

NHS North Yorkshire Clinical Commissioning Group Equality and Diversity Plan 2020/21- 2021/22



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1. Introduction

NHS North Yorkshire Clinical Commissioning Group (CCG) is thoroughly committed to reducing disparity of outcomes across the locality and equality and diversity is a fundamental consideration of the decisions and actions the CCG takes. This Equality and Diversity Plan reinforces these commitments and is the first step in outlining our approach to equality and diversity, whilst ensuring compliance with the Equality Act 2010 and the Human Rights Act 1998.

The CCG has specific legal obligations within the Equality Act 2010; this plan intends to make a clear statement how the CCG will fulfil its duties by outlining:

- How equality and diversity issues influence our commissioning function;
- The mechanisms in place to ensure that issues are embedded in daily business';
- Making sure that the way the CCG operated and the services we commission for North Yorkshire meet the needs of the minority and the most disadvantaged.



This plan highlights the national and local drivers that will shape and influence the CCGs approach to promoting equality in our commissioning decisions and valuing the diversity of service users and employees.

The CCG is determined that this plan and the delivery of its supporting actions will make a significant difference to the communities it serves – both in terms of the experience of accessing and using health services as well as achieving better health outcomes. The CCG is also committed to ensuring that its staff are empowered, engaged and well-supported at times of significant organisational change.

2. NHS North Yorkshire CCG

About the CCG

Established 1 April 2020, the NHS North Yorkshire CCG is a clinically led organisation responsible for the commissioning of health care services across the North Yorkshire area. The CCG represents 51 GP practices based across North Yorkshire with a registered list of approximately 425,700 patients.

The CCG employs approximately 165 members of staff at a number of sites across North Yorkshire.

As a commissioning organisation and public body the CCG has a statutory and ethical duty to recognise the impact that its activities (including those of our providers) and decisions have on the resources available, the communities it serves and the wider environment.

The main role of the CCG is to identify and commission the most appropriate services to meet the health needs of the local population.

The CCG is responsible for:

- planning services, based on the needs of the local population;
- securing services that meet those needs;
- monitoring of the quality of care provided; and
- commissioning various health related services.

NY CCG Challenges

- Continued support of our patients in the response to the COVID-19 Pandemic and the recovery phase;
- Commissioning health services across a wide geographical area, parts of which are very rural;
- Increasing demand for health services;
- Increasing financial pressures;
- There is a higher than average proportion of older people in our population with diverse needs;
- Levels of disadvantage and health inequalities in some areas are high;
- The gap in life expectancy between the CCG's most deprived and least deprived can be as much as 11 years for men and 13 years for women;
- Many people have longstanding health problems across the region;
- It is often difficult to recruit for health and social care roles locally.



3. About the CCG

Our Objectives

Strategic Commissioning

- To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.
- To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care.
- To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.
- To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.

Acute Commissioning

We will ensure access to high quality hospital-based care when needed.

Engagement with patients and stakeholders:

We will build strong and effective relationships with all our communities and partners.

Financial Sustainability

We will work with partners to transform models of care to deliver affordable, quality and sustainable services.

Integrated Community Care

With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.

Vulnerable People

- We will support everyone to thrive [in the community].
- We will promote the safety and welfare of vulnerable individuals.

Well Governed and Adaptable Organisation

In supporting our objectives we will be a well governed and transparent organisation that promotes a supportive learning environment.

Our Vision

Working Together for Healthier
Lives in North Yorkshire

Our Values

Collaboration
Compassion
Empowerment
Inclusivity
Quality
Respect



4. National Drivers for Equality & Diversity

The following drivers for change detail the requirements which underpin equality and diversity in the CCG as well as across the healthcare system, and support the wider NHS approach for achieving this.



The Human Rights Act 1998

The European Convention of Human Rights is represented in the United Kingdom (UK) as the Human Rights Act 1998 and is central to the NHS Constitution (2012) and Equality Delivery System (EDS). A human rights approach to commissioning is about putting the patient, their careers and families first and foremost in the decision making process.

