

Calderdale Clinical Commissioning Group

Equality and Inclusion Strategy 2020 - 2022

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Equality and Inclusion Strategy 2020 - 2022

Introduction

NHS Calderdale CCG aims to improve the lives of local people by reducing unfair and avoidable differences in health (health inequalities) and making sure we commission and plan good quality services that meet the needs of our diverse communities.

We will work with patients, staff and our health and social care partners, such as the West Yorkshire and Harrogate Health and Care Partnership, local hospitals, local authorities and local community groups, to make sure services meet local needs.

Our Equality and Inclusion Strategy outlines how equality is central to the way we do business. It provides a flexible framework to help us deliver our ambition to move beyond compliance to real inclusion, where the voices of our communities and staff are actively listened to and prioritised in decision-making.

Our Aims

The CCG aims to:

- Ensure that we make decisions and commission services in a fair and transparent way that meets the healthcare needs of all our communities and reduces health inequalities.

- Involve our patients, carers, staff and the wider public in shaping and improving our services by proactively seeking their views and making sure we reach those who are not always heard.
- Be a strong leader working with our partners to champion and drive equality and inclusion.
- Employ a diverse and representative workforce where all staff are treated fairly and supported to reach their full potential.
- Employ a diverse leadership that reflects our communities.

Context

This updated strategy reflects our evolving priorities due to the onset of COVID-19 and the differential impact it has had on some communities. The pandemic has amplified the health and wider inequalities that already exist in our society.

The virus has been particularly damaging to people living in areas of high deprivation, people from Black, Asian and Minority Ethnic (BAME) communities, older people, men, those who are obese, those with long-term health conditions, including severe mental illness, people with a learning disability and other inclusion health groups, and those in certain occupations.

The CCG's response to the inequalities highlighted by COVID-19 is crucial. We will ensure that addressing health inequalities is at the centre of our commissioning decisions and that services are restored and redesigned in a way that challenges entrenched inequalities and improves inclusion.

Our Local Population

To make sure we know enough about our communities to address their needs we use this data to help us commission fair and equitable services. This is supplemented by conversations and engagement with local people.

[Calderdale Overview](#)

[Calderdale Demographics](#)

[Calderdale Health Profile](#)

[Joint Strategic Needs Assessment \(JSNA\)](#)

Health Inequalities

Health inequalities are **unfair and avoidable differences in health** across the population, and between different groups within society.

COVID-19 has exposed deeply entrenched health inequalities. It is clear that those worst affected by the virus are often those who had worse health outcomes before the pandemic, including people from BAME communities, older people, those with a learning disability and those living in poorer areas. There is a renewed focus on tackling health inequalities in the NHS and the CCG is working with local partners to address these and improve people's health.

The third phase of the NHS response to COVID-19 urges NHS organisations, in collaboration with local communities and partners, to increase the scale and pace of progress in reducing health inequalities. It recognises that addressing health inequalities will be enhanced by ensuring that our leadership reflects the diverse communities we serve. The CCG has developed a reset action plan, which incorporates a range of actions designed to reduce health inequalities and improve leadership diversity.

The infographic below (Figure1) shows that there is a significant gap in life expectancy between those living in the most versus the least deprived areas of Calderdale. This is 7.5 for males and 9.4 years for females.

Figure 1 Gap in Life expectancy

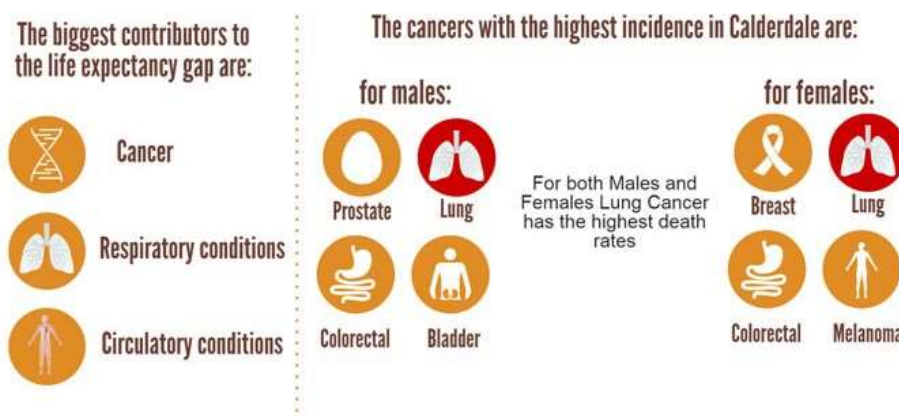


The biggest contributors to the life expectancy gap are cancer, respiratory and circulatory conditions. The infographic (Figure 2) below illustrates that the cancers with the highest incidence in Calderdale are for:

