NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

Equality and Inclusion Strategy: 2020 – 2024

Forward

Herefordshire and Worcestershire CCG is a newly formed organisation as of 1st April 2020 bringing together four previous commissioning organisations. We are committed to ensuring that Equality, Inclusion and Human Rights is a central core to business planning, staff and workforce experience, service delivery and community and patient outcomes. Improving access to services is one mechanism to combat health inequalities, another is involving people in decisions surrounding their own healthcare and treatments and also improving people's experiences of the services we provide. Getting this right is at the heart of providing a patient-led service and ensuring that we treat people with respect, dignity and fairness.

We are determined to value difference and promote equality, and ensure that all individuals, whether staff or patients, have a high-quality caring experience of NHS services. We are keen to commission the right health care services, by having well-trained staff who can ensure that our Providers meet the equality duties set out in the Equality Act 2010.

Herefordshire and Worcestershire CCG is highly committed to equality and inclusion and this strategy demonstrates our vision for achieving equality and Inclusion. We are dedicated to developing an organisational culture that promotes inclusion and embraces diversity, ensuring that the focus on equality and inclusion is maintained across the CCG.

Introduction

This equality strategy is being established with the aim of fulfilling our duties as a commissioner of services and employer. We commission services from several NHS and non-NHS providers.

The CCG does not provide clinical services, but we commission services from a number of key providers across Herefordshire and Worcestershire. We are made up of a membership of 83 GP practices across Herefordshire and Worcestershire. These practices have joined together into Primary Care Networks which consist of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Networks are based around populations of 30,000 to 50,000.

Our Strategy

We believe integrating equality and inclusion within our mainstream activities makes good business sense which will help to ensure equality of access and better health outcomes for patients and service users whilst having a well-supported and motivated workforce which understands and reflects the diverse communities we serve.

Critical to this approach, is to understand our legal duties and the needs of our communities and apply this intelligence to the pivotal organisational activities of;

- Policy development and review
- Budget planning and allocation
- Service planning and review
- Projects and work programmes
- Commissioning and procurement
- Performance management
- Employee performance, development and relations

This strategy sets out our commitment to taking equality and inclusion into account in everything we do. We recognise the importance of embedding equality principles and practices within the organisations business activities that will support us as a dynamic Clinical Commissioning Group which commissions the right services for our local population.

The Equality Act 2010 sets out specific duties for public bodies to establish an Equality and Inclusion Strategy containing at least one objective and review this at least every four years. There is also a requirement to carry out an annual review of our equality objectives and report on the findings. The strategy also sets out how we will ensure compliance with the Public Sector Equality Duty and embed NHS mandated standards such as the Equality Delivery System, the Workforce Race Equality Standard, Workforce Disability Equality Standard and Accessible Information Standards.

About us

Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) is the NHS body responsible for planning, commissioning (buying) and monitoring healthcare services designed to meet the needs of local people. The CCG is clinically led by doctors, nurses and healthcare professionals, supported by an experienced management team.

NHS Herefordshire and Worcestershire Clinical Commissioning Group was established on 1 April 2020 following a merger of NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG. We are formed of 83 member GP practices and we are responsible for buying health services for 800,888 people across Herefordshire and Worcestershire. Specifically, this means we are responsible for:

- Planning health services based on assessing local needs and addressing health inequalities.
- Paying for services that meet the needs of our patients (also known as 'commissioning')
- Monitoring the quality of the services and care provided to our patients.

The population we serve

We serve a population of 800,888 with a mix of urban and rurally dispersed communities across two of the largest counties in England. There is a good road infrastructure across much of Herefordshire and Worcestershire, but the distance between our two main acute hospitals is more than 30 miles and typically takes more than an hour to drive on single carriageway roads. Train links between Hereford and Worcester are good with regular services but there are some public transport issues e.g. no direct bus or train line from Redditch to Worcester or Hereford, and many villages in the most rural areas not having access to a daily bus service. The population mix of our footprint is 97% white, with 2% Polish and Eastern European, and 0.5% Asian and African-Caribbean.

With a large rural population, we have migrant and casual labourers as well as an extensive Gypsy and Romany traveller community around Evesham and Hereford. There has been a significant increase in the BAME population between 2001 and 2011, which is likely to continue. The highest proportions of BAME population are in the Redditch and Worcester districts.

