



Worcestershire CCGs'
**Equality &
Inclusion Strategy**
2017 – 2021

On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

Forward

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.

Since our inception as CCGs, we have progressed with our plans for equality and reducing health inequalities in Redditch and Bromsgrove CCG, Wyre Forrest CCG and South Worcestershire CCG. We have been building our annual portfolio of evidence through a variety of functions to achieve compliance with our duties as a public sector body under the Equality Act 2010. We must continue 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.

Redditch and Bromsgrove, Wyre Forest, and South Worcestershire CCGs are highly committed to equality and inclusion and this strategy demonstrates our vision for achieving equality and Inclusion and how this will be maintained until 2021. 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 three CCGs.



A handwritten signature in black ink, appearing to read 'Simon Trickett', on a light-colored background.

Simon Trickett
Accountable Officer

Contents	Page
Forward	
Introduction	1
Our Strategy	2
Wyre Forest CCG	3
Redditch and Bromsgrove CCG	5
South Worcestershire CCG	7
Worcestershire Operational Plan 2016/17	9
Our Workforce	9
Our Legal Duties	10
Our Vision for Equality and Inclusion	12
Our Vision for Equality and Inclusion – practical steps	13
Equality Delivery System 2	13
Workforce Race Equality Standard	15
Accessible Information Standard	15
Performance Monitoring of Providers and Procurement	16
Workforce Disability Equality Standard (WDES)	16
The Equality Protected Groups	17
Demographics	18
Health Challenges – Emerging Issues	26
Equality Impact and Risk Assessments	27
Sustainability and Transformation Plan	27
Equality Objectives for 2017 - 2021	28
Governance of Equality and Inclusion	30
Annual Report and Strategy Review	31
Further information	31
Appendix 1 Equality Delivery System: Goals and Outcomes	32

Introduction

This is a joint strategy between Redditch and Bromsgrove Clinical Commissioning Group (CCG), Wyre Forest CCG and South Worcestershire CCG. Although independent organisations with our own statutory duties to fulfil, we are increasingly working more closely together and this year have established a single Executive Leadership Team and hold a number of committees in common to help meet some of the common challenges that we face.

Together we commission services from a number of NHS and non-NHS providers. The main local providers of secondary services are:

- Worcestershire Acute Hospitals NHS Trust – Worcestershire has three Acute Hospitals which are part of Worcestershire Acute Hospitals NHS Trust (WAHT). The Trust provides a full range of acute and emergency hospital-based services from the Worcestershire Royal Hospital in Worcester and the Alexandra Hospital in Redditch, and also provides some services from the Kidderminster Hospital and Treatment Centre.
- Worcestershire Health and Care NHS Trust – Worcestershire Health and Care NHS Trust (WHCT) is the main provider of community and mental health services in Worcestershire. It delivers a wide range of services in a variety of settings including people's own homes, community clinics, outpatient departments, community inpatient beds, schools and GP practices. The Trust also provides in-reach services into acute hospitals, nursing and residential homes and social care settings.

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 Clinical Commissioning Groups to commission the right services for our local population.

The Equality Act 2010 sets out specific duties for each of the three CCGs 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 System², the Workforce Race Equality Standard, Workforce Disability Equality Standard and Accessible Information Standards. The following section will briefly cover organisational details of each of the CCGs that this strategy will apply to

Wyre Forest CCG

About us

NHS Wyre Forest Clinical Commissioning Group (WFCCG) is formed of 11 member GP practices across Wyre Forest and is the organisation responsible for arranging health services on behalf of local patients.

The CCG took over responsibility for commissioning high quality hospital, community and mental health services for Wyre Forest patients from Worcestershire Primary Care NHS Trust on 1 April 2013. The CCG has also since assumed responsibility from NHS England for commissioning local GP services.

Serving a population of more than 115,000 people across Wyre Forest, the CCG is responsible for:

- Planning health services, based on assessing the needs of Wyre Forest patients
- Paying for services that meet the needs of Wyre Forest patients
- Monitoring the quality of the services and care provided to Wyre Forest patients.

The population we serve

The CCG serve patients registered with general practices located across Wyre Forest. As at 31 March 2017 115,212 patients were registered with GPs practices across Wyre Forest.

In line with statutory duties the CCG has contributed to the development of the Joint Strategic Needs Assessment (JSNA) with partners from Worcestershire County Council. The JSNA sets out a number of key messages about the nature of the population the CCG serve and which informs our commissioning plans, specifically:

- Wyre Forest has a relatively large older population; compared to the other CCGs, it has the highest proportion of people aged 65 and over and the lowest proportion of 0-19 and 20-64 year olds
- Average life expectancy in Wyre Forest is 79 years for men and 83 years for women . This is very close to the national values. Mortality rates for major conditions are also close to the national average
- Recorded unadjusted prevalence of asthma, chronic heart disease, hypertension and stroke are all higher than the national average (although this could be partly due to the relatively high older people population and good recording practice locally)
- The teenage conception rate in Wyre Forest is below the national level (23.5% compared to 27.6%).