- Males: Prostate, Lung, Colorectal, and Bladder
- Females: Breast, Lung, Colorectal, and Melanoma

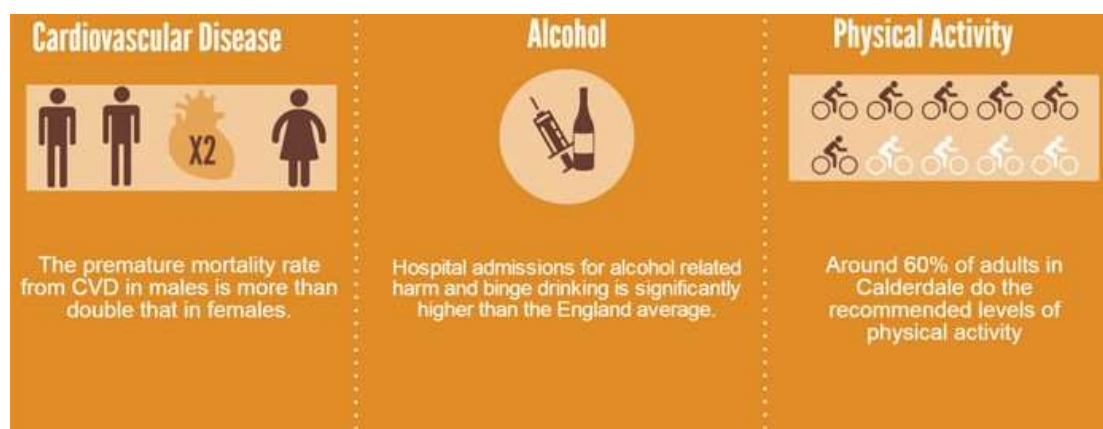
Lung cancer has the highest death rates for both males and females.

Figure 2: Cancer



As shown in the infographic (Figure 3) below the premature mortality rate from Cardiovascular Disease (CVD) in males is more than double that in females. Hospital admissions for alcohol related harm and binge drinking is significantly higher than the England average. Around 60% of adults in Calderdale do the recommended levels of physical activity.

Figure 3 CVD, Alcohol, Physical Activity



Black, Asian and Minority Ethnic (BAME)

COVID-19 continues to have a disproportionate impact on BAME communities and staff, not only in increased infection and death rates but also wider impacts to employment and income. The work by the Black Lives Matter movement reignited calls for an end to racism and injustice across the world and challenged public institutions to address systemic racism.

Both have brought attention to the layered impacts of years of disadvantage and inequality and have acted as a catalyst for change by strengthening the call to improve outcomes for BAME communities and colleagues.

The CCG reset action plan includes specific actions to tackle health inequalities for the BAME population. We also have an equality objective to improve access to GP Practices for people from BAME backgrounds. This will build on the work already being carried out by the CCG and partners to

improve access to services for BAME patients and other disadvantaged groups during the pandemic.

We are also working with staff to tackle workplace inequalities. The CCG undertakes the [Workforce Race Equality Standard](#) annually to understand the experience of BAME staff. An action plan has been developed to address areas for improvement and incorporates actions from the NHS People Plan 2020 - 21 and the West Yorkshire and Harrogate (WY&H) BAME Staff Network.

Delivering our strategy

Legal responsibilities

We deliver;

- [Public Sector Equality Duty](#) publish an equality information report evidencing our compliance with the duty and equality progress
- [Equality Delivery System](#) (EDS2) an NHS equality assurance framework delivered with health partners and communities
- [Equality objectives](#) to drive forward equality for particular groups
- [WRES](#) publish report and actions to demonstrate progress against nine indicators of workforce equality for BAME staff
- [Accessible Information Standard](#) to meet the communication needs of disabled patients and staff
- [Equality Impact Assessments](#) to ensure decisions are only taken after a full and robust understanding of the impact on equality and health inequalities on different groups of people

Our Equality Objectives

Our equality objectives are informed by conversations with local communities delivered through the EDS2. In partnership with local stakeholders, the CCG developed the following equality objectives:

1. Improve access to GP Practices for specific equality groups
2. Improve engagement with specific equality groups

For 2020-2022, Objectives 1 and 2 will focus on BAME communities and Carers. A new objective has been developed in response to the wider inequalities highlighted by COVID-19 and will support the CCG to achieve a more diverse leadership.