Currently there are 1,200 people employed by the Armed Forces living in Herefordshire according to the 2011 Census, with an associated 1,450 family members (spouse, partner, child or step-child) living with them: a total of at least 2,650 members of the currently serving Armed Forces community. This number is likely to have grown considering the increase in the number of regular Armed Forces stationed in the county.

We have a relatively high and growing proportion of people aged 65 and over compared to England and Wales.

By 2026, the proportion of people aged 65 and over is projected to increase to 209,000 people aged 65 or over, representing more than one in four of the total population (25.9 per cent). This is broadly across all of Herefordshire and Worcestershire although the largely urban areas of Worcester and Redditch are predicted to have relatively more people of working age and fewer people of pensionable age. People aged 75 and over are projected to rise to 112,000 by 2026, an increase of 45 per cent from a 2016 baseline.

Our vision and values

Our vision for the population of Herefordshire and Worcestershire is that, through an integrated care model:

- ‘Local people will live well in a supportive community with joined up care, underpinned by specialist expertise and delivered in the best place by the most appropriate people’.

This vision is underpinned by:

- The views of our patients and the public
- Our understanding of our population's needs
- Our need to address the quality, performance and financial challenges across Herefordshire and Worcestershire

We developed this vision in collaboration with our local partners, meaning that it is central not only to what we do, but also to all other health and care organisations across Herefordshire and Worcestershire. It focuses us all on a shift towards more joined up, preventative and anticipatory care, with integration across health and social care providers providing seamless pathways across organisational boundaries.

Our Strategic Objectives and Priorities

We have based our strategies, plans and work programmes on the knowledge of our local population and their health needs gathered by our member GPs over many years and on the Joint Strategic Needs Assessment (JSNA) developed with our partners. Through our GP network and wider engagement, we continue to talk to local people to monitor our current services and to plan for the future.

Patient safety and quality of care is at the heart of all our work, and primarily we will ensure this includes maintaining a strong focus on working with partners to tackle mortality rates in the county. We will be continuing to target resources at areas where they will have the biggest impact on improving health outcomes. This includes improving care pathways across urgent and planned care and continuing to invest in mental health services. Additionally, we will carry on working in partnership with Herefordshire and Worcestershire Councils on learning disabilities, dementia and children's services.

Alongside delivering high quality and appropriate services, we need to make sure that we are staying within our budget and delivering good value for money. Herefordshire and Worcestershire's STP will play a key role in supporting and delivering our priorities including smarter use of shared services and technology. All this must be done within

the context of a health system that has financial and performance challenges that health and care partners are committed to resolving.

Resilient partnership working through the STP and sustainable clinical networks will be crucial to realising our vision and achieving our strategic objectives, informed by analysis of local health needs provided both by the JSNA and national and regional priorities. Our strategic goals and aims will be reviewed annually and revised if necessary.

Our Workforce

The organisation has robust policies and procedures in place which ensure that all of the staff are treated fairly and with dignity and respect. The organisation is committed to promoting equality of opportunity for all current and potential employees. The CCG is aware of the legal equality duties as a public sector employer and service commissioner and therefore will have equality and diversity training in place for all staff in from September 2020. Equality training sessions will be developed and will be scheduled to be delivered throughout the duration of this strategy so that staff will have had face to face training in addition to online training for Equality, Inclusion and Human Rights.

HW CCG opposes all forms of unlawful and unfair discrimination and will ensure that barriers to accessing services and employment are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic origin, sex, disability, religion or belief, age, sexual orientation, transgender status, marital or civil partnership status, HIV status, pregnancy or maternity, domestic circumstances, caring responsibilities or any other relevant factor.

Our Legal Duties

The Equality Act 2010 imposes general and specific duties on all public bodies.