The JSNA can be found on our website at www.wyreforestccg.nhs.uk/about-us/strategy/.

Our vision and values

Our vision is to 'bring together local people, GPs and other clinical professionals to improve the quality and experience of healthcare for our patients'.

The CCG has undertaken 'visioning days' to identify the core values of the organisation. These were supported by individual visits to every practice to ensure that these are shared by our constituents. The values identified are being used to shape and describe tangible ways in which patient services might be enhanced under the CCG:

- We will be a caring and listening organisation
- We will serve local people, patients and practices
- We will value clinical input in all it does
- We will aim for safe, seamless patient centred care, delivered as close to patients' homes as possible
- We will value partnerships with other organisations
- We will look to be aware of risk and manage it, but it will not be afraid to take calculated risks if it is in the interests of local people to do so.

Redditch and Bromsgrove CCG

NHS Redditch and Bromsgrove Clinical Commissioning Group (RBCCG) is formed of 22 member GP practices across Redditch and Bromsgrove and is the organisation responsible for arranging health services on behalf of local patients.

The CCG took responsibility for commissioning high quality hospital, community and mental health services for Redditch and Bromsgrove patients from Worcestershire Primary Care NHS Trust on 1 April 2013. The organisation has also since assumed responsibility from NHS England for commissioning local GP services.

Serving a population of more than 170,000 people across Redditch and Bromsgrove, the CCG is responsible for:

- Planning health services, based on assessing the needs of Redditch and Bromsgrove patients
- Paying for services that meet the needs of Redditch and Bromsgrove patients
- Monitoring the quality of the services and care provided to Redditch and Bromsgrove patients.

The population we serve

The CCG serves patients registered with general practices located across Redditch and Bromsgrove. As at 31 March 2017 176,311 patients were registered with GPs practices across Redditch and Bromsgrove.

In line with statutory duties the CCG has contributed to the development of the Joint Strategic Needs Assessment (JSNA) with our partners from Worcestershire County Council. The JSNA sets out a number of key messages about the nature of the population we serve and which informs our commissioning plans, specifically:

- Redditch and Bromsgrove has a wide socio-economic range, with some very affluent areas and the largest deprived areas in Worcestershire. There is a clear link between deprivation and health outcomes such as premature mortality
- Redditch and Bromsgrove has a relatively youthful population with 22.8% of the registered population being aged 0-19
- Average life expectancy is 78.8 years for men and 83.2 years for women in Redditch, and 79.3 years for men, 83.5 years for women in Bromsgrove. These figures are very close to the national values
- Mortality rates for major conditions also tend to be close to the national average, though circulatory disease mortality appears to have worsened a little relative to nationally in the last decade
- Recorded unadjusted prevalence of asthma, chronic heart disease, diabetes, hypertension and stroke are all higher than the national average (although this could be partly due to relatively good recording practice locally).

The JSNA can be found on our website at www.redditchandbromsgroveccg.nhs.uk/about-us/strategy/

Vision and Values

The CCG vision is to '*work together to promote high quality, affordable healthcare*'.

The vision above is supported by 12 values, which set out how the CCG, as an organisation, helps to define organisational behaviour. The CCG developed these with the help of clinicians, patients and local people:

- Fair, ethical and transparent
- Patient safety and experience
- Partnerships matter
- We will listen and respond
- Right care, right place, right time – evidence based
- Patient choice matters
- Privacy, dignity and mutual respect
- Working together with member practices
- Promote good health and wellbeing

- Opportunities for service redesign and innovation
- Value for money will be secured
- A good employer.

South Worcestershire CCG

About us

NHS South Worcestershire Clinical Commissioning Group (SWCCG) is formed of 32 member GP practices across South Worcestershire and is the organisation responsible for arranging health services on behalf of local patients.

The CCG took over responsibility for commissioning high quality hospital, community and mental health services for South Worcestershire patients from Worcestershire Primary Care NHS Trust on 1 April 2013. The CCG has also since assumed responsibility from NHS England for commissioning local GP services.

Serving a population of more than 300,000 people across South Worcestershire, the CCG is responsible for:

- Planning health services, based on assessing the needs of South Worcestershire patients
- Paying for services that meet the needs of South Worcestershire patients
- Monitoring the quality of the services and care provided to South Worcestershire patients.

The population we serve

The CCG serve patients registered with general practices located across South Worcestershire. As at 31 March 2017 306,342 patients were registered with South Worcestershire GPs.

In line with statutory duties the CCG has contributed to the development of the Joint Strategic Needs Assessment (JSNA) with partners from Worcestershire County Council. The JSNA sets out a number of key messages about the nature of the population the CCG serve and which informs our commissioning plans, specifically:

- Health inequalities are not only evident between the South Worcestershire districts, but also within each of those areas, with Worcester having a large socio-economic range
- Recorded prevalence of stroke, hypertension and diabetes in South Worcestershire is significantly higher than national levels (although this could be due to more effective recording of these conditions rather than a reflection of population health)
- Recorded adult obesity prevalence is close to the national average. The proportion of children classed as overweight or obese at age 10/11 is slightly below the national rate of 34%, with Worcester having a higher rate (32%) than Wychavon and Malvern Hills (29% and 30% respectively)
- The teenage conception rate is significantly higher for Worcester (34.8 per 1,000) than in England (27.6 per 1,000).

