

North East Hampshire and Farnham Clinical Commissioning Group Shadow Board

Date of Meeting:			
Agenda Item:		Paper Item:	

Document Title:
North East Hampshire and Farnham Clinical Commissioning Group Equality and Diversity Strategy and Action Plan

Purpose of paper:	This paper sets out North East Hampshire and Farnham Clinical Commissioning Group's commitment to tackle discrimination, advance equality of opportunity and foster good relations when carrying out our functions. The paper describes what actions the CCG has already taken in response to the Equality Act 2010, and outlines next steps as we work towards authorisation and establishment. The strategy provides assurance on equality and diversity to the CCG Governing Body.
Aims/objectives supported by this paper:	The CCG Equality and Diversity Strategy and Action Plan will help us: <ul style="list-style-type: none"> •Achieve our vision in a way that complies with the Equality Act 2010 •Put our values into practice •Achieve our objectives and commissioning intentions for 2012/13 for the diverse communities we serve •Support compliance with the CCG authorisation criteria
Confirmation that any financial implications have been considered by the Chief Finance Office:	The strategy and plan has resource implications in terms of capacity, capability. Successful implementation of the strategy mitigates against the risk of the CCG being taken to court or a tribunal by an individual or organisation under the Equality Act 2010 which may have financial implications.

Public involvement – activity taken or planned:	Local patient groups and community representatives with different protected characteristics have been involved in the development of this Equality and Diversity Strategy. Their views were used to shape the priorities of the Clinical Commissioning Group in relation to equality and diversity. The CCG recognises the importance of meaningful engagement with patients, carers and their communities and sees the work undertaken here as part of an on-going dialogue with the diverse communities we serve.
Equality and Diversity:	This Equality and Diversity Strategy and Action Plan is informed by: <ul style="list-style-type: none"> • Evidence of the needs of people from protected characteristic groups living in North East Hampshire and Farnham • The views and ideas of local people from diverse communities. This analysis of equalities evidence highlights that the strategy and action plan are expected to have a positive impact on equality and diversity by eliminating discrimination, advancing equality of opportunity, and fostering good relations in the locality.
Report Author:	Nick Birtley, Equality and diversity Advisor
Sponsoring NE Hampshire and Farnham CCG Board Member:	Dr Andy Whitfield, Chair of CCG governing body
Date of paper:	8 th August 2012
Actions requested /Recommendation:	<p>The NE Hampshire and Farnham Clinical Commissioning Group Governing Body is asked to:</p> <p>Approve this Equality and Diversity Strategy and Action Plan as part of the Governing Body’s commitment to equality, diversity and human rights. The strategy sets out how North East Hampshire and Farnham Clinical Commissioning Group intends to comply with the Equality Act 2010 and the associated Public Sector Equality Duty.</p>

**North East Hampshire and
Farnham Clinical
Commissioning Group**

**Equality and
Diversity
Strategy and Plan**

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Acknowledgement

North East Hampshire and Farnham Clinical Commissioning Group (CCG) gratefully acknowledge the help of the individuals, groups and organisations who gave their time and expertise to contribute to the development of this strategy:

Chrysalis (Gender Identity Charity)

Farnborough Deaf & Signing Club

Gurkha Welfare Association

[Hampshire Gypsy and Traveller Voice](#)

Hampshire Independent Equality Forum

InS!ght

Just Advocacy

Lesbian, Gay, Bisexual & Transgender Posse

North Hampshire Maternity Services Liaison Service

Parity for People with Multiple Disabilities Rushmoor Access Group Rushmoor Carers Support Group

The Clinical Commissioning Group looks forward to continuing to work together to improve health and reduce inequality across the diverse communities of Hart, Rushmoor and Waverley.

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Foreword

We are pleased to launch our first Equality and Diversity Strategy and Action Plan for North East Hampshire and Farnham Clinical Commissioning Group. This document sets out our commitment to taking equality, diversity and Human Rights into account in everything we do whether that's commissioning services, employing people, developing policies, communicating with or engaging local people in our work.

This strategy and action plan will help the Clinical Commissioning Group to tackle current health inequalities, promote equality and fairness and establish a culture of inclusiveness that will enable health services in North East Hampshire and Farnham to meet the needs of all.

Our Governing Body commits to monitoring our progress and reporting regularly and openly on the developments in this plan. We acknowledge and accept our roles in supporting the strategy and will play our full part in making its aims a reality.

Insert signature(s)

Dr Andrew Whitfield Chair Governing Body North East Hampshire and Farnham Clinical Commissioning Group	Maggie Maclsaac Executive Director North East Hampshire and Farnham Clinical Commissioning Group
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1. Introduction

1.1 North East Hampshire and Farnham Clinical Commissioning Group (CCG) is committed to equality of opportunity for all people and to eliminating unlawful discrimination. We recognise and value the diversity of the local community and believe that equality is central to the commissioning of modern, high quality health services.

1.2 This strategy sets out the Clinical Commissioning Group's overall approach to equality, diversity and Human Rights as both an employer and a health commissioner. This includes how the CCG will:

- Develop a governance structure for equality, diversity and Human Rights
- Ensure all staff have the necessary skills to commission services in line with the Equality Act 2010 and the associated Public Sector Equality Duty
- Complete Equality Analysis and Assessment of Impact to identify potential risks to the outcomes for patients as part of decision making and commissioning processes
- Ensure that communications and engagement activities effectively reach people from all protected groups, including carers and marginalised communities
- Work with statutory and voluntary sector partners on equality issues and to tackle health inequalities
- Ensure Human Resources policies are fair and transparent, and work in partnership with staff to improve working lives
- Monitor complaints, comments and compliments by protected characteristic
- Make sure commissioned providers including the CSS and Public Health are complying with the Equality Act 2010, including the carrying out of access audits to ensure services are accessible.