Detailed implementation plans are developed annually in partnership with a multi-agency steering group. These are monitored by the Quality, Finance and Performance Committee and published online.

Workforce

We know that the best way to serve our communities is to have a workforce that reflects the diversity and broad range of talent in Calderdale.

We are implementing a variety of measures to help us achieve our ambition to employ a diverse and representative workforce and leadership. These include;

- Workforce Race and Disability Equality Standards (WRES) - measures progress against national metrics
- NHS Staff Survey - annual survey on staff experience
- Staff Equality Networks
- Unconscious bias training
- Diverse recruitment panels

Involving Local People

The engagement and involvement of local communities is central to the commissioning of services which meet local health needs. All our engagement activity is underpinned by the Involving People Strategy, which is a shared set of principles for involving people across Calderdale.

We are proactive in seeking the views of our communities and reaching those groups who are not always heard. Engagement activity is equality monitored to assess the representativeness of the views gathered; where there are gaps we target specific communities. The feedback is analysed to understand if there are differences based on protected groups.

We also facilitate a community based [Equality Health Panel](#) where voluntary and community sector groups representing diverse communities engage with local NHS organisations to help improve services for protected groups and other disadvantaged groups.

Procurement

The CCG commissions health care services on behalf of people in Calderdale. Equality and inclusion is embedded in the processes and governance around the procurement of these services.

Specifically:

- Services are designed, planned and developed with support from the equality team and insight from our local communities. Equality impact assessments are undertaken to understand potential impact on protected groups or on health inequalities.
- Our Invitation to Tenders process (ITTs) includes equality questions for potential providers, which are assessed by the CCG's equality team.

- Providers are monitored and reviewed to ensure that they are meeting their equality duties and standards.

Working with partners

The CCG works with local providers to ensure that together we achieve the best health outcomes for local people. Some larger providers are subject to the same legal responsibilities as the CCG, such as Calderdale and Huddersfield NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust, Locala and Yorkshire Ambulance Service. These providers are supported by the equality team and progress is monitored through quarterly meetings with them. With smaller providers, the team works with contracting colleagues to monitor equality performance.

Equality Impact Assessment

Equality Impact Assessments (EIAs) form an integral part of our scrutiny process and ensure that all our key decisions are evaluated for their impact on equality and other groups.

EIAs improve our decision-making by helping us to understand the effect of our activities on different groups of people. They also help us to target our engagement activities and provide protected groups with a voice in shaping our services.

Targeted workshops are delivered by the equality team to support the completion of Equality Impact Assessments (EIAs).

Training

All staff complete a mandatory equality and diversity e-learning module once every three years.

In 2020 the CCG adopted the recommendations of the West Yorkshire & Harrogate Partnership BAME Network and is rolling out a programme of Unconscious Bias and face-to-face equality and diversity training to all staff.

In addition, specific equality and diversity training is delivered to Governing Body members, which focuses on equality for decision-makers.

Governance

The CCG demonstrates robust governance for equality and inclusion through the following arrangements:

- **Senior Operational Group:** Monitors the COVID-19 reset action plan
- **Governing Body:** Provides strategic leadership and ensures the CCG complies with the Public Sector Equality Duty
- **Quality, Finance and Performance Committee:** Monitors this Strategy, the Equality Objectives Action Plans and the following annual reports: PSED, EDS2, Workforce Race Equality Standard (WRES)

Measuring Progress

Successful implementation of this strategy will be measured by:

- Progress against WRES, WDES and workforce equality action plans
- Progress against equality objectives and action plans
- Progress against the COVID-19 reset action plan
- Improved engagement with local communities and inclusion health groups, e.g. homeless people, refugees and asylum seekers etc.
- Increased representation of BAME voice in decision making

- Reduction in the % of BAME and disabled colleagues who experience bullying and harassment
- Increase in the % of BAME colleagues in senior and leadership roles