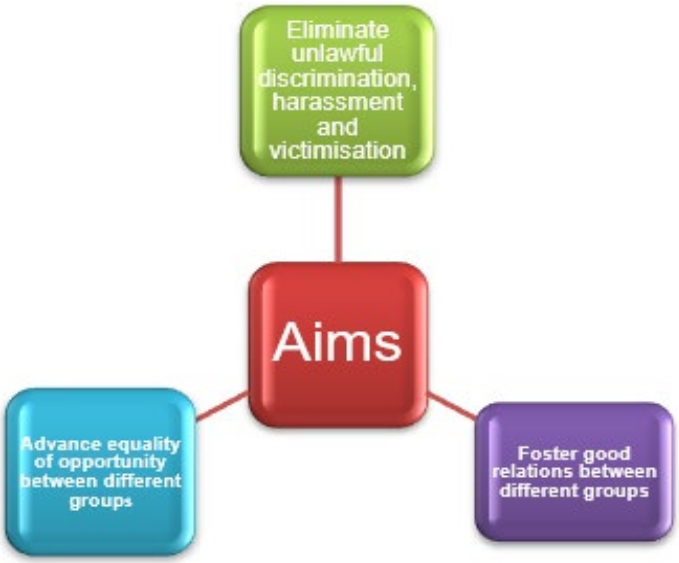
The General Equality Duty

The general equality duty applies to 'public authorities'. In summary, those subject to the general equality duty must, in the exercise of their functions, have due regard to the need to:

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

These are often referred to as the three Aims of the general equality duty:

Fig1



The Equality Act explains that the second aim (advancing equality of opportunity) involves having due regard to the need to:

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

The Act states that meeting different needs includes (among other things) taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It explains that compliance with the general equality duty may involve treating some people more favourably than others.

To comply with the general equality duty, a public authority needs to have due regard to all three of its aims.

The Specific Public Sector Equality Duty

The specific duties were created by secondary legislation in the form of regulations. This guide relates to the specific duties for England (and non-devolved public authorities in Scotland and Wales). In summary, each listed authority is required to:

1. Publish information to demonstrate its compliance with the general equality duty. This needs to be done no later than 31 January 2012, and at least annually after that, from the first date of publication. This information must include, in particular, information relating to people who share a protected characteristic who are:

- The CCG's employees
- People affected by its policies and practices.

Public authorities with fewer than 150 employees are exempt from the requirement to publish information on their employees.

2. Each listed public authority must prepare and publish one or more objectives that it thinks it needs to achieve to further any of the aims of the general equality duty. This must be done every four years. The objectives must be specific and measurable.

Both the equality information and the equality objectives must be published in a manner that is accessible to the public. The CCG will ensure that organisational equality information and an update report on the equality objectives is published annually on their respective web pages.

Our vision for equality and Inclusion

We have identified 9 key themes which describe our vision for equality and inclusion which will help our organisations in meeting the equality duty that will enable us to become an exemplar organisation that commission quality services for our population whilst being an employer of choice. These are:

1. We have considered our legal duties and the needs of our communities; we have taken every opportunity to promote equality of opportunity and be non-discriminatory
2. We have strengthened our contracts and procurement processes so that as a commissioner, we are assured that services commissioned are accessible to all.
3. Through a range of consultation and engagement activities we have a wide range of intelligence about community needs to help us target resources where they are most needed
4. Employees and service users are treated fairly
5. Employees and service users are given equality of opportunity
6. There are good relations between different people and communities

7. Access to, outcomes of and satisfaction with service delivery are not worse for some communities
8. We are confident and competent around meeting the different needs of individuals and communities
9. We capture the positive outcomes and share good practice

Our Vision for Equality and Inclusion – Practical Steps

Equality Delivery System (EDS)

HWCCG will adopt the Equality Delivery System as its performance toolkit to support the CCG in demonstrating its compliance with the three aims of the Public Sector General Equality Duty.

The four EDS goals are:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

The grades for EDS are as follows:

Undeveloped – Red
Developing – Amber
Achieving – Green
Excelling – Purple

The EDS grading process provides the CCG's Governing Body with an assurance mechanism for compliance with the Equality Act 2010 and enables local people to co-design the CCG's equality objectives to ensure improvements in the experiences of patients, carers, employees and local people.

The main purpose of the EDS is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS, NHS organisations can also be helped to deliver on the Public Sector Equality Duty. Utilisation of the EDS framework provides a way for the CCGs to show how it is doing against the four goals. See **Appendix 1** for full outcomes.

Essentially, there is just one factor for NHS organisations to focus on with the grading process. For most outcomes the key question is: *how well do people from protected groups fare compared to people overall?* There are four grades – undeveloped, developing, achieving and excelling.

In response to the question *how well do people from protected groups fare compared with people overall*, the answer is:

- Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
- Developing if evidence shows that the majority of people in three to five protected groups fare well
- Achieving if evidence show that the majority of people in six to eight protected groups fare well
- Excelling if evidence shows that the majority of people in all nine protected groups fare well

Plans will be put in place to identify appropriate Goals and Outcomes from EDS in the Equality and Inclusion action plan. The grading will then be published annually as part of the organisation annual report and published on the respective CCG website.