1.3 This strategy describes what actions North East Hampshire and Farnham CCG has already taken in response to the Equality Act 2010, and outlines next steps as we work towards authorisation and establishment.

1.4 The approaches set out here relate to all of the 'protected characteristics' of equality as defined by the Equality Act 2010 (see [Appendix One](#)). These are:

- Age
- Disability
- Gender reassignment (transgender)
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (gender)
- Sexual orientation.

1.5 The practical effect of the Act is that the North East Hampshire and Farnham Clinical Commissioning Group is legally required to consider how its policies, plans, procedures, projects and decisions will affect people (patients, carers, communities and employees) with the protected characteristics.

2. North East Hampshire and Farnham CCG vision and aims:

'We commend the CCG's commitment to working across Hampshire, Berkshire and Surrey county boundaries'

'North Hampshire Maternity Services Liaison Committee is keen to partner with the CCG'.

(The views of local community representatives)

2.1 Our vision is working in partnership together with the population to deliver excellent healthcare enabling all people to be as healthy as possible.

2.2 Our values:

- Show integrity by behaving in an open, transparent, and honest manner
- Show effective leadership of the local health system (take responsibility for decisions based on evidence)

- Decision making which is evidence based, best value according to our priorities
- Acting in the best interest of our population at all times
- Practices being accountable to each other
- Members act responsibly to achieve the vision and objectives
- Deliver results effectively
- Communication and engagement

2.3 Our objective is to commission services that are delivered in the most appropriate setting to:

- Ensure best value, quality and a safe patient experience
- Improve outcomes for people with long term conditions and for those at the end of life
- Enable those with mental health conditions and learning disabilities to be as close as possible to their own decision making
- Provide maternity and children's services that respond to the health needs of women and children
- Support people to have the healthiest lifestyle that they can

2.4 We have identified seven key clinical work programmes as our priorities for 2012/13:

- Mental health and learning disabilities
- Planned care
- Unscheduled care
- End of life care
- Long term conditions
- Maternity, new born and child health
- Prevention and staying healthy

2.5 Further information about the work of North East Hampshire and Farnham CCG is available on our [website](#). This includes details of the health inequalities across Hart, Rushmoor and Waverley that have informed our commissioning priorities.

3. Meeting our duties

3.1 North East Hampshire and Farnham Clinical Commissioning Group is making a clear commitment to valuing diversity and achieving equality through the publication of this strategy and action plan. We believe that any modern organisation has to reflect all the communities and people it serves, and tackle all forms of discrimination. We need to reduce health inequality and ensure there are no barriers to health and wellbeing.

3.2 The CCG recognises our:

- Legal duties around equality and human rights - not simply to be compliant, but to promote cultural change. This includes our commissioning and procurement processes which must ensure health providers also meet the legal requirements.
- The moral case for equality and diversity - health inequalities are unacceptable and must be tackled.
- The business case for equality and diversity - the additional annual cost to the NHS arising from inequality is estimated to be £5.5 billion (The Marmot Review¹).

3.3 The Equality Act 2010²

3.4 The general equality duty (Section 149 of the Equality Act 2010) states that public authorities 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.

3.5 These are the three aims of the general equality duty. To comply with the general duty, a public authority needs to have due regard to all three of these aims in relation to the 9 protected characteristics ([Appendix One](#)). Health bodies are covered by the general equality duty in relation to all their functions.

3.6 North East Hampshire and Farnham CCG will become a public authority by April 2013 at the latest. The CCG has developed this Equality and Diversity Strategy and Action Plan to ensure compliance with the Act, and to make equalities part of day-to-day business as we work towards establishment as a new commissioning organisation.

3.7 In addition the CCG must comply with the specific duties of the Public Sector Equality Duty as set out in the Equality Act 2010 (Specific Duties) Regulations 2011³:

- To publish equalities information to demonstrate its compliance with the general equality duty at least annually;
- To prepare and publish one or more equality objectives that it needs to achieve to further any of the aims of the general equality duty. This must be done every four years.

1 [The Marmot Review](#), *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post*

2010 (2010)

2 HMSO, [The Equality Act 2010](#)

3 HMSO, [Equality Act 2010 \(Specific Duties\) Regulations 2011](#)

3.8 See [Appendix Two](#) for more details. The CCG works to the guidance available on the Equality and Human Rights Commission [website](#)

3.9 The Human Rights Act 19984

3.10 This confers a range of rights ([Appendix Three](#)) which have implications for the way the CCG commissions services and manage their workforce. In practice this means North East Hampshire and Farnham Clinical Commissioning Group must:

- Act compatibly with the rights contained in the Human Rights Act in everything we do
- Recognise that anyone who is a 'victim' under the Human Rights Act can bring a claim against the CCG (in a UK court, tribunal, hearing or complaints procedure)
- Wherever possible existing laws that the CCG as a public body deals with, must be interpreted and applied in a way that fits with the rights in the Human Rights Act 1998.

3.11 The Department of Health⁵ suggests that a good way to understand human rights is to see them as a vehicle for making fairness, respect, equality, dignity and autonomy (the FREDA principles) central to everyone's lived experience as human beings.

