while reducing wasted resources

3. Our approach to meeting our equality duties

3.1 Our vision

NHS South Tees CCG is a clinically-led organisation where local GPs, practice managers, nurses and members of the public work together to improve health outcomes in Middlesbrough and Redcar and Cleveland.



Our Vision is improving health together. We can only do this by working with our local partners to address the health inequalities and by understanding the demographics of our population.

3.2 Our strategic objectives

Our strategic objectives (Diagram 1) have been developed with equality and diversity at the forefront of our organisation.

They reflect our commitment to ensuring the populations we serve are able to access appropriate services to meet their needs, are informed to make healthy life choices and to receive high quality health and social care services from the CCG and our partner organisations.

ensuring the populations we serve are able to access healthcare services that are safe, effective, person centred and high quality both now and in the future
supporting and encouraging people and their carers to take control of their own health and make informed choices about where and when to access healthcare
working with our populations and partners to reduce preventable differences in physical, mental and social wellbeing across the populations we serve
ensuring the decisions we make are informed by best evidence alongside the needs and views of local people
ensuring we get the best possible health benefit for every pound we spend
exploring and developing the integration of the health and social care system to benefit the populations we serve

Diagram 1: NHS South Tees CCG Strategic Objectives

3.3 Leadership and governance

The CCG has put in place governance arrangements with the skills, abilities and capacity to deliver all our duties and responsibilities, including the delivery of statutory functions like equality, diversity and human rights.

Our CCG Governing Body has had a development session on Equality, diversity and Human rights and all staff are informed of our duties as part of their induction.

Our strategic leads for Equality and Diversity sit with our leadership team and Diagram 2 outlines the Equality Leads at each level.

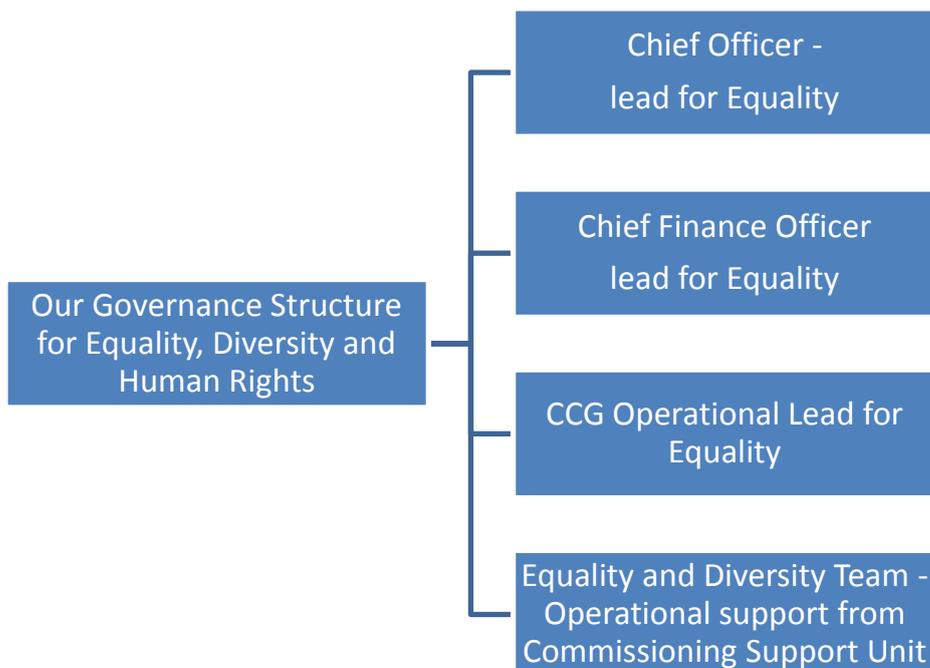


Diagram 2: NHS South Tees CCG Governance Structure for Equality, Diversity and Human Rights

Our Governance and Risk Committee monitors our performance against our Equality Duties. The Governing Body receives assurance from the Governance and Risk Committee on our duties.

Our leadership approach ensures that there is fairness in our commissioning decisions and that business is planned and conducted to meet our equality duties. We continue to work towards improving coverage and quality of data across protected characteristics, especially around addressing cultural issues and barriers to disclosure.

3.4 Changes to our commissioning responsibilities

From 1 April 2016, we have delegated authority from NHS England to commission primary care services delivered in GP practices. This does not include dental services and optometry services.

This means that we have greater influence over how services are delivered in primary care and will enable us to move further with our vision for more care to be delivered closer to where people live. We will continue to work with our member practices alongside NHS England in ensuring equality legislation is met.

The Equality Strategy will be taken forward in line with the CCGs Commissioning Plans and achievements against the equality objectives and the goals of the NHS Equality Delivery System will be published annually by the CCG

3.5 Engaging and involving local people

A cornerstone of the CCG delivering on our equality requirements will be how we communicate, share information and engage with:

- Patients
- Carers
- Member practices
- Staff
- People from the protected characteristic groups (Appendix 1 outlines the nine groups in more detail)
- Voluntary and community (VCS) sector, and other stakeholders

This effectively will deliver a two-way flow of information. By developing an inclusive approach with sustained engagement with protected and disadvantaged groups will assist the CCG in collating evidence and using the evidence to influence our performance and decision making.

We will also ensure through further development and use of identified voluntary sector/community organisations locally, that we reach out and establish creative and mutually respectful relationships across protected characteristics. These will be relationships that support dialogue and build sustainable relationships supporting the communities we serve.

We will continue to work in partnership with local authorities, trusts, and others who provide health services.

There is an effective communication and engagement strategy aligned to the equality and diversity agenda.

Please find the link to the communication and engagement strategy for reference:

<http://www.southteesccg.nhs.uk/publications/>

3.6 Our staff

NHS South Tees CCG directly employs less than 150 staff, which means we are not required by law to publish staff equality data. However, we are committed to attracting, retaining and developing a diverse and skilled workforce that is representative of our local population. Our Annual Report details equality monitoring data collected in relation to our staff and is published annually on our website.

From 1 July 2016 we will be monitoring our staff data in relation to the Workforce Race Equality Standard (WRES) as set by NHS England.

We routinely provide equality, diversity and human rights training which is mandatory for all our staff. Enhanced training is available, as appropriate to individual roles.

We will work in partnership with trade unions and staff networks, as appropriate, in taking forward the equality and diversity agenda. This will ensure that all staff are empowered to communicate issues and ways of working that support effective delivery of the strategy and its action plans.

Staff surveys will be another tool for monitoring progress of our strategy.

4. Demographic Information

Across Middlesbrough and Redcar and Cleveland we have a population of approximately 293,000 people.

Deprivation is higher than average, with some areas experiencing considerable deprivation on a par with the most deprived areas of the country. Significant numbers of children live in poverty, with more than one in four children in Eston and Langbaugh and one in three children in Middlesbrough living in poverty (more than 18,000 children across south Tees).

There is substantial variation in life expectancy between the most and least deprived areas of the patch (12.5 years lower for men and 8.5 years lower for women in Eston and Langbaugh; 14 years lower for men and 9.3 years lower for women in Middlesbrough [based on the Slope Index of Inequality, 5th January 2011]). Over the last ten years all-cause mortality rates have fallen (but have fluctuated for women in Middlesbrough). Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.

Bad general health in the South Tees region is higher than the national average with 7.7% of the local population reported as having general bad health compared with the England value of only 5.5%.

Unemployment is higher than average with 7.7% of the local population being unemployed (England value 3.8%).

We know there are some big health challenges in the South Tees area; they are:

- Heart disease and stroke
- Cancer
- Illnesses caused by smoking
- Illnesses caused by alcohol
- Managing hospital admissions and demand within primary care services
- Financial pressures

To tackle these health challenges we have developed a clear vision to improve health together. We will work closely with our two Health and Wellbeing Boards, one in Middlesbrough and the other in Redcar and Cleveland. We have already developed our Health Inequalities Steering Group and Health inequalities Working Group which sets out our commitment to tackling health inequalities and improving the health of local people.

Our plans are aligned to the Health and Wellbeing Boards and have been developed in partnership with our local authority partners.

We continue to monitor the health profiles and data available which detail the health challenges of our population including the Joint Strategic Needs Analysis and Public Health Observatory Health profiles.

More details can be found at www.healthprofiles.info.

5. What we need to do

5.1 Equality Analysis (EA)

Essentially, completion of an equality analysis is about asking a simple question:

Can everyone who needs to, use the service, no matter who they are, no matter what their background?

And when they do, have we done everything possible to make sure it's a positive experience for them? To be able to answer yes, we have to firstly do some thinking and research and secondly agree some actions. To ensure that our decision making is robust and does not discriminate we need to undertake an equality analysis.

Equality Analysis (EA) is a legal requirement under the Equality Act 2010 and the public sector equality duty and is a process of systematically analysing a new or existing policy or strategy to identify what effect or likely effect will follow as a result of its implementation for different groups within the community. It can also be used as a mechanism for analysing the impact of a whole service or one aspect of the service.

We have developed and implemented an Equality Analysis (EA) toolkit and guidance for use by staff to help identify likely equality implications of any of our policies, projects or functions. Training has been provided to our staff and our Operational Management Team are charged with ensuring EAs are completed on all appropriate pieces of work.

5.2 Workforce Race Equality Standard (WRES)

The WRES is a mandatory part of the 2016/17 NHS Standard Contract that requires CCG's to have "due regard" to the WRES in helping to improve workplace experiences and representation at all levels for their own BME staff.

The WRES has nine metrics, four specifically focusing on workforce data, four from the NHS Staff Survey, and one requiring organisations to ensure that their Boards are broadly representative of the communities they serve.

From 1st July 2016 onwards, CCGs will be expected to produce an annual WRES report, accompanied by an action plan.

South Tees CCG will ensure that WRES data is compiled and reported in line with NHS England's requirements and those actions are identified to increase Workforce Race Equality across all nine indicators of the standard.

5.3 Accessible Information Standard

The Accessible Information Standard asks organisations to make sure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

As commissioners we must have regard to this standard. We will ensure that we enable and support compliance with our providers. The requirement is included within the NHS Standard Contract and we have regular contract management meetings with

our Foundation trust colleagues.

We will ensure we are compliant with the standard by taking the following actions:

- Ensuring our commissioning and procurement processes, including contracts, tariffs, frameworks and performance-management arrangements (including incentivisation and penalisation), with providers of health and / or adult social care reflect, enable and support implementation and compliance with this standard.
- Seeking assurance from provider organisations of their compliance with this standard, including evidence of identifying, recording, flagging, sharing and meeting of needs.

5.4 The Equality Delivery System (EDS2)

The EDS is a tool that has been designed by the NHS to enable organisations to analyse equality performance with the assistance of local stakeholders, prepare equality objectives and embed equality into mainstream commissioning activities.

NHS South Tees CCG adopted the Equality Delivery System (EDS) framework and we continue to use the EDS2 framework as an opportunity to raise equality in service commissioning and performance for the community, patients, carers and staff.

6. Conclusion

NHS South Tees CCG has developed detailed constitutional and governance arrangements to ensure the structures are in place to develop and maintain the organisation's capacity to deliver on all statutory duties and responsibilities.

Our CCG endeavors to always gain the support of people with the right skills, competencies and capacity to ensure South Tees CCG can carry out all corporate and commissioning responsibilities, including the delivery of statutory functions such as Equality, Diversity and protecting people's Human Rights.

Appendix 1- Protected Characteristics

This equality strategy outlines our commitment to take the following categories into account, which are the specific groups listed in the Equality Act 2010, and are referred to as the nine protected characteristics:

Age- Where this is referred to, it refers to a person belonging to a particular age.

Disability- 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.

Gender reassignment - A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

Transgender is an inclusive, umbrella term used to describe the diversity of gender identity and expression for all people who do not conform to common ideas of gender roles.

Marriage and civil Partnership- In the Equality Act marriage and civil partnership means someone who is legally married or in a civil partnership. Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex.

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. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race - Refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

Religion and belief - 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.

Sex - A man or a woman.

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

In addition to the protected characteristics, the particular geography of South Tees, being a mix of urban and rural communities, means that we want also to take into account the differing needs and perspectives that these communities bring.