

NHS Tees Valley Clinical Commissioning Group

Equality Strategy 2020/23

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

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1.0 Foreword

NHS Tees Valley Clinical Commissioning Group (CCG) Equality Strategy 2020/23 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 Tees Valley Clinical Commissioning Group (CCG) Chair

2.0 Introduction

NHS Tees Valley Clinical Commissioning Group (CCG) was established in April 2020 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.

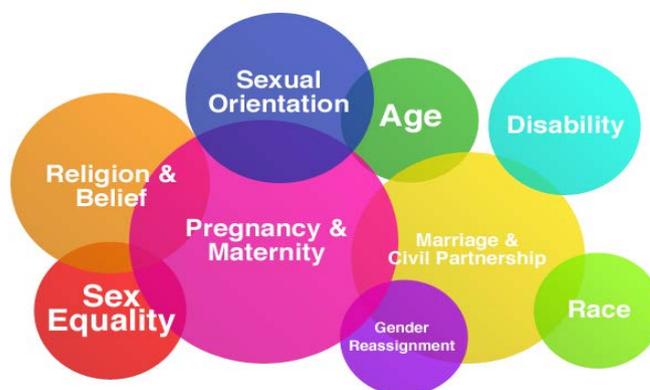
As a public sector organisation, NHS Tees Valley CCG is required to publish its equality information to demonstrate compliance with the general equality duty, as specified in the Equality Act 2010, which states in summary:

‘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 Tees Valley 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

Anyone needing the NHS should receive the same high quality care every time they receive services.

However, we know that some people in our communities can experience barriers or judgement when using NHS services.

NHS Tees Valley CCG is committed to identifying, understanding and overcoming these barriers. This will ensure the way we work and the services we commission are aware of, value diversity and respond inclusively to cultural, physical and social differences. All of our strategies and plans must always consider how all groups in Darlington and Teesside will be affected.

3.2 Leadership and governance

Equality, diversity and inclusion is governed by, and reports into the Governing Body. Our Governing Body members are committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business.

The Governing Body ensures we are compliant with legislative, mandatory and regulatory requirements regarding equality and diversity. It develops and delivers national and regional diversity related initiatives within the CCG, provides a forum for sharing issues and opportunities and monitors the achievement of key equality and diversity objectives.

A quarterly Governance Assurance Report is submitted to the Audit and Assurance Committee outlining relevant updates in relation to Equality, Diversity and Human Rights (EDHR).

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.

3.3 Our staff

NHS Tees Valley 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.

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. We are also committed to ensuring our approach to staff appraisal, talent management and staff development is fair and inclusive.

We monitor 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 Tees Valley CCG is a membership organisation made up of all 81 GP Practices in Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees. We serve a population of approximately 703,000 people.

Darlington

Deprivation is higher than average and about 20.6% (4,100) children live in poverty. Life expectancy is 11.8 years lower for men and 9.4 years lower for women in the most deprived areas of Darlington than in the least deprived areas of the town (2015).

Health profiles for Darlington tell us that improvements in child health are needed, including achieving a healthy weight. The rate of alcoholic-specific hospital stays for under 18s was 84.8 (per 100,000 population), worse than the England average. Levels of breastfeeding and smoking at time of delivery are also worse than the England average.

Adult obesity is greater than average, as are the rate of hospital stays resulting from alcohol and self-harm. Smoking related deaths are also a health issue in Darlington.

Hartlepool and Stockton-on-Tees

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.

Health inequalities are spread across the CCG and localities e.g. smoking prevalence varying from 16% to 48%, and emergency admissions for heart disease are 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.

Poor 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 generally poor health compared with the average national value of 5.5%.

Deprivation overall is slightly higher than the national average of 14.7% with income deprivation in Hartlepool and Stockton being at 18.5%. Unemployment is also higher with 6.5% of the population being unemployed compared with the national average of 3.8%.

Middlesbrough and Redcar and Cleveland

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

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]). Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.

Poor general health in Middlesbrough and Redcar is higher than the national average with 7.7% of the local population reported as having generally poor health compared with the England value of only 5.5%.