3.12 North East Hampshire and Farnham CCG recognises human rights underpin the aims of the Equality Act 2010, and lay at the heart of the NHS Constitution⁶. As an organisation we have stated our commitment to integrating these principles in our policy making, as well as the day-to-day running of the CCG. This commitment is set out in the *North East Hampshire and Farnham Clinical Commissioning Group Constitution*.

3.13 The NHS Equality Delivery System⁷

'InS!ght has heard about the Equality Delivery System - it is perceived as a good idea and been well received'

'Worthwhile the CCG engaging people on the ground from protected groups - using the Equality Delivery System helps them to do this'

(The views of local community representatives)

3.14 The NHS Equality Delivery System (or EDS) is designed to help both current and emerging NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff. The EDS is a framework to review performance on equality and diversity, and to identify future priorities and actions. It is designed to be used in partnership with patients, the public, staff and staff-side organisations, and offers local and national reporting and accountability mechanisms.

3.15 At the heart of the EDS is a set of 18 outcomes grouped into four goals ([Appendix Four](#)). These outcomes focus on the issues of most concern to patients, carers, communities,

4 HMSO, *The Human Rights Act 1998*

5 Department of Health, *Human Rights in Healthcare: A Framework for Local Action* (2008)

6 Department of Health, *The NHS Constitution for England: The NHS Belongs to us All* (2012)

7 Department of Health, *The Equality Delivery System for the NHS* (2011)

NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined. The four EDS goals are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels.

3.16 North East Hampshire and Farnham CCG has decided to adopt the NHS Equality Delivery System because:

- Local protected groups involved in developing this strategy agreed that the CCG should use the EDS.
- This builds on the EDS work completed during 2011/12 by NHS Hampshire (as part of the SHIP Primary Care Trust Cluster) together with NHS providers operating across North East Hampshire.
- Meaningful engagement with all protected groups is an underpinning principle of the NHS Equality Delivery System and as such, adopting the EDS demonstrates North East Hampshire and Farnham CCGs commitment to community engagement.
- The EDS helps the CCG to identify local needs, particularly unmet needs of seldom heard communities.
- The EDS helps us to meet the requirements of the Equality Act and the specific Public Sector Equality Duties, and to embed equalities in mainstream CCG business.
- The EDS outcomes align with the NHS Constitution and support the FREDA principles, thus helping the CCG to meet its constitution commitments.

4. Equality profile

4.1 North East Hampshire and Farnham CCG has used detailed information about the health needs of the population we serve to decide our commissioning priorities. This evidence gathering process has also involved the CCG building up an equality profile of the Hart, Rushmoor and Waverley locality.

4.2 The equality profile helps us to meet our duties under the Equality Act 2010. For example the CCG is using the profile along with other evidence to assess the impact of our policies, functions and commissioning decisions on people from protected characteristic groups living locally.

4.3 Engagement with protected characteristic groups across Hart, Rushmoor and Waverley

4.4 In line with North East Hampshire and Farnham Clinical Commissioning Group's commitment to meaningful engagement with patients, carers and local communities, the CCG has involved representatives from protected groups in the development of this strategy and plan. The CCG sees this work as part of an on-going dialogue and partnership to help us tackle discrimination, advance equality of opportunity and foster good community relations.

4.5 Headlines from our equality profile are set out below. This includes the views of local community representatives.

Protected characteristic	Profile of North East Hampshire and Farnham locality
Population	Total population: 216,000 (Office of National Statistics 2011)
Ages	All ages 0-15 16-29 30-44 45-65 65+ 203,133 40,724 35,315 44,809 51,523 30,762
	<p>There are variations across the local authority areas: Borough of Rushmoor has a higher percentage of younger adults and a lower percentage of older adults relative to Hampshire. It was predicted however that Rushmoor will have 15% more older people over 65 in 2013. (Source: Hampshire County Council Small Area Population Forecasts 2008)</p> <p>Waverley has the highest percentage of population over 85 (3.21%) out of the 11 local authority areas in Surrey, and the second highest percentage population over 65 (19.57%) (First release 2011 Census data).</p> <p>14% of the total population of Hart were over 65 in 2005 (Hampshire County Council Environment Department's 2005 forecasts).</p> <p>Health inequalities:</p> <ul style="list-style-type: none"> - Many of the health inequalities faced by children are directly linked to poverty. For example, children and young people from poorer backgrounds are more likely to become obese, suffer from tooth decay, and develop mental and emotional health difficulties (Department of Health 2008) - Young people identify barriers to accessing health services, for instance young men are particularly sensitive to being seen accessing services by male peers. Also services that do not involve disclosure to their parents are seen as more accessible (NHS Hampshire 2010) - 3 out of 5 people aged over 60 in England suffer from a long term condition <p>Key issues raised by community representatives:</p> <ul style="list-style-type: none"> - Good communication between older patients, clinicians and relatives and family members is key. In our experience some more vulnerable older people may be confused and not fully understand explanations or treatment plans. Despite this they tend not to ask for clarification as they do not want to bother the doctor. This makes involving relatives all the more important to achieving health outcomes and good quality patient experiences.

Protected characteristic	Profile of North East Hampshire and Farnham locality
Disability	<p>Across Hart, Rushmoor and Waverley the proportion of working age population claiming disability benefits: 5.1% (estimated from Local Authority level data)</p> <p>Office for National Statistics (ONS) estimates suggest that across Hampshire disability free life expectancy (i.e. the number of years lived free from disability) in 2001 ranged from a low of 62.6 years in Gosport to 68.8 years in Hart amongst males and 65.1 and 69.7 years amongst females. Both male and female estimates across Hampshire are higher than the national averages (61.7 years for males and 64.2 for females), but Gosport, Rushmoor and Havant are all lower than the regional averages (64.7 years for males and 67.0 for females). (Hampshire Joint Strategic Needs Assessment Refresh 2010)</p> <p>Health inequalities:</p> <ul style="list-style-type: none"> - Almost 1 in 5 (18%) of people reported a long term illness or disability that restricted their daily activities (ONS Census 2001) - 24% of deaf and hearing impaired people surveyed by the RNID have missed an appointment due to poor communication - People with a learning disabilities are 58 times more likely to die prematurely than the general population (Cabinet Office 2010) <p>Key issues highlighted by local communities:</p> <ul style="list-style-type: none"> - Greater awareness amongst clinicians about mental health - sometimes people present with a physical condition and their mental health problem remains undetected, whilst in other cases, a person may be known to a service as having a mental health condition and this means physical health problem not treated. - There is a need to make first point of contact with health services more accessible to people with physical, sensory and multiple disabilities - how contact and what happens when people make contact should be designed from patients point of view. Examples of difficulties include: too many options to choose from when get automated telephone answer service; receptionists not taking account of individual needs of patients or cultural issues; and services not being available at times when patients need them, for example outside office hours. - Need to increase the number of annual health checks completed with people with a learning disability.

Protected characteristic	Profile of North East Hampshire and Farnham locality
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<p>Gender reassignment</p>	<p>Gender Identity Research and Education Society (November 2010) review of research found that in the UK:</p> <ul style="list-style-type: none"> - 12,500 gender variant 16 year olds and over have sought treatment up to 2010 (prevalence of 25 per 100,00) - The number seeking treatment is growing at 11 % per annum - For every one of those who can be counted, there are up to 40 others who experience a degree of gender variance. Some of these people will transition in the future. <p>Health inequalities:</p> <ul style="list-style-type: none"> - In relation to the health sector in general, in a survey of transgender people, some 29% of respondents felt that being trans adversely affected the way they were treated by health care professionals - 21% of respondents said their GP did not want to help (The Equalities Review 2007) <p>Key issues highlighted by transgender community representative:</p> <ul style="list-style-type: none"> - Some General Practitioners need training about and understanding of gender dysphoria. Individuals supported by our charity have experienced GPs not acting on requests for access to London Gender Clinic, and being diagnosed as having Aspergers rather than gender identity issues. - Access to procedures like facial hair removal and speech and language therapy to support transition is inconsistently provided by the NHS - depends on where you live. There is a need for commissioners to consider funding more consistently the various potential treatments in line with national guidance. 			
<p>Marriage and civil partnership</p>	<p>% of residents 16 and over who married/ re-married</p> <p>% residents single, separated, divorced or widowed (ONS Census 2001 data)</p>	<p>Hart 47.86</p> <p>52.14</p>	<p>Rushmoor 39.88</p> <p>60.12</p>	<p>Waverley 45.18</p> <p>54.82</p>
	<p>Issues highlighted by local community:</p> <ul style="list-style-type: none"> - Some patient information leaflets refer to <i>husband</i> and <i>wife</i> - NHS staff should be sensitive when asking about marriage/civil partnership/ relationship status. 			

Protected characteristic	Profile of North East Hampshire and Farnham locality
Pregnancy and maternity	<p>2005 data showed that across Hampshire birth rates were highest in Rushmoor (61.0 births per 1000 population), with Hart third highest (58.7 births/1000 population)</p> <p>Health inequalities:</p> <ul style="list-style-type: none"> - In 2008 Rushmoor had the third highest rate of pregnancies per 1,000 females aged 15-17 years (Hampshire Quality of Life Report 2008) <p>Key issues highlighted by community representative:</p> <ul style="list-style-type: none"> - Women and families want to access services as close to home as possible. - Service users consistently report positive experience of Antenatal care - feel well supported and midwifery service well developed. This is in contrast to immediate post natal support received in hospital which often less good.

Protected characteristic	Profile of North East Hampshire and Farnham locality
Race	Ethnicity estimates based on Local Authority level data from Office of National Statistics 2010: White British White Irish White: Other White 87.7% 1.0% 3.8%
	Mixed: White & Black Caribbean White & Black African 0.4% 0.2% White & Asian Other mixed 0.5% 0.4% Asian or Asian British: Indian Pakistani Bangladeshi Other Asian 1.2% 0.9% 0.3% 0.6% Black or Black British: Black Caribbean Black African Other Black 0.6% 0.9% 0.1% Chinese or other ethnic group: Chinese Other 1.0% 0.7%
	<p>Non-white population of 6.7% in Rushmoor (up from 4.4% in 2001); probably due to a growing Nepalese population (Hampshire Joint Strategic Needs Assessment Refresh 2010)</p> <p>Health inequalities:</p> <ul style="list-style-type: none"> - Patients from black and minority ethnic (BME) communities are less likely to know how to contact the out-of-hours service - BME patients tend to be less satisfied with the amount of time they are given health professionals, their level of involvement in their care, and the explanation of tests and treatments - The Gypsy community have a low uptake of healthcare and dentistry, higher childhood accident rate, higher incidence of learning and physical disability, poor housing, and experience discrimination and isolation (Forest Bus Ltd) - Evidence suggests that Gypsy and Traveller communities have a life expectancy of 50 years <p>Key issues highlighted by black and minority ethnic community representatives:</p> <ul style="list-style-type: none"> - The Nepalese community highlight a need to improved access to interpreters - Also other languages spoken in the locality include French and English Patois, Eastern European and North African languages - Gypsy and traveller community would like services tailored to each individual person

Protected characteristic	Profile of North East Hampshire and Farnham locality
Religion or belief	<p>Religious composition: 74.8% Christian; 0.3% Buddhist; 0.4% Hindu; 0.1% Jewish; 0.6% Muslim; 0.1% Sikh; 0.3% any other religion; 16.2% no religion (ONS Census 2001)</p> <p>Health inequalities:</p> <ul style="list-style-type: none"> - Of all faiths, limiting long term illness or disability rates are highest among Muslims (24% females, 21% for males) - Respondents identifying with a religion or belief other than Christianity or none were significantly less likely to have found a member of staff to discuss their worries or fears with during a stay in hospital (NHS Hampshire 2012)
Sex (Gender)	<p>Female all ages Male all ages 102,529 100,604</p> <p>Health inequalities:</p> <ul style="list-style-type: none"> - Men live on average about five years fewer than women (75.2 and 80.2 years respectively). - The gender difference in life expectancy is greatest in deprived areas.
Sexual Orientation	<p>1.8% of respondents in the local GP Patient Survey 2011/12 stated their sexual orientation as lesbian, gay or bisexual.</p> <p>It is estimated that at least 6% Of the population is gay, Lesbian or bisexual.</p> <p>Health inequalities:</p> <ul style="list-style-type: none"> - Two thirds of lesbian and bisexual women have smoked compared to half of women in general - 15% of lesbian and bisexual women over the age of 25 have never had a cervical smear test, compared to 7% of women in general (Stonewall 2008) - Gay men are sometimes at higher risk from some cancers. <p>This might be because they do not respond to preventative health care messages because those messages are not targeted at them, or they do not disclose their sexual orientation to their GP and so do not receive appropriate information (Stonewall 2006)</p> <p>Key issues highlighted by local lesbian, gay and bisexual community representative:</p> <ul style="list-style-type: none"> - That local health services become more gay friendly. This could be achieved by having specific clinic times for this community, and providing staff training and awareness so they don't make assumptions about people.

Protected characteristic	Profile of North East Hampshire and Farnham locality
<p>Carers</p>	<p>5.1% of respondents in GP Patient Survey 2011/12 stated they had caring responsibilities Provision of unpaid care (ONS Census 2001)</p> <p style="text-align: center;">Hart Rushmoor Waverley</p> <p>20-40 hrs/wk: 0.61% 0.73% 0.69% 50+ hrs/week: 1.14% 1.39% 1.29%</p> <p>Health inequalities: - In a recent survey of carers, 83 % stated that caring had a negative impact on their physical health, and 87% a negative impact on their mental health. - 39% put off medical treatment because of caring (Carers UK 2012)</p> <p>Key issues highlighted by local carer representative: - When individuals need to go to hospital using hospital transport, sometimes their carer is not also allocated a space on the minibus so they have to travel separately. - When a carer needs treatment they have the additional stress and anxiety of what will happen to the person they care for while they are in hospital.</p>
<p>Other Equality Groups</p>	<p>Socio-economic status and deprivation - The health of people in Hart, Rushmoor and Waverley is generally better with a greater life expectancy than the England average. However, life expectancy is lower for men and for women in the most deprived areas with over a 10 year gap between the wealthier and poorest parts of the area. The most deprived wards are found in Rushmoor.</p> <p>Key issue highlighted by local community representatives: - GPs with 0845 numbers – cost to ring from mobiles very expensive. This is a particular barrier for people on low incomes.</p>
<p>Service families</p>	<p>Research is starting to identify the specific needs of Service personnel, veterans and their families. Particularly around the psychological impact of deployment and injury. (Centre for Mental Health 2012)</p>
<p>People who are Homeless</p>	<p>Compared to the general public homeless people are 40 times more likely not to be registered with a GP and have about five times the utilisation of Accident and Emergency (Cabinet Office 2010)</p>

5. Leadership and governance

5.1 North east Hampshire and Farnham CCG is putting in place proper constitutional and governance arrangements with the skills, competencies and capacity to deliver all our duties and responsibilities, including the delivery of statutory functions like equality and diversity.

5.2 What the CCG has already done:

- Identified Dr Andrew Whitfield, Chair as Governing Body Lead for equality and diversity as set out in our CCG Constitution.
- Arranged equality and diversity training for CCG senior leaders in the Autumn of 2012 so that they understand the implications of the Equality Act 2010 and the associated Public Sector Equality Duty.
- Secured specialist equality and diversity support from Commissioning Support Service South.
- Published this Equality and Diversity Strategy and Action Plan on our website.
- Adopted the NHS Equality Delivery System as the framework to help us improve outcomes for patients year on year, and comply with the Public Sector Equality Duty.
- Agreed to have equality and diversity as a standing agenda item at the CCG Board at least twice yearly.

5.3 What the CCG plans to do:

- Will identify a lay person lead for equality and diversity as set out in our Constitution. Publish annual equality data and information to meet the requirements of the specific Public Sector Equality Duty using the NHS Equality Delivery System as the framework.
- Publish one or more equality objectives to meet the requirements of the specific Public Sector Equality Duty.
- Report on performance of the CCG against our equality objectives and NHS Equality Delivery System (EDS) grades at least annually as part of our CCG Annual Report.
- Make sure exception reports on CCG, CSS, and other provider performance around equalities are standing items on the Clinical Commissioning Committee agenda at least twice a year.
- Put in place a robust equality analysis and assessment of impact process which is carried out as part of the decision making process from the beginning and enables the CCG to have a full understanding of the equality risks to patients of any decisions they make.

6. Equality analysis

6.1 Equality analysis or equality impact assessment is designed to allow public authorities like CCGs to identify the impact or effect (either negative or positive) of their policies, procedures and functions on various sections of the population, paying particular regard to the needs of protected groups and minorities. Where negative impacts are identified the organisation then needs to take steps to deal with this. Statutory authorities are required to carry out equality analysis under the Equality Act 2010.

6.2 All functions or activities of North East Hampshire and Farnham CCG are relevant at some level to the general or specific duties set out in the equality legislation. Therefore all strategies, policies, action plans and projects we undertake must be assessed for equality impact. This includes Human Resources policies and procedures.

6.3 What North East Hampshire and Farnham CCG has already done:

- Developed an equality profile of the Hart, Rushmoor and Waverley locality to underpin the assessment of impact and equality analysis.
- The CCG is committed to increasing the number and quality of equality analyses completed across the organisation. In response we have developed an equality analysis template and guidance for managers.
- Completed an equality analysis of our Communications and Engagement Strategy.

6.4 What North East Hampshire and Farnham CCG plans to do:

- Arrange training for CCG managers with responsibility for completion of equality analysis.
- Ensure that Commissioning Support Service South arranges equality analysis training for managers so that the CCG can be assured that commissioning work undertaken on their behalf complies with equalities legislation.
- Work with Commissioning Support Service South to develop a data resource to underpin and facilitate the completion of equality analysis.

7. Communications and engagement

'Age Concern Hampshire has been encouraged by the increased communication with health since the arrival of the Clinical Commissioning Group'.

'A representative of the access group attended the CCGs stakeholder event in June - feedback was positive'

(The views of local community representatives)

7.1 It is essential that North East Hampshire and Farnham CCG works with local people, staff and partner organisations to ensure they have a voice which will influence the planning and commissioning of local health services. Ensuring that minority groups and the 'seldom heard' have their say is equally important.

7.2 The CCG understands that high quality, accessible communications and engagement activity is a key domain for authorisation⁸. In response North East Hampshire and Farnham CCG has set out a commitment to listening to and working in partnership with the people of Hart, Rushmoor and Waverley, as described in our Communications and Engagement Strategy.

7.3 What North East Hampshire and Farnham CCG has already done:

8 NHS Commissioning Board, [Clinical Commissioning Group Authorisation: Draft Applicants Guide](#) (2012)

- Completed an equality analysis of our Communications and Engagement Strategy to identify the provision of reasonable adjustments we will need to employ in communicating and engaging effectively, and ensure this work complies with the Equality Act 2010.
- Worked hard to establish and maintain dialogue with minority communities and protected groups through grass-root networks, and partnership with the voluntary sector. This has included involving representatives of local protected groups in the development of this strategy and plan.

7.4 Community representatives made a number of suggestions in relation to communications and engagement. The CCG has listened and will consider these:

- The CCG should use a range of communication routes - the website and e-newsletter are important, but should not be the only way of communicating with protected groups.
- The CCG should use social media. Some groups like younger women, prefer to use social media rather than email
- The CCG should promote availability of alternative formats like large print, Braille, and audio. Keep written information short, simple and jargon free.
- Written information in other languages should be available on request.
- Easy read information would help people with a learning disability and other groups.
- Foreign language and British Sign Language interpreters should be available on request
- We recommend the CCG tap into existing well established networks through partnerships with the voluntary sector and service user groups. This has the advantage that user views are already collected, collated. These organisations and groups may be the only way to reach isolated protected groups like carers.
- Work with umbrella organisations like the council of voluntary services.
- The CCG should have named individuals who have face-to-face contacts with protected groups so issues can be heard first hand. For some groups like the lesbian, gay and bi-sexual community

and young people, the CCGs approach should be to engage them directly in 'safe' venues, rather than expect them to come to the CCG.

- Ensure venues used for CCG events are accessible to people with mobility problems, wheelchair users, and those with visual impairment.
- GP practice patient groups should be promoted to all patients and aim to be inclusive of diverse practice populations.
- Remember we are individuals; try not to make assumptions about us.

7.5 What the CCG plans to do:

- North East Hampshire and Farnham CCG has a duty to ensure that we can communicate information to our patients, service users and communities in a way that is appropriate to their particular requirements – for example large print and Braille information is available on request or documents are translated into different languages as required. The CCG intends to have this service in place prior to authorisation and will publicise that it is available.
- The CCG will work towards implementing actions identified in the Communications and Engagement Strategy Equality Analysis.
- Having adopted the NHS Equality Delivery System the CCG will engage protected groups each year in order to grade the CCG against the NHS EDS goals and outcomes.

8. Workforce and training

8.1 North East Hampshire and Farnham CCG is committed to working in line with current employment legislation, including the Equality Act 2010. This means the CCG aims to provide a working environment free from discrimination, victimisation, and harassment, whether on an individual or institutional basis on the grounds of age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation, or any other grounds that infringe on Human Rights.

8.2 We also aim to recruit a representative workforce from all sections of the community in order to commission healthcare services that respect and respond to the diverse needs of the people of Hart, Rushmoor and Waverley.

8.3 Our responsibilities and commitments as an employer are set out in the North East Hampshire and Farnham Clinical Commissioning Group Human Resources Framework

8.4 What the CCG has already done:

- Developed and published a Human Resources Framework that refers to compliance with the Equality Act 2010.
- The CCG as an employer has built in to all employees' job descriptions a section explaining their responsibilities around equality and diversity.
- Adopted the NHS Equality Delivery System as the framework to help us achieve year on year improvement in working lives for employees, and to comply with the workforce elements of the Public Sector Equality Duty.
- Assessed the impact of our employment policies and procedures in relation to race, disability and gender.
- Developed an Organisational Development Plan for the CCG that includes equalities training.
- Committed to ensure our employees undertake statutory and mandatory training, including equality and diversity (every three years as a minimum).
- Committed to collect and analyse data and information to inform the CCG about the impact of its employment policies and decisions.

8.5 What the CCG is planning to do:

- Arrange training in equality analysis for relevant managers as part of our commitment to increase the number and quality of equality analyses undertaken
- Complete an equality analysis on all new human resources policies and procedures, and assess the impact on all nine protected characteristics as existing employment policies come up for review.
- Having adopted the NHS Equality Delivery System, the CCG will engage staff from protected groups and staff side organisations in the process of grading the CCG against the NHS EDS goals and outcomes each year.

9. Commissioning and procurement

‘Just Advocacy hope that with the establishment of the North East Hampshire and Farnham CCG a focus on the needs of local people with a learning disability will be Achieved.’

The views of local community representative)

9.1 North East Hampshire and Farnham CCG is required by law to make sure that when we buy from another organisation to help us provide health services, that organisation will comply with equality legislation. Therefore we aim to ensure all contracts and Service Level Agreements contain clauses and performance measures around duties and responsibilities under equality and diversity legislation (including access to services and information in appropriate formats).

9.2 The robust collection of quantitative and qualitative data is central to the CCG’s ability to commission high quality health services. Performance data should be disaggregated by the nine protected characteristics wherever possible, in order for us to monitor the impact of our commissioned services on the corresponding population groups.

9.3 What North East Hampshire and Farnham CCG has already done:

- Adopted the NHS Equality Delivery System as the framework to help the CCG gather and analyse equalities information against patient and workforce related goals and outcomes.
- The CCG is currently able to disaggregate performance data by age, sex (gender), race, some disabilities, and pregnancy and maternity.
- Completed an equality analysis of the CCG Commissioning Plan.

10. Complaints, concerns and compliments

10.1 Complaints, concerns and compliments are an important measure of people’s satisfaction with NHS services and help North East Hampshire and Farnham CCG to make sure there is continuing improvement in services. Our aim is to respond to any complaints or concerns as speedily, effectively, and fairly as possible through both formal and informal processes, within a clear framework and timescales. Complaints are also an important source of information for monitoring impact on equality and can support the identification of potentially unlawful discrimination and taking action to promote equality.

10.2 North East Hampshire and Farnham Clinical Commissioning Group is committed to ensuring that minority communities know how to raise concerns, and that our processes are culturally sensitive and accessible to people with disabilities.

10.3 What the CCG has already done:

Arranged a complaints and concerns service via Commissioning Support Service South.

10.4 What the CCG is planning to do:

At least twice a year, receive a report on complaints, concerns and compliments.

Reporting will include equalities monitoring of service access, and exploration of any equality related themes identified from complaints and concerns received, and the actions taken to prevent issues reoccurring.

11. Action plan

Category	Action	Target Date	Person Responsible
1. Leadership and governance	1.1 Publish annual equality data and information to meet the requirements of the specific Public Sector Equality Duty	May 2013	Dr Andrew Whitfield, Chair of Governing Body
	1.2 Intend to publish one or more equality objectives to meet the requirements of the specific Public Sector Equality Duty	Part of Annual Report in summer 2013 (<i>to be kept under review</i>)	Dr Andrew Whitfield, Chair of Governing Body
	1.3 Intend to report on performance of the CCG against our equality objectives and NHS Equality Delivery System (EDS) grades at least annually	<i>Suggest included in Annual Report in summer 2013</i>	Dr Andrew Whitfield, Chair of Governing Body
	1.4 Make sure exception reports on CCG, CSS, and other provider performance around equalities are standing items on the Integrated Governance Committee agenda at least twice a year	<i>Detail to be agreed</i>	Dr Andrew Whitfield, Chair of Governing Body
2. Equality analysis	2.1 Increase the number and quality of equality analyses undertaken each year	Part of Annual Report in summer 2013 (<i>to be kept under review</i>)	Dr Andrew Whitfield, Chair of Governing Body
	2.2 Arrange training for CCG managers with responsibility for completion of equality analysis	<i>As set out in HR and L&OD Framework</i>	
	2.3 Ensure that Commissioning Support Service South	<i>As set out in HR and L&OD Framework</i>	Dr Andrew Whitfield, Chair of Governing Body

	arranges equality analysis training for managers		
	2.4 Work with Commissioning Support Service South to develop a data resource to underpin and facilitate the completion of equality analysis	<i>To be accessed from CSS</i>	Dr Andrew Whitfield, Chair of Governing Body
3. Communication and engagement	3.1 Prior to authorisation, the CCG will work with the NHS Commissioning Board to put a service in place so that information can be provided in foreign languages or alternative formats (Braille, large print, 'easy read') on request, and will publicise that this service is available.	April 2013	Dr Andrew Whitfield, Chair of Governing Body
	3.2 The CCG will implement actions identified in the Communications and Engagement Strategy Equality Analysis	Timetable as set out in Communications Strategy	Communication and Engagement Manager embedded with CCG
	3.3 Using the NHS Equality Delivery System the CCG will each year engage protected groups and key stakeholders in the process of grading the CCG against the EDS goals and outcomes.	Plans to be devised	Dr Andrew Whitfield, Chair of Governing Body
4. Workforce and Training	4.1 Having adopted the NHS Equality Delivery System, the CCG will engage staff from protected groups and staff side organisations in	Plan to be devised	Dr Andrew Whitfield, Chair of Governing Body

