Corby Clinical Commissioning Group

Nene Clinical Commissioning Group

NHS Nene and NHS Corby Clinical Commissioning Groups

Inclusion and Equality Strategy 2013-2016

Approved : **10 February 2015 by Quality Committee**
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24 February 2015 by the Governing Body of NHS Corby Clinical Commissioning Group
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Inclusion and Equality Strategy

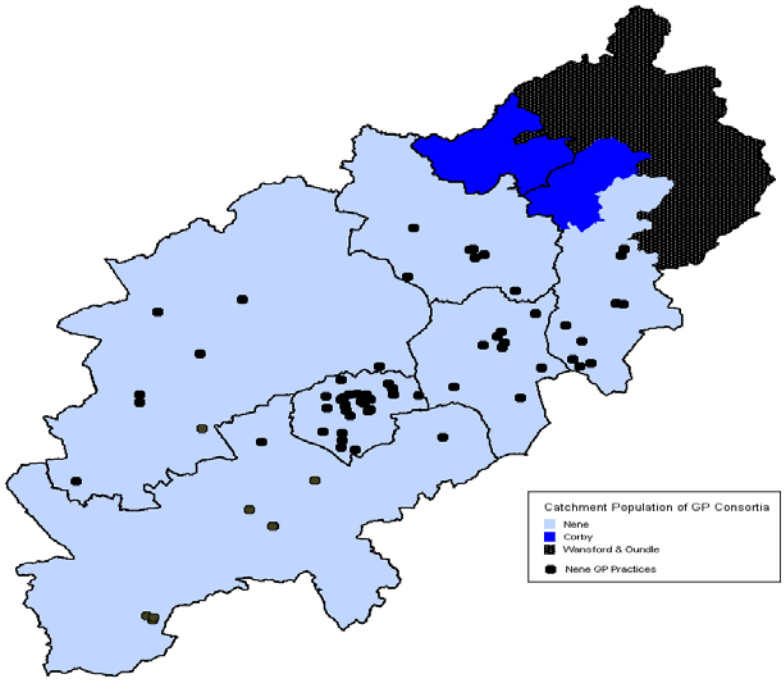
1. Background

NHS Nene and NHS Corby Clinical Commissioning Groups (referred to as the CCGs) are responsible for commissioning most local healthcare services across Northamptonshire. The only parts of the county not covered by the two CCGs are the communities of Wansford and Oundle in the east, who are members of the Peterborough and Cambridgeshire CCG.

Both organisations are committed to ensuring that current and potential staff as well as NHS service users will not be discriminated against on the grounds of social circumstances (including relationship status) or background, gender and gender identity, race, age, disability, pregnancy / maternity status, sexual orientation or religion. We shall work with staff, providers, partners, patients, carers and communities to improve the health of our population and reduce health inequalities for the people of Northamptonshire.

The two clinical commissioning groups shall work closely together to understand and reduce the health inequalities across the population of the county.

Northamptonshire showing coverage of the two CCGs and the area covered by Wansford and Oundle



The area is served by two district general hospitals in Northampton and Kettering and a countywide mental health, learning disabilities and community services trust along with other independent healthcare providers, including the one of the largest independent providers of mental health service in the country at St Andrews Hospital in Northampton. NHS Nene has 70 member GP practices and NHS Corby has five.

This strategy takes account of the NHS Equality Delivery System (an equality performance framework) launched by Sir David Nicholson in 2011 and also the constitutions of the two CCGs. The organisations strategic objectives, aims and determination to reduce local health inequalities, being transparent and engaging with patients, communities, staff and partners all have an important equality dimension.

1.1 Demographic Information

The two clinical commissioning groups collectively have a catchment area that extends to most of Northamptonshire's districts, except for the communities of Wansford and Oundle on the eastern boundaries of the county. NHS Nene is one of the largest Clinical Commissioning Groups in the country, serving a population of over 625,000. NHS Corby serves the town of Corby as well as surrounding villages in the north east of the county. It serves a population of over 67,000.

Access to accurate up to date information regarding the health inequalities across the population that possess one or more of the nine protected characteristics is less than optimal and highly variable.

The main high level national comparators are summarised below.

- Northamptonshire is ethnically less diverse than England or the East Midlands; overall 91% of population is estimated to be white, particularly in the older age groups.

- Young people are more ethnically diverse, 82% of children in pre-reception class are white.

- There are a higher percentage of 16-64 year old adults who are disabled and employed.

There is a range of documentary evidence relating to the health and wellbeing of the population across the country. We need to understand better how that affects the population we serve in Northamptonshire.

