NHS
Fareham and Gosport
and South Eastern Hampshire
Clinical Commissioning Groups

FAREHAM AND GOSPORT AND SOUTH EASTERN HAMPSHIRE CLINICAL COMMISSIONING GROUPS

EQUALITY AND DIVERSITY ANNUAL REPORT 2018

Contents

1. INTRODUCTION

This report sets out how Fareham and Gosport and south Eastern Hampshire CCs (referred in this paper as "the CCGs") demonstrated due regard to the Public Sector Equality Duty of the Equality Act during 2018.

This report refers to equality and diversity information that is contained within other published papers and reports. These are: the CCG's Equality and Diversity Strategy, patient and public engagement reports and commissioning plans.

In order to provide organisational context, background information is provided from published papers relating to system-wide plans to improve the health and well-being or local populations through partnership working and joint decision-making.

2. LEGAL CONTEXT

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

3. ORGANISATIONAL CONTEXT

Clinical Commissioning Groups were created on 1 April 2013 across England and replaced Primary Care Trusts. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. As membership organisations, the CCGs are led by four GPs elected to represent all general practices in the area served by the CCG.

In April 2017 the CCGs started working in partnership with North Hampshire CCG and North East Hampshire and Farnham CCG. This was with a view to sharing expertise to be more effective and to reduce duplication. A single Chair Executive was appointed to be the Accountable officer for all four CCGs.

During 2018, partnership working was extended to include Isle of Wight CCG. This reflected closer working across wider partnerships and systems and the development from Sustainability and Transformation Partnerships (STPs) to Integrated Care systems (ICSs). ICSs include partnership working with organisations traditionally outside health and care services such as housing but the work of which has an impact on day-to-day health and wellbeing.

In November 2018 the Governing Bodies of Fareham and Gosport CCG, Southern Eastern Hampshire CCG, North Hampshire CCG and Isle of Wight CCG, came together and now meet as a Committee in Common which is referred to as the Partnership Board.. The aim was to make it easier for CCGs to work together and across the ICS. This was by simplifying decision making, freeing up clinicians and managers to focus on delivery and reducing duplication.

North East Hampshire and Farnham CCG is represented on the Governing Body in Common. This CCG's governing body remains accountable for services for its population because it is working increasingly closely with CCGs in the Frimley ICS, for example Berkshire East CCG and Surrey Downs CCG.

4. THE CCGS' WORKFORCE

As at December 2018 the combined workforce for the two CCGs is 106. The CCGs are therefore not required to publish detailed information relating to the workforce (as described in Appendix 1) in accordance with the Specific Duties of the Equality Act 2010.

Each member of staff can self-administer their record on the Electronic Staff Record (ESR) system, and is encouraged to do so. This is because the CCGs recognise that individual circumstances can change and people may begin or cease to identify with certain characteristics. This may relate to pregnancy or maternity or because an individual has become disabled.

The information is used collectively and anonymously to inform internal workforce monitoring and ensure no protected characteristic is disadvantaged in the experience of the workforce. Protected characteristics that are recorded in all cases are age and sex. To a lesser extent staff record disability, ethnicity, religion, sexual orientation and marital status.

The CCGs' Human Resource Policies govern employee rights not to be discriminated against at work. These policies include: Leave and Flexible working, Maternity, Paternity, Adoption Leave and Shared Parental leave and Pay, Organisational Change, Recruitment and Exit, Concerns and Whistleblowing, Lone working, and When a Concerns Arises. Organisational policies are available for staff via the Human Resources portal ConsultHR.

Staff are required to complete online essential training on equality and diversity on a three-yearly basis as per Skills for Health Core Skills Training Framework. This training covers equality legislation, health inequalities, understanding people's backgrounds and prejudice and discrimination. 96.4% of core CCG teams are up-to-date with equality and diversity essential training; 71.2% of core CCG teams plus wider associated teams, for example clinical leads, are up-to-date with equality and diversity essential training.

Staff also complete equality and diversity training relevant to the organisations and specifically to their roles. Training sessions have been delivered to groups of staff on the NHS Workforce Race Equality Standard and the provider contract requirements on equity of access and non-discrimination. Ongoing support is provided on a one-to-one basis on completion of equality impact assessments and equality and diversity essential training has been delivered in face-to-face format to CCG lay members.

Bitesize articles on different aspects of equality, diversity and inclusion are included in staff newsletters to support development.

The CCGs complete annual assessment against the NHS Workforce Race Equality Standard (WRES). This is in line with the CCG Assessment and Improvement Framework and demonstrates good leadership to the organisations from which the CCGs commission services. Owing to the size of the workforce and in accordance with data protection legislation, this information is not in the public domain. Actions are identified and taken forward internally and information relating to the annual completion of the WRES is reported to NHS England.

5. THE POPULATION SERVED

The population served by each of the CCGs is largely White, and the main language is English (over 94% in each case). The main religion is Christian (just over 60% in each of the CCG areas), and religion is unstated in a significant percentage (over 29% in each CCG area). (Source: 2011 Census.)

Life expectancy at birth for both males and females is good in each CCG. In the Fareham and Gosport CCG area this is significantly better than the England average for males but not for females. In the South Eastern Hampshire CCG this is better than the England average for both males and females. (Source: Joint Strategic Needs Assessment July 2017.)

Diversity lies in the higher number of people aged under 20 compared with those aged over 65 years in the Fareham and Gosport CCG area, and a higher birth rate than the national average in Gosport. (Source: Joint Strategic Needs Assessment July 2017.)

Conversely, the population served by South Eastern Hampshire CCG has a lower than average number of young people, and a lower birth rate. Those aged between 45 and 60 years is higher than the national average (Source: 201 1 Census.)

In the population served by South Eastern Hampshire CCG health inequalities mainly relate to circulatory disease, cancer and respiratory disease. This is with the exceptions of Havant where health inequalities mainly relate to respiratory disease in women, and in Winchester where this is digestive disease including alcohol related disease in women. (Joint Strategic Needs Assessment, July 2017.)

In both areas served by the CCGs the proportion of working age adults is reducing and there is increasing pressure on services and carers. (Joint Strategic Needs Assessment, July 2017.)

6. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

The CCGs' project management system, Pentana, is administered by the Planning and Performance Team which is hosted by Portsmouth CCG. Completion of equality impact assessments (EIAs) is reviewed as part of project planning and development. Completed EIAs are uploaded to Pentana with associated individual project or plan paperwork.

Members of the Performance and Planning team liaise with commissioning officers on their projects and plans and signpost them to the CCGs' equalities lead for support on completion of EIAs. The CCGs' equalities lead meets monthly with the Planning and Performance Team administrator to review projects and plans.

A system-wide approach has been adopted to the commissioning cycle for 2019/20. The CCGs' equality and diversity lead has worked with the equality leads at West Hampshire CCG and East Berkshire CCG to agree provider reporting requirements on equity of access and non-discrimination in the NHS Standard Contract (full and shorter form).

This approach will benefit providers by having uniform submission dates of equality reporting to each CCG that commissions their services. This will reduce duplication and ensure providers receive a uniform response and requests for any action through a co-ordinated response from equality leads in the CCGs that commission their services.

7. CONSULTING AND ENGAGING WITH PATIENTS AND LOCAL PEOPLE

The CCGs have continued to seek the views of local people on a range of topics. A number of engagement mechanisms are used. They include online and face-to-face surveys, focus groups, attendance by CCG officers at meetings of local groups and CCG events. These are chaired by a lay member and attended by representatives of the voluntary and community sector. Surveys and engagement materials are available on request in alternative formats and languages.

Phase two of “Your Big Health Conversation” began during the year. The aim of phase two is to provide more detailed discussions on four specific issues. These are: mental health care, frailty, same-day services and long-term conditions. The results of phase two will be analysed in early 2019.

Review of mental health services locally resulted in a number of workshops to look at access to these services and discharge arrangements from inpatient units. These workshops were attended by representatives from the CCGs, Southern Health NHS Foundation Trust, GPs and the voluntary and community sectors. Themes were identified and action plans developed.

As part of the CCGs’ engagement work local people are asked to share their protected characteristics. Despite assurance of anonymity, some local people have raised concern about sharing their protected characteristics. To encourage sharing of this information the monitoring form used by the CCG’s has been reviewed. The equalities monitoring form is now more succinct without detracting from its purpose of informing the extent to which engagement is reaching all sections of the populations served by the CCGs.

8. 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. Forty three (as at 05 December 2018) complaints were handled by the CCGs in 2018. Of these, 20 complainants completed and returned equality monitoring data (table 1):

Gender		**Ethnicity**	
Male	8	White	18
Female	12	Asian	1
Religion		Not stated	1
Christian	18	**Age Group**	
Muslim	1	18 - 27	1
Not stated	1	27 – 50	8
No belief	6	51 – 65	1
Sexual Orientation		66 – 75	4
Heterosexual	17	Over 75	6
Prefer not to say	3		
Carer		**Disability***	
No	19	No	7
Not stated	1	Yes	13

*Disability includes mental and physical impairment, hearing, vision and long term conditions.

Table 1 - Equality Monitoring Data

Access 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 has been developed. The CCG have received no specific requests in regards to providing a response in another format.

During 2018 the patient experience team also received 511 contacts from members of the public relating to complaints, concerns, comments and compliments. These included:

- 18 complaints, concerns and comments about the delay in the provision of hearing aids from the audiology service at Portsmouth Hospitals NHS Trust.
- One complaint from a service user who experienced difficulty in trying to book a GP appointment; although known to be deaf, the patient was offered telephone triage.
- Two concerns relating to people with a learning disability.
- Four concerns relating to transgender and funding for storage of eggs and hormone blockers.
- 17 comments and concerns from patients with long term conditions including wheelchair users.
- One compliment from a patient relating to management of their long term condition.
- 11 complaints about barriers to accessing care packages, including for mental health and neurological services.
- Four comments and concerns about accessing assessment of children with Autism Spectrum Disorder (ASD).

Complaints and issues were passed to the provider organisation in each case to manage and resolve with the patient/member of the public. In each case they were informed that they could return to the CCG to gain further advice and/or support should this be required.

9. SAFEGUARDING

The CCGs have a combined quality and safeguarding team. Safeguarding nurses identify inequalities relating to individual patients and their protected characteristics. Key protected characteristics that face inequalities for safeguarding nurses are those faced by people with mental health problems and individuals who have a learning disability and older persons.

Inequalities faced by those who care for vulnerable individuals are also addressed by the team. During 2018 they have included addressing racial abuse of nursing home staff by a member of public visiting an older person. They have also previously been involved with the closure of a nursing home where it emerged that staff were subject to modern day slavery. This case was managed working with Adults Health and Care, the Care Quality Commission and the Police.

A key area of work is the Learning Disabilities Mortality Review (LeDer) Programme. This national programme focuses on reviewing the care of individuals with a learning disability. This aligns positively with the Statutory Safeguarding Adults Reviews (SAR) which outputs refer to action plans to assure equity and quality of health and social care. An example of this is a system-wide workshop is which is currently being developed following a SAR which showed a learning disability overshadowed diagnosis. The workshop will bring together the different agencies involved in the care of this person to resolve the issues the individual faced in terms of inequality.

The LeDer lead for the CCGs has worked closely with the Hampshire Safeguarding Children's Board Child Death Overview Panel (CDOP) to ensure that deaths of children with a known learning disability were reviewed in line with the Learning Disabilities Mortality Review (LeDer) Programme guidance.

The safeguarding children's service is hosted by West Hampshire CCG and CCGs have access to designated and name professionals. CCG teams work together to ensure quality and safety of children and young people that access commissioned services.

The safeguarding children's team works closely with the Hampshire Safeguarding Children's Board (HSCB) to ensure that children (especially those with disabilities, mental health and gender identity issues) are safeguarded. A significant aspect of the safeguarding children's

lead role is to ensure that the CCGs fulfil their Section 11 responsibilities as set out within the "Children's Act 2004". The Section 11 audit for 2018 was co-ordinated by the designated nurse on behalf of the listed CCGs (South East Hampshire, Fareham & Gosport and North East Hampshire and Farnham CCGs).

The designated nurse for safeguarding children works closely with the CCGs' patient experience officer to ensure complaints involving children with a learning disability are managed appropriately so that the needs of the child is paramount. The designated nurse for safeguarding children also works closely with the CCG leads to ensure incidents and serious incidents involving children are managed appropriately.

10. PROGRESS AGAINST EQUALITY OBJECTIVES

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.

During 2018 initiatives have been rolled out to improve access for all patients:

- Four general practices in Gosport have merged. These are: Waterside, Forton, Stoke and Brune. Southern Health NHS Foundation Trust has taken over the contract to manage the merged practices, now known as the Willow Group. This has allowed for patient access to a variety of primary and community services through a single contact to appropriately meet their needs.
- Same day access is now available in Fareham as well as Gosport.
- Following a successful pilot, the acute home visiting service has been rolled out across both CCGs. This has been implemented at scale and in liaison with Southern Health NHS Foundation Trust's community teams. For example, six practices in Petersfield manage home visits for their combined patient populations. This allows for appropriate and timely management of home visits to support and provide care to people in their own homes.
- Home visits also incorporate a risk stratification tool to proactively identify vulnerable patients and ensure their needs are met.
- Under new models of care, joint working between the different health care professions means that the number of visits to a patient, for example, with complex needs, is reduced by combining a community nurse visit with administering the annual "flu vaccination flagged by the general practice.

Progress has also been made on implementing the e-referral service. Since 1st October, 2018 all referrals from GPs to hospital and community service consultants have been made electronically. The key aims of this initiative were to improve patient experience by ensuring the patient is referred to the correct service in a timely manner and reducing the risk of delay through re-direction or rejection of referrals.

To ensure the initiative meets its intended benefits, NHS commissioners and provider organisations will continue to work with NHS Digital. This will benefit all patients, whatever their protected characteristics through NHS provider organisations being better able to manager waiting lists afforded by direct and speedy electronic transfer of referrals. Ongoing monitoring may also identify specific benefit to some groups, such as those patients with long term conditions where consideration of the management of complex needs is often needed.

The e-referral service compliments the implementation of NHS Digital initiatives to provide timely information to support effective patient care. These are electronic discharge summaries from hospitals to GPs and e-consult via GP websites and mobile 'phone app.

An integrated urgent care model proposed in 2017 is now being co-designed with partner CCGs and NHS provider organisations across the health economy. The NHS 111 telephone service will provide access to a clinical hub as a point of contact for patients and for health professionals ranging from ambulance staff, mental health practitioners, dental practitioners, GPs, pharmacists and social care.

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.

During 2018 the CCGs have:

- Considered impact on the nine protected characteristics as part of Quality Impact Assessments and how any negative impacts may be mitigated or removed.
- Completed detailed Equality Impact Assessments with evidence of 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.
- Encouraged local people to complete equalities monitoring as part of our engagement work.
- Built on how engagement mechanisms to ensure local people from all communities are able to share their views. This includes:
    - Proactive reference to the availability of alternative formats in engagement materials, including surveys. These include: Easy Read, audio format (CD or MP3 player) and languages other than English.
    - Proactive reference to the availability of communication support at engagement events, including loop systems, British Sign language interpreters and Deaf/Blind interceptors.

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.

During 2018 the CCGs have continued to strengthen staff partnership arrangements and have:

- Ensured each team is represented on the CCGs' Staff Partnership Forum and that each representative engages with their team to provide two-way communication between them and the Forum.
- Worked with leads from across the CCG Partnership to share plans, ideas and initiatives, including the annual staff survey.
- Explored compliance by the Governing Board and senior leaders on demonstrating transparent commitment to promoting equality in and outside the CCGs.
- Worked with lay members/advisers 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.
- Incorporated equality and diversity in Governing Board and senior management development sessions.

11. MONITORING CONTRACTS WITH NHS PROVIDER ORGANISATIONS

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

The CCGs also liaise with partner CCGs that lead on contracts with other providers of services to the populations they serve. These are:

- 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)

During 2018 specific work has been undertaken with two main provider NHS Trusts on implementation of the Accessible Information Standard.

12. THE CCGS' ACTION PLAN 2019

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
1. Support compliance with essential equality and diversity training	Offer face-to-face training to provide an alternative interactive session to on-line training.	CCG equalities lead.	Ongoing	Timely compliance with training requirements.
2. All staff receive equality and diversity training relevant to their posts	a. Undertake a training needs analysis for equality learning needs. b. Produce an equality and training plan	CCG equalities lead working with the CCG workforce training lead.	By end of Q2 2019	Individual staff receive training relevant to their post.
3. Adopt a CCG Partnership approach to meeting the Accessible Information Standard to support governance and engaging with communities.	Submit an options paper on meeting the Accessible Information Standard to senior leaders.	CCG equalities lead.	Q2 2019/20	Uniform and proactive approach to meeting the information and communication support needs of local people.

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
4. Ensure progress against equality objectives.	Monitor and review on at least an annual basis.	CCG equalities lead liaising with CCG commissioning leads.	Ongoing.	Business objectives meet the needs of the population served.

APPENDIX 1: 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 of the Equality Act 2010

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:
  - i. Removing or minimising disadvantages suffered by people with a protected characteristic due to having that characteristic
  - ii. 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)
  - iii. 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:
  - i. Tackling prejudice
  - ii. 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 of the Equality Act 2010

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.

Human Rights Act 1998
The Human Rights Act 1998 provides a complementary legal framework to the anti-discriminatory framework and the public duties.

The Human Rights Act applies to all public authorities and bodies performing a public function. It places the following responsibility on public sector organisations:

- Organisations must promote and protect individuals' human rights. This means treating people fairly, with dignity and respect, while safeguarding the rights of the wider community.
- Organisations should apply core human rights values, such as equality, dignity, privacy, respect and involvement, to all organisational service planning and decision making.

Human Rights are intrinsic to the principles of equality and diversity. They are the basic rights and principles that belong to every person in the world. They are based on the core principles of Fairness, Respect, Equality, Dignity and Autonomy, also known as the FREDA principles (Equality and Human Rights Commission 2008). They protect an individual's freedom to control their day-to-day life (subject to criminal law), and effectively participate in all aspects of public life in a fair and equal way.

Human rights help individuals to flourish and achieve potential through:

- Being safe and protected from harm
- Being treated fairly and with dignity
- Being able to live the life they choose
- Taking an active part in their community and wider society

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.

Health and Social Care Act 2008 (Regulated Activities)
Regulations 2014: Regulation 13
The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- Neglect
- Subjecting people to degrading treatment
- Unnecessary or disproportionate restraint
- Deprivation of liberty.

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

CQC can prosecute for a breach of some parts of this regulation (13(1) to 13(4)) if a failure to meet those parts results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. We do not have to serve a Warning Notice before prosecution. Additionally, CQC may also take any other regulatory action. See the offences section for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Cited reference: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper