

# Equality and Diversity Strategy 2018 to 2021

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# Forward

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This Equality and Diversity Strategy sets out Fareham and Gosport and South Eastern Hampshire CCGs' (to be referred forthwith as the CCGs) commitment to taking equality, diversity and human rights into account in everything they do. This is whether commissioning services, employing people, developing policies, communicating with or engaging local people in the work of the CCGs.

It builds on achievements since publication of each CCG's Equality and Diversity Strategy 2014. The CCGs plan to continue to tackle current health inequalities, promote equality and fairness and establish a culture of inclusiveness that will enable health services in Fareham and Gosport and South Eastern Hampshire to meet the needs of all.

The CCGs' Joint Governing Body commits to monitoring progress and reporting regularly and openly on the equality objectives that have been developed to achieve that plan. Governing Board members acknowledge and accept their roles in supporting the strategy and will play their full part in making its aims a reality.

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# 1. Introduction

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- 1.1 Equality and diversity is central to the work of the CCGs to ensure equality of access to and treatment by the services that are commissioned on behalf of the populations of Fareham and Gosport and South Eastern Hampshire.
- 1.2 The CCGs recognise and value the diversity of the local community and believe that equality is central to the commissioning of modern, high quality health services.
- 1.3 This means that:
- Members of the public have the right to expect the care and treatment they receive to be provided in an environment which is free from unlawful discrimination
  - The CCGs will tackle health inequalities and ensure there are no barriers to health and wellbeing
  - The CCGs encourage staff to understand equality and diversity issues so that they feel able to challenge prejudice and ensure that equality is incorporated into their own work areas
  - CCG staff have the right to work in an environment which is free from unlawful discrimination and has a range of policies in place to protect them from discrimination
- 1.4 The CCGs' equality and diversity work is based on:
- The principles of the NHS Constitution<sup>1</sup>
  - The Equality Act 2010 and the requirements of the Public Sector Equality Duty under that Act<sup>2</sup>
  - Human Rights Act 1998<sup>3</sup>
  - Health and Social Care Act 2012<sup>4</sup> requirements, including the duties placed on the CCG to reduce health inequalities, promote patient involvement and involve and consult the public
- 1.5 The CCGs' approach to equality and diversity includes working closely with Hampshire County Council, through the Hampshire Health and Wellbeing Board in agreeing local needs assessments and developing the Hampshire Health and Wellbeing Strategy to address those needs.
- 1.6 This paper:
- Sets out equality and diversity in terms of the context in terms of the populations served by the CCGs and the workforce of the CCGs
  - Describes progress made by the CCGs since publication of the Equality and Diversity Strategy by each CCG in 2014
  - What the CCGs plan to achieve in terms of equality and diversity
  - How the CCGs will achieve that plan

<sup>1</sup> Department of Health (2013) *The NHS Constitution: the NHS belongs to us all*. March. HMSO London.

<sup>2</sup> HMSO (2010) *Equality Act 2010*. London.

<sup>3</sup> HMSO (1998) *Human Rights Act 1998*. London.

<sup>4</sup> HMSO (2012) *Health and Social Care Act 2012*. London.

## 2. The Populations Served by the CCGs

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2.1 The populations served by the CCGs are largely White British and Christian. Residents generally consider themselves to be in good health. Over half are married and in a civil partnership<sup>1,2</sup>.

2.2 Fareham and Gosport CCG<sup>1,2,3</sup>:

- Age:
  - 22.3% are aged 0-19
  - 56.2% are aged 20-64
  - 21.5% are aged 65 to 89
  - 3.1% are aged 90 and over
- Sex:
  - Almost an even split between males (49.1%) and females (50.9%)
  - Life expectancy: Men 79.9 years, women 83.2 years
- Ethnicity:
  - 94.6% White British
  - 2.0% White Other
  - 5.3% other ethnic group, 1.4% being Asian
  - 100 residents are estimated to be Gypsy/Irish Travellers
- Language:
  - 98.3% of people state that English is their main language
  - 0.3% state Polish is the next most common main language
  - 0.7% of all households are shown to contain no individuals with English as a main language
- Religion:
  - 61.7% Christian
  - 0.5% Muslim
  - 0.3% Hindu
  - 0.2% Buddhist
  - 0.1% Jewish
  - 0.1% Sikh
  - 0.5% Other
  - 29.7% No religion
  - 7.0% Not stated
- Marriage and Civil Partnership:
  - 51.9% of the CCG's adult population are married
  - 0.2% of the CCG's adult population is in a civil partnership
- Disability:
  - 83.1% of people state their daily activities are "not limited" by a long term illness or disability
  - 9.7% of people state their daily activities are "limited a little" by their disability
  - 7.2% of people state their daily activities are "limited a lot" by their disability