Workforce Race Equality Standard

NHS Workforce Race Equality Standard (WRES) as a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities. The Standard will be used by organisations to track progress to identify and help eliminate discrimination in the treatment of Black and Minority Ethnic (BME) employees.

The Governing Body of the CCG will ensure, through overview and reporting processes, that the organisations are giving due regard to using the WRES indicators to help improve workplace experiences, and representation at all levels within the

workforce, for Black Asian and Minority Ethnic (BAME) staff. The CCG will also seek assurance, through the provision of evidence, that Providers are implementing the NHS Workforce Race Equality Standard.

The CCG will be collecting and analysing WRES data with the aim of improving the quality of data whilst ensuring that action plans are put in place to address any disparities. The CCG is committed to analysing and putting into action, plans to address issues and concerns throughout the duration of this Strategy with all progress and findings presented to the Clinical Executive for assurance.

An area which has been identified as a priority for the CCG is to ensure that the Governing Board membership is broadly representative of the BAME workforce and or population - whichever is the highest. We are therefore going to establish a specific equality objective (See Equality Objective section below) to address the under-representation of BAME staff on the Governing Board.

Accessible Information Standard

The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand and any communication support that they need.

The Accessible Information standard informs organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

The Accessible Information standard also tells organisations how they should make sure that people get any support with communication that they need, for example support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

Our CCG will commit to commit to implement the Accessible Information Standard internally and ensure that we seek assurance from Providers that they are implementing the standard. We will also make all of our practices aware of the standard.

Performance Monitoring of Providers and Procurement

The Contract is a mechanism through which the CCG can gain assurance that Equality, Diversity and Human Rights requirements are complied with when planning services for patients and the public. To achieve this, the CCG will agree locally, a set of equality monitoring requirements with the Provider organisations and monitor these for compliance. In the coming months and years, the CCG will monitor providers for compliance on the Workforce Disability Equality Standard (WDES), Accessible Information Standard (AIS) Workforce Race Equality Standard (WRES), Equality Delivery System (EDS) and compliance in meeting the Public Sector Equality Duty (PSED) under the Equality Act 2010.

CCGs are required by law to make sure that when services are commissioned from Providers, there are assurance mechanisms in place to assess compliance with equality legislation. The CCG will embed equality considerations into the procurement process by the inclusion of key equality questions at the Pre-Qualification (PQQ) stage. Further, the CCG plans to ensure that all contracts and Service Level Agreements contain information requirements around duties and responsibilities under the Equality Act 2010. One of the requirements that we pledge to deliver on is the collection of meaningful equality data, broken down by protected characteristics which will inform commissioning intentions and enable service improvements.

The Equality Protected Groups

To comply with the general duty, a public authority needs to have due regard to these aims in relation to the following nine equality protected characteristics:

Protected Equality Group	Definition
Age	Age is defined by being of a particular age (for example being 35 years old) or by being in a range of ages (for example being between 60 and 75 years old).
Disability	A person is classed as having a disability if they have a physical or mental health condition and this condition has a 'substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.' These words have the following meanings: • Substantial means more than minor or trivial. • Long term means that this condition has lasted or is likely to last for more than twelve months. There are progressive conditions that are considered to be a disability. These include: • People who have had a disability in the past that meets this disability. • There are additional provisions relating to people with progressive conditions. • People with HIV, cancer, multiple sclerosis are covered by the Act from diagnosis. • People with some visual or hearing conditions are automatically deemed to have a disability.
Gender Reassignment	Gender reassignment protects people who have changed their gender from what they were identified as at birth. The Equality Act covers people at any stage of this process.
Sexual Orientation	Sexual orientation means a person's sexual preference towards people of the same sex, opposite sex or both.
Sex	Sex (gender) is included to protect the individual man or woman from being discriminated against.
Race	Race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

Religion or Belief	Religion has the meaning usually given to it but belief includes religious convictions and beliefs including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live, for it to be included in the definition.
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. Protection against maternity discrimination is for 26 weeks after giving birth.
Marriage and Civil Partnership	The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same sex partners. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. 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.