The JSNA can be found on our website at www.southworcscg.nhs.uk/about-us/strategy.

Our vision and values

The CCG vision is to 'ensure that the population of South Worcestershire enjoy lives which are as healthy as possible'. The vision above is supported by seven values, which set out what we care about as an organisation and helps to define how we want to behave. The vision was developed with the help of clinicians, patients and local people:

- To demand of each other what is right even if our actions impact on our popularity
- Be clinically effective, quality focused and patient-centred
- Be nimble, decisive, proactive and dynamic
- Challenge bureaucratic NHS behaviour
- Not tolerate mediocrity – to have 'why not' rather than 'cannot' embedded in our vernacular

- Be an organisation that values its staff
- Secure value for money in everything we do.

Worcestershire Operational Plan 2016/17

The Worcestershire-wide Operational Plan (2016/17) has been developed in partnership with all 3 Worcestershire CCGs to support the five year strategic priorities and national planning guidance released. Specifically it sets out nine key areas of focus for the three Worcestershire CCGs for 2016/17 as follows:

1. Development of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP)
2. Supporting high quality, sustainable Primary Care across Worcestershire
3. Improving performance on the emergency access standards for Accident and Emergency (A&E) and ambulance waits
4. Improving performance on the 18-weeks 'Referral to Treatment' standard
5. Achieving the cancer waiting times standard
6. Deliver the required mental health access standards
7. Transforming learning disability services
8. Continuing to improve quality
9. Delivering financial balance

Together the CCGs will ensure that all of our services are accessible to the population that we serve and to this end a robust use of Equality Impact and Risk Assessment framework will be used to ensure we reach out to all

Our Workforce

Redditch and Bromsgrove CCG, Wyre Forest CCG, and South Worcestershire CCG are dynamic organisations with 200 staff, as of 31st August 2017. The organisations have robust policies and procedures in place which ensure that all of the staff are treated fairly and with dignity and respect. The organisations are committed to promoting equality of opportunity for all current and potential employees. The CCGs are aware of the legal

equality duties as a public sector employer and service commissioner and have equality and diversity training in place for all staff. Equality training sessions have been developed and will be scheduled to be delivered throughout the duration of this strategy so that all staff will have had face to face training in addition to online training for Equality, Inclusion and Human Rights.

Wyre Forest CCG, Redditch and Bromsgrove CCG and South Worcestershire CCG oppose 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

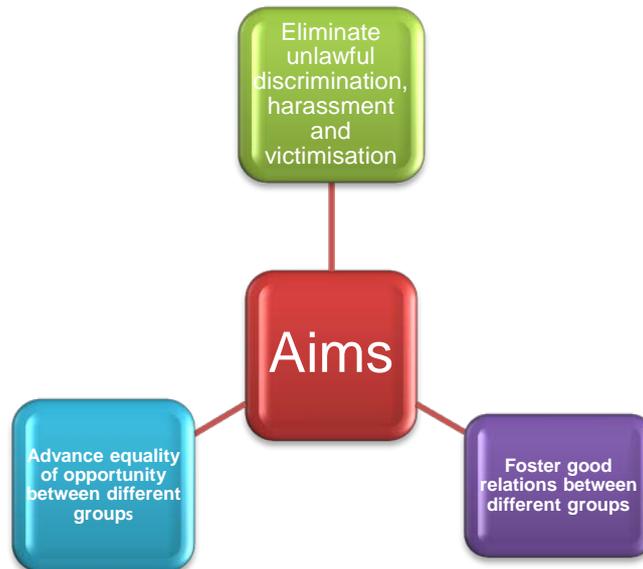
The general equality duty applies to ‘public authorities’.

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, in particular, 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 three CCGS 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 8 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. 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
3. Employees and service users are treated fairly
4. Employees and service users are given equality of opportunity
5. There are good relations between different people and communities
6. Access to, outcomes of and satisfaction with service delivery are not worse for some communities
7. We are confident and competent around meeting the different needs of individuals and communities
8. We capture the positive outcomes and share good practice

Our Vision for Equality and Inclusion – Practical Steps

Equality Delivery System 2 (EDS2)

Wyre Forest CCG, Redditch and Bromsgrove CCG and South Worcestershire CCG adopted the Equality Delivery System (EDS2) 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 CCGs Governing Bodies with an assurance mechanism for compliance with the Equality Act 2010 and enables local people to co-design the CCGs 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 there is no evidence on way or another for any protected group of how people fare or...
- 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 EDS2 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 websites.

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 Bodies of the CCGs 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 CCGs will also seek assurance, through the provision of evidence, that Providers are implementing the NHS Workforce Race Equality Standard.

The CCGs have been collating and analysing WRES data for the past few years with the aim of improving the quality of data whilst ensuring that action plans are put in place to address any disparities. The CCGs are committed to continue collecting, 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 Committee for assurance.

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 CCGs will continue to commit to implement the Accessible Information Standard internally and ensure that we seek assurance from Providers that they are implementing the standard

Performance Monitoring of Providers and Procurement

The Contract is a mechanism through which the CCGs can gain assurance that Equality, Diversity and Human Rights requirements are complied with when planning services for patients and the public. In order to achieve this, the CCGs have plans to agree locally, a set of equality monitoring requirements with the Provider organisations in 2017/18 contract.

Wyre Forest CCG, Redditch and Bromsgrove CCG and South Worcestershire CCG 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 CCGs have already strengthened the procurement process by the inclusion of key equality questions at the Pre-Qualification (PQQ) stage. Further, the CCGs will plan to ensure that all contracts and Service Level Agreements contain information requirements around duties and responsibilities under the Equality Act 2010.

Workforce Disability Equality Standard (WDES)

Currently, there is a consultation being undertaken by NHS England which will introduce a new standard in 2017/18 which will be termed as the Workforce Disability Equality Standard (WDES). This will apply to the CCGs as well as Providers and mirrors the current standard around race equality. The CCGs will be in a position to implement the WDES as guidance starts to filter through by NHS England on timescales for 2017/18.

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	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>These include:</p> <ul style="list-style-type: none"> • 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.

Demographics

Age and Gender

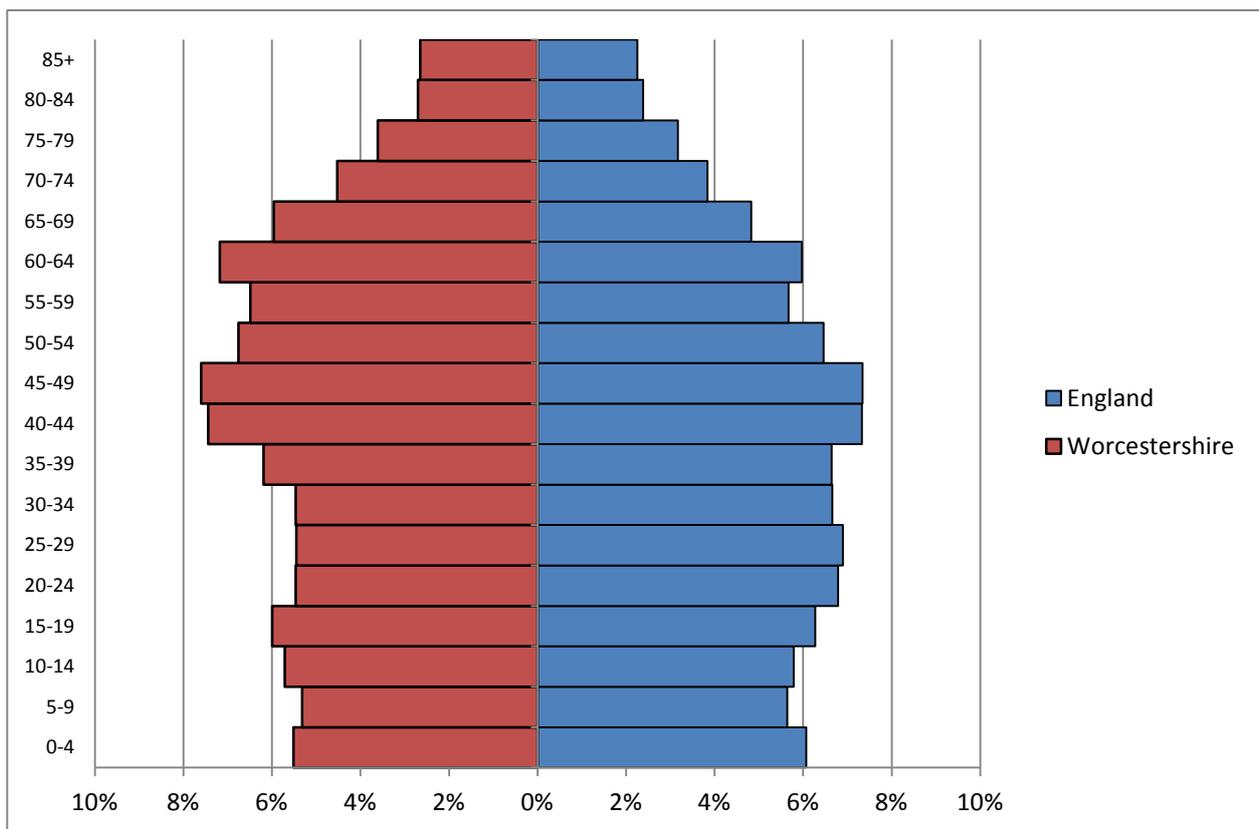
The total population of Worcestershire was 566,169 in the 2011 census, an increase of 4.4% since the 2001 census. Approximately 49.2% of Worcestershire residents are male, which is in line with the England average. However, Worcestershire has a higher than average proportion of older people (see figure 1). Approximately 19% of persons in the county are estimated to be aged 65 and over, compared to 16% nationally. The figures for the 75 and over age group are also noticeably greater in Worcestershire, estimated to be 8.9% compared with 7.8% in England as a whole.

The population aged 65+ is projected to increase steeply to 2030 and beyond in Worcestershire; a slower increase is expected when all age groups are included (Figure 1). Within the older population (65+ age groups), the rate of increase is steeper for oldest

age groups (Figure 2), with the rate of change for the 75+ population predicted to increase steeply post 2021, and the rate of change for the 85+ population to show a sharp increase from around 2027.

In Worcestershire as in England as a whole, the numbers of females in the 65+ age groups outnumber males. This is especially prevalent among persons aged 75 and over, and is to be expected due to higher life expectancy and lower mortality rates for females.

Figure 1 – Comparison of 2011 Census Population for Worcestershire with England



The county consists of six districts: Bromsgrove, Malvern Hills, Redditch, Worcester City, Wychavon and Wyre Forest. These districts have very different population profiles, with Redditch and Worcester City having a younger, more deprived population consistent with the more urban nature of these districts, whereas Bromsgrove, Malvern Hills, Wyre Forest and Wychavon have an older population profile compared with England as a whole

Disability and long term health in Worcestershire populations

Analysis of the self-reported long term health from 2011 census data in Worcestershire districts compared with the national and regional average provides an indication of the level of disability of the population:

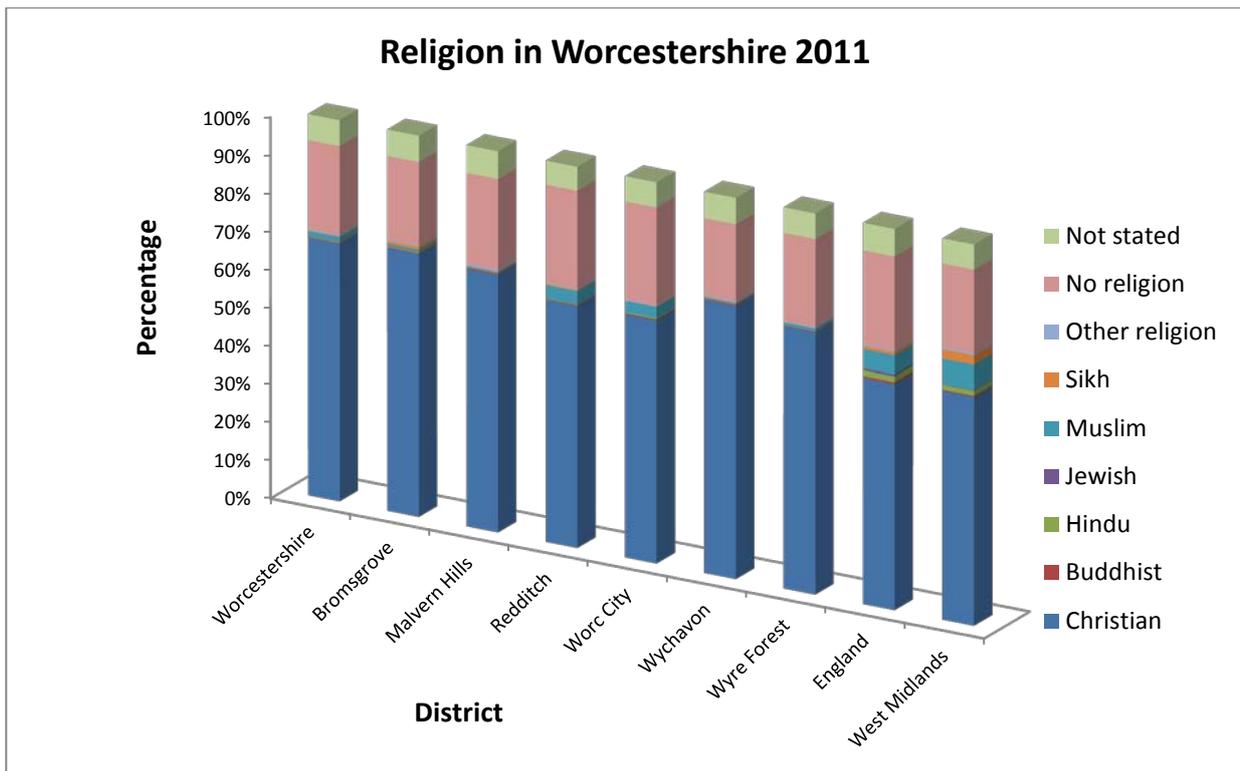
- The proportion of people in Worcestershire who report their 'day to day activity is limited A LOT' at 8.1% is lower than the National average (8.3%) and a lot lower than the West Midlands (9.1%). (Low is good).
- Wyre Forest district has the highest proportion of those whose 'day to day activity is limited a lot' at 9.2%; above both the national and regional average, and noticeably higher than other districts.
- In terms of disability which means 'day to day activities are limited a little', Worcestershire at 9.8% is above the national average and only just below the West Midlands average of 9.9%.
- In terms of districts, Malvern Hills has the highest proportion of people for whom 'day to day activities are limited a little' at 10.9%, with Wyre Forest close behind at 10.7%; both considerably above the national and regional average.
- Looking now at the self reported level of long term health which means 'day to day activities are not limited at all', Worcestershire is on a par with the national average for this proportion (high is good) at just over 82%; the West Midlands average is lower at 81.3%.
- Worcester City district has the highest proportion of the population reporting that their 'day to day activities are not limited at all' at 83.8%, above national and regional average, and all other districts in the county. (Please see section 7 for more detail on limiting long term illness).

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Evidence suggests that disabled people experience increased levels of disadvantage and health inequalities in comparison to non-disabled people.

Religion amongst the population of Worcestershire

Analysis of the religious beliefs amongst people in the districts of the county compared with the national and regional average provides more detail about Worcestershire and its demography. The graph below provides a summary of the proportions of each religion plus those who said they have no religion or did not state a religion

Figure 5 – Percentage of religion type 2011- Worcestershire Districts



Source: ONS – Census 2011

- One thing that is immediately clear from this graph is the highest proportion of people in each area specifies Christianity as their religion – this is well over 50% in all areas with the national average being 59.4% and the regional average being slightly higher at 60.2%. Worcestershire has a proportion of 67.5% so considerably higher than the national average.
- The county district with the largest Christian percentage is Wychavon with over 70%; and the lowest is Redditch with 63.5%, although this is still well above the national average.
- The next largest group is those with 'no religion', representing around a quarter of the population nationally (24.7%), with a lower proportion in West Midlands at 22%.

- The proportion reporting 'no religion' in Worcestershire as a whole is 23.3%, below the national average; but there are two districts in the county where this category is higher than the national average – Redditch and Worcester City (25.8% and 25.7% respectively).
- As compared with England and West Midlands, Worcestershire has very low proportions of any other religions, with the possible exception of Muslim in Redditch and Worcester City. This reflects the more cosmopolitan make-up of these urban areas; the more rural districts having much smaller percentages of non-Christian religions.

Ethnicity

Table 3 – Ethnic Group estimates for Worcestershire 2011 census compared with 2001

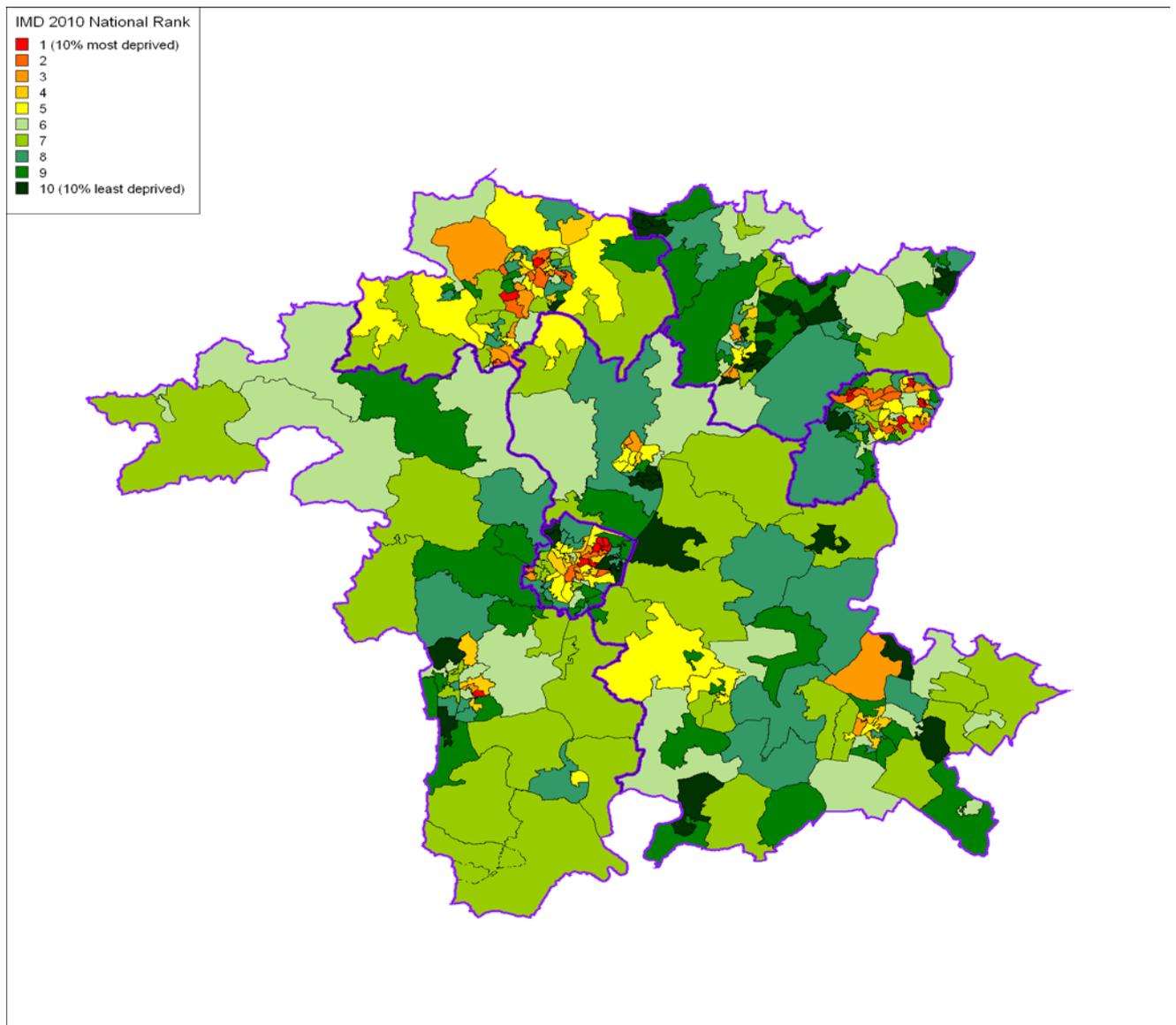
Ethnic Group	Worcs 2001 Census estimate	% of Worcs population 2001	Worcs 2011 Census estimate	% of Worcs population 2011	Estimated change between 2001 and 2011 Worcs	% of England Population 2011
White - British	517,700	95.5%	522,922	92.4%	+5,222	79.8%
White - Irish	4,200	0.8%	3,480	0.6%	-720	1.0%
White – Gypsy or Irish Traveller - NEW	N/a	n/a	1165	0.2%	N/a	0.1%
White - Other	6,900	1.3%	14,491	2.6%	+7,591	4.6%
Mixed - White and Black Caribbean	1,700	0.3%	3,150	0.6%	+1,450	0.8%
Mixed - White and Black African	200	0.0%	592	0.1%	+392	0.3%
Mixed - White and Asian	1,100	0.2%	2,053	0.4%	+953	0.6%
Mixed - Other	800	0.1%	1,250	0.2%	+450	0.5%
Asian or Asian British - Indian	1,600	0.3%	3,634	0.6%	+2,034	2.6%
Asian or Asian British - Pakistani	2,900	0.5%	4,984	0.9%	+2,084	2.1%
Asian or Asian British - Bangladeshi	1,000	0.2%	1,316	0.2%	+316	0.8%
Asian or Asian British – Chinese (Recategorised)	1100	0.2%	1,601	0.3%	+501	0.7%
Asian or Asian British - Other	500	0.1%	2,206	0.4%	+1,706	1.5%
Black or Black British - Black Caribbean	1,200	0.2%	1,275	0.2%	+175	1.1%
Black or Black British - Black African	300	0.1%	767	0.1%	+467	1.8%

Black or Black British - Other	100	0.0%	330	0.1%	+230	0.5%
Other ethnic group – Arab - NEW	n/a	n/a	236	0.0%	n/a	0.4%
Other ethnic group (Recategorised)	800	0.1%	717	0.1%	-83	0.6%
Non white groups	9500	2.4%	18316	4.2%	8816	14.5%
All Ethnic Groups	542,100	100%	566,169	100%	+24,069	100%

- Source –2001 Census & 2011 census – please be aware of new categories and re-categorisation in the latest census figures so direct comparison from 2001 to 2011 for these groups is inadvisable.
- Table 2 above shows a comparison of the 2001 census ethnicity group figures with the 2011 census estimates. These indicate a significant change in the Other White group, which is the single biggest group apart from White British, and has seen the greatest increase since 2001. This reflects the enduring change in migration patterns, with noticeable inflows in the numbers of Eastern Europeans into the country continuing since EU Accession in 2004. The *proportion* of White British in Worcestershire has decreased since the 2001 census from 95.5% to 92.4%.
- According to the 2011 census, Worcestershire has a non-White proportion of residents of 4.2%, an increase since the previous census in 2011 when the proportion was only 2.4%. Redditch has a non-White population of 8.1% nearly double the county average. This compares with a national non-white population of 14.5% in England as a whole. (PLEASE NOTE that some of the groups were re-categorised for the 2011 Census).

Deprivation

The population of Worcestershire is diverse with pockets of urban and rural deprivation as well as areas of affluence. Figure 4 shows the variation in deprivation across the county. Deprivation is a major factor in the health of the population, in nearly all instances; people living in the most deprived areas have worse health and health indicators than those in the most affluent areas.



Life expectancy

- Life expectancy in Worcestershire as a whole is slightly better than the England average for both males and females (see Table 5 and Figure 4). Redditch, Worcester City and Wyre Forest CD areas have slightly lower life expectancy figures than the rest of the county. However, as previously discussed these areas have pockets of high deprivation which is linked to premature mortality rates.

Table 6 – Life expectancy in Worcestershire 2008-2010

Area	Males	Females
Bromsgrove CD	79.6	82.7
Malvern Hills CD	79.8	83.4
Redditch CD	78.0	82.6
Worcester CD	77.7	82.4
Wychavon CD	80.3	84.0
Wyre Forest CD	78.6	82.8
Worcestershire	79.1	83.0
ENGLAND	78.6	82.6

Red text indicates that this figure is statistically significantly higher than England and blue text indicates that it is statistically significantly lower

Sexual Orientation

In 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). More males (2.0%) than females (1.5%) identified themselves as LGB in 2015. Of the population aged 16 to 24, there were 3.3% identifying themselves as LGB, the largest percentage within any age group in 2015. The population who identified as LGB in 2015 were most likely to be single, never married or civil partnered, at 68.2%. A further 0.4% of the population identified themselves as “Other” which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A larger group, 4.1%, refused or didn’t know how to identify themselves

The CCGs will consider the needs of, and impact on, populations in Worcestershire when undertaking its functions as a commissioner and employer by undertaking robust equality analysis on its decision making.

Health Challenges - Emerging Issues

- *The narrowing gap between Worcestershire and England; this is important because we must ensure health and wellbeing remains better in Worcestershire than the England average. Currently this differential is reducing in some key areas including cardiovascular disease and cancer mortality.*

- *The rapid growth in housing*; this is important as it will potentially mean large changes in the population of the county, most likely a steeper increase than is currently being projected. The housing projects also provide an opportunity to encourage development plans which maximize opportunities for health and wellbeing through the application of health impact assessments (HIA) and a Health SPD.
- *Homelessness* can have a severe impact on health and wellbeing particularly for those who are categorized as 'rough sleepers'. Parts of Worcestershire have higher rates of homelessness than might be expected.
- *Sexual Violence* – Rates and numbers of recorded sexual violence have increased rapidly in Worcestershire as they have nationally. It is thought that this is due to much increased willingness of victims to report such crimes and better recording by the police.
- *Autistic Spectrum Disorder (ASD)* – this is important because children and adults with ASD need specialist support and care, but there is no definitive information about the prevalence of the condition in Worcestershire.
- *Migrant Health/Social Cohesion* – the health and wellbeing of migrant populations can be compromised due to social isolation and difficulties accessing healthcare.

Addressing these challenges

The CCGs 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

Equality Impact and Risk Assessments

The CCGs have adopted the Equality Impact and Risk Assessment (EIRA) Tool designed by NHS Midlands and Lancashire Commissioning Support Unit. The EIRA provides a framework for undertaking equality impact assessments. This combines three toolkits into one consisting of equality impact, human rights screening and privacy impact. 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 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 CCGs will ensure that appropriate equality analyses is undertaken for each of the Sustainability and Transformation Plan (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 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 CCGs to meet the Public Sector Equality duty and the specific requirement for CCGs to reduce health inequalities.

Equality Objectives for 2017 – 2021

Equality Objectives 1	<i>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</i>
Equality Objectives 2	<i>Monitoring of contracted services for Equality and Inclusion compliance as part of the contract with Providers and an active role in the procurement process</i>
Equality Objectives 3	<i>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</i>
Equality Objectives 4	<i>Training for staff and Governing Board members on roles and responsibilities under the Equality Act 2010, developed and delivered</i>

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 the Patient Council and Health Watch for a broader perspective.

Objective 2: Monitoring of contracted services for Equality and Inclusion compliance as part of the contract with Providers

The Equality and Inclusion Business Partner will work with commissioning managers in the Contracts team to negotiate KPIs and information requirements and then monitor these as part of a mutually agreed schedule or as mandated by NHS England and or statute. Also there will be an active role in the evaluation of procurement bids to ensure equality is embedded and considered as part of the process.

Objective 3: 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 4: Training for staff and Governing Board members on roles and responsibilities under the Equality Act 2010, developed and delivered

Training will be developed and delivered to all CCG employees on Equality and inclusion ensuring that staff and Governing Board members are aware of their duties under the legislation.

Governance of Equality and Inclusion

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

We have ensured there are Lay Members that sit on each of the Governing Bodies 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 Director of Corporate Governance, Communications and Engagement oversees all of the equality and inclusion work for the CCG and is supported by the Head of Communications, Engagement and Organisational Development.

The three CCGs have also secured a dedicated full-time resource from the Commissioning Support Unit in the form of a fulltime specialised Equality and Inclusion Business Partner 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 Executive Committee will monitor activity in relation to our organisational priorities for Equality and Inclusion. The Equality and Inclusion Team of Midlands and Lancashire CSU 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 CCGs are 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: worcs.comms@nhs.net

Tel: 01905681978

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