In May 2013, "The State of Health in Black and Other Minority Groups" was published and highlights the following overarching issues:
Differences in the health of black and other minority groups are most prominent in the following areas of health:

- Mental health.
- Cancer.
- Heart disease and related illnesses such as stroke.
- Human Immunodeficiency Virus (HIV).
- Tuberculosis (TB).
- Diabetes.

Additionally an increase in the number of older Black and other minority people in the
UK is likely to lead to a greater need for provision of dementia services as well as the provision of culturally competent social care and palliative care.

For disadvantaged groups with transitory lifestyles – such as Gypsies and Irish Travellers - difficulty registering with a GP is a barrier to accessing primary care. There is also some evidence that health care providers and staff working within primary care settings may restrict access to such services for certain communities. This is also relevant to preventative programmes.

The Equality and Human Rights Commission published “How Fair is Britain” in 2010 and also highlights a range of health inequalities.

2. Legislative Framework

2.1 Equality Act 2010

The Equality Act received Royal Assent in 2010 with the majority of the provisions coming into force on 1st October 2010. Further provisions came into force as follows:

- Positive action; recruitment and promotion – 5 April 2011
- Public Sector Equality Duty (PSED) – 5 April 2011
- Age discrimination protections in the provision of services and public functions – 1 October 2012

In addition to the Act, specific duties were identified and came into force on 10th September 2011 as The Equality Act 2010 (Specific Duties) Regulations 2011.

These specific duties require public bodies to publish relevant proportionate information showing compliance with the PSED, and to set Equality Objectives.

The Equality Act unifies and extends the previous 100 equality legislations and regulations.

The Act identifies nine characteristics as protected by the Act:

- **Age** - including specific ages and age groups
- **Disability** - including cancer, HIV, multiple sclerosis, and physical or mental impairment where the impairment has a substantial and long-term adverse effect on the ability to carry out day-to-day activities
- **Race** - including colour, nationality and ethnic or national origins
- **Religion or belief** - including a lack of religion or belief, and where belief includes any religious or philosophical belief
- **Sex**
- **Sexual orientation** - meaning a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex
- **Gender re-assignment** - where people are proposing to undergo, are undergoing or have 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
- **Pregnancy and maternity**
- **Marriage and civil partnership**

2.2 Public Sector Equality Duty (PSED)

Section 149 of the Equality Act 2010 imposes a duty on public authorities in the exercise of their functions to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

1. Eliminating discrimination:

- The Act prohibits direct and indirect discrimination, harassment and victimisation of people with relevant protected characteristics

2. Advancing equality of opportunity involves:

- Removing or minimising disadvantage experienced by people due to their personal characteristics
- Meeting the needs of people with protected characteristics
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

3. Fostering good relations involves:

- Tackling prejudice, with relevant information and reducing stigma, and
- Promoting understanding between people who share a protected characteristic and others who do not.

Having due regard entails considering the above three aims of the PSED in all the decision making as in:

- How the organisation acts as an employer
- Developing, reviewing and evaluating policies
- Designing, delivering and reviewing services
- Procuring and commissioning
- Providing equitable access to services

The legislation acknowledges that in some circumstances compliance with the PSED may involve treating some persons more favourably than others, but not where this would be prohibited by other provisions of the Act.

2.3 Specific Duties for Public Sector Bodies

Public authorities for the purpose of the Public Sector Equality Duty (PSED) are listed in Schedule 19 of the Act. NHS organisations are listed as public authorities. In addition, bodies that exercise public functions are subject to the PSED in the exercise of those functions (see section 149(2) of the Act). The provision of commissioned NHS services is a 'public function'.

The Equality Act 2010 (Specific Duties) Regulations 2011 require all listed public bodies to:

1. Publish information to demonstrate its compliance with the duty imposed by section 149(1) of the Act. This must be done no later than 31st January 2012 and at subsequent intervals not greater than one year beginning with the date of the last publication.

2. Prepare and publish one or more objectives, by 6th April 2012 and subsequently at intervals not greater than four years, it thinks it should achieve to do any of the things mentioned in section 149 of the Act.

Note: As the formal responsibilities of Clinical Commissioning Groups (CCGs) did not come into effect until 1st April 2013. The duty to prepare and publish objectives for these public bodies has been set to 13th October 2013.

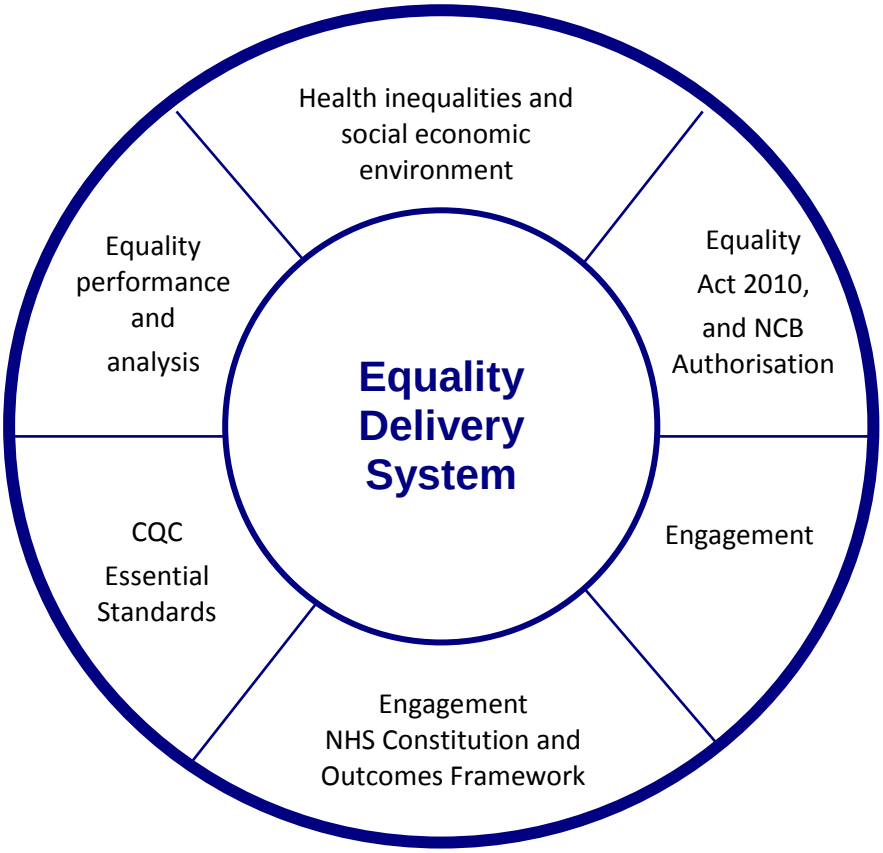
The publication of information needs to include the following:

- It's employees (for authorities with more than 150 staff)
- People affected by its policies and practices (for example, service users)
- The information must be published in a manner that is accessible to the public
- Procurement and commissioning (anyone who exercises public functions, must also, in the exercise of their functions have due regard to this duty)

2.4 NHS Equality Delivery System (EDS)

"EDS will support CCGs to provide fair, accessible and appropriate services to meet the health needs of all patients while helping to ensure equity in quality and reduced health inequalities." (Dr Amrik Gill, GP)

The Equality Delivery System (EDS) framework (see Appendix 2) was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The EDS has four goals, supported by 18 outcomes. The two CCGs will use the EDS as a tool kit to meet the requirements under the Equality Act and we believe this will impact positively in other areas of work as in the diagram below:



It is understood that this framework is currently under review and will require a revision to the strategy document to reflect any amendments once published.

3. Inclusion and equality

Responding to the requirements as outlined above offers many challenges and opportunities for the CCGs. Responding to them individually will ensure compliance and unnecessary duplication. Taking account of the CCGs constitutions, their vision and priorities, the need to be transparent, accessible and engaging with patients and communities and making sure that they take account of the diverse health needs of their growing complex and diverse communities require an inclusion and equality strategy to ensure direction. The strategy seeks to embrace everything that the two CCG aspire to achieve in the coming years.

At the heart of this strategy is a new approach to integrate inclusion and equality issues into everything that we do. By becoming an inclusive organisation, one that listens, and responds to the people (patients, staff, partners and stakeholders) it serves, by meeting their diverse needs and addresses the local health inequalities successfully, the two CCGs will be efficient, effective and productive organisations.

The inclusive approach will not only deliver on legal obligations but also provide a direct synergy with the work on quality and addressing health inequalities. This can be achieved by focussing on improving organisations' performance whilst reducing inequitable health gaps between characteristic groups and communities. These are usually associated with poor levels of ill-health, take-up of treatment, and the outcomes from healthcare given that some people from protected groups are at times disproportionately affected and as a result experience difficulties in accessing, using and working in the NHS.

When analysing the outcomes for services and employment, we will also extend the analysis and engagement beyond the protected groups to other groups and communities who face stigma and challenges in accessing, using or working in the NHS. For example, carers, people who are homeless, sex workers and people who use recreational drugs.

By developing this integrated model of addressing inequalities and providing an equitable and fair service to all the residents in the area we believe we will be more successful in meeting our various obligations and local needs.

3.1 Strategic Aims and Objectives

Aim

Our vision is of a community where local people and local clinicians work together to improve healthcare quality and outcomes. We are committed to ensure the objectives of the clinical commissioning groups focus on equality in everything we do.

