



Newcastle Gateshead Clinical Commissioning Group

NHS Newcastle Gateshead Clinical Commissioning Group (CCG)

Equality, Diversity and Inclusion Strategy 2021 – 2024



*Outlining our strategic direction to ensure compliance in relation to the
Equality, Diversity and Inclusion (EDI) Agenda*

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1.0 Foreword

At NHS Newcastle Gateshead CCG we are committed to ensuring that equality and human rights are taken into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

This strategy reflects the Equality Act 2010 which provides a legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The strategy describes a clear picture of the significant targets we have set in relation to equality and human rights. It is a long-term commitment driven by both equalities legislation and by the needs and wishes of our local people and staff. For that reason much of the work will be on-going over the next few years.

We look forward to the work ahead, facing the challenges, and meeting the targets we have set ourselves.





Dr Mark Dornan
Clinical Chair

Mark Adams
Chief Officer

NHS Newcastle Gateshead Clinical Commissioning Group (CCG)

2.0 Introduction

At NHS Newcastle Gateshead (CCG) we are committed to ensuring that equality, diversity, inclusion and human rights are integral to everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

This strategy is founded on a long-term commitment to equality, diversity and inclusion, which is driven by the [equalities' legislation](#) and the needs of our local people and staff. The strategy covers equality, diversity and inclusion (EDI) and these are defined as:

- **Equality** - removing barriers and making sure people from all sections of the community have fair and equal opportunities to access services.
- **Diversity** - respecting and valuing people's differences and treating them in an appropriate way.
- **Inclusion** - making sure that people feel comfortable to be themselves and feel that they belong.

As well as these, the strategy takes account of the requirements contained within the Human Rights Act. Human Rights are defined as:

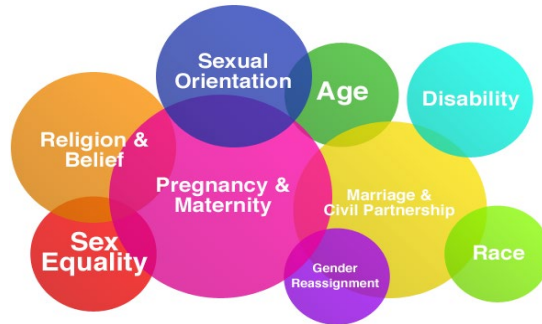
- **Human rights** - Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.

As a public sector organisation, the CCG is required to publish its equality information to demonstrate compliance with the general equality duty, as specified in the Equality Act 2010, which states in summary:

'Those (organisations) 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.'*

The Act covers the following protected characteristics:



For further information on the protected characteristics please see ‘Appendix 1’.

Additionally, NHS Newcastle Gateshead CCG must:

- Prepare and publish one or more objectives to achieve any of the things mentioned in the aims of the general equality duty, and at least every four years thereafter.
- Ensure that those objectives are specific and measurable.
- Publish those objectives in such a manner that they are accessible to the public.

For further information on the General and Specific Public Sector Equality Duties (PSED) please refer to ‘Appendix 2’.

3.0 Meeting our Equality Duties

This strategy is an important step in outlining our strategic direction to ensure compliance with the Public Sector Equality Duty and it highlights the national and local drivers that will shape and influence our approach.

3.1 Our vision

NHS Newcastle Gateshead CCG is the statutory health body responsible for the planning and buying (commissioning) of local NHS care and services to meet the needs of the local community.

Our membership consists of 60 GP practices and we are responsible for a local population of approximately half a million people across Newcastle and Gateshead.

By using effective clinical decision-making we can make a real impact on the health, wellbeing and life expectancy of our patients.

Since our inception in April 2015, our vision is:

“To improve healthcare provision for the people of Newcastle and Gateshead and reduce disparities in health and social care.”

As a CCG, our key principles are:

- Prevention and early intervention
- Integrated and coordinated primary, community, secondary and social care services supporting patients, as far as possible, in their own home or community
- Timely access to secondary care services for those requiring hospital admission.

Our achievements mean that the public and patients of Newcastle and Gateshead will have a greater choice and access to services that provide high quality, safe care. They will feel empowered to self-care and supported to achieve wellbeing.

3.2 Leadership and governance

The CCG Governing Body has delegated responsibility for Equality and Diversity governance to the Quality, Safety and Risk Committee.