The 2019 health summaries for the areas covered by NHS Tees Valley CCG is outlined in Appendix 4. It highlights the following areas of challenge across Darlington and Teesside, namely worse than average:

- life expectancy for men and women
- deaths from cardiovascular disease and cancer
- alcohol related hospital admissions, including those under the age of 18
- smoking during pregnancy and breastfeeding initiation rates
- physical activity and obesity
- cases of suicide particularly in Middlesbrough

Further information detailing the health profiles for Tees Valley CCG can be found in Appendix 4 and accessed online at www.healthprofiles.info

3.5 Communications and engagement

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 easy to overlook communities.

We have a member of our Governing Body who has a lead role to champion equality and diversity. In addition the CCG has three lay members on its governing body and one of these is a champion for patient and public involvement.

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

4.0 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.

Equality analyses are published, either as part of a policy document or separately on our website.

4.1 Equality Delivery System

The Equality Delivery System (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 Tees Valley CCG has adopted the Equality Delivery System and we use the EDS 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.

4.2 Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a mandatory part of the 2016/17 NHS Standard Contract and requires CCGs to have "due regard" to the WRES in helping to improve workplace experiences and representation at all levels for their own black, Asian and minority ethnic (BAME) 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.

CCGs are required to produce an annual WRES report, accompanied by an action plan.

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

4.3 Accessible Information Standard

The Accessible Information Standard asks organisations to make sure that patients with a disability, impairment or sensory loss 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 Tees Valley 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

NHS Tees Valley 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 NHS Tees Valley 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 (CSUs) 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 someone who does not identify, or does not completely identify, with the sex they were assigned at birth.

Marriage and Civil Partnership- In the Equality Act marriage and civil partnership means someone who is legally married or in a civil partnership. Marriage and civil partnerships can be between partners of the same sex or partners of different 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
<p>1 Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.</p>	<p>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).</p>
<p>2 Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	<p>Tackle prejudice (e.g. tackle hate crime for people with protected characteristics).</p>
<p>3 Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p>	<p>Promote understanding (e.g. promote an understanding of different faiths).</p>
<p>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.</p>	
Specific Duties	
<p>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.</p>	
<p>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.</p>	

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 ; and

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 Tees Valley CCG Equality Objectives

The Equality Act 2010 outlines specific duties on public bodies such as CCGs, to meet the Public Sector Equality Duty more effectively. These specific duties are to:

- Publish information to demonstrate their compliance with the Equality Duty at least annually
- Set equality objectives at least every four years

We develop equality objectives to review and improve our performance and outcomes for people with characteristics protected by the Equality Act 2010. Our objectives and action plan are developed through partnering with local stakeholders using the Equality Delivery Systems (EDS) process.

We are awaiting the launch of the new EDS3 and will then set and share new equality objectives for NHS Tees Valley CCG. Until then we will continue to progress actions developed previously by our predecessor CCGs.

These are:

	Darlington	Hartlepool and Stockton on Tees	South Tees
One	Work with partners to improve the safety and quality of commissioned services across Darlington.	Continuously improve engagement, and ensure that services are commissioned and designed to meet the needs of patients in all 9 protected characteristics.	The CCG will engage and involve local people, communities and stakeholders (representing the Equality Act 2010 Protected Characteristics) when commissioning, designing and evaluating services throughout the year.
Two	Ensure all patients and carers can be involved and that patient experience is captured and acted upon to inform service change and delivery where possible.	Improve and simplify the Complaints Process for patients and increase awareness of current services available.	The CCG will continue to provide accessible information and throughout the year will work with patients and carers to develop and test the accessibility of information.
Three	That Darlington CCG has sufficient organisational data to demonstrate that staff from all protected groups are paid equally and in line with pay levels for the organisation as a whole and that appropriate training has been given on equality and diversity matters.	Continuously monitor and review staff satisfaction to ensure they are engaged, supported and have the tools to carry out their roles effectively.	The CCG will demonstrate; and report in the annual report each year; it is a fair and inclusive employer that recognises the value of diversity.
Four	That the Governing Body receives adequate assurance around equality and diversity including the equality objectives, strategy and progress towards achievement.	Ensure that the CCG Governing Body actively leads and promotes Equality and Diversity throughout the organisation.	The CCG will continue to embed equality and diversity principles by developing and supporting all staff and Governing Body members to promote and champion inclusion in all aspects of the CCGs work.

Appendix 4 – Health Profiles



AreaProfilesTable
Darlington 2019.png



AreaProfilesTable
Hartlepool 2019.png



AreaProfilesTable
Mbro 2019.png



AreaProfilesTable
Redcar 2019.png



AreaProfilesTable
Stockton 2019.png