NHS
Vale of York
Clinical Commissioning Group

Equality, Diversity and Human Rights Strategy 2017-2021

Draft Strategy

Table of Contents

1. Foreword

We are pleased to launch the 2018-21 updated Equality, Diversity and Human Rights Strategy for NHS Vale of York Clinical Commissioning Group. The strategy sets out our commitment to taking equality, diversity and human rights into account in everything we do whether it involves commissioning services, employing people, developing policies, or engaging with our local communities.

The intention is that this strategy and action plan will help the Clinical Commissioning Group to focus on current health inequalities, to promote equality and fairness and establish a culture of inclusiveness that will enable health services across the Vale of York locality to meet the needs of all of its population.

The Governing Body commits to monitoring the CCG's progress and reporting regularly and openly on the developments set out in this plan. As leaders we acknowledge and accept our roles in supporting the strategy and will play our full part in making its aims a reality.

Phil Mettam
Accountable Officer, NHS Vale of York Clinical Commissioning Group

2. Accessibility

We are happy to consider requests for this information to be made available in alternative formats or languages

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Ten dokument zawiera informacje o tym, jak będziemy spełniać nasze obowiązki na rzecz równości. Jeśli informacje te są potrzebne w innym formacie lub języku, prosimy o telefon: 01904 555870 lub email valeofyork.contactus@nhs.net.

3. Executive Summary

This Equality, Diversity and Human Rights Strategy sets out the importance of equality and diversity to the CCG and its activities. It outlines the legislative basis that underpins equalities work, and the values that underlie human rights principles, as well as detailing the CCG's own values.

The focus in health inequalities is seen as key to improving the health of the population in the CCG's area, and the CCG will continue to work with its partners to develop activities that aim to prevent or improve health inequalities. The CCG has strengthened its approach to engagement and aims to ensure that as many groups as possible are represented in its work with patients and the public.

The CCG is working jointly with York Teaching Hospital Foundation Trust to deliver its EDS2 goals, as well as monitoring achievement against the current Workforce Racial Equalities Standard (WRES), and in future will work on the Workforce Disabilities Equalities Standard (WDES) to ensure that equalities considerations are embedded into current working practices.

4. Introduction

Vale of York Clinical Commissioning Group (CCG) recognises the need to act responsibly and fulfil our statutory and mandatory duties, such as the Equality Act 2010. We are committed to embedding Equality and Diversity into everything we do, both as a commissioner of services and as an employer. Our aims are to reduce health inequalities and serve our local population, ensuring we listen to and respect the voices of our diverse communities and staff and work in partnership to make services accessible and appropriate for all. We value and respect our staff and aspire to be an inclusive employer of choice. We see 'equality and diversity as the 'golden thread' that runs through all that we do and the way that we do it

This revised strategy sets outs how we will deliver on our commitment and continue to meet our duties and responsibilities around equality and Human rights. This includes our revised equality objectives and action plan that we are currently finalising and will be available on our CCG website here http://www.valeofyorkccg.nhs.uk/.

5. About us

We are an NHS organisation led by clinicians who understand the needs of the community and the impact that local services have on patients' and local people's health.

We serve a population of more than 351,000 living in York, Selby, Tadcaster, Easingwold, Pocklington and the surrounding villages and rural areas.

Our footprint covers an area of approximately 857 square miles that runs broadly north to south through North Yorkshire. It is mainly rural with a number of small market towns and the main urban centre of York. It covers three local authority boundaries - North Yorkshire County Council, City of York Council and East Riding of Yorkshire Council. The Vale of York is a comparatively affluent area but with pockets of significant deprivation in the York, Selby and Sherburn-in-Elmet areas. We have two local Universities with a significant, vibrant and diverse student population, with overseas students making up 17% of our student population[1].

There is a rapidly growing black and minority ethnic (BME) population in York, due in part to the continuing expansion of university and higher education facilities within the city. Another factor is seasonal work in York's tourism and agricultural industries.

Although the total number of BME people identified in the Census is lower than the UK average, the report *Mapping rapidly changing minority ethnic populations: a case study of York by the Joseph Rowntree Foundation*[2]*,* reports that York has 78 different first languages spoken by its residents. In the City of York people of Chinese origin make up 1.2% of the population and are one of the most significant BME communities.

5.1 Our vision:

'To achieve the best in health and wellbeing for everyone in our community.'

[1] http://www.york.ac.uk/admin/po/equality-students.htm
[2] http://www.jrf.org.uk/sites/files/jrf/ethnicity-population-change-york-full.pdf

5.2 Our values:

Communication	Open and clear communication at all times, inside and outside the organisation, is essential for us to succeed. We recognise that the messages we send out need to be clear to everyone who receives them.
Courage	We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.
Empathy	We understand that not all ills can be cured. We understand the suffering this causes and we work to reduce it.
Equality	We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality
Innovation	We believe in continuous improvement and we will use the creativity of our stakeholders and staff.
Integrity	We will be truthful, open and honest; we will maintain consistency in our actions, values and principles.
Measurement	Successful measurement is a cornerstone of successful improvement.
Prioritisation	We will use an open and transparent process to arrive at value driven choices.
Quality	We strive to be the best that we can be and to deliver excellence in everything we do.
Respect	We have respect for individuals, whether they are patients or staff colleagues; we respect the culture and customs of our partner organisations

6. Our Approach to Promoting Equality

6.1 Statutory Responsibilities - Equality Act 2010

Clinical commissioning groups have a legal responsibility to demonstrate compliance with the Equality Act 2010, specifically the Public Sector Equality Duty (PSED). In so doing, we must have due regard to three aims of the 'general duty' which states we must:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

The equality duty means we have to demonstrate how we will build consideration of equality into our work as commissioners and as an employer; we will need to understand how different groups are affected by our policies and practices, across the protected characteristics.

The protected characteristics groups covered by the Equality Act are:

In addition to the groups covered by the Equality Act, we also give consideration to carers and vulnerable groups, such as the homeless. We are particularly keen to address health inequalities experienced by those living in the lowest income groups, who are likely to experience poorer health.

6.2 Delivering a Human Rights Based Approach

Human Rights are rights and freedoms that belong to all individuals regardless of their nationality or citizenship. They are essentially important in maintaining a fair and civilized society.

A recognition that the principles of human rights apply to equality is important to us and is key a factor of this strategy. Taking this approach can only make for a better service for everyone, with patient and staffs experiences reflecting the core human rights principles of:

Fairness
Respect
Equality
Dignity
Autonomy

In practice, this means that NHS services should be provided in a non-discriminatory way and that services should be available for everyone.

Current Brexit developments have generated some concerns around the continued commitment to equality and human rights. As an organisation we want to clarify and assure our local communities that protection under the Equality Act 2010 and the European Convention of Human Rights (ECHR) will continue. The ECHR protects the rights of people in countries that belong to the Council of Europe and is separate to the European Union (EU). The UK will remain signed up to the ECHR when it leaves the EU and in Britain our human rights under the ECHR are protected by the Human Rights Act 1998. Therefore, we remain committed to the FREDA principles as both an employer and commissioner of services.

6.3 Equality and Health Inequalities

“Health inequalities” are the differences in the health of different parts of the population. We are committed to addressing health inequalities and understand that some groups of people, including people with protected characteristics` experience different access, experience and outcomes when they use NHS services. The impact of this can be inequalities that affect broad groups of patients, families and carers. Being a member of certain groups e.g. those with a physical disability or a mental illness, Black and Minority Ethnic (BME) groups and the homeless also play a part, due to social marginalisation, poor access to services and likelihood of income deprivation.

The causes of health inequalities are complex, and include lifestyle factors, discrimination and also wider determinants such as poverty, housing and education. Health inequalities exist between socioeconomic groups, ethnic groups and between men and women.

Life expectancy and other measures of health can vary strongly between different geographical areas and York has two areas ranked in the 10% most deprived in England.

Our 2017 Public Sector Equality Duty report provides further demographic information for our population, and includes information on health inequalities experienced by protected groups. Please refer here for further information http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/5-january-2017/item-11-annex-a-psed-report-2016-17.pdf.

The Joint Strategic Needs Assessment (JSNA) also provides information on our local population and their health and we work closely with our Public Health colleagues to improve the quality of data we receive for the Vale of York. Further information on the York JSNA can be found at www.healthyork.org.

