



NHS Sunderland Clinical Commissioning Group (CCG)

Equality Strategy 2016 – 2020

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

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1.0 Foreword

At NHS Sunderland 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.



A handwritten signature in black ink, appearing to read 'Ian Pattison'.

Dr Ian Pattison

Clinical chair



A handwritten signature in black ink, appearing to read 'David Gallagher'.

David Gallagher

Chief Accountable Officer

2.0 Introduction

NHS Sunderland CCG (the CCG) was established in April 2013 and operates as a collaborative, open and transparent, caring and accountable organisation, which seeks to maximise the value added in clinician involvement with commissioning decisions.

As a public sector organisation, NHS Sunderland 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 Sunderland 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

Our vision is to achieve **Better Health for Sunderland**. The CCG uses the following seven core values to support the delivery of our vision:



3.2 Leadership and governance

The CCG member practices are committed to ensuring that the organisation values diversity and promotes equality, inclusivity in all aspects of its business. The Governing Body is accountable for equality and diversity issues on behalf of the CCG members and responsibility to deliver this function has been delegated to the Chief Officer. The Head of Corporate Affairs is also the designated lead for equality.

The Executive Committee also has delegated authority from the Governing Body to monitor the CCGs equality objectives on its behalf.

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

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

Our 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 Sunderland CCG directly employs 87 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

Sunderland has a population of approximately 281,000 people. Over the next 10 years this is expected to rise by at least 2,179 (0.8%).

Large increases in the elderly population, and particularly the very elderly, have significant implications for healthcare over the next 5, 10 and 20 years.

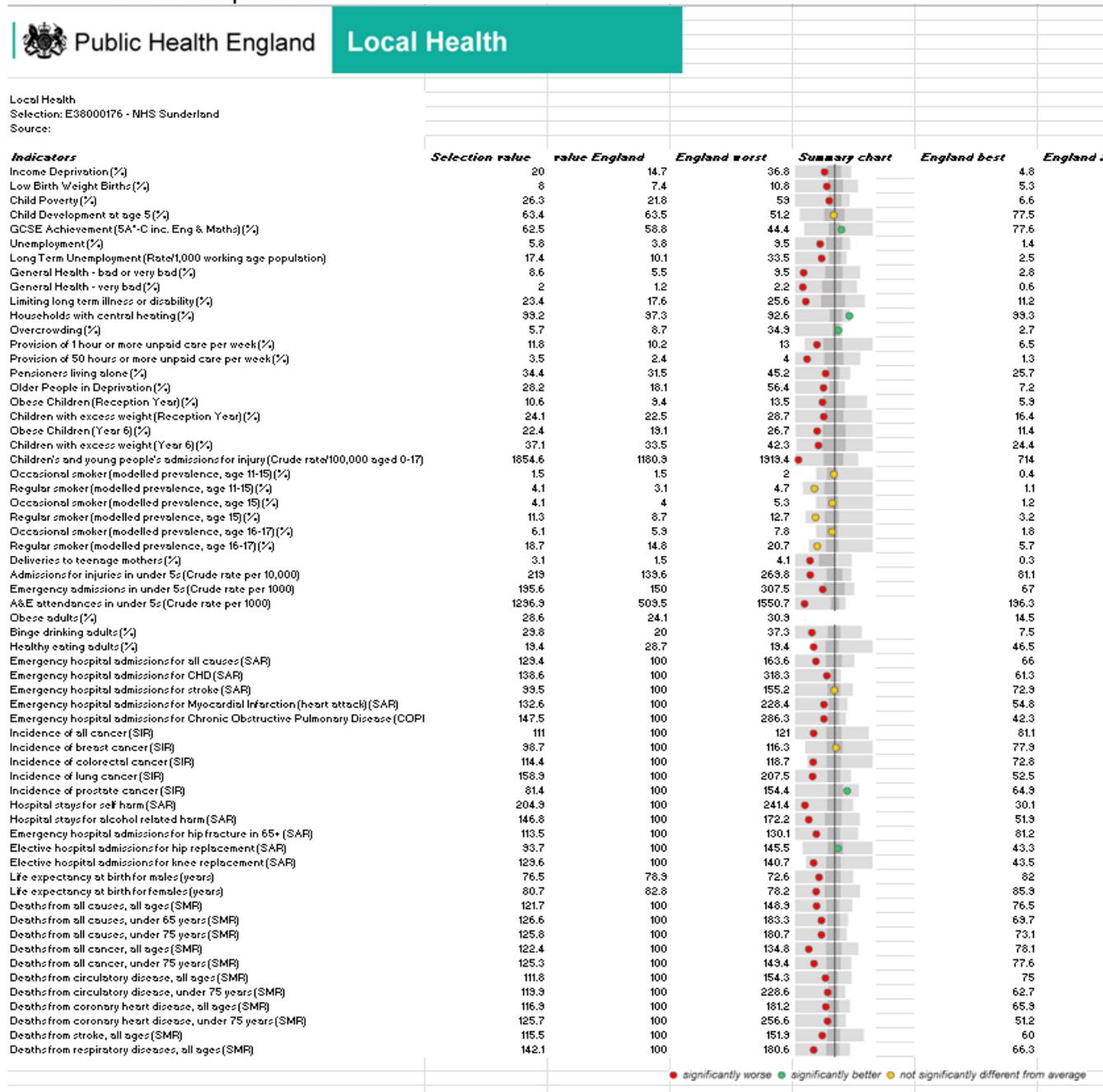
Sunderland's community is also affected by lifestyle factors such as obesity, smoking and alcohol abuse which pose a major risk to health and wellbeing.

Major health challenges are consistent across our 5 localities. They include:

- A growing ageing population with escalating health needs
- Poor health compared to the rest of the UK
- Excess deaths, particularly from heart disease, cancer and respiratory problems
- An over-reliance on hospital care
- Disintegrated healthcare service
- Health inequalities across the city

The health of people in Sunderland is varied compared with the England average. Sunderland is one of the 20% most deprived districts/unitary authorities in England and about 24% (11,500) of children live in low income families.

Life expectancy for both men and women is lower than the England average with it being 9.9 years lower for men and 7.6 years lower for women in the most deprived areas of Sunderland than in the least deprived areas.



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

- Giving children the best start in life
- Reducing tobacco use,

- Tackling alcohol harm
- Child Obesity
- Promoting healthy weight in general

Further information detailing the health profiles for Sunderland can be found at:

www.healthprofiles.info.

3.5 Communications and engagement

Public and patient involvement (PPI) is an integral part of the work that the CCG carries out, and we have a clear commitment to working with the public, patients, carers and communities and their representatives, to ensure health and social care services are shaped around what the people of Sunderland need.

Our PPI strategy aims to:

- Ensure appropriate and effective mechanisms are in place so people can be involved in the commissioning process at all stages
- As part of 'All Together Sunderland', identify further opportunities for joint engagement and involvement activities with our partners
- Use our asset based approach with key community, voluntary and interest groups, recognising their ability to reach further into communities
- Ensure we meet our legal duties to engage and consult, for equality delivery, and relevant NHS policy for engagement including the NHS Constitution and case law for consultation.

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 Sunderland 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.

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 Sunderland 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 Sunderland 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 Sunderland 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 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	<p>Publication of information</p> <p>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>
5	<p>Equality objectives</p> <p>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	<p>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”.</p> <p>The Health and Social Care Act 2012 introduced the first legal duties on health inequalities, with specific duties on NHS England and CCGs.</p> <p>CCGs have duties to:</p> <p>Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved;</p> <p>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 ;</p> <p>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 ;</p> <p>Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities.</p>

Appendix 3 – NHS Sunderland CCG Equality Objectives

Objective 1 - Continuously improve engagement, ensure that services are commissioned and designed to meet the needs of patients from at least six protected groups.

Objective 2 – Improve and simplify the complaints process ensuring that complaints are handled efficiently and effectively for at least six protected groups.

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.

