NHS
Newcastle Gateshead
Clinical Commissioning Group

Equality Strategy 2016 – 2020

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

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Transforming lives together

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1.0 Foreword

At NHS Newcastle Gateshead CCG we are committed to ensuring that equality and human rights are taken into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

This strategy reflects the Equality Act 2010 which provides a 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.

The strategy describes 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.

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

Dr Mark Dornan
Clinical Chair

Mark Adams
Chief Officer

NHS Newcastle Gateshead Clinical Commissioning Group (CCG)

2.0 Introduction

NHS Newcastle Gateshead Clinical Commissioning Group (CCG) was formed in April 2015, and comprises the practices that were previously members of NHS Gateshead CCG, NHS Newcastle North and East CCG and NHS Newcastle West CCG.

Working as a CCG, we commission high-quality care, using the most appropriate methods and cost-effective resources, to improve healthcare provision for the people of Newcastle and Gateshead and reduce disparities in health and social care.

As a public sector organisation, NHS Newcastle Gateshead 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 Newcastle Gateshead 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 an important step in outlining our strategic direction to ensure compliance with the Public Sector Equality Duty and it highlights the national and local drivers that will shape and influence our approach.

3.1 Our vision

NHS Newcastle Gateshead CCG is the statutory health body responsible for the planning and buying (commissioning) of local NHS care and services to meet the needs of the local community.

Our membership consists of 65 GP practices and we are responsible for a local population of approximately half a million people across Newcastle and Gateshead.

By using effective clinical decision-making we can make a real impact on the health, wellbeing and life expectancy of our patients.

Since our inception in April 2015, our vision is:

"To improve healthcare provision for the people of Newcastle and Gateshead and reduce disparities in health and social care."

As a CCG, our key principles are:

• Prevention and early intervention

• Integrated and coordinated primary, community, secondary and social care services supporting patients, as far as possible, in their own home or community

• Timely access to secondary care services for those requiring hospital admission.

Our achievements mean that the public and patients of Newcastle and Gateshead will have a greater choice and access to services that provide high quality, safe care. They will feel empowered to self-care and supported to achieve wellbeing.

3.2 Leadership and governance

The CCG Governing Body has delegated responsibility for Equality and Diversity governance to the Quality, Safety and Risk Committee.

The Quality, Safety and Risk Committee ensures that the CCG is 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 outlining relevant updates in relation to Equality, Diversity and Human Rights (EDHR).

3.3 Our staff

NHS Newcastle Gateshead 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.

From 1 July 2016 we are 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 Newcastle Gateshead Clinical Commissioning Group (CCG) formed in April 2015, and comprises of 65 GP practices that were previously members of NHS Gateshead CCG, NHS Newcastle North and East CCG and NHS Newcastle West CCG.

The health of people in Newcastle upon Tyne is generally worse than the England average. Newcastle upon Tyne is one of the 20% most deprived districts/unitary authorities in England.

About 27% (12,600) of children in Newcastle and 21% (7,200) of children live in Gateshead live low income families. Life expectancy for both men and women is lower than the England average.

The CCG faces numerous challenges across Newcastle and Gateshead, including:

• An ageing population with increasing health needs

• Health inequalities across the area

• Levels of smoking, alcohol consumption and obesity higher than the national average

• Over-reliance on hospital based services

• Increasing high cost drugs and cost of new medical technologies

• Limited growth in financial allocations in future years

The CCG's priorities centre around improving the quality of care for patients, continuing to modernise local NHS systems by focusing on key areas in our strategic programme, including:

- Children and young people
- Planned Care
- Mental health
- Learning disabilities
- Urgent Care
- Long term conditions
- Cancer
- Older people

The 2016 Health Profiles outline the following areas of focus for Newcastle Gateshead CCG:

- Ensuring children have the best start in life
- Tackling the major causes of ill health through a focus on lifestyle risks
- Engaging with communities to improve health and wellbeing
- Increased emphasis on broader policies to deliver health and wellbeing across the life course and;
- Better integration and effectiveness of services to help reduce inequalities.

The health summary table for Newcastle Gateshead CCG can be found in 'Appendix 3'.

Further information detailing the health profiles for Newcastle Gateshead CCG can be found at:

www.healthprofiles.info.

http://www.localhealth.org.uk

3.5 Communications and engagement

We are committed to active community engagement to ensure that we fully understand the issues that affect our patients. We engage on a regular basis with many community and voluntary sector organisations, local community groups and patient participation groups. We continue to engage with our communities through our website, social media and our MY NHS database which now has over 1,800 members across Newcastle and Gateshead.

