

NHS Northumberland Clinical Commissioning Group (CCG)

Equality Strategy 2021 – 2024



Outlining our strategic direction to ensure compliance in relation to the Equality, Diversity and Inclusion (EDI) Agenda

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1.0 Foreword

At NHS Northumberland Clinical Commissioning Group (CCG) we are committed to ensuring that Equality, Diversity and Inclusion (EDI) agenda 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 EDI 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.

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

2.0 Introduction

At NHS Northumberland Clinical Commissioning Group (CCG) we are committed to ensuring that equality, diversity, inclusion and human rights are integral to everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

This strategy is founded on a long-term commitment to equality, diversity and inclusion, which is driven by the [equalities' legislation](#) and the needs of our local people and staff. The strategy covers equality, diversity and inclusion (EDI) and these are defined as:

- **Equality** - removing barriers and making sure people from all sections of the community have fair and equal opportunities to access services.
- **Diversity** - respecting and valuing people's differences and treating them in an appropriate way.
- **Inclusion** - making sure that people feel comfortable to be themselves and feel that they belong.

As well as these, the strategy takes account of the requirements contained within the Human Rights Act. Human Rights are defined as:

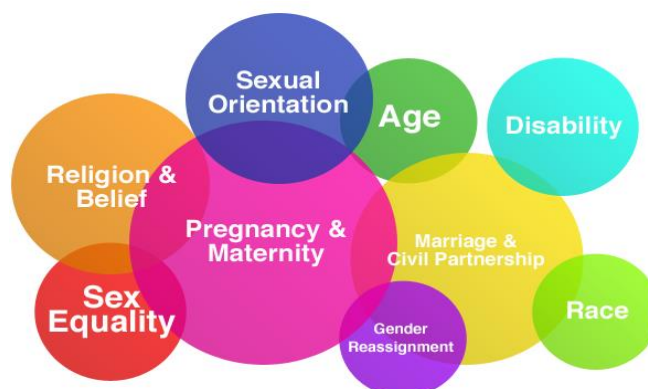
- **Human rights** - Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.

As a public sector organisation, NHS Northumberland 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 covers the following protected characteristics:



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

Additionally, the CCG must:

- Prepare and publish one or more objectives to achieve 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

Our vision focuses on the delivery of integrated services designed to meet the needs of our local people. We are committed to engaging with communities, using real experiences to shape our services. We aim to connect as many services as possible to improve continuity and make it easier for you to receive the best quality care.

Our four objectives are:

- Ensure that we make best use of all available resources
- Ensure the delivery of safe, high quality services that deliver the best outcomes
- Create joined up pathways within and across organisations to deliver seamless care
- Deliver clinically led health services that focus on individual and wider population needs which are based on evidence

Ensure that the highest quality integrated care is provided, in the most effective and sustainable way, by the most appropriate professional to meet the needs of the people of Northumberland.

3.2 Leadership and governance

The CCG has in place governance and assurance systems and processes to ensure that all members of the organisation are aware of the actions required to support the EDI agenda and to assure itself that those organisations whose services it commissions are compliant with EDI legislation and standards through KPIs set within the Governance Assurance Report.

Equality, Diversity and Inclusion is governed and presented into the Audit Committee quarterly through the Governance Assurance Report.

The committee ensures we are compliant with legislative, mandatory and regulatory requirements

regarding equality and diversity and inclusion. 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 EDI objectives.

3.3 Our staff

The 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 and we monitor our staff data in relation to the Workforce Race Equality Standard (WRES) and submit data annually as set by NHS England.

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

3.4 Our population and their health needs

A clear understanding of the people we commission services for is key to meeting their needs and making best use of CCG resources. Understanding our population therefore remains a key priority in the EDI agenda.

We work closely with all 38 family GP practices in Northumberland which are all members of the CCG. This enables us to have close links to our patients, allowing us to develop more personalised local health services that respond to individual needs.

The health of people in Northumberland is varied compared with the England average. About 17.2% (8,705) children live in low income families. Life expectancy for women is lower than the England average.

Life expectancy is 10.2 years lower for men and 8.8 years lower for women in the most deprived areas of Northumberland than in the least deprived areas.

18.9% of children are classified as obese and levels of breastfeeding and smoking in pregnancy are worse than the England average.

The rate for alcohol-related harm hospital admissions is worse than the average for England but estimated levels of smoking prevalence in adults (aged 18+) are better than the England average and the rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average.

The rate of statutory homelessness is better than the England average. The rates of violent crime (hospital admissions for violence) and employment (aged 16-64) are worse than the England average.

Further information detailing the health inequalities for the CCG can be found at:

[Local Authority Health Profile 2019](#)

<https://analytics.phe.gov.uk/apps/segment-tool/>

<https://www.northumberland.gov.uk/Care/JSNA/Health-wellbeing-assessment.aspx>



[NHS EMPLOYERS Community data: Northumberland CCG](#)

The Public Health England Local Health Summary for Northumberland CCG is outlined in 'Appendix 3'.

3.5 Communications and engagement

The CCG has three lay members on its Governing Body and one of these is a champion for patient and public engagement.

As a CCG, there is a legal duty to involve patients and the public in commissioning, which is included in the Health and Social Care Act 2012. The CCG has an approved Communication and Engagement Strategy. This strategy looks at the way in which the CCG will communicate with patients and the public, and involve all its constituent practices, and takes into account a range of responsibilities in relation to its role as a publicly accountable organisation.

The strategy sets out the CCG's approach to how it intends to work towards its engagement vision, through effective communication and engagement with service users and the public, within the CCG and with healthcare partners. The way we communicate and engage, along with our commitment to open and effective communication and engagement reflects our culture, ethos and ambitions – to be forward thinking, ambitious, inclusive and patient focused.

Key aims of this strategy include:

- To position and support the vision and objectives of the CCG in Northumberland
- To engage and involve stakeholders to influence tactical commissioning priorities and enable change where required
- To communicate and engage with local communities about the health outcomes and population health
- To empower people in their own health to create resilient communities.

As a commissioner, communication and engagement is critical to the success of the CCG. It impacts on everything we aim to achieve and informs our work. It is important that we involve patients and the public in commissioning. Understanding patient experience helps us to provide better quality services which are more responsive and better able to meet individual needs.

4.0 What we need to do

4.1 Equality Impact Assessments (EIA's)

As a public sector organisation, we have a statutory duty to promote equality and set out how we plan to meet the 'general' and 'specific' duties specified in the Public Sector Equality Duty. Public Sector Equality Duties give public bodies legal responsibilities to demonstrate that they are taking action to promote equality in relation to policy making, the delivery of services and employment.

We have a duty to show that we have given 'due regard' to all protected groups. In order to demonstrate compliance with this duty, we ensure EIA screening and full assessments are undertaken where required.

We understand the benefits of Equality Impact Assessments are to:

- Promote all aspects of equality.
- Identify whether certain groups are excluded from any of our services.
- Identify any direct or indirect discrimination.
- Assess if there is any negative impact on particular groups.
- Promote good relations between people of different equality groups.
- Act as a method to improve services.

We know that by carrying out an EIA it increases patient and staff trust; enhances value for money; provides equal access to services and better customer experience, promotes social inclusion, and aims to reduce health inequalities.

We have updated and implemented the CCG's EIA tool and guidance for use by staff to help identify likely equality implications of any of our policies, projects or functions.

EIA's are published, either as part of a policy document or separately on our website.

4.2 Equality Delivery System (EDS2)

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 Northumberland CCG has adopted the EDS and we continue to use the EDS framework as an opportunity to raise equality in service commissioning and performance for the community, patients, carers and staff.

We have developed our 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 has been developed through partnering with local stakeholders using the EDS2 process and are listed below:

Objective 1 – Continuously improve engagement, and ensure that services are commissioned and designed to meet the needs of patients

Objective 2 – Ensure processes are in place to provide information in a variety of communication methods to meet the needs of patients, in particular the ageing population and those with a disability and people from ethnic minorities groups.

Objective 3 - Monitor and review staff satisfaction to ensure they are engaged, supported and represent the population they serve.

Objective 4 – Ensure that the CCG actively leads and promotes Equality and Diversity throughout the organisation.

4.3 Workforce Race Equality Standard (WRES)

The WRES is a mandatory part of the NHS Standard Contract that requires us as a CCG to have “due regard” to the WRES in helping to improve workplace experiences and representation at all levels for their own 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.

The CCG ensures that WRES data is compiled and reported in line with NHS England's requirements.

4.4 Workforce Disability Equality Standard (WDES)

As commissioners of services, we understand we have a responsibility to ensure that the trusts we support have published WDES metrics data and action plans. We await further guidance on how we can be more involved in supporting the WDES aims.

4.5 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.

We will ensure compliance with the standard by taking the following actions:

- Ensuring that 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.
- Ensuring information on our website is accessible for those with a disability, impairment or sensory need as per 'The Public Sector Bodies Accessibility Regulations 2018'.

4.6 Sexual Orientation Monitoring (SOM) Information Standard

NHS Digital, the Lesbian Gay Bisexual and Trans (LGBT) Foundation has led the work to develop a Sexual Orientation Monitoring Information Standard on behalf of NHS England. As commissioners we will utilise this standard which provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years across all health services in England.

4.7 'WE ARE THE NHS': People Plan 2020/21 and 'The People Promise'

We are the NHS: People Plan 2020/21 – action for us all, alongside the 'Our People Promise, sets out what NHS people can expect from their leaders and from each other. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

The equality, diversity and inclusion agenda features heavily in the plan and as commissioners we will ensure that our actions and objectives are underpinned by the following themes set out in the plan:

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a particular focus on tackling the discrimination that some staff face
- **New ways of working and delivering care** – making effective use of the full range of our people's skills and experience
- **Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return

Further information on the NHS People Plan 2020/21 can be found in Appendix 5.

5.0 Conclusion

NHS Northumberland 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 inclusion as well as protecting people's human rights.

The CCG will incorporate equality, diversity, inclusion and human rights into all aspects of its business plans, such as its commissioning and organisational development plans as well as the NHS People Plan, developing a culture which is diverse, inclusive and upholds equality of opportunity and fairness for all.

Appendix 1- Protected Characteristics:

<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

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 – Public Health England - Local Health statistics – Northumberland CCG

[Local Authority Health Profile 2019](#)

Appendix 4 - NHS Northumberland CCG – Equality and Health Inequalities Pack RightCare Pack

<https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-ney-northumberland-ccg-dec-18.pdf>

Appendix 5 – NHS WE ARE THE NHS: People Plan 2020/21 and Our People Promise

<https://www.england.nhs.uk/ournhspeople/>