In order to effectively embed a human rights approach, the CCG will imply the PANEL principles to our day to day business and commissioning activities:

- **Participation:** Everyone has a right to participate in decisions which affect their human rights
- **Accountability:** Requires the effective monitoring of human rights standards and mitigation where breaches occur
- **Non-discrimination and equality:** All forms of discrimination are prohibited, prevented, eliminated and reducing inequalities is prioritised.
- **Empowerment of rights holders:** Individuals and communities should know their rights and supported to do so.

Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010. The Act brings together and replaces the previous anti-discrimination laws with a single Act, which aims to simplify and strengthen the law, removing inconsistencies and making it easier for people to understand and comply with it. The Act covers the following protected characteristics as outlined in Section 10.

The NHS Constitution 2012

The NHS Constitution (2012) includes clear values and principles about equality and fairness and sets out the rights of patients and employees:

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

As an NHS employee: You have a duty: *“Not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.”*

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

Health and Social Care Act 2012

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

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

5. Public Sector Equality Duty

The Public Sector Equality Duty came into force in April 2011 (S149 of the Equality Act, 2010).

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



General Equality Duty

The CCG is required to have due regard of the need to:

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

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

To comply with the Act , the CCG must:

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

Specific Duties

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

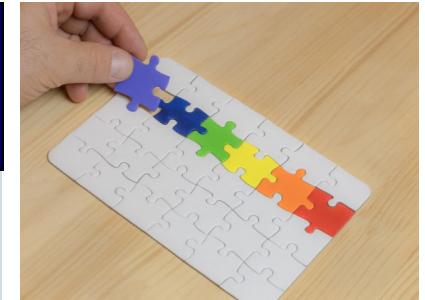
- Equality objectives, at least every four years.
- Information to demonstrate compliance with the equality duty, at least annually.

These publications demonstrate that the CCG is paying due regard to the general duty.

6. Types of Discrimination

Discrimination is abuse that focuses on a difference or perceived difference. This may involve race, gender, disability, or any of the protected characteristics of the Equality Act 2010. Examples of discriminatory abuse might involve harassment, slurs, or similar treatment based on the difference or perceived difference ([Care Act, 2014](#))

The following are types of discrimination people can experience:



Discrimination

Direct

Treating a person, without justification, less favorably than another, particularly because of one's feelings, assumptions or prejudices about the characteristic, attributes or circumstance of that person this can include certain forms of harassment or abuse.

Associative

This is direct discrimination against someone because they associate with another person who possesses a protected characteristic. This applies to race, religion or belief, sexual orientation, age, disability, gender reassignment and sex.

Indirect

Occurs when applying, without justification, a request or condition which on the face of it applies to everyone but which in practice, forms a greater obstacle to a person, or group of persons, with particular characteristics, attributes or circumstances.

Perceptive

This is direct discrimination against an individual because others think they possess a particular protected characteristic. This applies even if the person does not actually possess that characteristic.

Harassment

Is unwanted conduct related to a relevant protected characteristic and is intended to be violating ones dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.

It may also involve unwanted conduct of a sexual nature or be related to gender reassignment or sex.

Victimisation

Subjecting a person to a detriment because they have made a complaint of discrimination, or are thought to have done so; or because they have someone else who has made a complaint of discrimination.

Hate Crime

The term 'hate crime' can be used to describe a range of criminal behavior where the perpetrator is motivated by hostility or demonstrates hostility towards the victim's disability, race, religion, sexual orientation or transgender identity. ([Crime Prevention Service, 2017](#))

7. Equality Delivery System (EDS2)

The [Equality Delivery System tool](#) was introduced in 2012 and redesigned in 2013 (EDS2). Its intention is to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. It assists organisations to achieve compliance with the Public Sector Equality Duty by encouraging them, in engagement with stakeholders, to review their equality performance and to identify future priorities and actions.

Outcomes and Goals

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

The four EDS2 goals are:

- Better health outcomes.
- Improved patient access and experience.
- A representative and supported workforce.
- Inclusive leadership.

Grading

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

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



8. Our Approach

NHS North Yorkshire CCG can demonstrate collaborative working across a wide range of stakeholder organisations, including other CCGs, local authorities and third sector organisations.