The Quality, Safety and Risk Committee ensures that the CCG is compliant with legislative, mandatory and regulatory requirements regarding equality and diversity. It develops and delivers national and regional diversity related initiatives within the CCG, provides a forum for sharing issues and opportunities and monitors the achievement of key equality and diversity objectives.

A quarterly Governance Assurance Report is submitted outlining relevant updates in relation to Equality, Diversity and Human Rights (EDHR).

3.3 Our staff

NHS Newcastle Gateshead CCG directly employs less than 150 staff, which means we are not required by law to publish staff equality data. However, we are committed to attracting, retaining and developing a diverse and skilled workforce that is representative of our local population.

We actively work to remove any discriminatory practices in our work, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices. We have policies and processes in place to support this and we monitor our staff data in relation to the Workforce Race Equality Standard (WRES) as set by NHS England.

We routinely provide equality, diversity, inclusion and human rights training which is mandatory for all our staff and CCG board members. Enhanced training is available, as appropriate to individual roles.

3.4 Our population and their health needs

NHS Newcastle Gateshead Clinical Commissioning Group (CCG) formed in April 2015, and comprises of 60 GP practices.

Health in summary

The health of people in Newcastle upon Tyne is generally worse than the England average. Newcastle upon Tyne is one of the 20% most deprived districts/unitary authorities in England and about 24.7% (11,835) children live in low income families. Life expectancy for both men and women is lower than the England average.

The health of people in Gateshead is generally worse than the England average. About 20.9% (7,195) children live in low income families. Life expectancy for both men and women is lower than the England average.

Life expectancy is 10.6 years lower for men and 9.3 years lower for women in the most deprived areas of Gateshead than in the least deprived areas.

For Newcastle upon Tyne life expectancy is 13.1 years lower for men and 8.8 years lower for women in the most deprived areas compared to the least deprived areas.

About 24.7% (11,835) children in Newcastle and 20.9% (7,195) of children in Gateshead live low income families. Life expectancy for both men and women is lower than the England average.

The CCG faces numerous challenges across Newcastle and Gateshead, including:

- An ageing population with increasing health needs
- Health inequalities across the area
- Levels of smoking, alcohol consumption and obesity higher than the national average
- Over-reliance on hospital based services
- Increasing high cost drugs and cost of new medical technologies
- Limited growth in financial allocations in future years

The CCG's priorities centre around improving the quality of care for patients, continuing to modernise local NHS systems by focusing on key areas in our strategic programme, including:

- Children and young people
- Planned Care
- Mental health
- Learning disabilities

- Urgent Care
- Long term conditions
- Cancer
- Older people
- Better integration and effectiveness of services to help reduce inequalities.

The health summary table for Newcastle Gateshead CCG can be found in 'Appendix 3'.

Further information detailing the health profiles for Newcastle Gateshead CCG can be found at:

<http://www.localhealth.org.uk>

3.5 Communications and engagement

The CCG regularly involves the community and voluntary sector who provide an important voice for patients, and invaluable insight into the health and care services delivered locally. The CCG was awarded a green star (14/15) which is the top level of achievement for our engagement and involvement activity during 2019/2020.

We are committed to active community engagement to ensure that we fully understand the issues that affect our patients. We engage on a regular basis with many community and voluntary sector organisations, local community groups and patient participation groups. We continue to engage with our communities through our website, stakeholder networks and social media.

Members of the public are also encouraged to attend our Governing Body meetings which feature a question time element when members of the public can ask questions or make comments on our work. During the pandemic it has not be possible to hold meeting face to face meetings. The public have been requested to submit any questions ahead of the meeting. All Governing Body meetings are recorded and added to our website.

We are currently holding monthly online Patient, Public, Carer and Partner Forums where we provide an update on current health services, the impacts of the pandemic and continue to update on key issues, challenges and successes which are relevant to our Forum Members. Where members are not able to join us online, all notes are written up and sent out in the post. As part of this Forum, we co-produce the agenda's by meeting with our Forum Steering Group Members who ensure the voice of the general public is heard and reflected in the planning of each forum. We continually monitor this forum by asking members to evaluate each session and implement improvements where we can.

We continue to recruit patient representatives to be part of the CCG's Commissioner Visit programme. Each year, we carry out a rolling programme of commissioner visits

to seek assurances that quality services remain high, that they are being delivered in a safe way and that our patients have a positive experience of care and good outcome. However these visits have been on hold during the pandemic.

