



**Fareham and Gosport
and South Eastern Hampshire**
Clinical Commissioning Groups

EQUALITY AND DIVERSITY ANNUAL REPORT

2017

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1. INTRODUCTION

This report sets out how Fareham and Gosport and South Eastern Hampshire CCGs (referred in this paper as “the CCGs”) demonstrated “due regard” to the Public Sector Equality Duty of the Equality Act during 2017. It refers to equality and diversity information that is contained within other published reports. These are:
Fareham and Gosport Patient and Public Engagement Annual Report 2016/17
South Eastern Hampshire CCG Patient and Public Engagement Report 2016/17
South Eastern Hampshire CCG Annual Report and Accounts 2016/17
Fareham and Gosport CCG Annual Report and Accounts 2016/17

It also refers to equality and diversity contained within internal CCG reports. These are:

- Workforce Reports
- Workforce Race Equality Standard Report 2017
- Patient Experience Quality Monitoring Report 2017

The report sets out:

- The legal context of the equality duty
- The organisational context and background
- Compliance with legislative requirements
 - The CCGs’ workforce
 - Equality analysis to support commissioning plans and workforce policies
 - Consulting and engaging with patients and local people
 - Patient experience
 - Progress against the CCGs’ equalities objective set in 2014
 - Progress on re-assessment against the NHS Equality Delivery System 2 during 2016/17 to revised equality objectives
 - Monitoring of NHS provider contracts
- Action Plan for 2018

2. LEGAL CONTEXT

The legal context in which this report is based is described in appendix 1.

3. ORGANISATIONAL CONTEXT

The CCGs were formally established on 1 April 2013. The role of the CCGs is to ensure that family doctors and other clinicians lead decisions on how to direct NHS resources. The CCGs listen to and act on the wishes of patients and work closely with local authorities and other health partners for the NHS services that local people need.

Information on the healthcare needs of each CCG's population is also gained from public health data contained within the Joint Strategic Needs Assessment. Statistics collected from the census support understanding of the local similarities and differences in the populations served by each CCG. Key facts about each CCG and the health of the population for those areas are set out in Appendix 2.

4. COMPLIANCE WITH THE EQUALITY DUTY

4.1 The CCGs' Workforce

The two CCGs have a combined workforce for staff with the exception of governing body members. As at December 2017, South Eastern Hampshire CCG as the host employer for the two CCGs employed 92 staff and Fareham and Gosport CCG employed 13 Board members. The total combined workforce of 105 means that the CCGs are not required to publish workforce information.

An internal review of the overall staff profile according to the nine protected characteristics is undertaken annually. This review identifies areas of development for the CCGs to be inclusive and ensure no group is disadvantaged in their staff survey. It also recognises that individual circumstances can change and people may begin or cease to identify with certain characteristics. This may be because of pregnancy and maternity or an individual may become disabled.

The annual review of the overall staff profile draws on information contained within the Electronic Staff Record (ESR) of each staff member. To facilitate regular updating staff can self-administer the ESR area recording their protected characteristics.

Although there is no contractual obligation for CCGs to implement the NHS Workforce Race Equality Standard (WRES), assessment is undertaken on an annual basis. This is to show commitment to the WRES as set out in the CCG Assessment and Improvement Framework and demonstrate good leadership to the organisations from which the CCGs commission services. Actions have been identified from the 2017 WRES assessment by the CCGs and are being implemented. Owing to the small number of BME staff and in line with data protection legislation, this information is not required to be made public.

4.2 Equality Analysis

The CCGs continue to review the impact on equality of commissioning projects and plans. The human resources function is outsourced to South West and Central Commissioning Support Unit which undertakes an equality analysis of each policy relating to staff on behalf of the CCGs.

During 2017 the procedure for assessing the equality impact of commissioning projects and plans was refined and reinforced. The procedure comprises screening and full assessment. Equality screening is incorporated within the CCGs' Quality Impact Assessment process. 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 the protected characteristics and 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" (please see 2.2 above) informs action planning to ensure the project or 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 undertake 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. Where gaps are identified they are followed up with the relevant project or plan leads by a member of the planning team with an offer of support from the CCGs' equality and diversity manager.

4.3 Consulting and Engaging with Patients and Local People

4.3.1 Engagement Mechanisms

The CCGs have continued to engage with local people on a range of topics (see 4.3.2) during 2017. Engagement is conducted via online and face-to-face surveys, focus groups, attending local groups and holding events. Surveys are made available on request in alternative formats and languages.

Despite assurance on anonymity, local people have been reluctant to share their protected characteristics as part of the CCGs' engagement work. The aim of collecting this data is to inform planning processes to ensure as far as possible engagement with all sections of the population.

To encourage people to share their protected characteristics with the CCGs the monitoring form used as part of surveys and at engagement events has been reviewed. This review has resulted in the equality monitoring form being more succinct without detracting from its purpose to identify protected characteristics of those engaged.

4.3.2 Engagement with specific protected groups during 2017 has included the following areas of work:

- Exploring the development of an extended access service, operated by local practices and likely to be based at Petersfield Hospital with the potential for similar services elsewhere.
- Review of enhanced services for children with long term conditions and improved same-day access for children requiring more urgent care.

- Frailty and Long Term Conditions: re-designing care to better meet the needs of frail, elderly patients and those with complex long term conditions, initially looking at diabetes.
- Presentation by the Chair of Kroma at the Fareham and Gosport Community Engagement Committee of LGBT people’s experience in healthcare and particularly general practice. Actions for the CCG from that presentation were to:
 - To take the issues discussed to a GP TARGET session
 - Utilise a training video produced by Kroma for staff training
 - For the senior communications and engagement manager to maintain links with the chair of Kroma to ensure inclusion of the LGBT community in the work of the CCGs.
- Experience of accessing healthcare by patients with heart failure, respiratory problems and diabetes to inform commissioning processes.
- A first meeting of a locality mental health forum with a focus on inclusion of mental health in future commissioning arrangements.

4.4 Patient Experience

The CCGs ask complainants to complete an equalities monitoring form. A form is sent out with the complaint acknowledgement letter and includes an explanation of why this information is being requested. Fifty-one complaints were handled by the CCGs in 2017. Of these, 20 complainants completed and returned equality monitoring data (table 1):

| Sex | | Ethnicity | |
|---------------------------|----|------------------|----|
| Male | 6 | White | 19 |
| Female | 13 | Asian | 1 |
| Religion | | Age | |
| Christian | 11 | Under 18 | 2 |
| Not stated | 1 | 18-27 | 1 |
| No belief | 8 | 27-50 | 6 |
| Sexual Orientation | | 66-75 | 5 |
| Heterosexual | 17 | Over 75 | 2 |
| Prefer not to say | 3 | Not stated | 1 |
| Disability* | | Carer | |
| Yes | 12 | Yes | 5 |
| No | 8 | No | 15 |

Table 1 - Equality Monitoring Data

*Disability includes mental and physical impairment or loss.

During the year two complainants were provided with letters in large font. Accessibility to the patient experience service is also supported by a Plain English leaflet which is available on request and via each CCG's website. An Easy Read version of the patient experience leaflet is being developed.

4.5 Progress against Equality Objectives

a. Equality Objective 1. Develop further engagement mechanisms to establish direct relationships with diverse groups and communities to ensure the voice of all protected groups is heard by and informs the work of the CCG. This will build on the work of engaging with communities through General Practice Patient Participation Groups and the Communication Engagement Committee, to engage directly with representative groups across the protected characteristics.

The CCGs use a range of routes to seek the voice of all protected groups. These include:

- Attendance at local voluntary and community sector health forums
- Meetings of voluntary and community sector groups such as HealthWatch Hampshire
- Forum discussion with representatives from HealthWatch Hampshire, general practice patient participation groups, local community and voluntary sector groups, and local councillors via each CCG's community engagement committee
- Events and open meetings
- Online surveys

The CCGs also promote engagement programmes through social and traditional media of Twitter and press releases. Engagement is targeted wherever possible, for example, through local groups on transport services for renal patients and potential changes to individual general practices and how they provide services.

b. Equality Objective 2. Improve health and wellbeing of the CCG's population to encompass all sections of the community. This links to the CCG's strategic objective to improve outcomes around living longer with good health related quality of life. This will also link, through Locality Patient Participation Groups, to Primary Care in identifying and working with these communities at general practice level.

The first phase of “Your Big Health Conversation” was launched in February 2017. This engagement programme extends to our partner organisation, Portsmouth CCG. This phase has sought to explain the challenges facing the NHS and gain feedback on how the NHS should change. The programme will continue into 2018 to support our work on new models of care. A full analysis on each CCG’s population feedback will be undertaken and inform future conversations and engagement.

The CCGs have worked with member general practices and general practice patient participation groups to promote support of carers and veterans. This has resulted in each practice displaying notices to encourage patients who are also veterans to tell their practices. This is so that status may be flagged on their records for potential issues related to their time in the armed services. Information for veterans is also available on each CCG’s website on services and support available to them. The CCGs’ work with the voluntary and community sector has included how they might support the local NHS in developing a person-centred approach to commissioning and provide support to local people.

c. Equality Objective 3. Ensure equality is everyone’s business in the CCG.

Ensure staff complete their essential training and undertake further training commensurate with their role within the CCG and or their professional requirements. This may be identified through management appraisal and individual objective setting.

Essential training figures are reported to CCG line managers on a quarterly basis. Over the past 12 months recent activity to improve completion of essential training has included establishment of a CCG learning and development group. The aim of this group is to support communication on learning and development with all staff. Essential training requirements for staff working for the CCGs are aligned to the Skills for Health Core Skills Framework which is considered to be a national benchmark for essential training. This ensures expectations of essential training requirements are valid and reliable. We also work with our training provider, South, Central and West Commissioning Support Unit to ensure the staff training requirement is transparent on the Local Management System.

4.6 NHS Equality Delivery System Update 2016/17

Review of the CCGs' assessment against the NHS Equality Delivery System (EDS2) was undertaken through engagement with CCG staff, patients and the public during 2017.

A local staff survey was developed with human resources leads and cascaded via email. Following analysis of the results of this staff survey an action plan was developed with the staff partnership forum and is being implemented.

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. The survey was completed online and survey forms were made available and completed in hard copy, Easy Read and large print. Advocates also completed survey forms working with service users in group settings, for example, in learning disability centres.

New equality objectives have been developed. The final report was submitted and approved by the CCGs' joint Governing Body in March 2018.

5. MONITORING NHS PROVIDER CONTRACTS

5.1 **Equality metrics** are included in annual review of contracts with provider organisations from which the CCGs commission services on behalf of the population we serve. 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
- Solent NHS Trust
- Western Sussex Hospitals NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust

- Portsmouth Health Limited (GP Out of Hours)

5.2 **Equality and non-discrimination** is reviewed 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
- EDS2
- WRES

6. CONCLUSIONS

During 2017 the CCGs demonstrated “due regard” to the Public Sector Equality Duty of the Equality Act in the following ways:

- Annual internal review of the overall staff profile according to the nine protected characteristics to identify areas of development for the CCGs to be inclusive and ensure no group is disadvantaged in their staff survey
- Encourage staff to complete current information on their protected characteristics through self-administration of their Electronic Staff Record
- Ensure staff complete their essential equality and diversity training and undertake further training commensurate with their role within the CCG and or their professional requirements
- Demonstrate good practice and leadership by applying as much of the NHS Workforce Race Equality Standard to the CCGs’ workforce as possible
- Complete equality analysis of commissioning projects and plans
- Ensure completion of equality analysis of human resources policies by the out-sourced human resources function
- Utilise a range of consulting and engagement mechanisms to reach all sections of the populations served by the CCGs
- Consult and engage specific protected groups to re-design and improve access to services
- Invite patients making a complaint to the CCGs to complete equality monitoring forms to monitor how well the CCGs are listening and responding to everyone, whatever their background, to improve services
- Monitored progress against equality objectives set in 2014

- Set new equality objectives from revision of the CCGs' assessment against the goals and objectives of the NHS Equality Delivery System
- Monitor NHS provider contracts for equality and non-discrimination

Three actions have been identified to implement during 2018 to build on progress made. These are set out in (7) below.

7. ACTIONS

| MEASURE | ACTION | BY WHOM | WHEN | OUTCOME |
|--|---|--|------------|--|
| 1. Increase individual and team capability and confidence in completing equality analyses. | <p>a. Review 10 completed equality analyses submitted to the Planning and Performance Team.</p> <p>b. Work with individuals and teams on closing identified gaps in completion of equality analyses.</p> <p>c. Develop a data resource to support completion and monitoring of equality analyses.</p> | The CCGs' Equality and Diversity Manager liaising with Planning and Performance Team via the Planning and Performance Support Assistant. | Q4 2018/19 | All commissioning projects and plans requiring full equality analysis are adequately assessed and stand up to public scrutiny. |
| 2. Enable greater access to the | a. Proactively identify 4 | Complaints and Patient | Q1 2018/19 | Enhanced access to the |

| MEASURE | ACTION | BY WHOM | WHEN | OUTCOME |
|--|--|--|-------------------|--|
| <p>patient experience service groups with protected characteristics .</p> | <p>opportunities to gain feedback from patients from seldom heard groups via the provision of alternative formats and communication support.</p> <p>b. Provide the complaints leaflet in Easy Read</p> | <p>Experience Quality Officer.</p> | | <p>service for groups with protected characteristics.</p> |
| <p>3. New Equality Objectives are adopted and monitored to achieve year on year improvement to 2021.</p> | <p>Implement new equality objectives approved by the joint Governing Body in March 2018.</p> | <p>Equality and Diversity Manager.</p> | <p>Q4 2017/18</p> | <p>New Equality Objectives support and strengthen compliance with the equality duty.</p> |

Table 2 - Actions for 2018

Appendix 1 – The Legal Context

Equality Act 2010

The Equality Act 2010 (the Act) simplified, strengthened and harmonised previous equality legislation into one single Act. The Act provides a legal framework to protect individuals from unfair treatment and promote a fair and more equal society.

The Act introduced the Public Sector Equality Duty (to be referred to forth with as “the equality duty”). The equality duty changed the emphasis of equality legislation from rectifying cases of discrimination and harassment after they occurred to preventing them happening in the first place. The equality duty also moved the obligation to positively promote equality rather than just avoiding discrimination from individuals to organisations. The purpose of the equality duty was to integrate equality and good relations into daily practice, organisational policies and service delivery. The equality duty consists of a general duty and specific duties.

The General Equality Duty

The general equality duty applies to public authorities and public, private or voluntary organisations carrying out public functions. In the exercise of their functions public authorities must have “due regard” to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups by:
 - Removing or minimising disadvantages suffered by people with a protected characteristic due to having that characteristic
 - Taking steps to meet the needs of people with protected characteristics that are different from people who do not have that characteristic (including taking account of a disability)
 - Encouraging protected groups to participate in public life and in any other activity where participating is disproportionately low
- Foster good relations between different groups by:
 - Tackling prejudice
 - Promoting mutual understanding

Compliance with the equality duty may involve treating some people more favourably than others.

There are nine protected characteristics under the Act. These are:

- Age
- Disability
- Pregnancy and maternity
- Religion or belief
- Race
- Sex
- Sexual orientation
- Gender reassignment
- Marriage and civil partnership (but only for the first aim of the duty to eliminate unlawful discrimination, harassment and victimisation)

The Specific Duties

The specific duties require public bodies to publish relevant proportionate information showing how they meet the General Equality Duty by 31 January each year. In addition, they require public bodies to set specific measurable equality objectives by 6 April every four years from 2012.

Public authorities with 150 or more employees are required to publish information on how their activities as an employer affect people who share different protected characteristics. Public authorities with less than 150 employees should collect workforce information to help develop organisational objectives and assess the impact of employment policies on equality.

Health and Social Care Act 2012, Part 1, Section 13G

Related to equalities legislation is the CCGs' 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.

Appendix 2 - Key facts about each CCG and their population

Fareham and Gosport CCG

- Area of 38 square miles
- 21 member general practices
- Population of just over 203,000:
 - More people aged under 20 than over 65 years.
 - More people aged over 45 years than the national average.
 - A higher birth rate in Gosport than the national average
 - 94.6% White British
 - 2.0% White Other
 - 5.3% Other ethnic groups.
 - 98.3% of people state English is their main language
 - 0.7% of households are shown to contain no individual with English as a main language
 - 61.7% Christian
 - 1.43% other religions
 - 29.7% no religion
 - 7.0% religion unstated
- Work closely with:
 - Hampshire County Council
 - Fareham Borough Council
 - Gosport Borough Council
 - Neighbouring CCGs
 - Hampshire Health Watch
 - Local voluntary organisations.

South Eastern Hampshire CCG

- Area of 150 square miles
- 24 member general practices.
- Population of almost 211,000:
 - Higher than average number of people aged 45 to 60 years

Fareham and Gosport CCG

- Lower than average numbers of young people
- 6,000 people who are over the age of 85 years
- Around 2,500 new births every year
- 94.3% White British
- 2.5% White Other
- 1.3% Other ethnic groups.
- 98.1% of people state English is their main language
- 1.2% of households are shown to contain no individual with English as a main language
- 61.3% Christian
- 1.5% other religions
- 29.9% no religion
- 7.2% religion unstated
- Work closely with:
 - Hampshire County Council
 - East Hampshire District Council
 - Havant Borough Council
 - Hampshire Health Watch
 - Local voluntary organisations