Leadership

The Governing Body is responsible for approving arrangements for meeting the public sector equality duty.

The Chief Nurse is the Governing Body Lead for Equality, Diversity and Inclusion.

Delivery of our Equality Objectives and action plan is monitored by the Quality and Clinical Governance Committee (QCGC) which is Chaired by the Lay Member for Patient and Public Engagement. reports. The Governing Body is updated annually on progress and by exception as required through a key messaged report from the Chair of the Committee.

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

Our Policies and Processes

- The Performance Development Review Policy
- Induction Policy
- Bullying and Harassment Policy
- NHS Code of Conduct for Managers
- Job descriptions
- Annual appraisals with staff

The CCG routinely provides Equality and Diversity training which is mandatory for all our staff. This is monitored through the appraisal process to ensure compliance. Enhanced training is available, as appropriate to individual staff roles.

Partnership Working

The CCG can demonstrate close working arrangements with North Yorkshire organisations involved in planning, commissioning and providing health and social care for our communities. These include North Yorkshire County Council, the North Yorkshire Health and Wellbeing Board, Harrogate Borough Council, Scarborough Borough Council, Ryedale District Council, providers of healthcare in the community, care homes and in hospitals and voluntary sector organisations.

Quality and Equality Impact Analysis

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

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

The CCG has developed and implemented a tool and guidance for use by staff to help identify the any potential impact and take action to remove discrimination. Specific training has been provided to our CCG members and staff and the relevant Committees will consider the results of this analysis during the decision making process.

QCGC considers the results of all Quality and Equality Impact Assessments to monitor any cumulative impact of decisions made by the CCG.

8. Our Approach (continued)



Publishing Information

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

- Is available on-line and up-to-date.
- Is easy to find, clearly linked together and (ideally) available in one place.
- Covers both potential and actual service users.
- Provides information on the core functions of the organisation.

Includes evidence on how equality impact is assessed, particularly with regard to the most relevant functions and policies.

Is accessible to everyone and available in relevant alternative formats and languages, where required.

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

Equality in Patient Relations

The Patient Advice & Liaison Service (PALS) offers help, support and advice to patients, relatives or carers, about any issue relating to our provider organisations.

As part of their work, PALS collects diversity data from patients who make enquires, compliments, raise concerns or make complaints. The CCG will ensure that PALS and complaints information is available in different formats and patients and carers are supported with the use of interpreting services.

Our Staff

As a CCG, we directly employ approximately 165 members of staff. The CCG is committed to attracting, retaining and developing a diverse and skilled workforce.

To ensure that the CCG meets these goals, it will:

- Create and promote key policies and procedures
- Train staff in equality and diversity
- Hear from and involve staff on equality and inclusion
- Recognise and promote key events and celebrations
- Identify and support needs of diverse staff
- Collect and evaluate our workforce data.

The CCG actively works to remove any discriminatory practices in all of the work it does, eliminate all forms of harassment and promote equality of opportunity through recruitment, training, performance management and development practices.

Employee Training

The CCG has incorporated equality and diversity training within its induction package for new employees and requires all existing employees to complete mandatory equality and diversity training. Training is monitored through employee appraisal to ensure compliance.

Equality in Membership

The CCG is a membership organisation; our membership and Governing Body are integral part of the engagement with the local community. It is important to the CCG that membership and appointments are transparent and available to all and that it is representative of the community it serves.

9. Communications & Engagement



The CCG is committed to transparency and openness recognising that individual members of the public and sections of the community may experience barriers in accessing information and services. The Communications and Engagement Strategy 2020 – 2025 encourages the use of a wide range of communication methods to promote access to information and will ensure the engagement process is open and accessible to all.