The patient representatives are part of the visiting team which includes a CCG senior nurse, CCG medical representative and representative from North of England Commissioning Support (NECS). Having a patient representative as part of the visiting team ensures that services are seen through the eyes of patients and services users, gives the opportunity to talk to patients and families about the care they are receiving and helps capture what good quality care looks, sounds and feels like.

NG CCG funds the Community Forum, which is hosted by HAREF and chaired by one of our lay members. This group meets quarterly and is used as a vehicle to reach grassroots community groups and work with seldom heard populations residing in Newcastle and Gateshead, to not only share CCG plans but to hear what local communities' greatest needs are in relation to the main drivers within our long term plan. An example of their work includes The Ramadhan Calendars – these calendars provided the community with very useful health information around fasting safely with diabetes and stroke. The calendars are also about improving understanding in GP services about Ramadhan and how GP's can support offer better support to individual needs. Over 4,000 calendars were distributed across our area.

In January 2019 Involve North East won the engagement tender process to work and engage with communities across Newcastle and Gateshead. We are pleased to have the team as our extended arm of the CCG working across both Newcastle and Gateshead to deliver different aspects of engagement work for the many areas of work the CCG is currently delivering on. Below are some examples of the work undertaken by the Patient Public Involvement Team with support from Involve North East:

Supporting the Mental Health Transformation Co-Production

The PPI Team continues to work very closely with Newcastle and Gateshead Systems on the Community Mental Health Transformation Framework for adults and older adults. Further discussions have taken place around co-production planning and plans are in place to deliver training to senior members of staff and 'buddy's' to ensure the training is then cascaded throughout relevant organisations. Fulfilling Lives is in the process of developing a training package delivered by experts by experience. Task and finish groups are still to be established, once they are up and running it is anticipated that an engagement plan will be co-developed and agreed.

Gateshead Outer West PCN Digital Engagement

Online services have provided a new way of consulting in general practice. Involve North East in partnership with Gateshead Outer West PCN carried out a review which sort to understand the use and experience of digital consulting and services in

addition to traditional face-to-face appointments during the Covid-19 pandemic. 244 patients shared their views alongside 13 stakeholder organisations who work with Black, Asian and Minority Ethnic People, Carers, Children and Young People, Disabled People, Families, LGBTQ+ People, Older People, People requiring support around drugs and alcohol and people requiring support around emotional wellbeing.

Keys points to consider from the information/feedback provided by patients and stakeholder organisations:

- There is an appetite amongst many patients for exploring and using telephone and online services for both booking appointments and consultations. There is however a lack of awareness of these methods and a need for awareness raising in this respect.
- One of the guiding principles of the NHS is that it is free to access, using a telephone or the internet is not free. This financial barrier and others such as language or disability will exclude a minority of people. Practices must therefore ensure that there is parity of access to services for all patients.
- There is a strong belief that face-to-face consultations play a vital role in the GP practice offering and for some patients a face-to-face appointment will be their only method of contact with the practice. This option is preferred by the majority and should therefore remain.

Further detail can be found in the executive summary:

<https://newcastlegatesheadccg.nhs.uk/wp-content/uploads/sites/12/2020/12/Exploring-patients-views-of-using-digital-solutions-in-GP-practices-Nov-2020-Exec-Summary-FINAL.pdf>

British Sign Language (BSL)

The PPI Team is working on a pilot project with two GP Practices, Teams Medical Practice in Gateshead and Saville Medical Group in Newcastle. The aim of this pilot work is to develop a best practice guide that can be shared across Primary Care within Newcastle Gateshead CCG and hopefully with neighbouring CCGs.

The focus of the work is around:

- access into primary care for BSL patients and those who are profoundly deaf,
- awareness of staff and how they communicate with these patients
- the way in which these patients are coded.

These focus areas are those that have been raised (anecdotally) as causing the most barriers for this group of patients.

The guidelines that we want to prepare will reflect the Accessible Information Standard 2016/17.

SEND Newcastle

In 2018, inspectors looked at services for children and young people with Special Educational Needs and Disabilities in Newcastle. They found a number of areas where services need strengthening, so we are working with colleagues at Newcastle City Council to make improvements and address these issues.

Our involvement team has worked closely with education colleagues to ensure that

children and young people, as well as parents, carers and families, have their voices heard as we work to improve services.

Choosing a new member of staff

One important step was to recruit a new member of staff to help children, young people and families have their say on the improvement plan – and young people played a key role in the decision.

All the candidates worked with a group of young people in a planning exercise. The young people then used a scoring system to agree how well each candidate worked with them, and their ratings were used as part of the selection decision. The successful candidate then met up with the young people involved to inform them of the outcome which they valued a great deal.

4.0 What we need to do

4.1 Equality Impact Assessments (EIA's)

As a public sector organisation, we have a statutory duty to promote equality and set out how we plan to meet the 'general' and 'specific' duties specified in the Public Sector Equality Duty. Public Sector Equality Duties give public bodies legal responsibilities to demonstrate that they are taking action to promote equality in relation to policy making, the delivery of services and employment.

We have a duty to show that we have given 'due regard' to all protected groups. In order to demonstrate compliance with this duty, we ensure EIA screening and full assessments are undertaken where required.

We understand the benefits of Equality Impact Assessments are to:

- Promote all aspects of equality.
- Identify whether certain groups are excluded from any of our services.
- Identify any direct or indirect discrimination.
- Assess if there is any negative impact on particular groups.
- Promote good relations between people of different equality groups.
- Act as a method to improve services.

We know that by carrying out an EIA it increases patient and staff trust; enhances value for money; provides equal access to services and better customer experience, promotes social inclusion, and aims to reduce health inequalities.

We have updated and implemented the CCG's EIA tool and guidance for use by staff to help identify likely equality implications of any of our policies, projects or functions.

EIA's are published, either as part of a policy document or separately on our website.

4.2 Equality Delivery System (EDS2)

The EDS is a tool that has been designed by the NHS to enable organisations to analyse equality performance with the assistance of local stakeholders, prepare equality objectives and embed equality into mainstream commissioning activities.

NHS Newcastle Gateshead CCG has adopted the Equality Delivery System (EDS) and we continue to use the EDS framework as an opportunity to raise equality in service commissioning and performance for the community, patients, carers and staff.

We have developed our equality objectives to review and improve our performance and outcomes for people with characteristics protected by the Equality Act 2010. Our objectives and action plan has been developed while preparing for the launch of EDS3, and are listed below:

Commissioned or Provided Services

Objective 1 – Provide evidence that commissioned services are accessible, meeting the needs of patients and providing positive outcomes.

Workforce Development and Well-being

Objective 2 – Ensure the organisation represents the communities it serves with staff feeling engaged, supported and valued in their workplace.

Inclusive Leadership

Objective 3 – Demonstrate how the CCG Governing Body actively leads and promotes Equality and Diversity throughout the organisation.

4.3 Workforce Race Equality Standard (WRES)

The WRES is a mandatory part of the NHS Standard Contract that requires us as a CCG to have “due regard” to the WRES in helping to improve workplace experiences and representation at all levels for their own BAME staff.

The WRES has nine metrics, four specifically focusing on workforce data, four from the NHS Staff Survey, and one requiring organisations to ensure that their Boards are broadly representative of the communities they serve.

NHS Newcastle Gateshead CCG ensures that WRES data is compiled and reported in line with NHS England’s requirements.

4.4 Workforce Disability Equality Standard (WDES)

As commissioners of services, we understand we have a responsibility to ensure that the trusts we support have published WDES metrics data and action plans.

We await further guidance on how we can be more involved in supporting the WDES aims.

4.5 Accessible Information Standard

The Accessible Information Standard asks organisations to make sure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Commissioners of NHS and publicly-funded adult social care must have regard to this standard, in so much as they must ensure that they enable and support compliance through their relationships with provider bodies.

We will ensure compliance with the standard by taking the following actions:

- Ensuring that commissioning and procurement processes, including contracts, tariffs, frameworks and performance-management arrangements (including incentivisation and penalisation), with providers of health and / or adult social care reflect, enable and support implementation and compliance with this standard.
- Seeking assurance from provider organisations of their compliance with this standard, including evidence of identifying, recording, flagging, sharing and meeting of needs.

4.6 Sexual Orientation Monitoring (SOM) Information Standard

NHS Digital, the Lesbian Gay Bisexual and Trans (LGBT) Foundation has led the work to develop a Sexual Orientation Monitoring Information Standard on behalf of NHS England. As commissioners we will utilise this standard which provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years across all health services in England.

4.7 'WE ARE THE NHS': People Plan 2020/21 and 'The People Promise'

We are the NHS: People Plan 2020/21 – action for us all, alongside the 'Our People Promise, sets out what NHS people can expect from their leaders and from each other. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

The equality, diversity and inclusion agenda features heavily in the plan and as commissioners we will ensure that our actions and objectives are underpinned by the following themes set out in the plan:

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a particular focus on tackling the discrimination that some staff face
- **New ways of working and delivering care** – making effective use of the full range of our people’s skills and experience
- **Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return

Further information on the NHS People Plan 2020/21 can be found in Appendix 5.

5.0 Conclusion

NHS Newcastle Gateshead CCG has developed detailed constitutional and governance arrangements to ensure the structures are in place to develop and maintain the organisations capacity to deliver on all statutory duties and responsibilities.

Through this strategy, the CCG will endeavour to work with and gain the support of, people with the right skills, competencies and capacity to ensure it can carry out all corporate and commissioning responsibilities, including the delivery of statutory functions including equality, diversity and protecting people’s human rights.

The CCG will incorporate equality, diversity, inclusion and human rights into all aspects of its business plans, such as its commissioning and organisational development plans as well as the NHS People Plan, developing a culture which is diverse, inclusive and upholds equality of opportunity and fairness for all.

Appendix 1- Protected Characteristics:

<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

Appendix 2 - Equality Act 2010 Section 149 General / Specific Duties

Equality Act 2010 Section 149 General / Specific Duties (1-3)		
General Duties		
	Due Regard	
1	Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010	Remove or minimise disadvantages connected with a relevant protected characteristic (e.g. address the problems that women have in accessing senior positions in the workplace) Take steps to meet the different needs of persons who share a relevant protected characteristic (e.g. ensure the particular needs of BME women fleeing domestic violence are met) Encourage persons who share a relevant protected characteristic to participate in public life or any other activity in which they are under-represented (e.g. take steps to encourage more disabled people to apply for senior posts).
2	Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	Tackle prejudice (e.g. tackle hate crime for people with protected characteristics)
3	Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.	Promote understanding (e.g. promote an understanding of different faiths).
NB	Organisations that are not public authorities are also required to have due regard to the needs listed above whenever they carry out public functions. This could include, for example, a private company with a contract to provide certain public services.	
Specific Duties		
4	Publication of information Each public authority must publish information to show that it is complying with the s.149 duty by 31st January 2012 and at least on an annual basis after that. Authorities must include information about persons who share a protected characteristic who are its employees (if it has 150 or more employees) and its service users.	
5	Equality objectives Each public authority must prepare and publish one or more objectives it thinks it should achieve to have due regard to the need to eliminate discrimination and harassment, to advance equality of opportunity or to foster good relations. Any objective must be specific and measurable. Authorities must publish their first objectives no later than 6 April 2012 and at least every four years after that.	

6	<p>Health Inequalities - The NHS Constitution states that the NHS has a duty to “...pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”.</p> <p>The Health and Social Care Act 2012 introduced the first legal duties on health inequalities, with specific duties on NHS England and CCGs.</p> <p>CCGs have duties to:</p> <ul style="list-style-type: none">Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved;Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved ;Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities ;Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities.
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Appendix 3 – Public Health England - Local Health statistics – Newcastle Gateshead CCG

Health Profiles - Newcastle

Health Profiles - Gateshead

Health summary for Newcastle upon Tyne

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑ Increasing / Getting worse	↑ Increasing / Getting better
Not significantly different	Significantly higher	↓ Decreasing / Getting worse	↓ Decreasing / Getting better
Significantly better	Significance not tested	↑ Increasing	↓ Decreasing
		↑ Increasing (not significant)	↓ Decreasing (not significant)
		– Could not be calculated	→ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	77.9	77.9	79.6	↓
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	81.7	81.7	83.2	↑
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	2660	420.2	394.7	330.5	↓
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	538	87.0	82.8	71.7	↓
5 Mortality rate from cancer	<75 yrs	2016 - 18	1005	162.6	152.6	132.3	↓
6 Suicide rate	10+ yrs	2016 - 18	78	10.6	11.3	9.64	↑

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2016 - 18	330	37.2	35.3	42.6	–
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	955	296.8	279.1	193.4	↑
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	280	636.2	616.2	558.4	↑
10 Percentage of cancer diagnosed at early stage	All ages	2017	578	54.1	52.4	52.2	↑
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	82.6	82.5	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	2019	2287	81.2 *	75.2 *	68.7 *	↑

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	75	43.6	60.0	31.6	↑
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	2379	914.2	907.9	663.7	↑
15 Smoking prevalence in adults	18+ yrs	2018	38694	16.0	16.0	14.4	↑
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	67.1	62.7	66.3	↑
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	60.8	66.5	62.0	↓

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	100	23.9	24.7	17.8	↑
19 Percentage of smoking during pregnancy	All ages	2018/19	421	13.4	15.7	10.6	↓
20 Percentage of breastfeeding initiation	All ages	2016/17	2236	69.4	69.0	74.5	↓
21 Infant mortality rate	<1 yr	2016 - 18	25	2.53	3.35	3.93	↓
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	716	24.6	22.8	20.2	↑

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	28.3	-	21.8	—
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	28.5	26.3	25.4	↑

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
25 Percentage of children in low income families	<16 yrs	2016	11835	24.7	22.6	17.0	↓
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	105496	43.7	44.9	46.9	↓
27 Percentage of people in employment	16-64 yrs	2018/19	135300	67.8	71.1	75.6	↓
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	289	2.31	0.56	0.79	↓
29 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	625	65.4	62.0	44.9	↑

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
30 Excess winter deaths index	All ages	Aug 2017 - Jul 2018	178	22.2	30.4	30.1	↑
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	1933	946.1	639.7	850.6	↓
32 TB incidence rate	All ages	2016 - 18	103	11.6	4.40	9.19	↓

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).

For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

Health summary for Gateshead

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑ Increasing / Getting worse	↑ Increasing / Getting better
Not significantly different	Significantly higher	↓ Decreasing / Getting worse	↓ Decreasing / Getting better
Significantly better	Significance not tested	↑ Increasing	↓ Decreasing
		↑ Increasing (not significant)	↓ Decreasing (not significant)
		— Could not be calculated	→ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	77.5	77.9	79.6	↓
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	81.4	81.7	83.2	↓
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	2318	428.3	394.7	330.5	↑
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	487	90.1	82.8	71.7	↓
5 Mortality rate from cancer	<75 yrs	2016 - 18	893	165.0	152.6	132.3	↑
6 Suicide rate	10+ yrs	2016 - 18	46	8.72	11.3	9.64	↓

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2016 - 18	186	30.6	35.3	42.6 ~	—
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	595	296.2	279.1	193.4	↑
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	235	607.8	616.2	558.4	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	480	52.2	52.4	52.2	↓
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	80.1	82.5	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	2019	1966	76.9 *	75.2 *	68.7 *	↑

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	75	62.8	60.0	31.6	↓
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	2101	1045	907.9	663.7	↑
15 Smoking prevalence in adults	18+ yrs	2018	28994	17.8	16.0	14.4	↑
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	64.5	62.7	66.3	↑
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	68.3	66.5	62.0	↓

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	71	23.1	24.7	17.8	↑
19 Percentage of smoking during pregnancy	All ages	2018/19	263	13.4	15.7 ~	10.6	↓
20 Percentage of breastfeeding initiation	All ages	2016/17	1654	76.6	59.0	74.5	↑
21 Infant mortality rate	<1 yr	2016 - 18	25	3.94	3.35	3.93	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	462	24.2	22.8	20.2	↑

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	25.9	-	21.8	—
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	30.8	26.3	25.4	↑

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
25 Percentage of children in low income families	<16 yrs	2016	7195	20.9	22.6	17.0	↑
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	77887	46.3	44.9	46.9	↑
27 Percentage of people in employment	16-64 yrs	2018/19	95500	74.2	71.1	76.6	↑
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	68	0.97	0.66	0.79	↑
29 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	370	60.2	62.0	44.9	↓

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
30 Excess winter deaths index	All ages	Aug 2017 - Jul 2018	188	27.0	30.4	30.1	↑
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	825	634.7	639.7	850.6	↓
32 TB incidence rate	All ages	2016 - 18	27	4.44	4.40	9.19	↓

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).

For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

Appendix 4 - NHS Newcastle Gateshead CCG – Equality and Health Inequalities Pack RightCare Pack

https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-newcastle_and_gateshead-ccg-dec-18.pdf

Appendix 5 – NHS WE ARE THE NHS: People Plan 2020/21 and Our People Promise

[https://www.england.nhs.uk/wp-](https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf)

[content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf)

<https://www.england.nhs.uk/ournhspeople/>