Health Inequalities

Overall, health outcomes in Herefordshire and Worcestershire are good but we face some real health inequality challenges. For example, there are large numbers of older people living in poor health meaning there is a gap between life expectancy and healthy life expectancy, and there are some condition specific premature mortality concerns around certain illnesses including some cancers and heart disease. We also know there is a gap in mortality rates between advantaged and disadvantaged communities – especially in Worcestershire. People born in the most deprived ten per cent of areas in Herefordshire have a shorter life expectancy at birth than those living in the least deprived ten per cent by an average of 3.9 years for males and an average of 2.6 years for females.

We need to address health inequalities and the fact that some communities are at higher risk of poor health. For example, evidence suggests that people with disability, people of ethnicity, and LGBTQ, experience increased levels of disadvantage and health inequalities.

The CCGs Equality Impact and Risk Assessment has a section specifically on health inequalities and protected characteristics which require project leads to populate to assess for adverse impacts. The CCG will consider the needs of, and impact on, populations in Herefordshire and Worcestershire when undertaking its functions as a commissioner and employer by undertaking robust equality analysis on its decision making.

The CCG has been developing a five-year plan addressing inequality and has identified a number of actions as follows:

- Board member responsible for inequalities identified by September 2020. Boards and senior managers will be given areas across the CCG population to gain a better understanding of their communities
- Protect the most vulnerable from Covid 19, with enhanced analysis and community engagement. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes.
- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.
- Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March 2020.
- Improve ethnicity data sets

Digital Inequality

NHS Digital, 2019 describe digital inclusion as a concept that encompasses:

Digital skills: Being able to use digital devices (such as computers or smart phones and the internet). This is important, but a lack of digital skills is not necessarily the only, or the biggest, barrier people face.
Connectivity: Access to the internet through broadband, wi-fi and mobile. People need the right infrastructure but that is only the start.
Accessibility: Services need to be designed to meet all users' needs, including those dependent on assistive technology to access digital services.

"Digital exclusion can be seen as a form of inequality. There is a close correlation between digital exclusion and social disadvantages including lower income, lower levels of education, and poor housing. Health inequalities should be addressed in the local plans being developed in response to the national Long-Term Plan."
(NHS Digital, 2019).

HWCCG has undertaken a piece of work where digital inequalities have been identified and are in the process of devising an action plan to address these. The Equality and Inclusion action plan will reflect the work that is being done to address the health inequalities as a result of digital exclusion.

Health Challenges - Emerging Issues

The HWCCGs geographical communities face different health challenges. We need to ensure that the most appropriate services and support are available to meet the needs of different populations. Doing nothing is simply not an option; we cannot meet these future challenges without change. We will only succeed if we work in partnership with others. Where we directly commission services, influencing change is more straightforward; where we don't, we will need to work with our partner commissioners to make sure our plans align. We are driven first and foremost by patient need and ensuring high quality care, but we also need to ensure every penny counts so that we

can provide the best care to the maximum number of people. The next section deals specifically with the biggest national emergency our country and organisation has faced and how we, as an organisation, will respond to address the health inequalities and disparities in health outcomes for the communities hardest hit.

COVID 19 – Beyond the data

The publication of Public Health England (PHE) reports on disparities for COVID 19 outcomes and stakeholder feedback- Beyond the Data. There is clear evidence that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death. This work has been commissioned by the Chief Medical Officer for England to understand the extent that ethnicity impacts upon risk and outcomes. These give a growing picture of groups at risk and look to addressing structural health inequalities which may contribute to poorer health outcomes and prevalence.

The Public Health England review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review.

An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups.

In summary identified at risk groups include:

- Age – over 80’s more likely to die

- Males higher risk
- Black and Asian Minority Ethnic (BAME) groups
- Those working in certain professions – caring / transport / security guards
- Deprivation – higher diagnosis and health rates in areas of high deprivation
- People experiencing homelessness and living in care homes
- People with multiple long term conditions
- Geography – London has highest death rate

In exploring the issues for COVID 19 and supporting decision making during COVID and post COVID recovery, the intelligence gathered will be used by our organisation to inform commissioning and commissioning intentions.

Summary Profile as of July 2020 - COVID-19 Reported Cases

Coronavirus Case Data (by area)		
Area	**Total Cases**	**Rate per 100,000 resident population**
England	159,328	284.6
West Midlands	16,951	287.3
Worcester	234	229.7
Redditch	249	293
Herefordshire	463	241
Bromsgrove	309	313.2
Wyre Forest	250	247.4

Source: https://coronavirus.data.gov.uk/#category=ltlas&map=rate

Summary Profile - COVID-19 Reported Deaths

Area name	Place of death Home	Hospital	Care home	Hospice	Other communal establishment	Elsewhere
Herefordshire, County of	4	54	59	3	0	0
Bromsgrove	0	74	53	0	1	4
Redditch	1	45	8	0	1	0
Worcester	4	27	27	1	2	0
Wyre Forest	9	64	39	0	2	0

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

Analysis:

Narrative is provided for notable data by exceptionality to the England comparator or variably within area for both data sets:

Vulnerability factors:

- Within Herefordshire and Worcestershire, data for risk factors and vulnerability is very similar across the area
- Compared to England rates there is some noticeable variation where risk factors are higher within the CCG area, these include prevalence of diabetes, adults classified as overweight or obese, and slightly higher number of nursing beds for population over 75 years
- Deprivation across the CCG is generally lower than England
- In terms of population, Herefordshire and Worcestershire have higher proportions of older population over the age of 65 years old compared to the England but has lower rates of dementia compared to England
- The population of people from ethnic minorities is lower compared to England rate, with the highest numbers in Worcester and Redditich
- In terms of homeless for people aged 16-24 years, Worcestershire has higher rates compared to Herefordshire and England, however the rates of statutory homelessness is significantly better across the area compared to England

COVID related data:

- Across the West Midlands area, there is some variation in the rate of COVID related cases per 100,000 of the population
- Areas with rates of cases above the England rate include Redditch, Bromsgrove with lower rates in Worcester, Wyre Forest, and Hereford
- Across the West Midlands, there is variation in COVID related deaths which would be expected due differing population sizes
- We are unable to correlate the rate of COVID cases directly to the vulnerability data but know that there are known associated risks to age, males, ethnicity, and long term conditions

We will look to adopt the recommendations, for Black, Asian and Minority Ethnic (BAME) patients due to the high proportion of deaths in this community as identified in **appendix 2** of this strategy.

Equality Impact and Risk Assessments

The Equality Impact and Risk Assessments (EIAS) provides a framework for undertaking equality impact assessments. This enables the CCG to show 'due regard' to the three aims of the general equality duty by ensuring that all requirements around equality, human rights and privacy are given advanced consideration prior to any policy decisions that the CCG's Governing Body or senior managers make, that may be affected by these issues. CCG commissioners will continue to ensure that the Equality Impact and Risk Assessment are integral to the decision-making processes.

Sustainability and Transformation Plan

The development of the Sustainability and Transformation Plan (STP) will provide further exciting opportunities to ensure that equality and inclusion is at the heart of each of the STP work streams. To ensure that this takes place the CCG will ensure that appropriate equality analyses is undertaken for each of the STP work streams by considering key issues such as equality of access, experience of services and health outcomes for local people covered by a protected characteristic.

We need to know who we are commissioning our services for, therefore local insight into the community within Herefordshire and Worcestershire and their specific health needs is imperative to help us achieve our vision and goals. In the early stages of the development of the Sustainability and Transformation Plans (STP) we will ensure the following activities are carried out;

- We will ensure that for each priority or STP work stream, systematic and robust Equality Impact and Risk Assessments are completed to ensure that any potential health inequalities for disadvantaged groups are minimised.
- We will use the outcomes of the Equality Impact and Risk Assessment to ensure that protected groups are fully involved in any potential reconfiguration of health and social care services by carrying out meaningful and targeted engagement.
- We will use the intelligence gathered for the Joint Strategic Needs Assessments (JSNA) combined with qualitative feedback from diverse communities and

organisations to ensure that our commissioning decisions are meeting the needs of local communities.

All of the above activities will support the CCG to meet the Public Sector Equality duty and the specific requirement for the CCG to reduce health inequalities.

Equality Objectives for 2020 – 2024

The equality objectives, subject to ratification have been identified below. The implementation of these objectives will ensure that the organisation is equitable in commissioning services, placing fairness at the centre of its core business, both as an employer and as a commissioner.

Equality Objectives 2020 – 2024

Equality Objective 1	*Ensure patients, service users, carers, protected groups, staff and wider public have a say in improving access to services and patient experience. Inclusion of seldom-heard groups for engagement in commissioning*
Equality Objective 2	*Ensure all policies, strategies, service specifications, business plans, and commissioning/decommissioning projects undertake an Equality Impact and Risk Analysis*
Equality Objective 3	*Put in place an action plan which looks at the governing Board membership and seek to make it representative of the BAME workforce/population which ever is the highest.*
Equality Objective 4	*Implementation of the 'Beyond the data' recommendations due to the disproportionate impact and high number of deaths in the BAME community.*

***Objective 1:* Ensure patients, service users, carers, protected groups, staff and wider public have a say in improving access to services and patient experience. Inclusion of seldom-heard groups for engagement in commissioning**

The Communications and Engagement team will be important in forging strong links with ‘seldom heard ‘members of the local population, through an effective engagement strategy aligned with the equality & inclusion agenda. We will also work with Patient groups and Healthwatch for a broader perspective.

***Objective 2:* Ensure all policies, strategies, service specifications, business plans, and commissioning/decommissioning projects undertake an Equality Impact and Risk Analysis and outcomes shared with appropriate CCG governance committee for consideration and action**

The Equality Impact and Risk Assessment is a tool to support our CCGs to consider the impact of any policy, strategy, service or project on service users and communities. This will help to mitigate or eliminate any negative impact and put in place mitigating actions to avoid unlawful discrimination.

***Objective 3:* Put in place an action plan which looks at the governing Board membership and seek to make it representative of the BAME workforce/population whichever is the highest.**

The CCG, as part of the WRES action plan, will look to analyse current Governing Board membership and identify the disparities that exist, if any, in BAME representation. Over the course of this Strategy, the CCG aims to make the Governing Board representative of the BAME workforce and or population so that we have exclusive leadership operating at all levels.

***Objective 4:* Implementation of the ‘Beyond the data’ recommendations due to the disproportionate impact and high number of deaths in the BAME community.**

The CCG will devise an action plan that will seek to implement the recommendations as identified by Public Health England in its 'Beyond the Data' report. The recommendations are listed in **appendix 2** of this strategy.

Governance of Equality and Inclusion

The CCG Governing Body is directly accountable for compliance with equality and inclusion legislation. The Clinical Commissioning and Executive Committee, which reports to the Body has been delegated day to day responsibility to oversee the Equality action plan and equality work streams. The Governing Body will receive regular updates as a standing item and an annual report on compliance with equality and Inclusion.

We have ensured there is a Lay Member that sit on the Governing Body with specific responsibility for equality and inclusion and patient and public involvement. The role of our Lay Members is to champion equality and inclusion and to make sure that there is sufficient oversight and scrutiny of equality and inclusion at Governing Body meetings.

The CCG is committed to strengthening a full-time resource in the form of a fulltime specialised Equality and Inclusion lead who is on hand to provide advice, support and guidance on equality.

Annual Report and Strategy Review

During each year, the CCG will gather, store and publish evidence such as Equality Impact and Risk Assessments, Consultation, Engagement and Involvement exercises for the purpose of demonstrating our legal compliance and also any Freedom of Information requests.

The CCG's Clinical Commissioning and Executive Committee will monitor activity in relation to our organisational priorities for Equality and Inclusion. The Equality Lead will produce an annual report, which will provide progress and action on our equality objectives each year and will lead on a review of our strategy every four years.

Further information

Further information about this strategy and other equality and Inclusion work can be obtained from Midlands and Lancashire Commissioning Support Unit:
Telephone: 07557 845032
E-mail: equality.inclusion@nhs.net

The CCG is committed to ensuring that its communication is clear, plain and available to everyone. This strategy can be made available in other languages or formats on request. Please contact the Communications team on:

Contact details: hw.comms@nhs.net
Tel:

Appendix 1: Equality Delivery System: Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes

Appendix 2 – summary of recommendations published by PHE Beyond the Data

Recommendation 1:

Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.

Recommendation 2:

Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.

Recommendation 3:

Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.

Recommendation 4: Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.

Recommendation 5:

Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.

Recommendation 6:

Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing, and effective management of chronic conditions including diabetes, hypertension, and asthma.

Recommendation 7:

Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

Source of report:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Additional Recommendations: NHS England and Improvement (NHSE&I)

NHSE&I - Recommendation 8:

Establish a BAME staff network for members of staff. The BAME staff network will enable staff to network and support staff around Covid 19 and be part of wider discussions around equality and inclusion

NHSE&I - Recommendation 9:

Establish a reverse mentoring scheme for staff. Junior BAME staff are able to share experiences, ideas on career management and development with senior leadership of the CCG with mutual learning taking place giving BAME great insight into what it means to operate at a senior level

NHSE&I Recommendation 10: Tackling inequalities in employment to ensure an inclusive, fair and just society