Our Communications and Engagement Aims

- Uphold our commitment to “no decision about me, without me”
- Listen and take patient experiences into account when we are developing local healthcare services
- Communicate to ensure our staff, partners and patients are kept informed, with access to information people need, when they need it
- Recognise potential barriers to communication and engagement and be open and accessible to all of our community

Our Internal Communications Aims

- To actively involve staff in developing internal communication
- To contribute to staff morale through effective engagement and communication across all parts of the organisation
- To create the culture and opportunities to encourage staff to be involved and engaged with the key activities of the CCG
- To ensure staff are well informed and have the information they need, when they need it

Our Objectives

- To use patient and community perspectives and experiences to improve the quality of our commissioning and improve health outcomes
- To build confidence in the organisations and raise awareness and understanding of the CCG, its role and the challenges
- To build excellent relationships with patients and our partners

Ways We Engage

- Virtual Network (The Loop)
- Patient Partner Network
- Partner working with existing groups
- Patient views and insight.
- Innovative methods
- Social media.

Ways We Communicate

- CCG Website
- News Media
- Annual Reporter
- Public Meetings and Events
- Social Media
- Digital Engagement

Making Our Information Accessible

The CCG complies with the NHS Accessible Information Standard to ensure the material produced is accessible and easy to read. The CCG will always provide translations and alternative formats where requested.

10. Protected Characteristics

The following is a list of the protected characteristics as defined by the Equality Act 2010. It is against the law to discriminate against someone because of one of these characteristics.

The following sections provides data for each of the characteristics across the North Yorkshire area and also health concerns relating to each of those characteristics.

Characteristic	Description
Age	A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.
Gender Reassignment	The process of transitioning from one gender to another.
Race	Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) eth-
Religion and Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Sex	A man or a woman.
Marriage and Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

11. Age

Definition

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

In North Yorkshire

The population of North Yorkshire is ageing. By 2025, there will be 21,200 additional people aged 65+, a 14% increase from 2018

Identified Health Age Related Concerns

Older People:

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

Younger People:

- Over 28,000 children are growing up in poverty in North Yorkshire, with about one quarter of them in Scarborough Borough.

Data ([North Yorkshire Joint Strategic Needs Assessment, North Yorkshire Summary Profile, 2019](#))

North Yorkshire Local Authority Mid Year Population Estimates 2015



Current and projected population

		2018				2025 (projected)			
		Males		Females		Males		Females	
		N	%	N	%	N	%	N	%
Children and teenagers	0-19	67435	22.6	62125	20.2	67200	22.6	62000	19.7
Young workers	20-44	78379	26.3	75737	24.7	76100	25.5	73400	23.3
Older workers	45-64	87010	29.2	90748	29.6	83100	27.9	88700	28.2
Retirement	65-84	58522	19.6	65928	21.5	69600	23.4	76300	24.2
Old age	85+	6658	2.2	12324	4.0	9300	3.1	14600	4.6

12. Disability

Definition

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Identified Health Concerns

Physical Disability

- Disabled people are more likely to experience economic disadvantage, and income is one of the most significant indicators of health status.
- Disabled people do not currently enjoy the same access to exercise facilities or green spaces as the general population.
- The isolation that some disabled people experience can put them at increased risk of depression.
- Some health services may not be fully accessible to disabled people, either through the built environment or through attitudes, practices and procedures.

Hearing Impairment

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

Learning Disabilities

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

Data ([POPPI](#) / [PANSI](#))

Over 65s:

	2020	2025
Limiting Long Term Illness - day to day activities limited a lot	30,104	34,108
Mobility - unable to manage at least one activity on their own	28,369	31,734
Learning Disability (Including Down's syndrome and Autistic Spectrum Disorders)	5,131	5,655
Visual Impairment - Moderate or severe	13,604	15,459
Hearing Impairment – Moderate or Severe	12,222	13,674
Dementia	10,903	12,370
Depression	4,195	4,755

Age 18—64

	2020	2025
Predicted to have moderate to severe learning disability including autistic spectrum disorders and down's syndrome	6,051	5,955
Predicted to have impaired mobility	21,860	22,380
Predicted to have serious visual impairment	225	222
Predicted to have severe hearing impairment	2,374	2,477
Predicted to have a common mental health problem	65,442	64,504

In North Yorkshire

There are about 67,200 people aged 65+ with a limiting long term illness in North Yorkshire. Of these people, 44% (29,300) report that their daily activities are limited a lot because of their illness (POPPI, 2019).

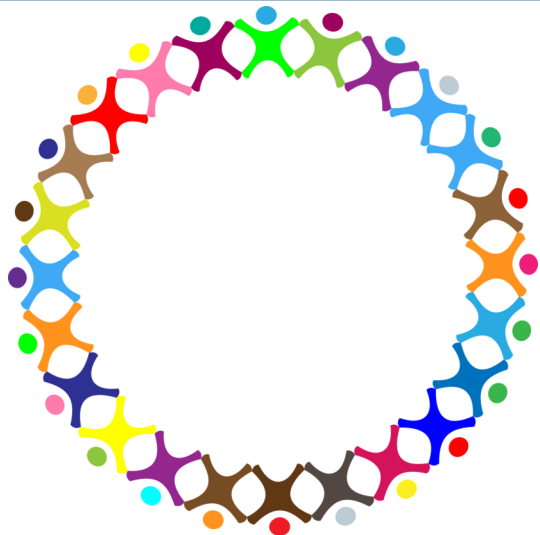
13. Gender Re-Assignment

Definition

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

Identified Gender Reassignment Health Concerns

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



Data

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

An updated study by GIRES in [2011](#) based on data provided by HM Revenues and Customs for 2010 confirm the upward trend. The number who had by then presented for treatment can be estimated to be 12,500. That represents a growth trend from 1998 of 11% per annum. At that rate, the number who have presented is doubling every 6 1/2 years.

Gender variant people present for treatment at any age. The median age is 42.

Transitioning is still high risk for most gender variant people. Nonetheless, better social, medical and legislative provisions for gender variant people, coupled with the "buddy effect" of mutual support among them, appear to be driving growth in the numbers who have sought medical treatment. According to GIRES, organisations should assume that 1% of their employees and service users may be experiencing some degree of gender variance. Many are unlikely to wish to be detected. The only persons who cannot escape detection are the very few who undergo transition.

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

14. Religion & Belief

Definition

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



Key Considerations

Religion and cultural beliefs and views associated with them can impact on the delivery of health services. Below are some examples to consider:

- Views on medicine, birth, dying and death.
- 'Inclusion of relatives / family is particularly relevant in religious communities, where high emphasis is often placed on familial bonds and responsibilities'.
- Cultural dress based on religion or belief should be considered sympathetically ([Religion or belief A practical guide for the NHS, 2009](#)).

Data ([ONS, 2011](#))

Name	Total population	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated
North Yorkshire	598,376	415,237	1,609	1,181	563	2,146	192	1,889	133,023	42,536
Hambleton	89,140	64,692	135	93	45	234	5	223	17,652	6,061
Harrogate	157,869	108,289	414	236	334	573	82	533	36,227	11,181
Richmondshire	51,965	36,057	373	513	26	130	7	158	11,120	3,581
Ryedale	51,751	37,172	125	20	15	57	5	180	10,354	3,823
Scarborough	108,793	72,544	295	167	67	551	8	402	26,665	8,094

15. Sex



Definition

Being a man or women.

Non-binary is a term that some people self-identify with that regard themselves as gender neutral or falling on spectrum between male and female. Under the Equality Act 2010, Non binary is not specifically a protected characteristic. Currently there is no legislation that specifically protects intersex and non-binary people. The CCG will seek to not discriminate anyone on the basis of their sex or intersex status or gender identity.

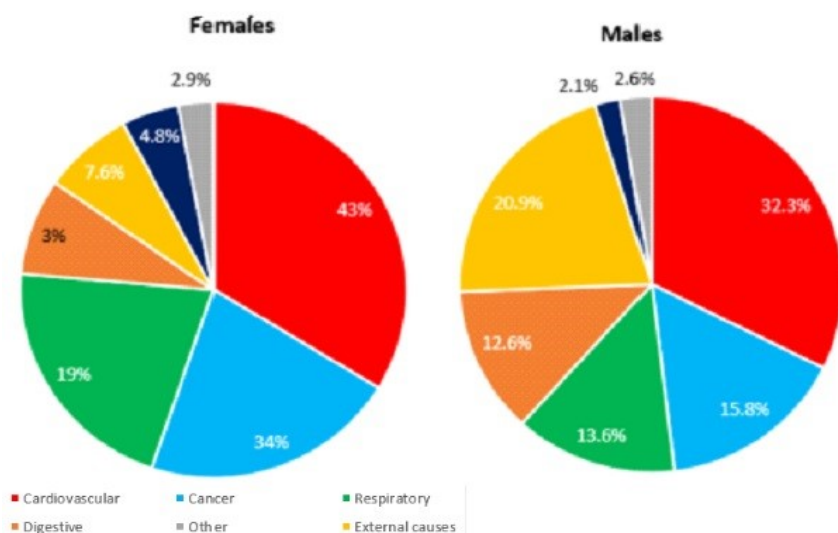
In North Yorkshire

The North Yorkshire population is composed of approximately 49% males and 51% females. This pattern is common across all districts with the exception of Richmondshire. Here the large military population results in a gender split of around 53% males and 47% females in the district population.

Data ([Data North Yorkshire, 2015](#))

North Yorkshire Local Authority Mid Year Population Estimates 2015

Age	MALES	FEMALES	Age	Males	Females	Persons
90+			90+	26,965	28,836	55,801
85-89			85-89	229	573	802
80-84			80-84	431	813	1,244
75-79			75-79	821	1,155	1,976
70-74			70-74	1,166	1,376	2,542
65-69			65-69	1,602	1,814	3,416
60-64			60-64	2,080	2,265	4,345
55-59			55-59	2,005	2,036	4,041
50-54			50-54	2,062	2,183	4,245
45-49			45-49	2,109	2,280	4,389
40-44			40-44	2,045	2,228	4,273
35-39			35-39	1,594	1,812	3,406
30-34			30-34	1,193	1,301	2,494
25-29			25-29	1,203	1,233	2,436
20-24			20-24	1,265	1,192	2,457
15-19			15-19	1,212	1,061	2,273
10-14			10-14	1,582	1,509	3,091
5-9			5-9	1,581	1,392	2,973
0-4			0-4	1,483	1,381	2,864
				1,302	1,232	2,534



The charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in North Yorkshire (2015-17). The biggest contributors to the gap for women are circulatory and cancer diseases, accounting for more than 50% of the gap. For men, circulatory is the greatest contributor to the gap, accounting for 32% but other causes of death account for 21% of the gap, and this includes diabetes, infectious diseases and urinary conditions.

16. Sexual Orientation

Definition

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

Identified Health Concerns

Lesbian and Bisexual Women

Stonewall's [Prescription for Change \(2008\)](#) (> 6000 respondents) showed:

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

Gay and Bisexual Men

In Stonewall's [Gay and Bisexual Men Health Survey \(2013\)](#) (6861 respondents) showed:

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

Older People

Older people face particular inequalities: Stonewall's research, [Lesbian, Gay and Bisexual People in Later Life \(2011\)](#), demonstrates that many older gay people have experienced, or fear, discrimination because of their sexual orientation and they say this creates a barrier to receiving appropriate care and treatment. They are particularly concerned about facing discrimination in services they may need to access in later life, including residential care services.

Data ([ONS, 2018](#))

The data below is from across the Yorkshire and the Humber:

Heterosexual or straight	94.1
Gay or lesbian	1.3
Bisexual	1.0
Other	0.5
Don't know or refuse	3.1



17. Marriage & Civil Partnership

Definition

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

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favorably than married couples (except where permitted by the Equality Act 2010).

In 2017, the average age of men forming a civil partnership (50.3 years) was higher than for women (49.5 years).

More men than women formed civil partnerships in most regions of England in 2017. The exceptions were Yorkshire and the Humber and the North East where a higher number of women than men formed civil partnerships.

Number of civil partnership formations by sex and area of occurrence, ([ONS, 2017](#))

Area of Formation	Total	Male	Female
England	908	599	309
Yorkshire and the Humber	44	21	23

Data:

Marriage

This protected characteristic generally only applies in the workplace.

Civil Partnerships

There were 908 civil partnerships formed in England and Wales in 2017, an increase of 2.0% compared with 2016

Almost two-thirds (66%) of all civil partnerships formed in 2017 were between men.

18. Pregnancy & Maternity

Definition

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavorably because she is breastfeeding.

19. Equality Objectives and Action Plan

Our Objectives

Objective	Steps needed to achieve
To ensure that all our communication activity is accessible, taking into account a wide range of communications needs, and seek assurance that our providers do the same.	Develop a staff handbook which includes ensuring accessible communications including use of 'Plain English'
	Ensure appropriate use of accessibility statements for public facing documents
	Publish equality information on website (including annual reports, EqlAs, population data, WRES, EDS)
	Ensure the EIA process is embedded in decisions made by the CCG and the policies and strategies it adopts
To ensure and provide evidence that equality is consciously considered in all commissioning activities.	Strengthen engagement on EIAs (possibly share with local interest groups - needs proper and accessible communication to enable meaningful dialogue)
	Contract management: Get assurance re meeting of equality standards: WRES, EDS (NHS providers) Accessible Information Standard
	Develop a working relationship with the North Yorkshire Equality and Diversity Strategic Partnership
To embed equality and diversity principles in the work of the CCG through the support to all staff and Governing Body members.	Research and review the North Yorkshire CCG data and knowledge of the protected characteristics and update as required.
	Deliver specific staff training / coaching to strengthen equality impact analysis skills and understanding of the needs of particular protected characteristic groups.
	Raise awareness of equality issues using different communication methods to engage with staff.
	Integrate equality work into mainstream business planning
	Develop the Equality and Diversity pages on the new NHS North Yorkshire CCG website
To continue to demonstrate strong leadership on equality so that it remains firmly on the agenda throughout any organisational change.	The Governing Body and Executive Directors will continue to promote equality, diversity and inclusion across the organisation. The Director of Corporate Services, Governance and Performance will work together with key staff, including the Chief Nurse, the Board Secretary, the E&D Lead and the HR&OD Lead to ensure that an integrated approach is established to ensure equality, diversity and inclusion is considered organisation wide and in line with the NHSE Peoples Plan.

20. References & Associated Documents

References

[Equality Act, UK Public General Acts, 2010](#)

[Human Rights Act, UK Public General Acts, 1998.](#)

[Health and Social Care Act, UK Public General Acts, 2012](#)

[The NHS Constitution, Department of Health and Social Care, 2012](#)

[Public Sector Equality Duty, 2011](#)

[Care Act, UK Public General Acts, 2014](#)

[Crime Prevention Service, 2017](#)

[Equality Delivery System, NHS Equality and Diversity Council, 2013](#)

[North Yorkshire Joint Strategic Needs Assessment, North Yorkshire County Summary Profile, North Yorkshire County Council, 2019](#)

[Projecting Older People Population Information System \(POPPI\), 2020](#)

[Projecting Adult Needs and Service Information \(PANSI\), 2020](#)

[Prevalence, Incidence, Growth and Demographic, Gender Identity Research and Education Society \(GIRES\), 2011](#)

[*Religion or belief A practical guide for the NHS, Department of Health, 2009\)*](#)

[Census Data, ONS, 2011](#)

[District Population Data North Yorkshire, 2015](#)

[Prescription for Change, Stonewall, 2008](#)

[Gay and Bisexual Men Health Survey, Stonewall, 2013](#)

[Lesbian, Gay and Bisexual People in Later Life, Stonewall, 2011](#)

Associated Documentation

NHS North Yorkshire CCG Constitution

NHS North Yorkshire CCG Governance Handbook

NHS North Yorkshire CCG Standards of Business Conduct Policy

NHS North Yorkshire CCG Communications and Engagement Strategy

NHS North Yorkshire CCG Quality and Equality Impact Assessment

NHS North Yorkshire CCG Performance Development Review Policy

NHS North Yorkshire CCG Induction Policy

NHS North Yorkshire CCG Bullying and Harassment Policy

NHS Code of Conduct for Managers