Members of the public are also encouraged to attend our Governing Body meetings which feature a question time element when members of the public can ask questions or make comments on our work.

We have recruited ten new patient representatives to be part of the CCG's Commissioner Visit programme. Each year, we carry out a rolling programme of commissioner visits to seek assurances that quality services remain high, that they are being delivered in a safe way and that our patients have a positive experience of care and good outcome.

The patient representatives are part of the visiting team which includes a CCG senior nurse, CCG medical representative and representative from North of England Commissioning Support (NECS). Having a patient representative as part of the visiting team ensures that services are seen through the eyes of patients and services users, gives the opportunity to talk to patients and families about the care they are receiving and helps capture what good quality care looks, sounds and feels like.

We have several patient and public participation groups. The groups participate in the CCG engagement programmes, patient forums, workshops and CCG commissioner visits to hospital trusts to assess quality of services being delivered. The groups also contribute to external consultations and give valuable feedback, including the Care Quality Commission inspections of Newcastle hospital services, North East Ambulance Service and consultations run by the National Institute for Health and Care Excellence.

We have a Community Forum which is a Newcastle-wide partnership for professionals representing specific groups with protected characteristics and people in minority communities with experience of being marginalised. The Forum provides an opportunity for these groups to have a say in how the CCG commissions local services and in how local services develop.

This group works particularly hard to accommodate the requirements of an increasingly diverse population in Newcastle and has evolved through significant organisational change, growing from its inception as a Newcastle West partnership, to now being a Newcastle-wide forum.

We also have the Involvement Forum which enables representatives from voluntary and community organisations such as Healthwatch and the CCG discuss issues related to the health and wellbeing of the people of Newcastle. Meetings are held as part of the ongoing two-way commissioning conversation occurring throughout the

year and helps identify gaps in service provision, develop and feed into the CCG commissioning intentions and receive feedback on current commissioning plans.

4.0 What we need to do

4.1 Equality Analysis

Essentially, equality analysis is about asking a few simple questions:

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 Newcastle Gateshead CCG has adopted the Equality Delivery System (EDS) 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.

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, CCG's are expected to produce an annual WRES report, accompanied by an action plan. NHS Newcastle Gateshead 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.

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

- Ensuring that commissioning and procurement processes, including contracts, tariffs, frameworks and performance-management arrangements (including incentives and penalties), 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 Newcastle Gateshead 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.

Through this strategy, the CCG will endeavour to work with and gain the support of, people with the right skills, competencies and capacity to ensure it can carry out all corporate and commissioning responsibilities, including the delivery of statutory functions including equality, diversity and protecting people's human rights.

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 a culture which is diverse in its makeup and upholds 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
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	
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.	

Equality Act 2010 Section 149 General / Specific Duties (1-3)		
General Duties		**Due Regard**
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 – Health Profiles for Newcastle Gateshead CCG

Public Health England | **Local Health**

Local Health
Selection: E38000212 - NHS Newcastle Gateshead CCG
Source:

Indicators	Selection value	England value	England worst	Summary chart	England best	England 25th perc
Low Birth Weight Births (%)	8.3	7.4	10.7		5.1	6.5
Child Development at age 5 (%)	54.8	60.4	42.2		74.3	57
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	57	56.6	40.1		75.4	53.5
Unemployment (%)	2.5	1.8	5		0.5	1.1
Long Term Unemployment (Rate/1,000 working age population)	6.4	4.3	16.6		0.7	2.1
General Health - bad or very bad (%)	7.3	5.5	9.5		2.8	4.6
General Health - very bad (%)	1.7	1.2	2.2		0.6	1
Limiting long term illness or disability (%)	20.2	17.6	25.6		11.2	15.3
Households with central heating (%)	98.6	97.3	92.6		99.3	96.8
Overcrowding (%)	7.8	8.7	34.9		2.7	4.5
Provision of 1 hour or more unpaid care per week (%)	10	10.2	13		6.5	9.4
Provision of 50 hours or more unpaid care per week (%)	2.7	2.4	4		1.3	2
Pensioners living alone (%)	36.3	31.5	45.2		25.7	29.6
Obese Children (Reception Year) (%)	10.6	9.3	13.6		5.3	8.2
Children with excess weight (Reception Year) (%)	24	22.2	27.8		16	20.6
Obese Children (Year 6) (%)	22.3	19	26.9		10.5	16.5
Children with excess weight (Year 6) (%)	36.8	33.4	43.4		23	30.7
Occasional smoker (modelled prevalence, age 11-15) (%)		1.5	2		0.4	1.4
Regular smoker (modelled prevalence, age 11-15) (%)		3.1	4.7		1.1	2.9
Occasional smoker (modelled prevalence, age 15) (%)		4	5.3		1.2	3.7
Regular smoker (modelled prevalence, age 15) (%)		8.7	12.7		3.2	8
Occasional smoker (modelled prevalence, age 16-17) (%)		5.9	7.8		1.8	5.5
Regular smoker (modelled prevalence, age 16-17) (%)		14.8	20.7		5.7	13.7
Deliveries to teenage mothers (%)	1.8	1.2	2.7		0.2	0.9
Emergency admissions in under 5s (Crude rate per 1000)	218.4	147.3	312.4		68.3	107.6
A&E attendances in under 5s (Crude rate per 1000)	894.7	533.6	1741.8		247	394.1
Admissions for injuries in under 5s (Crude rate per 10,000)	192.4	140.8	311.5		83.3	114.2
Admissions for injuries in under 15s (Crude rate per 10,000)	152.7	111.7	190.3		71.2	92.9
Admissions for injuries in under 15 - 24 year olds (Crude rate per 10,000)	160.1	139.5	243.6		63.8	116.6
Obese adults (%)	26.7	24.1	30.9		14.5	22.7
Binge drinking adults (%)	32.3	20	34.5		7.5	17.2
Healthy eating adults (%)	21.8	28.7	13.4		46.5	25.1
Emergency hospital admissions for all causes (SAR)	123.9	100	156.3		65.7	87.5
Emergency hospital admissions for CHD (SAR)	99	100	284.8		53.7	84.8
Emergency hospital admissions for stroke (SAR)	112.1	100	162.9		75.7	91.9
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	123.3	100	266.9		55.2	84.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPI	181.2	100	273.2		41.7	74.3
Incidence of all cancer (SIR)	111.1	100	119		83.2	96.3
Incidence of breast cancer (SIR)	101.1	100	120.9		80.5	95.7
Incidence of colorectal cancer (SIR)	107.4	100	119		75.1	95.5
Incidence of lung cancer (SIR)	164.7	100	220.1		59.7	83.3
Incidence of prostate cancer (SIR)	85.7	100	151.5		60.3	90.1
Hospital stays for self harm (SAR)	123.6	100	284.5		30.1	73.6
Hospital stays for alcohol related harm (SAR)	135.5	100	173.4		55.4	86.6
Emergency hospital admissions for hip fracture in 65+ (SAR)	112.1	100	123.7		75.4	95.2
Elective hospital admissions for hip replacement (SAR)	102.1	100	141.6		34.9	86.7
Elective hospital admissions for knee replacement (SAR)	139.8	100	146.4		39.2	88.9
Life expectancy at birth for males, 2010-2014 (years)	77.6	79.3	73.4		82.2	78.1
Life expectancy at birth for females, 2010-2014 (years)	81.5	83	78.6		85.7	82.1
Deaths from all causes, all ages (SMR)	114.5	100	143.2		77	92.9
Deaths from all causes, under 65 years (SMR)	121.7	100	182.3		68.5	86.3
Deaths from all causes, under 75 years (SMR)	122.4	100	178.7		73.2	88.4
Deaths from all cancer, all ages (SMR)	117.6	100	137.9		78.8	93.6
Deaths from all cancer, under 75 years (SMR)	120.1	100	152		77.2	91.1
Deaths from circulatory disease, all ages (SMR)	107.5	100	150.8		72.4	94.8
Deaths from circulatory disease, under 75 years (SMR)	127.4	100	228.2		62.8	85.8
Deaths from coronary heart disease, all ages (SMR)	112.2	100	175.7		66	90.5
Deaths from coronary heart disease, under 75 years (SMR)	132	100	245.2		50.5	83.1
Deaths from stroke, all ages (SMR)	103.9	100	170.1		68.1	91
Deaths from respiratory diseases, all ages (SMR)	121.9	100	186.2		71.7	89.6

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