Objectives

The agreed objectives the CCGs will focus on over the next three years are further outlined in Appendix 1 and in summary are to:

1. Integrate inclusion and equality into everything that we do

We shall develop robust systems of collecting, analysing and using information about people with protected characteristics to inform commissioning decisions and hence work towards reducing health inequalities between those with certain protected characteristics and other parts of the community.

2. Be a supportive, respected and fair employer

We will work to develop an inclusive organisational culture where all staff feel empowered to be involved in the way the CCGs operate.

- Assess all policies and workforce practices to ensure they support inclusiveness and equality both in the delivery of health services and in the workplace.
- We will make sure that all members of the CCGs understand the equality agenda and are trained in undertaking proportionate equality analysis to effectively inform policy and practice.
- Undertake a comprehensive engagement and involvement programme with all staff.

3. Engage with patients, public, staff, partners and providers in an inclusive way

We will find ways of better hearing the voice of those affected to inform the decisions we take. This objective will be delivered through a separate engagement strategy.

3.2 Inclusion and Equality Leadership Group

To ensure the continued focus on inclusion and equality, the two CCGs have developed a leadership group with support provide by other partners. There are agreed terms of reference for the group, which reports to the joint quality committee, a subcommittee of each of the two governing bodies.

Broadly, the purpose of the group is to:

- Develop inclusion and equality strategy and to monitor its implementation
- Provide assurance around compliance with the Public Sector Equality Duty and implementation of the Equality Delivery System (EDS)
- Support the CCGs in meeting their legal obligations including the implementation of the EDS
- Ensure that staff receive appropriate level of training, support and guidance to implement equality obligations
- Integrate inclusion and equality into all commissioning decisions and monitor equality performance as necessary
- Establish effective engagement arrangements with relevant community groups so that effective engagement arrangements are in place and to evaluate progress

4. Information sharing and engagement

A cornerstone of the NHS reforms and delivering on the PSED will be how we communicate, share information and engage with:

- Patients
- Carers
- Staff
- People from the protected characteristic groups
- Voluntary sector, and
- Others

This effectively will deliver a two-way flow of information. By developing an inclusive approach with sustained engagement with local interests including protected and disadvantaged groups will assist in collating evidence and using the evidence to influence our performance and decision making.

By promoting collaboration within the local health economy and partners such as local authorities to share best practice, undertake joint engagement activities, encourage joined-up thinking, sharing qualitative and quantitative evidence in addressing local inequalities. Local links and cooperation with public health and also the health and well-being board will help to identify needs and develop local solutions.

5. Review and Renewal

The Inclusion and Equality Leadership Group will continue to regularly review and update this strategy and publish updates accordingly.

Appendix 1

Strategic Objectives 2013-2016

No	Actions	Lead	Timescale
1.	**Integrate inclusion and equality into everything that we do** We shall develop robust systems of collecting, analysing and using information about people with protected characteristics to inform commissioning decisions and hence work towards reducing health inequalities between those with certain protected characteristics and other parts of the community. a) Gain understanding of how information was gathered and agree sources b) Agree and use data to reduce health inequalities c) Demonstrate evidence of reduced health inequalities	Director of Nursing and Quality, NHS Nene and NHS Corby CCGs	 Dec 2013 Sep 2014 Mar 2016
2.	**Be a supportive, respected and fair employer** We will work to develop an inclusive organisational culture where all staff feel empowered to be involved in the way the CCGs operate. a) Assess all policies and workforce practices to ensure they support inclusiveness and equality both in the delivery of health services and in the workplace. b) We will make sure that all members of the CCGs understand the equality agenda and are trained in undertaking proportionate equality analysis to effectively inform policy and practice. c) Undertake a comprehensive engagement and involvement programme with all staff.	Chief Commissioning Officer, NHS Nene CCG and Chief Officer, NHS Corby CCG	 Mar 2014 Mar 2014 Mar 2016

No	Actions	Lead	Timescale
3.	**Engage with patients, public, staff, partners and providers in an inclusive way** We will find ways of better hearing the voice of those affected to inform the decisions we take. This objective will be delivered through a separate engagement strategy.	NHS Nene CCG – Chair of Patient Congress NHS Corby CCG – Chair of Public Patient Engagement Assurance Committee	Mar 2016

Appendix 2

Equality Delivery System (EDS) – Objectives and outcomes

Ref	Objective	Narrative	Outcome
1	Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
			1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
			1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
			1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all
			1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2	Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.5 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds

Ref	Objective	Narrative	Outcome
			2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment
			2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised
			2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3	Empowered, engaged and well-supported staff	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
			3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay
			3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
			3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all

Ref	Objective	Narrative	Outcome
			3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
			3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4	Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
			4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
			4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes