NHS
Scarborough and Ryedale
Clinical Commissioning Group

NHS Scarborough and Ryedale Equality and Diversity Plan 2017 – 2021

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Contents

1 OUR VISION, VALUES AND STRATEGIC AIMS

1.1 Our Vision

We have worked with our GP practices and other partners to develop our vision and a set of core values that will help us realise our vision.

Our vision is:

'To improve the health and wellbeing of our local communities'.

1.2 Our Values

Our values are:

- To commission high quality services.
- To engage patients, carers and other organisations in our planning and decision process.
- To ensure value for money
- To be open and honest in our transactions, and accountable to our communities.
- To respect our staff and promote a learning environment.
- To improve health outcomes.

1.3 Our Strategic Aims

The CCG's Key Strategic Commissioning Aims The CCG's three strategic Commissioning Aims:

- Commission sustainable, high-quality services within the available resources (people, money, buildings).
- Create a stronger community system and integrate care across the whole health care economy.
- Securing improvement in priority areas of health need and reducing health inequalities.

These strategic priorities are shared across our neighboring commissioners and key providers and underpin the Ambition for Health programme through which we have been working more collaboratively to develop and implement plans for sustainable services in the future. We acknowledge the local challenges, which are not dissimilar to the national position, of increased demand, reduced funding and lack of workforce availability and we are working hard to ensure our plans address these.

In 2016/17 the Ambition for Health overarching strategy has formed the basis of our local decisions. The introduction of the NHSE Sustainability and Transformation Plans (STPs) has only strengthened our determination to deliver these local plans which form part of the larger scale plans across Humber and Coast and Vale. Further information regarding the Ambition for Health Programme and STPs are available on the CCG website.

2 INTRODUCTION

On 1 April 2013, NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) became an NHS organisation responsible for commissioning the majority of healthcare services for its local population. As a CCG, we are committed to facilitating meaningful engagement with our stakeholders to inform the decision making process as well as upholding our commitment to ensuring that there is 'no decision about me, without me'.

This Equality and Diversity Plan reinforces these commitments and is the first step in outlining our approach to equality and diversity, whilst ensuring compliance with the Equality Act 2010 and the Human Rights Act 1998. It highlights the national and local drivers that will shape and influence our approach to promoting equality in our commissioning decisions and valuing the diversity of service users and employees.

We are determined that this Plan and the delivery of its supporting actions will make a significant difference to the communities we serve – both in terms of the experience of accessing and using health services as well as achieving better health outcomes. We are also committed to ensuring that our staff are empowered, engaged and well-supported at a time of significant organisational change.

3 National Drivers

3.1 Health and Social Care Act 2012

The Health and Social Care Act 2012 states that 'each commissioning group must, in the exercise of its functions, have the regard to the need to:

- ‘Reduce inequalities between patients with respect to their ability to access health services.
- Reduce inequalities between patients with respect to the outcomes achieved for them by provision of health services.
- Promote the involvement of patients and their carers in decisions about provision of the health services to them.
- Enable patients to make choices with respect to aspects of health services provided to them.’

3.2 The NHS Constitution

The NHS Constitution has been created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that’s free and for everyone. The Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.

The Constitution includes clear values and principles about equality and fairness and sets out your rights:

As an NHS patient:

“You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age.”

As a member of staff:

You have a duty:

“Not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.”

You have the right:

“To a working environment (including practices on recruitment and promotion) free from unlawful discrimination on the basis of race, gender, sexual orientation, disability, age or religion or belief.”

3.3 Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010. 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:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (only in relation to the requirement to have due regard to the need to eliminate discrimination)
- Pregnancy and maternity
- Religion or belief (or lack of belief)
- Race, including ethnic or national origin, colour or nationality
- Sex
- Sexual orientation

3.4 Public Sector Equality Duty – General Equality Duty

The Act also includes a general equality duty that replaces previous separate duties on race, disability and gender equality. This came into force on 5 April 2011.

The aim of the general equality duty is to ensure that public authorities, and those carrying out public functions, consider how they can positively contribute to a fairer society through advancing equality and fostering good relations in their day to day activities. The duty ensures that equality considerations are built in to the design of policies and the delivery of services and that they are kept under review.

We are required to have due regard of the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a relevant characteristic and those who do not.
- Foster good relations between people who share a relevant characteristic and those who do not.

Having *"due regard"* means consciously thinking about the three aims of the Equality duty as part of the process of decision making. This means that consideration of equality issues must influence how our decisions are reached on how services are commissioned and procured.

To make sure we comply with the Act we must:

- Remove or minimise disadvantages experienced people due to their protected characteristics.
- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encourage people with protected characteristics to take part in public life or in other activities where their participation is disproportionately low.

3.5 Public Sector Equality Duty – Specific Duties

Specific duties set out in the Equality Act 2010 promote better performance of the general equality duty by requiring the publication of:

- Equality objectives, at least every four years.
- Information to demonstrate compliance with the equality duty, at least annually.

These tell us the steps we need to take to demonstrate we are paying due regard to the general duty.

3.6 The Human Rights Act 1998

The Human Rights Act (HRA) 1998 details how the UK complies with and implements the rights and freedoms guaranteed under the European Convention on Human Rights. All public bodies have an obligation to ensure respect for Human Rights, acting in ways that positively reinforce the principles of the HRA 1998.

The HRA 1998 came into force in October 2000 and enabled people to enforce the European Convention on Human Rights in the UK courts. Article 14 of the Human Rights Act 1998 refers to the prohibition of discrimination, and states that the enjoyment of the rights and freedoms set out in the European Convention on Human Rights shall be secured without discrimination on the grounds of sex, race, colour, language,

religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

A summary of the HRA Convention Rights is attached at Appendix 3.

3.7 NHS Equality Delivery System

In 2012 the NHS introduced an Equality Delivery System (EDS) tool designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS aims to assist organisations to achieve compliance with the Public Sector Equality Duty by encouraging them – in engagement with stakeholders – to review their equality performance and to identify future priorities and actions.

In 2013 the EDS was revised and the EDS2 was introduced which was more streamlined and simpler to use then the EDS.

At the heart of the EDS2 is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The four EDS2 Goals are:

1. Better health outcomes.
2. Improved patient access and experience.
3. A representative and supported workforce.
4. Inclusive leadership.

For each EDS outcome, there are four grades to choose from:

Underdeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

It should be recognised that the grades are intended to help organisations clearly identify equality progress and challenges. While both good and poor performance may come to light, the purpose of the EDS and its grades should, primarily, be about helping good organisations maintain and further improve their performance, and helping poor organisations address and overcome their difficulties and so embed equality into mainstream business.

The grades and action plan for the CCGs progress on the EDS2 is enclosed at Appendix 2.

4 ABOUT US

Commissioning is the process of assessing health needs, identifying the services required to meet those needs and then buying those services from a wide range of healthcare providers, which can include hospitals and voluntary organisations.

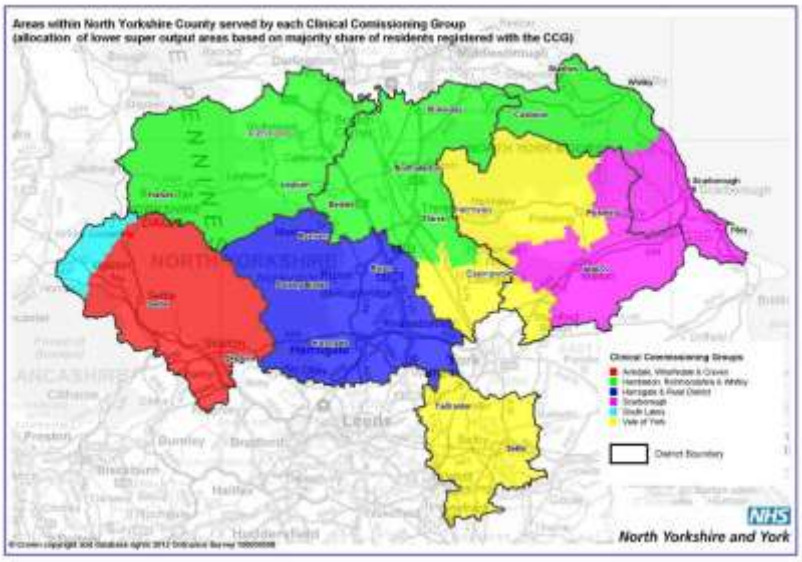
We commission services for a wide area, parts of which are very rural and other parts which are highly urban. There is a higher than average proportion of older people in our population and levels of disadvantage in some areas are very high. As a commissioner we face particular challenges from an ageing population and increasing demand for health services. Local health inequalities are high and it is often difficult to recruit for health and social care roles locally. In line with other NHS and social care organisations we face increasing financial pressures. We are therefore seeking to meet these challenges head on, by working with our partners to find new and alternative ways of delivering health services.

For the 119,000 patients who are registered with 15 GP practices in Scarborough and Ryedale, we commission health services such as:

- Planned hospital care

- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services
- Primary Care

The vast majority of our patients (74%) live in Scarborough district with a significant amount also living in Ryedale (25%). The map below shows the geographical boundaries (constrained to North Yorkshire County boundaries) for the Clinical Commissioning Groups.



The 15 practices support approximately 100 GPs working in the CCG area. In 2017/18, the allocation of the commissioning budget for the CCG was approximately £179 million.

5 THE CCG POPULATION AND THE PROTECTED CHARACTERISTICS

5.1 Age

Definition

Age refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

Demographics

The CCG has a relatively elderly population with 25% of its population aged over 65 (Office for National Statistics mid-year estimates 2015). This provides significant challenges to the provision of health and social care. In addition to the need to plan for services to support those are able to live in their own homes, the locality has a significant population living in care homes, with at times inadequate care support. Furthermore,

the locality is considered to have relatively low levels of alternative provision to care homes, such as extra-care housing, and this accentuates the challenges faced by a CCG wanting to support older people's independent living.

20.8% of the population (Office for National Statistics mid-year estimates 2015) are aged 0-19. The remainder of the population, 54.1% (Office for National Statistics mid-year estimates 2015), are aged 20-64.

Age Related Health Inequalities

Older People

- Dementia – Alzheimer's Research UK reported in 2012 that dementia affects 30% of the over 65s and this has a significant impact on their carers in terms of their health and wellbeing.
- Isolation – Particularly affects older people.
- Reliance on public transport is significantly higher in this group. This has an impact on accessibility of services for this group

Younger People

- Obesity - The 2016 JSNA has stated that although improvements are being made, the proportion of children with excess weight in the Scarborough area remains among the highest in the County at Reception and Year 6 and is above the national average for those children in reception (23.1%). In the rest of the CCG rates are not significantly different, although the proportion of children in Year 6 in Ryedale district with excess weight has increased to 32.3% in 2014/15 (from 30.8% in 2013/14). An increasing obesity issue in the child population is likely to lead to an increasing issue in the adult population, of which almost 70% are already overweight or obese, whilst in Scarborough over 1 in 3 adults (35.1%) are classified as inactive. This compares to 23.4% of adults in Ryedale and 27.7% across England.
- Child Poverty - According to data from Child Poverty Action Group and North Yorkshire Children's Trust, Scarborough Local Authority Area has more than double the percentage of children in poverty as the rest of North Yorkshire (27.6%) and the Joint Strategic Needs Assessment (JSNA) update in January 2016 reported that the CCG has over 3800 children living in poverty within its boundaries.

- Scarborough has highest rate of teenage pregnancy in North Yorkshire and cases being supported are often higher levels of need and safeguarding. Ramshill, Central, Eastfield and Falsgrave Park wards are teenage pregnancy hotspots and amongst the highest 20% in England.

5.2 Disability

Definition

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.

Demographics

According to our CCG local health profile published by Public Health England (2015), 21.3% of our population are living with a limiting long term illness or disability. Census information shows a slight rise as follows:

Census Category	Year	%
Long Term Health Problem or Disability	2011	21.3%
Limiting Long Term Illness	2001	20.4%

The data below is sourced from *Projecting Older People Population Information* (POPPI) and *Projecting Adult Needs and Service Information (PANSI)* datasets which are produced by the Institute of Public Care. The data reflects the Scarborough and Ryedale local authority areas which is larger than and not co-terminus than the area covered by the CCG.

Age 65 and over

2017 Estimates	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469

Learning Disability - Autistic Spectrum Disorders and Down's syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585

Age 18 - 64

2017 Estimates	Scarborough	Ryedale
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	6,928	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems	4,331	2,096

Disability Related Health Inequalities

Physical Disability

- Disabled people are more likely to experience economic disadvantage, and income is one of the most significant indicators of health status.
- Disabled people do not currently enjoy the same access to exercise facilities or green spaces as the general population.
- The isolation that some disabled people experience can put them at increased risk of depression.

- Some health services may not be fully accessible to disabled people, either through the built environment or through attitudes, practices and procedures.

Hearing Impairment

- BSL – There is a small number of people for which British Sign Language (BSL) is their first language. Whilst a small group they face a large number of barriers in society. A shortage of BSL interpreters makes accessing services much more difficult.

Learning Disabilities

- Learning disabilities affects the way a person understands information and how they communicate which means they can have difficulty understanding new information, learning new skills and coping independently.
- People with learning disabilities tend to have poorer health than the rest of the population. They can face challenges in accessing healthcare and improving their own health.

5.3 Gender Re-assignment

Definition

Gender reassignment refers to the process of transitioning the gender a person was assigned at birth, to the gender a person identifies themselves with.

Demographics

There are no official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Transitioning is still high risk for most gender variant people. Nonetheless, better social, medical and legislative provisions for gender variant people, coupled with the "buddy effect" of mutual support among them, appear to be driving growth in the numbers who have sought

medical treatment. According to GIRES, organisations should assume that 1% of their employees and service users may be experiencing some degree of gender variance. Many are unlikely to wish to be detected. The only persons who cannot escape detection are the very few who undergo transition.

The community's main health needs are access to gender reassignment services, including assessment, counselling or psychotherapy, hormonal treatments, and gender reassignment surgeries. The first point of contact for these services is usually the patient's GP who will usually refer the patient into specialised gender reassignment services.

Gender Reassignment Health Inequalities

- Trans people report experiences of discrimination from service providers, and harassment and violence from individuals in their day to day lives.
- Meeting routing health care needs including accurate screening services to meet the biological presentation of the patient.

5.4 Marriage and Civil Partnership

Definition

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favorably than married couples (except where permitted by the Equality Act).

Demographics

Marriage

This protected characteristic generally only applies in the workplace.

Civil Partnerships

Data from the Office of National Statistics report that since the Civil Partnership Act in 2004, indicates that there have been 62,5151 (54.1% male, 45.9% female) Civil Partnerships in England and Wales. In 2016 there were 890 civil partnerships in England and Wales (67.9% male,

32.1% female).There is no local data to confirm what the data is on a local level

5.5 Race

Definition

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Demographics

BME

Based on the 2011 Census information taken from council ward profiles making up the CCG area (Scarborough Borough Council and Ryedale District Council), 97.5% of residents identified themselves as white British. In 2001, this figure was 99%:

Census Year	White	Mixed	Asian	Black	Other
2011	97.5%	0.8%	1.2%	0.2%	0.2%
2001	99.0%	0.4%	0.4%	0.1%	0.1%

However in the Scarborough and Ryedale area as a whole the census showed that that in Scarborough 4.5% of the population were minority groups and in Ryedale it was 3.3%.

According to the information, both Castle Ward and Ramshill Ward are the most ethnically diverse communities with 87% of residents identifying themselves as white British in 2011.

A report by the North Yorkshire Equality and Diversity Strategic Partnership in 2016 highlighted that there is also a high number of European residents in Ampleforth which may be influenced by the public school which provides places to foreign students. In addition, St Augustine's Roman Catholic School located in Falsgrave has reported over a 100 pupils of BME background.

The Scarborough tourist, hospitality, care sector and food processing industries have always attracted high numbers of migrant workers to the area. In addition Scarborough now has a campus of Coventry

University (formally Hull University) which will attract students from overseas.

Languages

2011 census merged ward	%
English (English or Welsh if in Wales)	97.5
Other European language (EU): Total	1.4
Other European language (EU): Polish	0.8
Other European language (EU): Any other European language	0.6
Other languages	1.86

Gypsy and Travelers

The 2011 census indicates that there are 81 Gypsy or Irish Travelers living in the Ryedale area and 37 living in the Scarborough area. There is one authorised site in Ryedale District at Tara Park, this site falls within the CCG area.

Race Related Health Inequalities

- Language barriers.
- There are known inequalities regarding BME people accessing mental health (particularly early intervention services).
- Thalassemia is more prevalent in people of certain races, the type and prevalence varying between places of origin.
- Diabetes is more common amongst people who originate from the Indian subcontinent.
- People with darker skin who habitually cover up may lack vitamin D in the UK climate, and rickets has been reported
- Life expectancy is much shorter among the Gypsy or Irish Traveler ethnic group than for other ethnic groups, with higher levels of chronic sickness, disability and poor dental health. The group are also less likely to have registered with a GP. The Gypsy or Irish Traveler ethnic group also has low levels of educational achievement, low levels of economic activity (in particular of females) and there is some evidence of higher levels of domestic abuse than in the general population.

5.6 Religion & Belief

Definition

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Demographics

According to the 2011 Census, 67% of the population identified themselves as Christian and 1.3% of the population is made up of other religions. The remainder of the population (31.7%) did not state anything or stated 'no religion'.

Religion	2011	2001
Christian	67.0%	79.4%
Buddhist	0.3%	0.1%
Hindu	0.1%	0.1%
Jewish	0.1%	0.1%
Muslim	0.5%	0.2%
Sikh	0.0%	0%
Other Religion	0.4%	0.2%
No Religion	24.3%	12.1%
Religion Not Stated	7.4%	7.8%

Gender

Definition

Gender refers to the state of being male or female

Demographics

The gender split in the Scarborough and Ryedale CCG area is 49.6% male and 50.4% female (Joint Strategic Needs Assessment 2016).

Life expectancy varies for men and women considerably across North Yorkshire. The life expectancy gap at birth in North Yorkshire (between the most affluent and most deprived) is 8.3 years for males and 6.1 years for females. In Scarborough, this gap is 9.1 years for males and 5.6 years for females. In Ryedale it is 4.5 years for males and 4.3 years for females. (Joint Strategic Needs Assessment 2016).

Gender Related Health Inequalities

- All-cause mortality is higher for men than for women (601 per 100 000 as opposed to 425 per 100 000)16
- At birth and at age 65, males can expect to live more of their lives disability free than females.
- Males at birth living in England can expect to live 80.9% of their future life disability free, while for females it is 78.4%

5.7 Sexual Orientation

Definition

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Demographics

In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.

Sexual Orientation Related Health Inequalities

Lesbian and Bisexual Women

Stonewall's Prescription for Change (> 6000 respondents) showed:

- Less than half the women surveyed had taken up any screening for STI's.
- The percentage of women over 25 who had never been for cervical screening was double that of straight women.
- The rates of self-harm in this population group are significantly higher.
- Half of the women in the survey reported negative experiences in the health sector.

Gay and Bisexual Men

In Stonewall's Gay and Bisexual Men Health Survey (6 861 respondents) showed:

- Smoking prevalence is higher in this group compared to straight men.

- Gay and bisexual men are more likely to attempt suicide, self-harm and have depression than their straight peers. They are more likely to take illegal drugs.
- There is a lower uptake of cancer screening services.
- Gay men have indicated concern at coming out to their GPs (more so than their managers, work colleagues and family).

Older People

- Older people face particular inequalities: Stonewall's research, Lesbian, Gay and Bisexual People in Later Life, demonstrates that many older gay people have experienced, or fear, discrimination because of their sexual orientation and they say this creates a barrier to receiving appropriate care and treatment. They are particularly concerned about facing discrimination in services they may need to access in later life, including residential care services.

5.8 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 unfavorably because she is breastfeeding.

6 OUR APPROACH

6.1 Leadership

The Governing Body accountability for Equality and Diversity sits with the Accountable Officer of the CCG who is supported by a Clinical Lead for equality and diversity, our Clinical Chair and Executive Nurse with a lead for Quality and Performance. In addition, our Lay Member for Patient and Public Engagement is an active Equality Champion and Chair of our Communication and Engagement Committee which meets quarterly and will monitor delivery of our Equality Objectives and action plan.

Our leadership approach will ensure that there is fairness in our commissioning decisions and that business is planned and conducted to meet the equality duty.

6.2 Equality Impact Analysis

An Equality Impact Analysis is a way of estimating the likely equality implications of either:

- The introduction of a new policy, project, or function or,
- The implementation of an existing policy, project, or function within the organisation.

Once equality implications have been identified, steps can be taken to amend the proposed policy, project or function or amend the way in which it is currently implemented to ensure it is inclusive and does not discriminate (either deliberately or accidentally).

We have developed and implemented a tool and guidance for use by staff to help identify the likely impact. Specific training has been provided to our CCG members and staff and our Governing Body will consider the results of this analysis during the decision making process.

Equality Impact Analysis is published, either as part of a policy document or separately, on our Website at www.scarboroughryedaleccg.nhs.uk

This tool is available on our Website at www.scarboroughryedaleccg.nhs.uk

6.3 Our staff

As a CCG, we directly employ approximately 95 staff. We are committed to attracting, retaining and developing a diverse and skilled workforce. To demonstrate this, we have chosen to work towards publishing routinely the equality data of our Governing Body Members.

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.

Policies and processes in place to support this include:

- The Performance Development Review Policy
- Induction Policy
- Bullying and Harassment Policy
- NHS Code of Conduct for Managers
- Job descriptions (including statements regarding equality and diversity expectations)

- Annual appraisals with staff

We also routinely provide Equality and Diversity training which is mandatory for all our staff. Enhanced training is available, as appropriate to individual staff roles.

7 COMMUNICATIONS AND ENGAGEMENT

We are committed to transparency and openness and recognise that individual members of the public and sections of the community may experience barriers in accessing information and services. Our Communications and Engagement Strategy 2016 – 2019 encourages the use of a wide range of communication methods to promote access to information and will ensure the engagement process is open and accessible to all. The Strategy sets out how we will establish mechanisms for:

- Engaging with, and listening to, patients, carers, diverse groups and other stakeholders
- Having a means of ensuring that patients' experiences are taken into account when commissioning decisions are made.
- Communicating with stakeholders to ensure that people are kept informed of developments and have access to information they need, when they need it.

We are committed to fully involving all sections of the community in the development of our objectives and associated action plans. We will continue to strive to give every opportunity to our key stakeholders to comment on health services in Scarborough and Ryedale to inform priorities for action. This includes:

- Finding out what barriers people face and taking steps to remove them.
- Asking if people are satisfied with health services e.g. through surveys, focus groups.
- Setting priorities and planning changes.
- Monitoring and reviewing current data and provision.
- Reviewing and revising this Plan.
- Providing feedback on how people's views have influenced our decisions and actions.

The priorities that the Communications and Engagement Strategy sets out reflects the CCG's commitment to Equality and Diversity and include a commitment to improving our understanding of the patient experience of harder to reach, disadvantaged groups and individuals and patients whose views we rarely hear and to provide a wide range of mechanisms through which patients and our local community can engage with us.

The CCG complies with the NHS Accessible Information Standard and ensures that CCG communication and engagement is accessible and easy to read. The CCG also provide translations and alternative formats where requested.

8 AMBITION FOR HEALTH

Ambition for Health is an ambitious plan which has brought together eight local NHS and local authority organisation covering Scarborough, Ryedale, Bridlington and Filey to tackle some of the big challenges in health and social care.

8.1 Ambitions

The programme aims to address key challenges faced by the CCG focusing on three main aspects of health and social care:

- **Healthy Lifestyles –** an ambition to help people lead healthy lifestyles, supporting them to take control of their own health and prevent illness.
- **Care at Home –** an ambition to improve the care provided at home and in the community so that health and social care services work more closely together with the aim of preventing people needing treatment in hospital.
- **Sustainable Services –** an ambition to ensure that our hospitals and other major services are of a high quality and financially sustainable and that we all have access to the right care, in the right place, at the right time.

8.2 Priorities

In working towards achieving the ambitions above, the CCG has outlined a number of priorities, including the following which supports the CCG's work on Equality and Diversity:

- Prevention and self-care and helping people of all ages to lead healthy and active lifestyles.
- Improving emotional health through better mental health services and helping people living with dementia.
- Providing more services in the community wherever possible, including support for careers and more choices for people to live in the own homes with support.
- Listening to and shifting power to patients and the public.

9 PARTNERSHIP WORKING

We work closely with local and county wide organisations involved in planning, commissioning and providing health and social care for our communities. These include North Yorkshire County Council, Health and Wellbeing Board, Scarborough Borough Council, Ryedale District Council providers of healthcare in the community, care homes and in hospitals and voluntary sector organisations.

10 PUBLISHING INFORMATION

We are committed to publishing a range of equality information to help our local residents gain a greater understanding of the decisions we are making and why they are being taken. In line with good practice, we will aim to ensure our published equality information:

- Is available on-line and up-to-date.
- Is easy to find, clearly linked together and (ideally) available in one place.
- Covers both potential and actual service users.
- Provides information on the core functions of the organisation.
- Includes evidence on how equality impact is assessed, particularly with regard to the most relevant functions and policies.
- Is accessible to everyone and available in relevant alternative formats and languages, where required.

We will undertake a review of our published information at least annually.

11 MONITORING AND REVIEW

The Communication and Engagement Committee meets at monthly and will monitor delivery of our Equality Objectives and action plan on a quarterly basis, providing an annual progress report to the Governing Body and the public, ensuring it is made available in accessible formats.

The Communication and Engagement Committee will oversee and challenge our approach to engagement activities to ensure our work is inclusive of the population we serve.

The Communication and Engagement Committee will also ensure that relevant information is published in accordance with the Specific Duties of the Equality Act 2010.

We will review our equality objectives at least once every 4 years.

12 APPENDIX 1 – OUR EQUALITY OBJECTIVES

The CCG reviewed its equality objectives in autumn 2017. The following objectives were formulated through the self-assessment of the EDS and the engagement work which was undertaken by the Communications and Engagement team. These reflect the ongoing challenges that the CCG face in ensuring that harder to reach groups access appropriate healthcare.

Objective	Steps needed to achieve the objective
Objective 1 – The CCG will increase input from representatives of the protected groups in the commissioning process.	Plan engagement activity with the aim to capture the particular views of diverse groups.
	Ensure systems are embedded to demonstrate how views have influenced commissioning decisions.
	Review the Equality Impact Analysis form and develop a toolkit.
	Ensure the CCG Governing Body acts as gatekeeper so that no projects move forward without meaningful consideration of equality issues.
Objective 2 – During the development and redesign of services due regard will be made to ensure they are accessible to all service users.	Engagement activity to include consultation regarding barriers service users are facing/may face when accessing services.
	As part of any changes to service delivery include a review of transport services to access the service.
	Ensure information regarding assistance with transport is readily available for patients who require it and in a format they understand.
	Patients are provided with information about different options to get to the service when they receive their appointment.
	Ensure that the CCG challenges any issues in service provision around equality of access
Objective 3 – The CCG will continue to embed equality and diversity principles by developing and supporting all staff and Governing Body members to promote and champion all aspects of the CCG's work.	Include equality objectives in PDRs
	Deliver specific staff training / coaching to strengthen equality impact analysis skills and understanding of the needs of particular protected characteristic groups.
	Raise awareness of equality issues using different communication methods.
	Use staff survey results to develop actions that will improve key areas.

13 APPENDIX 2 - EQUALITY DELIVERY SYSTEM FOR THE NHS (EDS2)

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
1.	Better Health Outcomes for All				
1.1.	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing 	The CCG uses the Joint Strategic Needs Assessment (JSNA) to understand the needs of the local population The CCG has maintained the Customer Service Excellence (CSE) award for three years which requires and have been commended in the report for our work with protected groups. The CCG has developed strong relationships with those groups who represent specific patient and public groups and in particular we involve patients with learning disabilities, disabled people and those who are elderly in helping us to review services offered. The CCG works closely with its Council of Clinical Reps when redesigning services and discuss commissioning decisions with them taking advice and support from them. The CCG have begun improving access for people with learning difficulties to health checks and the information they receive and we have involved users and carers in the redesign of the wheelchair and community equipment service to help shape the service. The CCG continues with efforts to engage with the polish community including the provision of relevant translated literature. All Commissioning Policies are impact assessed using the CCGs template EIA and are signed off by the Governing Body. The CCG also has established and robust protocols for gathering and responding to patient feedback, with Practice Participation Groups (PPG) and our Communication and Engagement Strategy.	• Undertake more detailed work to understand whether people from all protected groups are readily accessing services.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
1.	Better Health Outcomes for All				
1.2.	Individual people's health needs are assessed and met in appropriate and effective ways	Developing 	The CCG uses standard NHS Contracts which require providers to provide services in a way which meets the needs of the patients, including making services accessible to those who require additional support in accessing them. There are Clinical Quality Improvement Indicators (CQUINs) designed to secure improvements in the assessment of patient needs. As a commissioning organisation, our role is to understand the health needs of our population and commission services accordingly to address priority needs and reduce health inequalities. Normally we do this on a population basis but there are instances when the CCG commissions on an individual basis such as through the IFR process.	• Identify which hard to reach groups in Scarborough and Ryedale should be targeted as a priority for health assessments and reviews. e.g. screening, well man checks, blood pressure checks. • Work with local care homes and acute care providers regarding respecting end of life wishes for the elderly in care homes. Continue work to assess all patients over the age of 65 years for increased risk of stroke.	
1.3.	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing 	Consultation with patients is an integral part of continually improving our service and is included within any service redesign and the CSE identified that we have made particular efforts to identify hard to reach and disadvantaged groups and individuals and have developed our services in response to their specific needs. It also highlighted that we have made positive changes to services as a result of analysing patient experience, including improved patient journeys. The new MCP contract for Adults Integrated Community Services will see health and social care professionals collaborating together to create care pathways which are more joined up for service users with the aim to organise community services around the communities where people live and the GP practices people use.	• Assess the success of the orthopedic triage service redesign pilot using the Customer Service Excellence Model • Embed the Customer Service Excellence Model in future service redesign. • Utilise the Voluntary Sector database to help identify key contacts for groups Undertake a gap analysis and aim to identify additional contacts for diverse groups.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
1.	Better Health Outcomes for All				
1.4.	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing 	The CCG Quality and Performance Committee is responsible for ensuring all aspects of quality and performance and their work includes: – receiving and reviewing performance and quality reports from providers including developing and supporting action plans for weaknesses – receiving and reviewing serious incident reports and near misses and sharing lessons learnt from these – receiving and reviewing reports from Safeguarding Children and Adults. The CCG has adopted a safeguarding policy which covers all patients in general and vulnerable adults and children in particular. The CCG uses Safeguard system to record incidents and staff are encouraged to report near misses as well as incidents. Incidents are reviewed and where necessary actions identified.	• Develop and strengthen partnership working with acute providers. • Ensure all services provided through the SLA with Commissioning Support Unit embrace this Equality and Delivery system plan. Continue to work with the voluntary sector to develop and embed the outcomes framework that will provide commissioners with tools to measure impact and effectiveness of services across all groups including diverse groups.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
1.	Better Health Outcomes for All				
1.5.	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing 	The CCG serves a diverse patient population and this is recognised and acknowledged in the provision of social marketing media, information leaflets and guides and promotional literature. Activity is clinically driven and whole population based with evidence of targeting particular groups or communities to increase participation rates. NHS England leads on the commissioning of all national vaccination and screening programmes which are subject to regular performance monitoring to ensure that all national targets for immunisation rates and coverage are met. The CCG regularly reviews these rates. The CCG has been working closely with healthcare professionals to improve the uptake of health checks and screening by people with learning disabilities and this will continue to be a priority for 2017/18. We know that people do not always have the information they need to make the right choice about where to access services and we have been working hard to improve communication on when best to see your pharmacist, doctor, nurse, urgent care of emergency department and we will continue to provide the information people need. We know the elderly and frail find it difficult to attend hospital appointments and our focus for 2017/19 is for out-patient services to be delivered in the community so as to avoid unnecessary travel to hospital.	• We will work in partnership with the National Commissioning Board to promote national screening campaigns • Note – the National Commissioning Board is responsible for the commissioning of national screening programmes from 1 April 2013.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
2	Improved Patient Access and Experience				
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing 	All service specifications ask providers to ensure the service is readily accessible and meets the needs of the population, including minority groups. The CCG engages with and captures the experiences of patients and carers using a wide variety of mechanisms and opportunities. Service users, carers and communities can share their experiences of services commissioned by the CCG through concerns, complaints and compliments; they can also make suggestions about future plans through involvement/engagement activities related to specific projects, via MY NHS and through other agencies such as voluntary/community groups, local patient groups, PPGs and Healthwatch who are additionally capturing data. This information provides the CCG with an opportunity to identify if there are any emerging issues for particular protected groups. However, personal information relating to all nine of the protected groups is not currently collected.	• Review translation and interpretation procedures. • Aim to collate a wide range of information 'About you' on all our engagement activities in order to monitor that all protected groups are represented in these events. • Ask diverse groups for their views on accessing the services we commission.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
2	Improved Patient Access and Experience				
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing 	The CCG and its member practices use and promote Choose and Book to improve patient choice and the CCG also have a Referral Support Service helping patients decide where they want treatment by providing advice on waiting times, accessibility and car parking. The CCG offers Personal Health Budgets. The CCG provides information to the general public through a variety of mechanisms, including the local media, website, social media, and health supplements, face to face meetings with stakeholders, partner agencies and voluntary groups. NHS Scarborough and Ryedale CCG website has a designated area which details its commitment to equality and diversity principles. The CCG draws attention to and supports national and local service and public health campaigns, for example Flu, Right Care, Right Time, Stoptober. The CCG is committed to working closely with local authorities, partners and other NHS trusts as appropriate to promote these campaigns as part of its role on the Health and Wellbeing boards in North Yorkshire.	• Encourage diverse membership of our patient participation groups. • Work with local established Forums to inform and consult with patients and public about service changes. • Strengthen the CCG Practice Representative Group and the model of working with practices.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
2	Improved Patient Access and Experience				
2.3	People report positive experiences of the NHS	Developing 	The CCG monitors experience through a range of mechanisms including national surveys (such as the friends and family test) and local patient surveys. Other national surveys, such as PROMS are undertaken as part of the quality premium and nationally mandated CQUIN payment framework schemes with our providers. The CCG uses My NHS which is a web based participatory model that enables people to have their say using a variety of methods; from completing online surveys to attending events and providing feedback either online, via post or telephone. Many of the GP practices in the CCG area have Patient Participation Groups (PPGs) which encourage patients to get involved and have their say. PPGs are normally made up of registered patients to a particular surgery; they make an important contribution to the well-being of their communities. As a commissioner of services, the CCG both directly undertakes and supports providers to undertake engagement activity to identify and improve the patient experience, and to ensure local people are involved in decision making. This includes engaging with patients, carers, key stakeholders (such as councilors and MPs) and communities with regards to accessing services and undertaking targeted engagement activity with specific protected groups as appropriate. Information about experiences of health services is used to inform commissioning decisions and improvements to services. The CCG works closely with local HealthWatch organisations. HealthWatch supports individuals by providing information about access to services to enable people to take more control of their own health, treatment and care and understand/use the choices available to them.	• We gather a range of patient experiences but recognise we need more information about specific diverse groups.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
2	Improved Patient Access and Experience				
2.4	People's complaints about services are handled respectfully and efficiently	Developing 	The CCG has a complaints policy which is followed and most complaints are handled within 20 working days. When complaints will take longer to resolve the service user is kept informed of its progress. When it is apparent that the response to a complaint may not satisfy the service user, a meeting is offered with the Deputy Executive Nurse to discuss the issues face to face. The Communications and Engagement Committee oversees reports from the Patient Relations Team including lessons learnt. The CCG includes details of how to make a complaint on their website, including where to get support from if they are unable to make a complaint on their own. The CCG would also accept complaints in other languages and have them translated.	• Monitor the management of complaints against commissioned services. • Review the quality of services delivered by providers including a review of complaints reports by providers through Contract Management meetings	•

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
3	Empowered, engaged and well-supported staff				
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing 	The CCG has a clear and robust Recruitment and Selection Policy which follows best practice in relation to recruitment and selection. Recruitment and selection training is also available. All staff are also required to complete equality and diversity training as part of their Statutory and Mandatory training. . In the event of concerns in relation to the recruitment process the standard grievance / disciplinary processes would be followed. The majority of roles within the CCG are advertised through NHS jobs, which automatically includes advert listings on Job Centre Plus, and various other websites which are widely available and accessed. Non-web based applications can be accommodated if required. Equality data is monitored as part of the recruitment process and the CCG ensure that recruitment activities are carried out in line with the principles of equal opportunities and fairness and documenting decisions accordingly. The CCG's workforce profile is a fair reflection of the local population in relation to race and whilst the CCG is almost 80% female there are positive actions to support and encourage the recruitment of women at a senior level. With regards to disability there are no employees declaring a disability, however the CCG does operate a Guaranteed Interview Scheme whereby applicants who meet all the essential criteria are guaranteed an interview. The CCG's Recruitment and Selection policy is also explicit that reasonable adjustments will be made where necessary.	• Collect equality data of Governing Body Members. • Work towards publishing the equality data of Governing Body • Work toward collecting equality data of the Council of Clinical Representatives.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
3	Empowered, engaged and well-supported staff				
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving	The national NHS pay scale, Agenda for Change, is in use for most CCG staff. Pay is set through a job evaluation system which has been tested for bias and to ensure it provides equal pay for work of equal value. For non-agenda for change staff the CCG Remuneration Committee has a clear remit to consider the justification for pay rates, and take into account any potential equal pay issues. Diversity information is sought on employees, and reported to SLT	• Pay and related terms and conditions are determined by nationally agreed policies which are consistently applied.	
3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving	The CCG's appraisal process assists staff to identify training needs and opportunities for staff and there is a Training Panel which will consider any applications for training in excess of £500. Staff are encouraged to take up development opportunities in addition to statutory and mandatory training.	•	
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	The CCG has a Bullying and Harassment Policy in place and SLT would be informed of any incidents via a report. The annual staff survey would also highlight any issues of bullying or harassment in the workplace which is again monitored by the SLT and Governing Body.	•	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
3	Empowered, engaged and well-supported staff				
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing 	The CCG has a flexible working policy and a Flexi Time process. All requests for flexible working are made through line managers. The annual staff survey also requests comments about how flexible the organisation is and this has not shown there to be any issues in this area.		
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.	Developing 	Staff have access to the support of Occupational Health if they require it, and work/life balance is encouraged via flexible working policy. Staff are encouraged to talk with managers if they are having any issues and this is supported through the PDR process. The Staff survey would also identify if there are any issues. The CCG is currently monitoring itself against the Workplace Welbeing Charter as part of the Ambition for Health Programme.		
3.7	Staff report positive experiences of their membership of the workforce	Developing 	• Evidence for this will be identified in the staff survey 2018		

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
4	Inclusive Leadership at all Levels				
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving 	The CCG's commitment to its Equality Duty is evident in various ways within the CCG: The CCG has an Equality Lead on the governing body who is also the Public and Patient experience lay member and chairs the Communications and Engagement Committee. The Governing Body has discharged responsibility for monitoring progress against the CCG's Equality objectives, Equality Plan and Equality Delivery System, to the Communications and Engagement Committee who routinely provide a report to the Governing Body on progress. The CCG has a comprehensive Equality and Diversity section on the website. The Governing Body is aware of the importance of Equality and Diversity when making decisions and ensure that all decisions taken at Governing Body have been supported by an Equality Impact Assessment.	• Ensure systems are in place so that commissioning decisions are supported by robust engagement and equality analysis. • Develop an Equality Plan and Objectives for 2012-2016 for agreement by the Member Practices and Board.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
4.2	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Achieving 	All papers sent to the Governing Body and CCG Committees are accompanied by an Equality Impact Assessment.	No actions identified	
4.3	The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes.	Achieving 	There is reasonable evidence to suggest that the CCG's middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. The CCG has a process in place whereby all staff are required to complete statutory and mandatory training. The CCG regularly receive a report on the training completed and this is monitored by the SLT.	• A local competency framework is being developed for use within the CCG and this will include Equality and Diversity.	

Goal/Outcome		Rating	Evidence	Agreed Actions	Owner
4.4	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing 	• Equality Impact Assessments are produced for most papers which are presented to the Governing Body	• The process could be strengthened by improved Equality Impact Assessment Forms and requesting that the Governing Body/other committees do not approve papers without supporting evidence that equality related impacts have been considered	

14 APPENDIX 3 - SUMMARY OF THE HUMAN RIGHTS ACT 1998

Article 1	THE CONVENTION
Article 2	RIGHT TO LIFE
Article 3	PROHIBITION OF TORTURE
Article 4	PROHIBITION OF SLAVERY AND FORCED LABOUR
	Exclusions from meaning of “forced labour” defined (military service, penal sentence etc).
Article 5	RIGHT TO LIBERTY AND SECURITY
	No deprivation of liberty except in the cases specified in accordance with law. e.g. of those of unsound mind. Right to damages for unlawful arrest/detention
Article 6	RIGHT TO A FAIR TRIAL
	Provides for a fair, timely, and public hearing except in the interests of morals, public order, national security, juveniles or the protection of the private life of the parties.
Article 7	NO PUNISHMENT WITHOUT LAW
Article 8	RIGHT TO RESPECT FOR PRIVATE AND FAMILY LIFE
	No interference except in accordance with the law or in the interests of national security, public safety, the economic well being of the country, the prevention of disorder or crime, the protection of health or morals, or for the protection of the rights and freedoms of others.
Article 9	FREEDOM OF THOUGHT, CONSCIENCE AND RELIGION
	Includes freedom to change religion or beliefs and to manifest these in worship, teaching, practice and observance.
Article 10	FREEDOM OF EXPRESSION
	Includes freedom to hold opinions and to receive and pass on information and ideas. Exclusions include the rights of others and disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.

Article 11 FREEDOM OF ASSEMBLY AND ASSOCIATION

Includes the right to form and join trade unions, or refuse membership of a union.

Article 12 RIGHT TO MARRY

Article 14 PROHIBITION OF DISCRIMINATION

The enjoyment of Convention rights and freedoms irrespective of sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Article 16 RESTRICTIONS ON POLITICAL ACTIVITY OF ALIENS

Nothing in Articles 10, 11 and 14 shall be regarded as preventing the High Contracting Parties from imposing restrictions on the political activity of aliens.

Article 17 PROHIBITION OF ABUSE OF RIGHTS

The Convention does not authorise any activity aimed at the destruction of any of the rights and freedoms it contains.

Article 18 LIMITATION ON USE OF RESTRICTIONS ON RIGHTS

Restrictions permitted under the Convention on rights and freedoms shall not be applied for any purpose other than those for which they have been prescribed.

The First Protocol

Article 1 PROTECTION OF PROPERTY

Entitlement to peaceful enjoyment of possessions subject to the securing of payment of taxes or other contributions or penalties.

Article 2 RIGHT TO EDUCATION

No person shall be denied the right to education. Where the State assumes functions in relation to education and teaching, it shall respect the right of parents to ensure such education and teaching conform with their own religious and philosophical convictions.

Article 3 RIGHT TO FREE ELECTIONS

Free elections at reasonable intervals by secret ballot.

The Sixth Protocol

Article 1 ABOLITION OF THE DEATH PENALTY

Article 2 DEATH PENALTY IN TIME OF WAR

A government may derogate from its Convention obligations during war or other public emergency.

Source: Human Rights Unit (2002) Study Guide Human Rights Act 1998,Lord Chancellor’s Department.