<sup>1</sup> Hampshire County Council: Factsheet: 2011 Census Equality & Diversity Profile for Fareham and Gosport CCG

<sup>2</sup> Hampshire County Council: Factsheet: 2011 Census Equality & Diversity Profile for South Eastern Hampshire CCG

<sup>3</sup> Hampshire County Council Joint Strategic Needs Assessment 2017: Fareham and Gosport CCG:

- Self-defined general health: Less than 10% of people report themselves as either in fair, bad or very bad health

### 2.3 South Eastern Hampshire CCG<sup>1,2,3</sup>

- Age
  - 22.9% are aged 0-19
  - 54.5% are aged 20-64
  - 22.9% are aged 65 to 89
  - 1.2% are aged 90 and over
- Sex:
  - A slightly higher number of females than males with the differential very evidence amongst the young adult population
  - Life expectancy: Men 80.1 years, women 83.6 years
- Ethnicity:
  - 94.3% White British
  - 2.5% White Other
  - 5.6% other ethnic group, 1.3% being Asian
  - 300 residents are estimated to be Gypsy/Irish Travellers
- Language:
  - 98.1% of people state that English is their main language
  - 0.3% state Polish is the next most common main language
  - 1.2% of all households are shown to contain no individuals with English as a main language
- Religion:
  - 61.3% Christian
  - 0.4% Muslim
  - 0.2% Hindu
  - 0.2% Buddhist
  - 0.1% Jewish
  - 0.0% Sikh
  - 0.5% Other
  - 29.9% No religion
  - 7.2% Not stated
- Marriage and Civil Partnership:
  - 52.1% of the CCG's adult population are married
  - 0.1% of the CCG's adult population is in a civil partnership
- Disability:
  - 82.5% of people state their daily activities are "not limited" by a long term illness or disability
  - 9.7% of people state their daily activities are "limited a little" by their disability
  - 7.8% of people state their daily activities are "limited a lot" by their disability
- Self-defined general health: 17.2% of people report themselves as either in fair, bad or very bad health

<sup>1</sup> Hampshire County Council: Factsheet: 2011 Census Equality & Diversity Profile for Fareham and Gosport CCG

<sup>2</sup> Hampshire County Council: Factsheet: 2011 Census Equality & Diversity Profile for South Eastern Hampshire CCG

<sup>3</sup> Hampshire County Council Joint Strategic Needs Assessment 2017: South Eastern Hampshire CCG:

### 3. Tackling Health Inequalities

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- 3.1 Health and social inequalities for the CCGs relate to education, employment and isolation. Lifestyle risks for the CCGs relate to smoking, obesity, alcohol, inactivity and poor diet<sup>1,2</sup>.
- 3.2 The CCGs work closely with the following organisations to tackle health inequalities:
- Hampshire County Council
  - East Hampshire District Council
  - Fareham Borough Council
  - Gosport Borough Council
  - Havant Borough Council
  - Hampshire Healthwatch
  - Local voluntary and community sector organisations
- 3.3 The Hampshire Health and Wellbeing Board provide an overarching strategic framework for this partnership working which also supports the ongoing updating of the Joint Strategic Needs Assessment for Hampshire.
- 3.4 Members of the Health and Wellbeing Board also sit on each CCG's governing board and sub-committees, including the Community Engagement Committee. This allows for their formal involvement in our planning and reporting procedures.

<sup>1</sup>Joint Strategic Needs Assessment 2017: Fareham and Gosport CCG:

<sup>2</sup>Joint Strategic Needs Assessment 2017: South Eastern Hampshire CCG

## 4. The CCGs' Workforce

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- 4.1 The NHS Electronic Staff Record (ESR) allows self-administration by each staff member to record their protected characteristics. Review of the staff profile from the ESR enables the CCGs to identify areas of development in order to be inclusive and ensure no group is disadvantaged in their staff journey.
- 4.2 The CCGs recognise that discrimination can sometimes occur because of the way an individual's characteristics combine. The CCGs also recognise that circumstances can change and people may begin or cease to identify with certain protected characteristics. This may be an individual becoming disabled or because of pregnancy and maternity.
- 4.1 Equality and diversity is included in essential training for staff and must be undertaken at least every three years. The CCGs' Head of Workforce and Education arranges lunch and learn sessions for staff on a range of issues that relate to equality and diversity such as PREVENT.
- 4.2 Employees have the right not to be discriminated against at work. CCG working practices are governed by Human Resources Policies. These policies are available to staff via ConsultHR website and CCG All Staff electronic folders. They are as follows:
- Leave and Flexible Working
  - Learning and Development
  - Lone Working
  - Maternity, Paternity, Adoption Leave and Shared Parental Leave and Pay Guidance
  - Organisational Change
  - Recruitment and Exit
  - Sickness Reporting Guidance
  - When a Concern Arises (incorporating grievance and disciplinary procedures, harassment and bullying, reasonable adjustments, performance management and absence management)

## 5. Progress 2014 to 2017

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### 5.1 Compliance with the Public Sector Equality Duty (PSED)

The CCGs publish an equalities information report for each calendar year<sup>1</sup>. The report sets out how the CCGs have shown “due regard” to the three aims of the Public Sector Equality Duty. These three aims are to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

### 5.2 Workforce Race Equality Standard

Workforce statistics are used to measure compliance against the NHS Workforce Race Equality Standard (WRES) indicators each year. In accordance with Data Protection Act requirements this information is not available in the public domain. However, actions are identified and implemented, and findings are reported to the NHS England WRES team to demonstrate good leadership in commitment to the WRES and improvement in the performance of the CCGs against the WRES indicators.

### 5.3 Accessible Information Standard

Commitment to the Accessible Information Standard is published on each CCG’s website. Information and communication support needs are provided on request for public meetings and engagement events. They are proactively identified to ensure effective engagement of patients, their families and advocates in the management of the patient experience service.

The CCGs have worked with member general practices to support their compliance with the Accessible Information Standard. This has included a briefing paper and discussion with practice managers. An audit tool to assess individual practice compliance was developed and made available to general practice managers with the recommendation that they undertake an audit with the support of their Patient Participation Group.

### 5.4 Equality Analysis

The impact on equality is assessed on all commissioning projects and plans. It is also assessed on Human Resources policies by South West and Central Commissioning Support Unit from which the CCGs commission the Human Resource function.

Equality impact of commissioning projects and plans comprises screening and full assessment. Equality screening is incorporated within the CCGs’ Quality Impact Assessment. This applies to all Quality, Innovation, productivity and Prevention (QIPP) programmes, financial recovery plans and changes to a service and/or care pathway that will result in a change to skill mix and/or headcount, service re-design and change to business progress.

The full assessment is undertaken for a new service or when a service is re-designed or de-commissioned. Evidence provided in the full equality assessment reviews impact on

<sup>1</sup> E&D Report at: <https://www.southeasternhampshireccg.nhs.uk/about-us/equality-and-diversity.htm>

the protected characteristics in general and in relation to the populations served. Local population profiles are drawn from Census and Public Health data. Evidence is required of engagement with stakeholders with an interest in protected characteristics in testing the project or policy proposals and the outputs of that engagement. Assessment of the evidence against the three elements of the duty to have “due regard” (see 2.2 above) informs action planning to ensure the project of plan either reduces or eliminates any potentially negative impacts on the protected characteristics.

Completion of equality analysis on commissioning projects and plans is embedded in governance processes as part of planning procedures. The annual planning cycle includes the requirement to undertaken equality analysis on each project and plan. The planning cycle is monitored by members of the CCGs’ Planning and Performance Team who liaise with the CCGs’ Equality and Diversity Manager to identify any gaps in completion of equality analysis. Identified gaps are followed up with the relevant project or plan leads by a member of the planning team with an offer of support from the Equality and Diversity Manager.

## **5.5 Consulting and Engaging with Patients and Local People**

The CCGs’ Communications and Engagement Strategy seeks to improve the experience of patients and support the delivery of the CCGs’ vision and plans for health and care. The focus is on issues that are of greatest importance to patients and service users and where their involvement in co-production will have most impact.

The CCGs involve patients, the public and their representatives from voluntary and community sector organisations through face-to-face meetings and through and online surveys that are available in hard copy, other formats and alternative languages. Participants and responders are encouraged to provide anonymous information relating to their protected characteristics. Feedback received facilitates review of CCG consultation and engagement processes with the aim of reaching all communities in the populations served by the CCGs.

Each CCG has a Community Engagement Committee. These committees have key roles in facilitating and co-ordinating consultation and engagement work. They include membership from representatives of voluntary and community sector groups, CCG member general practices’ patient participation groups and local councillors. The chair of each committee is a member of the Governing Body.

## **5.6 Patient Experience**

During 2017 the CCGs reviewed their complaints policy. The review of this policy was undertaken with patient experience colleagues in North Hampshire and North Eastern Hampshire and Farnham CCGs as part of new partnership working arrangements.

The policy sets out the CCGs’ commitment to the principles of equality and diversity and to the aims of the Public Sector Equality Duty. It includes dedicated sections on the Duty of Candour and the duty of every member of staff to be open and honest with patients, their families, carers and representatives. It also sets out support for staff involved in a complaint. It includes completion of a full equality analysis.

Complainants are asked to complete an equalities monitoring form which includes an explanation of why this information is requested. A form is sent out with the complaint acknowledgement letter.

The CCGs' patient experience officer is a member of each CCG's Community Engagement Committee. This allows for direct and two-way discussion and feedback. The patient experience officer also attends consultation and engagement events held by the CCGs. Engagement with specific groups to gain their views, for example, older people's groups, has encouraged them to engage with the CCGs.

## **5.7 Re-assessment against eh NHS Equality Delivery System 2**

Review of the CCGs' performance against objectives of the NHS Equality Delivery System (EDS2) was undertaken in 2016/17. This was conducted in two phases; first self-assessment and then assessment through engagement with patients and the public and survey of staff.

Patients and the public were engaged via an online survey and completion of survey forms through attendance at voluntary and community group meetings, and with the help of advocates of learning disabilities clients. Survey forms were available in hard copy, Easy Read and large print. Findings of the review have supported development of new equality objectives for 2018 to 2021.

## **5.8 NHS Providers – Equity of Access, Equality and Non-Discrimination**

Equality metrics are included in annual review of contracts with provider organisations from which the CCGs commission services on behalf of the populations served. These are monitored via monthly and quarterly reports from providers at monthly and quarterly contract review meetings. The main providers are:

- Portsmouth Hospitals NHS Trust
- Southern Health NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Care UK which runs St Mary's NHS Treatment Centre
- Western Sussex Hospitals NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust

Equality and non-discrimination is reviewed in line with the requirements under Service Condition 13 of the NHS National Contract. As at December 2017 this was as follows:

- Provision of appropriate assistance and reasonable adjustments for service users, carers, legal guardians who do not speak, read or write English or who have communication difficulties
- NHS Equality Delivery System 2
- NHS Workforce Race Equality Standard

## 6. What the CCGs Plan to Achieve

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- 6.1 Equality and diversity will be will embedded in the CCGs' business planning objectives and be driven by legal obligations as commissioners of services and as employers. These are set out in two duties.
- 6.2 The first duty is as a commissioner and an employer and is the Public Sector Equality Duty to have "due regard" to the need to:
- Eliminate unlawful discrimination, harassment and victimisation
  - Advance equality of opportunity between different groups
  - Foster good relations between different groups
- (Equality Act 2010)
- 6.3 To have "due regard" to advance equality it must:
- Remove or minimise disadvantage suffered by 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 from protected groups to participate in public life or in other activities where their participation is disproportionately low
- 6.4 The CCGs also recognise:
- The need to take action to meet the legal duty to avoid substantially disadvantaging a disabled person when compared to a person who is not disabled
  - Compliance with the equality duty may involve treating some people more favourably than others.
- 6.5 The second duty is specifically that of commissioners of services and is the duty to have regard to the need to:
- Reduce inequalities between patients with respect to their ability to access health services; and
  - Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.
- (Health and Social Care Act 2012, Part 1, Section 13G)

## 7. How the CCGs will achieve that Plan

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7.1 The CCGs will monitor progress against the re-freshed equality objectives at least annually from 2018 to 2021.

7.2 The CCGs' equality objectives are relevant to current identified local health needs and local and national commissioning aims. The purpose of the equality objectives is to focus on the outcomes to be achieved through advancing equality.

7.2.1 **Objective 1: Improve access to healthcare for everyone routinely and when they need medical help fast but it is not a life-threatening situation.** Achieve year on year improvement in bringing primary, community and adult social care together with specialists from local hospitals and third sector organisations as a single extended primary care team. We will continue to engage with statutory and voluntary sector stakeholders, patients and members of the public.

7.2.1.1 This will be achieved in the following ways:

- New models of care, including a new urgent care model and extending the skill mix of primary care teams to include more physiotherapists, community psychiatric nurses and emergency care practitioners
- Improved access to secondary care with:
  - Improved patient experience by better ensuring the correct services are offered to the patient
  - Reduction in waste as the risk of redirection or rejection of referral is decreased
  - Better control over demand for hospital services as may enable the patient to be managed in a community setting with no need to refer to secondary care organisations
  - Only patients that need to be in the service are seen by the specialist which is more cost effective and a better use of clinical time and expertise
  - Providers may be better able to manage their 18 week Referral to Treatment times as patients who are eventually referred should be better clinically prepared
  - Supports the drive to a paperless NHS
  - Providers will no longer use paper and electronic referrals

7.2.2 **Objective 2: Strengthen our consultation and engagement to ensure all protected characteristics have a voice in our work.** Ensure consideration is given to any likely impact on equality before deciding on policy or making commissioning decisions.

7.2.2.1 This will be achieved in the following ways:

- Each of the nine protected characteristics<sup>1</sup> will be considered as part of Quality Impact Assessments
- Detailed Equality Impact Assessments that include evidence gained from patient and public engagement, working in partnership with local people to transform and develop healthcare services that meet the needs of the communities we serve

- Encourage completion and analysis of equalities information as part of engagement with local people:
  - Build on current consultation and engagement mechanisms to ensure everyone can access surveys and engagement mechanisms:
  - Invitations to patients and the public to complete surveys, including online surveys will contain explicit reference to the availability of alternative formats These will include Easy Read, audio format such as CD or MP3 player and other languages
  - Explicit reference will also be made to alternative formats for papers relating to engagement events, and the availability of loop systems and British Sign Language and Deaf/Blind signers
  - All venues used for CCG organised events will be vetted for disability access

**7.2.3 Objective 3: Work with all levels of staff to ensure the CCG has a representative and supported workforce and inclusive leadership.** Build on current work to strengthen staff partnership arrangements.

7.2.3.1 This will be achieved by:

- Ensuring each team is represented on the CCG Staff Partnership forum, and that each representative engages with their team to inform the work of the Forum
- Working with Human Resources leads to ensure establishment of and representation from each CCG at meetings of a regional staff partnership forum at Hampshire level. Mutual plans and issues may then be shared and discussed and should include regional wide initiatives that impact on staff across the local health economy
- Exploring with the Staff Partnership Forum compliance by the Board and senior leaders with demonstrating transparent commitment to promoting equality in and outside the CCG
- Working with the lay members to:
  - Explore their experience and understanding of equality and diversity within the CCGs
  - Develop their understanding and knowledge of statutory and NHS requirements relating to equality and diversity
  - Develop and implement action plans, working with the Staff Partnership Forum on implementing best equality and diversity practice
- Incorporate equality and diversity in Board and senior management development sessions

7.3 The CCGs will also:

7.3.1 Take account of the diversity of the population served and potential barriers some people face when accessing health services with a view to reducing these. This will be achieved by:

- Ensuring Census data and data from the Joint Strategic Needs Assessment for the populations served inform commissioning projects and plans

- Completion of equality analysis to identify and mitigate or remove any detrimental effects on one or more protected characteristics in relation to the quality and safety of patient care and access to services
- Work with statutory and voluntary and community sector partners through the work of the Hampshire Health and Wellbeing Board

7.3.2 Update the communications plan and engagement mechanisms to ensure the experiences and voices of all communities in the population served directly influence commissioning priorities, plans and delivery.

7.3.3 Monitor providers of NHS services from which the CCGs commissions services on equity of access, equality and non-discrimination.

7.3.4 Monitor the CCGs' compliance against the NHS the Workforce Race Equality Standard and, from April 2018, the Workforce Disability Standard and implement action plans.

7.3.5 Ensure CCG staff work in an environment that is free from discrimination, victimisation and harassment. This will be achieved through:

- Essential training on equality and diversity as per UK Core Skills Training Framework (Skills for Health, 2016)
- Equality and diversity training identified and delivered that is relevant to individual staff roles and responsibilities
- Equality analysis of Human Resources policies and procedures to identify, remove or mitigate any detrimental effects on one or more protected characteristics
- Include equality and diversity as part of the annual appraisal process