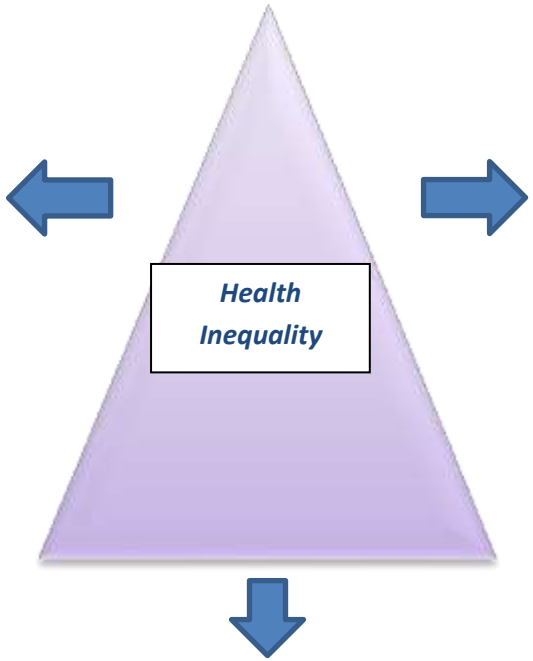
6.3.1 Health Inequalities Vulnerability Triangle

The health inequalities vulnerability triangle demonstrates how various factors, including belonging to a protected characteristic group, can contribute to an increased 'risk' of health inequality.

The more sides of the triangle that come into play the greater the risk or vulnerability to health inequalities. The triangle is equally relevant to other vulnerable groups, not covered by the Equality Act who may experience health inequalities e.g. homeless people

Protected Characteristic groups:

Belonging to a protected characteristic group does not in itself mean you will experience health inequalities; however certain groups are more vulnerable or at risk particularly in certain circumstances e.g. the elderly, people with learning disabilities, certain BME groups e.g. Bangladeshi community and Gypsy Roma and Traveller communities.



Socio-economic deprivation:

We know that poverty is the greatest indicator of health inequality and that this also impacts on education, employment, housing and access to services. Protected characteristics groups who live in deprived neighbourhoods are at increased risk or vulnerability of experiencing health inequalities.

Access and discrimination:

People with protected characteristics often experience discrimination based for example on age, gender, sexual orientation, disability, race or religion and belief. This can have a negative impact on both people's health and wellbeing and their access to and experience of using health and social care services and this can result in poorer health outcomes and further health inequalities

Promoting equality is not about taking away from one group to give to another. In the context of health, it's about ensuring that access to good quality and appropriate services are available to all groups in our population, not just a privileged few.

Whilst recognising that there are many causes and effects over which we do not have direct influence or control, we are committed to working in partnership with both our local communities and statutory providers and partners to ensure that different groups should not experience barriers to accessing services or, have less opportunity to live a longer healthier life due to factors beyond their control, specifically the nine protected characteristics.

The University of York is working with the NHS to develop how to measure health inequality and how this can be supported by the indices of deprivation.

6.4 Aligning engagement and equality

Promoting equality and effective community engagement should complement each other. Systematic community engagement is an essential element of partnership working to promote equality. The engagement and involvement of patients, carers, partners and other stakeholders, including local people is intrinsic to the commissioning and procurement of services

We are therefore, committed to being proactive about seeking the views of all groups in our community; this in turn will help demonstrate we are promoting equality.

We have created a range of engagement and involvement opportunities to gather the views of patients, service users and other stakeholders. This information is rich in personal experience and helps us to shape commissioning decisions, service specifications and improvement programmes.

Patients, carers and members of the public are represented through a number of channels including:

- Close partnership working with Healthwatch York and Healthwatch North Yorkshire and voluntary sector services
- GP clinical lead – providing a clinical overview and representing the patient voice at the clinical executive meetings
- Get involved section of our website – highlights the areas where patients and the public can become involved in the work of the CCG
- Attendance of voluntary and patient groups at committee meetings – such as the Maternity Services Liaison Committee (MSLC) and the Quality and Patient Experience committee (QPEC)

The CCG's engagement work is built upon the following strong foundations:

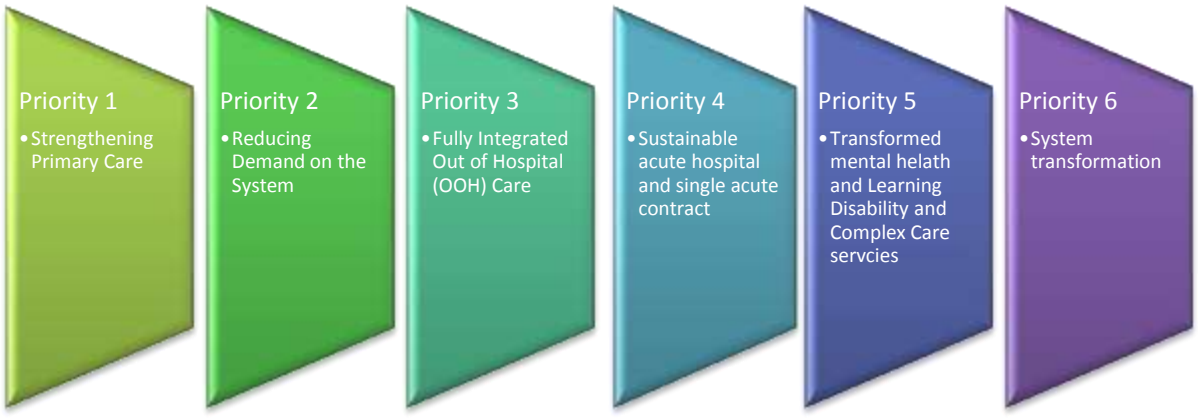
Inclusiveness	participation of all who have an interest in or are affected by a specific decision
Honesty and clarity	ensuring all involved understand how they can contribute and how decisions are made
Commitment	demonstrating a genuine attempt to understand and incorporate other opinions
Accessibility	different ways of engagement, ensuring people are not excluded
Accountability	respond within set timescales and report unambiguously on why contributions have/have not influenced outcomes
Responsiveness	open to idea of changing existing ways of working
Willingness to learn	those involved and those undertaking the engagement process must be willing to learn from each other
Productivity	at the start of any engagement process establish desired outcomes for improvement
Partnership approach	Where possible co-ordinate activities with other statutory and voluntary sector partners to engage efficiently and effectively and avoid any duplication.

You can find out more about our engagement strategy and action plan here.

7. A Changing Landscape

The NHS and Social Services in England are facing unprecedented challenges due to demographic shifts and an extended period of financial austerity. Like other parts of the country, Vale of York have to find a way to deal with the twin challenges of rising demand for health and social care services within an increasingly restricted financial envelope.

We have a long history of working closely with health and social care partners to promote integrated care. In response to these challenges we have worked with our health and social care partners and identified the following priorities as our joint 'Local Place' programmes for 2017-2019



We will continue to work with our partners to respond to national, regional and local changes and commit to engaging with local people and being transparent about changes that may impact on them.

8. Delivering our strategy

8.1 Equality Delivery System 2 (EDS2)

The EDS2 programme is designed to support NHS commissioners and providers to work with local partners and people to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. There are four EDS2 Goals, which are:

Goal 1:	Better Health Outcomes
Goal 2:	Improved patient access and experience
Goal 3:	A representative and supported workforce
Goal 4:	Inclusive leadership

You can find out more about EDS2 at https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf.

We will continue to work collaboratively with our main provider York Teaching Hospital NHS Foundation Trust to assess and grade our progress against the EDS2 goals and outcomes. In November this year we held a joint event with local stakeholders. During this event we reviewed what we had done since the last event. This identified that we had made good progress on a number of priorities but that we still needed to do further work in a couple of areas and we will include these in the action plan being developed to support this strategy.

We also focused on EDS2 Goal 1- Better health outcomes for all and asked our local partners to assess and grade our joint progress against these outcomes.

This identified that there was a lack of evidence to show that we understand and meet the needs of the protected groups listed below, and we intend to look at ways to address this in our action plan:

- Lesbian, Gay, Bisexual and Trans (LGBT)
- Race / ethnicity
- Disability

We are currently, analysing the feedback from the event to identify key themes and shared priorities, with York Teaching Hospital NHS Foundation Trust and will use this to inform our action plan.

When this analysis is complete, you will be able to see a write up of the day including the assessment results and our action plan on the CCG website http://www.valeofyorkccg.nhs.uk/about-us/.

We will continue to work in partnership on our shared priorities and action plan and intend to continue to use EDS2 to measure our progress. As part of the analysis of this event we are also looking to review the best way to engage with local stakeholder as part of the assessment processes and the results of this will be reflected in our action plan. We are committed to assessing and grading our performance on a regular basis and plan to undertake our assessment and grading process on an annual basis.

8.2 Equality Objectives

This year we are reviewing our four year equality objectives to meet the revised publication date of March 2018. We are using the results of our EDS2 assessment event and EDS2 Goals to help us to identify our new equality objectives. We are keen to ensure our equality objectives demonstrate strong leadership and contribute

to EDS2 goals that will address inequalities experienced by both staff and local people. Once finalised our equality objectives will be available on the CCG website.

8.3 Workforce Race Equality Standard (WRES)

The WRES has been developed to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The move follows recent reports that highlight disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst BME NHS staff.

NHS organisations need to demonstrate progress against nine indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. Further information can be found at the NHS England website at https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/

As well as the CCG needing to give due regard to the WRES it also has a duty to ensure that it holds its providers to account in meeting their duties under the standard. Due to the small number of staff within the CCG and the risk of breaching confidentiality, the CCG is not required to publish statistical data for the WRES. However, the CCG is collecting and analysing this data to inform the ongoing development of its action plan.

8.4 Workforce Disability Equality Standard (WDES)

We will also need to demonstrate progress against the WDES which is due to become mandated in April 2018, when we will need to start to collect baseline data. The first WDES reports will need to be published by 1 August 2019. Like the WRES, the WDES has been developed to address the findings of the report published by Middlesex and Bedfordshire Universities on the 'Experience of Disabled Staff in the NHS', alongside findings from research carried out by Disability Rights UK and NHS Employers 'Different Choices, Different Voices', which found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

The proposed standard will use data from the NHS annual staff survey and look at areas such as workforce representation, reasonable adjustments, employment experience and opportunities. When the metrics have been finalised we will assess our progress against these and develop an action plan.

8.5 Accessible Information Standard (AIS)

The Accessible Information Standard requires all organisations that provide health services (including GP Practices) or adult social care to identify record, share and meet the communication needs of patients who have a disability, impairment or sensory loss.

Although the CCG is exempt from delivering the standard, it is required to pay due regard and will make sure that when it communicates with the public it considers the requirements of the standard. We are also required to seek assurance from provider organisations, including GP practices of their compliance with the standard, including evidence of how they are planning to meet the standard. The CCG is currently working with the provider trust to agree how the standard will be implemented and monitored.

Further information about the accessible information standard can be found on the NHS England website at www.england.nhs.uk/accessibleinfo

8.6 Equality Impact Analysis (EIA)

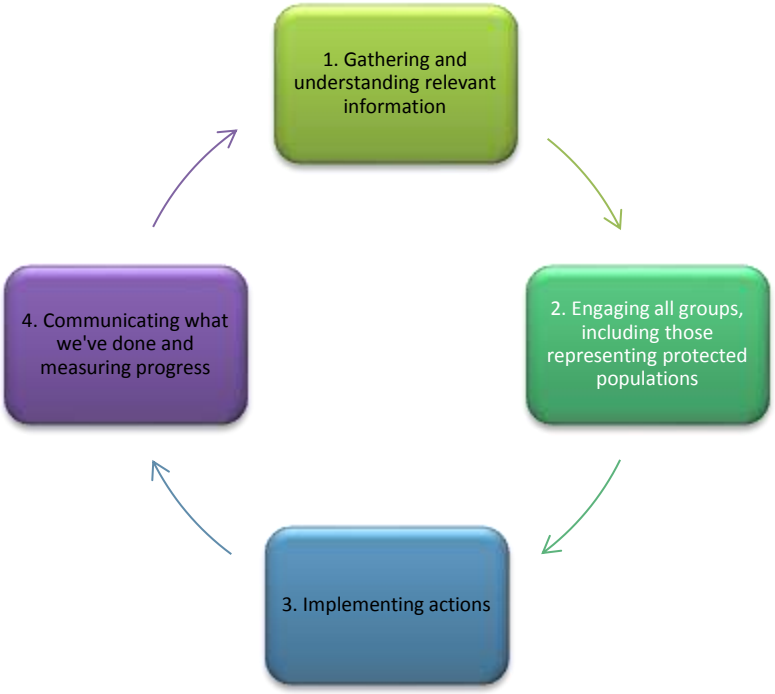
An equality analysis is a tool designed to help identify the potential impact (either positively or negatively) of policies, services and functions on staff, patients, carers, public and stakeholders.

Undertaking equality analyses both promotes good practice and provides evidence of compliance with the public sector equality duty. We have a comprehensive equality impact analysis template, which in addition to the nine protected characteristics, also includes assessment of carers and the opportunity to include the impact on other vulnerable groups such as the homeless or those living in the lowest economic groups or in rural communities.

In addition to promoting equality, equality impact analysis has huge potential as a tool for commissioners to tackle health inequality. It should be a natural part of our thought process in making decisions as an employer and as a commissioner of health services.

8.7 As Commissioners

The role of the CCG is primarily to commission health services and as such we need to consider how people from protected groups may be affected by our decisions. We do this by considering the impact at each stage of the commission cycle as shown below.



At each stage of the cycle, we should be able to demonstrate how we've considered equality. By being able to demonstrate that we've thoughtfully considered a few key questions at each stage, we not only meet our legal obligations, but even more importantly we are able to show how we deliver core business by commissioning services that meet the needs of our local population, using a robust evidence base.

9. Leadership and Governance

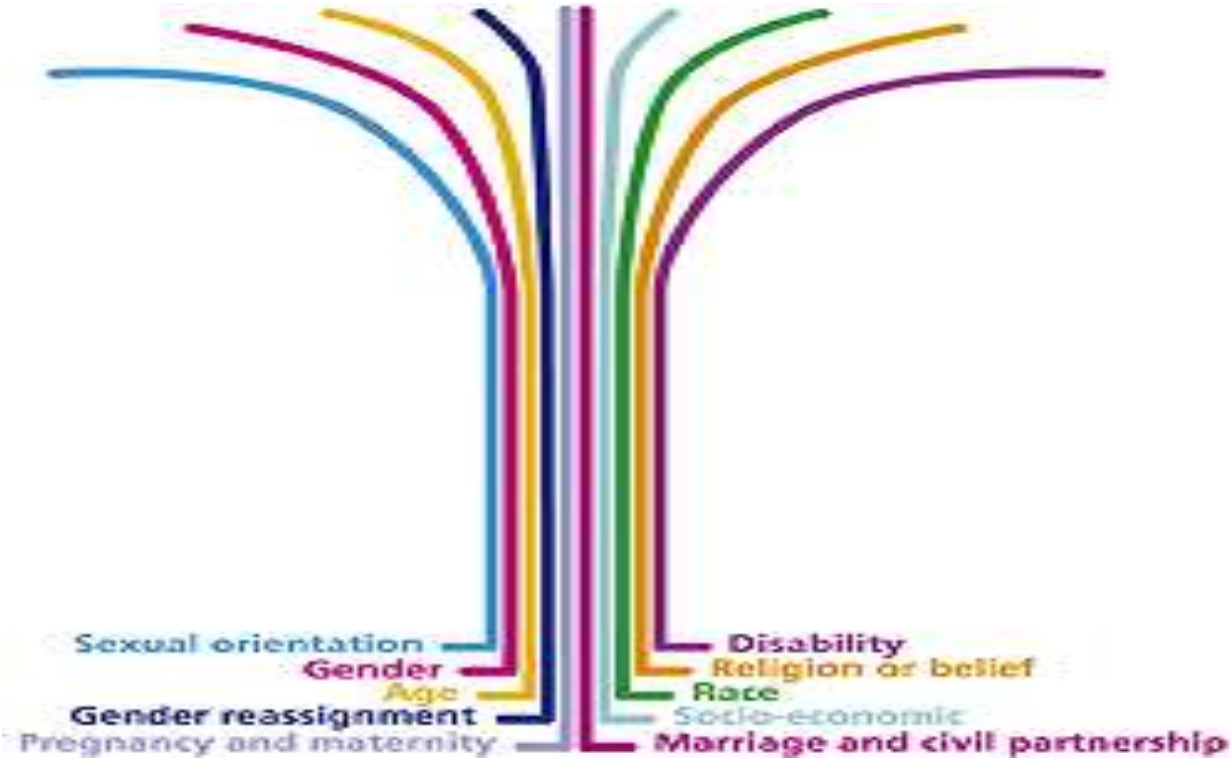
We recognise the importance of leadership in driving forward the equality agenda and that this is critical to our success as commissioners of local NHS services. We plan to use the Care Quality Commission (CQC) *Equally outstanding: Equality and human rights – good practice resource 2017* to help us embed equality into our mainstream work. The resource has been developed from the findings of CQC inspections of provider trusts and found that those rated outstanding had also developed practices that deliver equality and safeguard human rights for both the public and staff. This challenges assumptions that at times of financial constraints equality can be a distraction and instead demonstrates that a focus on equality and reducing health inequalities can improve the effectiveness and quality of services and improve health outcomes for local populations.

Although the report is primarily focused on provider trusts, the human rights principles of fairness, respect, equality, dignity and autonomy at the heart of good care provision is equally applicable to commissioning services that meet local need, focus on health improvement and reduce health inequalities.

The report highlights the importance of senior leadership commitment to equality and diversity and that this is reflected in organisational culture and practice. It identified the following factors for success:

- Leadership committed to equality and human rights
- Putting equality and human rights principles into action
- Developing a culture of staff equality
- Applying equality and human rights thinking to improvement issues
- Putting people who use services at the centre
- Using external help and demonstrating courage and curiosity.

We are looking at how we can build these factors into out equality objectives and organisational development plans.



11. References and supporting documents

	Title	Weblink
1.	York Joint Health and Wellbeing Strategy 2017-2022	https://www.york.gov.uk/downloads/download/3683/joint_health_and_wellbeing_strategy_2017_to_2022
2.	York Health and Wellbeing: A Joint Strategic Needs Assessment	http://www.healthyork.org
3.	North Yorkshire Partnerships: A Joint Strategic Needs Assessment	http://www.nypartnerships.org.uk/jsna
4.	Vale of York Public Health Report 2015	https://www.york.gov.uk/info/20125/health_and_wellbeing/957/director_of_public_healths_annual_report_2015
5.	City of York Council – Health and Wellbeing	https://www.york.gov.uk/homepage/44/health_and_wellbeing
6.	North Yorkshire Director of Public Health Annual Report 2017	http://www.nypartnerships.org.uk/dphreport2017
7.	Mapping rapidly changing minority ethnic populations: a case study of York by the Joseph Rowntree Foundation	https://www.jrf.org.uk/report/mapping-rapidly-changing-minority-ethnic-populations-case-study-york
8.	Accessible Information Standard	https://www.england.nhs.uk/ourwork/accessibleinfo/
9.	NHS Workforce Race Equality Standard (WRES)	https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/
10.	NHS Workforce Disability Standard (WDES)	https://www.england.nhs.uk/about/equality/equality-hub/wdes/
11.	Sexual Orientation Monitoring Information Standard	https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/
12.	Equality Delivery System 2 (EDS2)	https://www.england.nhs.uk/about/equality/equality-hub/eds/
13.	Reducing Health Inequalities resources	https://www.england.nhs.uk/about/equality/equality-hub/resources/

14.	Health Profile for York 2017	http://fingertipsreports.phe.org.uk/health-profiles/2017/e06000014.pdf
15.	Health Profile for Selby 2017	http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000169.pdf
16.	Health Profile of North Yorkshire 2017	http://fingertipsreports.phe.org.uk/health-profiles/2017/e10000023.pdf
17.	Migration profile for Leeds City Region (includes York) June 2017	http://www.migrationyorkshire.org.uk/userfiles/attachments/pages/664/leedscityregionlmp-summary-jun2017.pdf
18.	Stonewall 'Unhealthy Attitudes Survey"	http://www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf
19.	CQC - Equally outstanding Equality and human rights – good practice resource	http://www.cqc.org.uk/sites/default/files/20170913_equally_outstanding_ehr_resource_1.pdf
20.	Equality and Human Rights Commission (HMRC)	https://www.equalityhumanrights.com/en/about-us/who-we-are
21	Vale of York Public Sector Equality Duty Report 2017	http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/5-january-2017/item-11-annex-a-psed-report-2016-17.pdf.
22.	European Convention on Human Rights (ECHR)	https://www.equalityhumanrights.com/en/what-european-convention-human-rights
23.	The Human Rights Act 1998	https://www.equalityhumanrights.com/en/human-rights/human-rights-act