	the process of grading the CCG against the NHS EDS goals and outcomes each year		
5. Commissioning and procurement	5.1 Intend to write specific equality and diversity clauses into provider contracts	2013/14 contracting round	Dr Andrew Whitfield, Chair of Governing Body
	5.2 Work to improve the use of existing performance data disaggregated by age, sex, race, disability and pregnancy and maternity	In line with plan to implement NHS EDS	Dr Andrew Whitfield, Chair of Governing Body
	5.3 Explore potential for disaggregation of performance data by gender reassignment, religion or belief, marriage and civil partnership, and sexual orientation	2014	Dr Andrew Whitfield, Chair of Governing Body
6. Complaints, concerns and compliments	6.1 At least twice a year, receive a report on complaints, concerns and compliments. Reporting will include equalities monitoring of service access, and exploration of any equality related themes identified from complaints and concerns received, and the actions taken to prevent issues reoccurring.		Dr Andrew Whitfield, Chair of Governing Body

Appendix One

The Public Sector Equality Duty 2010 (protected characteristics)	
1 Age	By being of a particular age/ within a range of ages.
2 Disability	A physical or mental impairment which has a substantial and long-term adverse effect on day to day activities. This includes people with mental health problems, learning disabilities and long-term or serious illnesses such as heart disease, cancer or HIV/ AIDS.
3 Gender (sex)	Being a woman or a man.
4 Gender reassignment (transgender)	A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex
5 Pregnancy and maternity	If a woman is treated unfavourably because of her pregnancy, pregnancy related illness or related to maternity leave.
6 Race	People who have or share characteristics of colour, nationality, or ethnic or national origin can be described as belonging to a particular racial group.
7 Religion or belief or lack of belief	The full diversity of religious and belief affiliations in the United Kingdom.
8 Sexual orientation	A person's sexual preference towards people of the same sex, opposite sex or both.
9 Marriage and Civil Partnership	This is relevant in relation to employment and vocational training; the CCG will need to ensure that it considers this protected group in relation to employment.

Appendix Two

Equality Act 2010 Section 149 General Duty	
General Equality Duty	Due Regard
1 Eliminate discrimination , harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010	Conduct prohibited by the Act. To comply with the general duty, a public authority needs to have due regard to all three of the aims.
1 Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	The Equality Act explains that the aim of advancing equality of opportunity involves, in particular, having due regard to the need to: <ul style="list-style-type: none"> · Remove or minimise disadvantages suffered by people due to their protected characteristics. · Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people. · Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low <ul style="list-style-type: none"> • Meeting different needs includes (among other things) taking steps to take account of disabled people's disabilities – for example making reasonable adjustments.
1 Foster good relations between persons who share a relevant protected characteristic and persons who do not share it	Fostering good relations is described as tackling prejudice and promoting understanding between people from different groups.
Note: 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 or voluntary organisation with a contract to provide certain public services	
This means that as commissioner the CCG will need to assure that an organisation they intend to commission can comply with the general equality duty.	
Specific Equality Duties	
Created by secondary legislation – The Equality Act 2010 (Specific Duties) Regulations 2011	
Publication of equalities information Each public authority is required to publish equalities information to demonstrate its compliance with the general equality duty. This needs to be no later than 31 January 2012, and at least annually after that, from the first date of publication. This information must include, in particular, information relating to people who share a protected characteristic who are: <ul style="list-style-type: none"> · Its employees · People affected by its policies and practices. Public authorities with fewer than 150 employees are exempt from the requirement to publish information on their employees. This is likely to be the case for local CCGs.	
Publication of equality objectives Each listed public authority must prepare and publish one or more equality objectives that it thinks	

it needs to achieve to further any of the aims of the general equality duty. This must be done no later than 6 April 2012 and at least every four years after that. The objectives must be specific and measurable.

Both the equality information and the equality objectives must be published in a manner that is accessible to the public. They can be published as a separate document, or within another document such as an annual report or a business plan.

Appendix Three

The Human Rights Act 1998

The Human Rights Act 1998

The Human Rights Act came fully into force on 2 October 2000.

It gives further effect in the UK to rights contained in the European Convention of Human Rights.

The Act:

- Makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently
- Means that cases can be dealt with in a UK court or tribunal, and
- Says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.

The 15 rights contained in the Human Rights Act are:

- The right to life*
- The right not to be tortured or treated in an inhuman or degrading way*
- The right to be free from slavery or forced labour
- The right to liberty and security*
- The right to a fair trial*
- The right to no punishment without law
- The right to respect for private and family life, home and correspondence*
- The right to freedom of thought, conscience and religion
- The right to freedom of expression
- The right to freedom of assembly and association
- The right to marry and found a family
- The right not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention*
- The right to peaceful enjoyment of possessions
- The right to education
- The right to free elections

*Particularly relevant to work of NHS organisations

Appendix Four

Goal	Narrative	Outcome
	evidence of needs and results	1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly 1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all 1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds 2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment 2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised 2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades 3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay

		<p>3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately</p> <p>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</p> <p>3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)</p> <p>3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.</p>
<p>4. Inclusive leadership at a levels</p>	<p>NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions</p>	<p>4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond</p> <p>4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination</p> <p>4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes</p>