NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)

Equality Strategy 2016 – 2020

Outlining our strategic direction to ensure compliance to Equality, Diversity and Human Rights (EDHR)

Author	Hannah Pearson, Senior Governance Officer, NECS
Owner	Graeme Niven, Chief Finance Officer
Date:	26 July 2016
Version	1.0
Previous version & Date:	July 2014
Approved by CCG Governing Body on:	29 November 2016
Planned review date:	November 2020

Contents

Appendices

1.0 Foreword

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) Equality Strategy 2016/20 acknowledges the Equality Act 2010 which provides the legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

This strategy 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.

We describe a clear picture of the significant targets we have set in relation to Equality and Human Rights. It is a long-term commitment driven by both equalities legislation, and by the needs and wishes of our local people and staff. For that reason, much of the work will be on-going over the next few years.

Our Governing Body is committed to monitoring our progress and has requested regular reporting on the implementation of the strategy, ensuring that the action plan moves forward ensuring all staff are aware of their own responsibilities in regards to equality and diversity in our organisation.

This has to be planned and supported in an effective way so that everyone concerned can play their part in turning this strategy into reality.

We look forward to the work ahead, facing the challenges, and meeting the targets we have set ourselves.

Dr Boleslaw Posmyk
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) Chair

2.0 Introduction

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) was established in April 2013 and operates as a collaborative, confident, open-minded, caring and accountable organisation, which seeks to maximise the value added in clinician involvement with commissioning decisions.

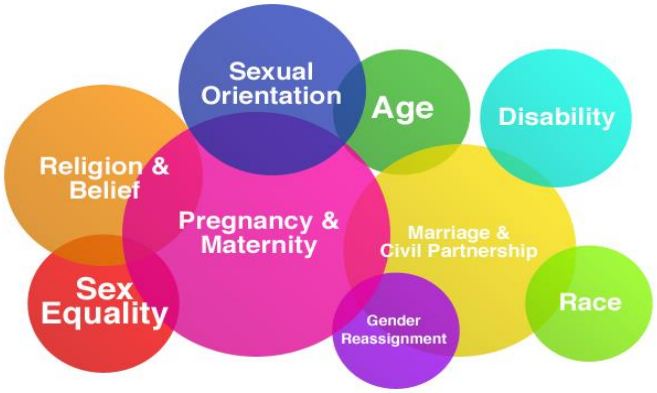
As a public sector organisation, NHS Hartlepool and Stockton-on-Tees CCG is required to publish its equality information to demonstrate compliance with the general equality duty, as specified in the Equality Act 2010, which states in summary:

'*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.'*

The Act brings together and replaces the previous anti-discrimination laws with a single Act, which aims to simplify and strengthen the law, removing inconsistencies and making it easier for people to understand and comply with it.

The Act covers the following protected characteristics:



For further information on the protected characteristics please see 'Appendix 1'.

Additionally, NHS Hartlepool and Stockton-on-Tees CCG must:

- Prepare and publish one or more objectives they think they should achieve to do any of the things mentioned in 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.

For further information on the General and Specific Public Sector Equality Duties (PSED) please refer to 'Appendix 2'.

3.0 Meeting our Equality Duties

This strategy is the first step in outlining our strategic direction to ensure compliance with the Public Sector Equality Duty and, highlights the national and local drivers that will shape and influence our approach.

3.1 Our vision

'To develop outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both health and social care'

Our aims for achieving our vision are what drive the way we plan to work. To improve health together we will aim to:

- Work with our patients to promote and support healthy living and self-care
- Involve service users, carers, staff, providers, partners and the public to develop services and reduce health inequalities
- Work in partnership to transform services and ensure transparency through inclusion of all stakeholders to meet patient needs
- Make use of and contribute to the evidence base that drives service transformation, embracing opportunities to innovate
- Commission sustainable services as close to the patient's home as possible
- Ensure services are safe, high quality and cost effective
- Plan and respond to the identified needs at a locality level for the residents of Hartlepool and Stockton-on-Tees.

3.2 Leadership and governance

The Governing Body accountability for equality and diversity sits with the Chief Finance Officer of the CCG who is also the executive lead for equality. Our lay lead for equality is the lay member for patient and public involvement.

Our Governance and Risk Committee will monitor our performance against our objectives.

Our leadership approach will ensure that there is fairness in our commissioning decisions and that business is planned and conducted to meet our equality duties.

Our Governing Body members are committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business.

3.3 Our staff

NHS Hartlepool and Stockton-on-Tees CCG directly employs c30 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.

We actively work to remove any discriminatory practices in our work, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices. We have policies and processes in place to support this.

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 and Governing Body members. Enhanced training is available, as appropriate to individual roles.

3.4 Our population and their health needs

NHS Hartlepool and Stockton-on-Tees CCG serve a population of approximately 296,000 people.

The Joint Strategic Needs Assessment (JSNA) highlights the main health and wellbeing priorities for the residents of Stockton-on-Tees and Hartlepool taking account of data and information on inequalities within and between communities. A range of plans, strategies, and policies have been developed to help us work effectively in partnership to make a difference to the lives of residents.

The JSNA states the health conditions that most affect people in Hartlepool and Stockton-on-Tees include:

- Cardiovascular disease – including heart disease and strokes
- Cancer
- Smoking-related illness
- Alcohol related illness
- Mental health including dementia

Health Inequalities are spread across the CCG and localities e.g. smoking prevalence varying from 16% to 48%, and emergency admissions for heart disease two and a half times more likely in the most deprived wards than in the least deprived.

The life expectancy of males is 77.4 years and women 81.7 years. The life expectancy is 17.3 years lower for men and 11.4 years lower for women in comparison to the most and least deprived areas of Stockton-on-Tees and 10.8 years lower for men and 8.6 years lower for women in Hartlepool.

Deprivation overall is slightly higher than the national average of 14.7% with income deprivation in Hartlepool and Stockton being at 18.5%.
Bad general health in the Hartlepool and Stockton region is slightly higher than the national average with 6.9% of the local population reported as having general bad health compared with the average national value of 5.5%.
Unemployment is also higher with 6.5% of the population being unemployed compared with the national average of 3.8%.

The 2015 Health Profiles outline the following areas of focus for the CCG:

- Managing hospital admissions for children and young people and giving every child the best start in life
- Reducing smoking prevalence
- Reducing drug and alcohol related injury
- Reducing the levels of obesity in the region

Local Health
Selection: E38000075 - NHS Hartlepool and Stockton-on-Tees
Source:

Indicators	*Selection value*	*value England*	*England worst*	*Summary chart*	*England best*	*England 25th percentile*
Income Deprivation (%)	18.5	14.7	36.8		4.8	10.6
Low Birth Weight Births (%)	7.5	7.4	10.8		5.3	6.6
Child Poverty (%)	24.5	21.8	59		6.6	14.5
Child Development at age 5 (%)	64.2	63.5	51.2		77.5	60
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	52.1	58.8	44.4		77.6	56.3
Unemployment (%)	6.5	3.8	9.5		1.4	2.6
Long Term Unemployment (Rate/1,000 working age population)	21.5	10.1	33.5		2.5	5.8
General Health - bad or very bad (%)	6.9	5.5	9.5		2.8	4.6
General Health - very bad (%)	1.6	1.2	2.2		0.6	1
Limiting long term illness or disability (%)	20.4	17.6	25.6		11.2	15.3
Households with central heating (%)	98.7	97.3	92.6		99.3	96.8
Overcrowding (%)	4.5	8.7	34.9		2.7	4.5
Provision of 1 hour or more unpaid care per week (%)	10.5	10.2	13		6.5	9.4
Provision of 50 hours or more unpaid care per week (%)	2.9	2.4	4		1.3	2
Pensioners living alone (%)	32.8	31.5	45.2		25.7	29.6
Older People in Deprivation (%)	22.7	18.1	56.4		7.2	13.9
Obese Children (Reception Year) (%)	9.9	9.4	13.5		5.9	8.2
Children with excess weight (Reception Year) (%)	23.5	22.5	28.7		16.4	21
Obese Children (Year 6) (%)	22.1	19.1	26.7		11.4	16.8
Children with excess weight (Year 6) (%)	36.5	33.5	42.3		24.4	30.8
Children's and young people's admissions for injury (Crude rate/100,000 aged 0-17)	1563.9	1180.9	1919.4		714	1005.1
Occasional smoker (modelled prevalence, age 11-15) (%)	1.5	1.5	2		0.4	1.4
Regular smoker (modelled prevalence, age 11-15) (%)	3.8	3.1	4.7		1.1	2.9
Occasional smoker (modelled prevalence, age 15) (%)	4	4	5.3		1.2	3.7
Regular smoker (modelled prevalence, age 15) (%)	10.5	8.7	12.7		3.2	8
Occasional smoker (modelled prevalence, age 16-17) (%)	5.9	5.9	7.8		1.8	5.5
Regular smoker (modelled prevalence, age 16-17) (%)	17.5	14.8	20.7		5.7	13.7
Deliveries to teenage mothers (%)	2.9	1.5	4.1		0.3	1.5
Admissions for injuries in under 5s (Crude rate per 10,000)	199.9	139.6	269.8		81.1	111.2
Emergency admissions in under 5s (Crude rate per 1000)	208.5	150	307.5		67	106.3
A&E attendances in under 5s (Crude rate per 1000)	546.4	509.5	1550.7		196.3	366.5
Obese adults (%)	27.7	24.1	30.9		14.5	22.7
Binge drinking adults (%)	27.8	20	37.3		7.5	17.2
Healthy eating adults (%)	21.1	28.7	19.4		46.5	24.9
Emergency hospital admissions for all causes (SAR)	126	100	163.6		66	86.7
Emergency hospital admissions for CHD (SAR)	132.8	100	318.3		61.3	84.9
Emergency hospital admissions for stroke (SAR)	119.6	100	155.2		72.9	91.1
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	135	100	228.4		54.8	83.8
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (S	162.5	100	286.3		42.3	73.4
Incidence of all cancer (SIR)	107	100	121		81.1	95.9
Incidence of breast cancer (SIR)	92.6	100	116.3		77.9	95.1
Incidence of colorectal cancer (SIR)	108.5	100	118.7		72.8	95
Incidence of lung cancer (SIR)	147	100	207.5		52.5	82.5
Incidence of prostate cancer (SIR)	71.2	100	154.4		64.9	87.5
Hospital stays for self harm (SAR)	176.2	100	241.4		30.1	71.6
Hospital stays for alcohol related harm (SAR)	133.4	100	172.2		51.9	86.3
Emergency hospital admissions for hip fracture in 65+ (SAR)	108.7	100	130.1		81.2	95.2
Elective hospital admissions for hip replacement (SAR)	87.7	100	145.5		43.3	86.6
Elective hospital admissions for knee replacement (SAR)	112.6	100	140.7		43.5	90.2
Life expectancy at birth for males (years)	77.4	78.9	72.6		82	77.5
Life expectancy at birth for females (years)	81.7	82.8	78.2		85.9	81.7
Deaths from all causes, all ages (SMR)	111.9	100	148.9		76.5	93
Deaths from all causes, under 65 years (SMR)	113.6	100	183.3		69.7	87.3
Deaths from all causes, under 75 years (SMR)	118.1	100	180.7		73.1	88.3
Deaths from all cancer, all ages (SMR)	118.1	100	134.8		78.1	93.2
Deaths from all cancer, under 75 years (SMR)	124.1	100	149.4		77.6	91.4
Deaths from circulatory disease, all ages (SMR)	103.2	100	154.3		75	94
Deaths from circulatory disease, under 75 years (SMR)	111.5	100	228.6		62.7	86.6
Deaths from coronary heart disease, all ages (SMR)	101.5	100	181.2		65.9	89.3
Deaths from coronary heart disease, under 75 years (SMR)	112.1	100	256.6		51.2	84.1
Deaths from stroke, all ages (SMR)	111.7	100	151.9		60	91.7
Deaths from respiratory diseases, all ages (SMR)	112.3	100	180.6		66.3	88.5

● *significantly worse* ● *significantly better* ● *not significantly different from average*

Further information detailing the health profiles for Hartlepool and Stockton-on-Tees can be found in their Joint Strategic Needs Assessment and 2015 Health Profiles which can be accessed at:

www.healthprofiles.info.

3.5 Communications and engagement

We have both an executive and a clinical lead for equality and diversity, both of whom are also Governing Body members. In addition the CCG has three lay members on its governing body and one of these are a champion for patient and public involvement.

Patient and public engagement is critical to the success of developing the CCG, promoting GPs as the leaders of commissioning in the NHS and the authoritative source of information on local health services to help people make informed choices on health matters. In

particular there needs to be a focus on working with community and voluntary organisations to increase engagement with hard to reach communities.

By working with our patients to promote and support healthy living, self-care and early intervention where this can deliver better health outcomes, we are:

- Involving service users, carers, staff, providers, partners and the public to develop services and reduce health inequalities
- Working in partnership to transform services
- Working transparently and inviting feedback to ensure we meet patient needs

The CCG will continue to seek patient views from people in all 9 protected characteristics and other disadvantaged groups through the Better Health Programme and the Community Health Ambassador (CHA) programme. These programmes help us to effectively engage and involve local people in the planning, development and commissioning of health services.

Through inclusive communication and engagement the CCG will continue it's focus on engaging people from minority, marginalised and disadvantaged groups and communities.

4.0 What we need to do

4.1 Equality Analysis

Essentially, 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 a tool 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 Governing Body will consider the results of any analysis undertaken during the decision-making process.

EA is published, either as part of a policy document or separately on our website.

4.2 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 Hartlepool and Stockton-on-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.

The most recent objectives that were developed as part of the EDS2 framework can be found in 'Appendix 3'.

4.3 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.

NHS Hartlepool and Stockton-on-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.

4.4 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.

Commissioners of NHS and publicly-funded adult social care must have regard to this standard, in so much as they must ensure that they enable and support compliance through their relationships with provider bodies.

NHS Hartlepool and Stockton-on- Tees CCG will ensure they are compliant with the standard by taking the following actions:

- Ensuring that their 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.

5.0 Conclusion

Hartlepool and Stockton-on-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.

The governance structure of Hartlepool and Stockton-on-Tees CCG is based on what we as a clinical commissioning group have decided to 'do' as an organisation, the products and services we 'buy' from Commissioning Support Units (CSU's) or other providers and the method by which we 'share' with other Clinical Commissioning Groups or Public Health/Local Authority.

The CCG will incorporate equality, diversity and human rights into all aspects of its business plans, such as its commissioning and organisational development plans, developing an organisational culture which is diverse in its makeup, uphold equality of opportunity and fairness for all.

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.

Appendix 2 - Equality Act 2010 Section 149 General / Specific Duties

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.	

6	**Health Inequalities** - The NHS Constitution states that the NHS has a duty 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 introduced the first legal duties on health inequalities, with specific duties on NHS England and CCGs. CCGs have duties to: Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved; Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved ; Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities ; Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities.

Appendix 3 – NHS Hartlepool and Stockton-on-Tees CCG Equality Objectives

Objective 1 - Continuously improve engagement, and ensure that services are commissioned and designed to meet the needs of patients in all 9 protected characteristics

Objective 2 - Improve and simplify the Complaints Process for patients and increase awareness of current services available

Objective 3 - Continuously monitor and review staff satisfaction to ensure they are engaged, supported and have the tools to carry out their roles effectively

Objective 4 - Ensure that the CCG Governing Body actively leads and promotes Equality and Diversity throughout the organisation