



North East Hampshire and Farnham
Clinical Commissioning Group

**NORTH EAST HAMPSHIRE AND FARNHAM CCG
EQUALITY AND DIVERSITY ANNUAL REPORT 2018**

Contents

1. INTRODUCTION.....	3
2. LEGAL CONTEXT	3
3. ORGANISATIONAL CONTEXT.....	3
4. THE CCG'S WORKFORCE.....	4
5. THE POPULATION SERVED	4
6. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE.....	5
7. CONSULTING AND ENGAGING WITH PATIENTS AND LOCAL PEOPLE.....	5
8. PATIENT EXPERIENCE.....	7
9. SAFEGUARDING.....	8
10. NHS EQUALITY DELIVERY SYSTEM.....	8
11. MONITORING CONTRACTS WITH NHS PROVIDER ORGANISATIONS.....	9
12. NORTH EAST HAMPSHIRE AND FARNHAM CCG'S ACTION PLAN 2019	9
APPENDIX 1: Legal Context	10

1. INTRODUCTION

This report sets out how North East Hampshire and Farnham Clinical Commissioning Group (CCG) 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 of 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 a membership organisation, North East Hampshire and Farnham CCG is led by four GPs elected to represent all general practices in the area served by the CCG.

In April 2017 North East Hampshire and Farnham CCG started working in partnership with North Hampshire CCG, Fareham and Gosport CCG and South Eastern Hampshire 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 to form a Governing Body in Common. 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 CCG'S WORKFORCE

As at December 2018 the CCG employs 122 staff. The CCG is therefore not required to publish detailed workforce information (as describe 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 CCG recognises 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 ethnicity, religion, disability, sexual orientation and marriage and civil partnership.

The CCG's Human Resources Policies govern employee rights not to be discriminated against at work. These policies include: Concerns and Whistle Blowing, Leave and Flexible Leave, Maternity, Paternity, Adoption Leave and Shared parental leave and Pay, Organisational Change, Recruitment and Exit, Relocation, and Sickness Absence. 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. This training covers equality legislation, health inequalities, understanding people's backgrounds and prejudice and discrimination. 88.9% of core teams are up to date with equality and diversity essential training; 81.4% of core CCG teams plus wider associated teams are up-to-date with equality and diversity essential training.

Face-to-face training sessions have been developed for all staff to support completion of equality and diversity training relevant to organisation and to their roles. Training sessions are available on the Equality and Quality Impact Assessment procedure, the NHS Accessible Information Standard, NHS Workforce Race Equality Standard and provider contract requirements on equity of access and non-discrimination.

Bitesize articles on different aspects of equality, diversity and inclusion are available on the staff intranet to support development.

The CCG completes 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 the CCG is largely White (85.9%) and the main language is English (93.2%). A significant percentage of people are from other ethnic groups (9.7% of which 6.2% are Asian). The main religion is Christian (61.1%) and a significant percentage (26.3%) of people report no religion. (Source: 2011 Census.)

Life expectancy at birth for males and females is significantly better than England average. The population is becoming increasingly diverse and is ageing. The proportion of working age adults is reducing and there is increasing pressure on services and caring. (Source: Joint Strategic Needs Assessment, July 2017.)

The area covered by the CCG has pockets of socio-economic deprivation. The main health inequalities relate to circulatory disease, cancer and respiratory disease. Notable differences exist in the districts of Rushmoor and Waverley. In Rushmoor these relate to respiratory and digestive diseases including alcohol related disease in women and external causes in men. In Waverley they relate to mental and behavioural disorders including dementia in women (Source: Joint Strategic Needs Analysis July 2017.)

Rushmoor also has a significant Nepali population. The 2011 Census recorded 6.5% of Rushmoor residents identifying themselves as Nepalese, including Gurkha. This figure is expected to rise in view of the connection with the military base in Aldershot and changes in the law which allowed ex Gurkhas to settle in the UK.

During 2018 the CCG has continued to build on work of previous years to understand and address the specific health needs of the Nepali community. These include cultural and language barriers to accessing public services like health care and a higher incidence of cardiovascular disease and hypertension. The CCG's communications and public engagement team has ongoing and direct contact with the community through liaison with Nepali community leaders and via local government wellbeing officers and voluntary and community services forums.

6. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

During 2018 work has progressed on embedding the equality and quality impact procedure adopted in 2017 into the work of the CCG. A training session is available to staff and training has been attended by primary and secondary care commissioning managers. Ongoing training and support is also provided on an individual and group basis.

Staff now record on the CCG's project management system, VERTO, when an equality and quality impact assessment has been completed. A working group is reviewing the functions of VERTO. This will include uploading completed equality and quality impact assessments for ease of access together with related commissioning projects and plans. Governance procedures will be reviewed in early 2019 as part of new partnership working with Hampshire CCGs and partner CCGs in the Frimley ICP system.

A system-wide approach has been adopted to the commissioning cycle for 2019/20. The CCG's equality and diversity lead has worked with the equality leads at West Hampshire CCG and East Berkshire CCG to agree reporting 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 Clinical Commissioning Group continues to seek ways to ensure strong engagement with local people on the transformation of local health and care services. This is supported by close working relationships with Healthwatch groups, voluntary and community sector partners to reach the different communities across the Clinical Commissioning Group area.

Engagement is based on ten engagement principles developed in partnership with local people. These ten engagement principles are set out in the Clinical Commissioning Group's Engagement and Communications Strategy 2016-2019 and underpin the Clinical Commissioning Group's commitment to co-design services with the communities for which they commission services.

Governance procedures ensure the Clinical Commissioning Group's work on consulting and engaging with Patients and Local People informs every aspect of the Clinical Commissioning Group's business. The Communications and Engagement Group comprises membership from community ambassadors, General Practitioner Patient Participation Groups, Clinical Commissioning Group staff, statutory partners and voluntary and community sector partners.

The Communications and Engagement Group reports to the Public Engagement Committee. The Public Engagement Committee has representation from Healthwatch Surrey and Hampshire and local councils and reports formally to the Clinical Commissioning Group's Governing Body.

A great deal of activity is taking place around general practices. This activity is aimed at enabling people to remain well and provide them with as much support as possible in their communities so that they may remain happy, healthy and at home. During 2018, the Clinical Commissioning Group has consulted and engaged with local people in the following ways:

- The Community Ambassadors Programme continues to thrive with 80 volunteers representing their communities working closely with the Clinical Commissioning Group on a broad range of projects.
- In February the second cohort from the NHS North East Hampshire and Farnham Clinical Commissioning Groups Empowering Engagement Programme came together with members of the public, Community Ambassadors, partner staff members and CCG colleagues to showcase the projects they have been working on throughout the 6 month programme. This year saw projects covering a variety of health care. Projects included:
 - Paediatric Emergency Department attendance.
 - Engaging the public in commissioning integrated care services.
 - Patient engagement in high quality GP care.
 - Engaging with the working and well population locally.
- Promoting the work of the CCG in the local community - The engagement team have attended Hart Voluntary Forum, Rushmoor Voluntary Services Forum, Voluntary Action South West Surrey Farnham Network and the United Communities meetings in September to showcase the work of the CCG particularly around the changes in primary care and the Integrated Care Teams following the end of the Vanguard programme.
- The 2018 Innovation Conference, organised by local NHS commissioners, patient champions and the voluntary sector, brought together around 80 people from across North East Hampshire and Farnham. The conference invited people to apply to NHS North East Hampshire and Farnham Clinical Commissioning Group for funding of up to £2,000 for a specific project that will improve the physical and/or mental health of their community. The projects shortlisted for this year's event were:
 - A community cycling club.
 - Yoga and meditation sessions for children and teenagers with special educational needs and disabilities and social, emotional, mental health issues.
 - Writing courses for carers.

- A life skills course for children aged 11 to 13 with autism.
 - Mental health awareness training for a young person's homeless shelter.
 - Cookery course for people with disabilities.
 - A community women's group to support deprived families.
 - A town-centre garden and 'shed' used for a range of therapies.
 - A support group for women experiencing problems going through the menopause.
- The North East Hampshire and Farnham Community Forum brought together members of the public and representatives of statutory and voluntary bodies with leading GPs and professionals from the local Clinical Commissioning Group (CCGs).

Attendees at the event, at North Hants Golf Club, in Fleet, received information on some of the main developments in local health services before meeting each CCG leader in turn, with the opportunity to ask questions and have conversations with them.

People were also asked to make personal pledges as to what they could do themselves to improve their health and wellbeing, and also what they could do for their communities. The outcomes included a range of promises, from walking and cycling more, cutting out sugar from diets, to launching a wellbeing programme at work and linking up with other voluntary sector organisations.

- The CCG is actively asking local people to 'Join the conversation' and raising awareness of the opportunities to get involved with the work of the CCG and ways in which people can share their views. The CCG is also hoping to develop the Community Forum into a more frequent opportunity to have a conversation with our Governing Body in a range of locations next year.
- In 2017 the CCG began a series of 'Meet the...' sessions. Over the past year a number of sessions with Community Ambassadors, Gurkhas, military families and gypsy and travellers community representatives have taken place. The events allow staff to learn more about different cultures and experiences and local communities can find out more about the work of the CCG. In 2018 the CCG also evaluated the success of these sessions with a staff survey and plan to carry out more in 2019.
- United Communities is a forum that has been co-designed and co-produced with people accessing or that have experience of accessing mental health support.

The group was formed after a need was identified as part of a long term engagement project ([Your Voice Counts](#)) carried out by Healthwatch Hampshire focussed on Mental Health services in the North East Hampshire and Farnham Area.

United Communities is about gathering local people, local organisations and community groups without duplicating or replacing any existing work. It is about using existing resources available to work together as one team. The group aims to work together closely, improving and supporting access to local services. The group met three times in 2018 with plans to continue next year.

8. PATIENT EXPERIENCE

Following policy review, equalities monitoring is being introduced to patient experience. A form explaining why the information sought is being included in complaint responses.

An Easy Read document has been drafted on how to complain. This is being reviewed by patient and public groups in the local area for approval prior to introduction in the New Year.

The CCG website has been updated to include a sign language video created by the Parliamentary and Health Service Ombudsman. This explains how to complain or raise a

concern. Details of SEAP (Support, Empower, Advocate, Promote) are included to help support people who may feel vulnerable, isolated or marginalised.

A number of complaints and concerns have been received in 2018 about availability on the NHS of a new diabetes monitoring produced, Flash Glucose Monitoring System Freestyle Libre. These have been managed with the Medicine's Management Team and resulted in the introduction of new prescribing processes.

Parking issues at Aldershot Centre for Health have resulted in complaints and concerns about access to the services at the Centre. These have been raised with NHS Property Services. As a result the contract with SMART Parking is being terminated and consultation taking place with the public on the kind of parking system they would like to see in place at Aldershot Centre for Health.

9. SAFEGUARDING

The safeguarding function is hosted by West Hampshire CCG. This is a multi-professional team and includes nurses and doctors (GPs and paediatricians). Safeguarding nurses liaise with nurse colleagues who work with care homes in the area served by the CCG. Their work is aligned to Hampshire ICS and Frimley ICS.

All safeguarding adults work is underpinned by the Human Rights Act 1998 to ensure the rights of individuals are upheld at all times. The need to balance the rights under the Articles set out in the Act is key to safeguarding work. The Safeguarding Adults Team will pursue civil legal remedy to uphold the human rights of individuals where this is the only option in order to protect them.

During 2018 the West Hampshire CCG Safeguarding Adults team has continued to work with NHS Provider organisations to ensure survivors of human trafficking and modern day slavery received a timely and robust health response.

A key area of the Safeguarding Children's Team is safeguarding the rights of pregnant women and their unborn babies and in protecting those who are unable to communicate by virtue of their age.

Related to the work of the safeguarding team is the learning Disabilities Mortality Review (LeDer) programme. This national programme focuses on reviewing the care of individuals with a learning disability. A system-wide workshop is currently being developed following a safeguarding review 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.

10. NHS EQUALITY DELIVERY SYSTEM

During 2018 the CCG has completed self-assessment against the goals and objectives of the NHS Equality Delivery System 2 (EDS2). This has been followed by engagement with patients and the public and with patients and local people during the autumn. Results of a staff survey to be conducted in early 2019 will complete assessment. Grading from engagement with patients, local people and staff will inform development of equality objectives. The equality objectives will be aligned to CCG business objectives.

11. MONITORING CONTRACTS WITH NHS PROVIDER ORGANISATIONS

Compliance with the Public Sector Equality Duty is an important element in the monitoring of contracts with NHS organisations from which the CCG commissions services for the population served. Equality metrics are included in annual review of contracts and reports and updates are received and discussed as part of formal monthly and quarterly contract review meetings. The main providers are:

- Frimley Health Foundation NHS Trust
- Sussex Partnership Foundation Trust
- Surrey and Borders Partnership NHS Trust
- Spire Clare Park
- Virgin Care

The CCG also liaises with partner CCGs that lead on contracts with other providers of services to the population it serves. These are:

- North Hampshire Urgent Care (out of hours doctors' services)
- South Central Ambulance Service NHS Foundation Trust
- South East Coast Ambulance Service
- Royal Surrey County Hospital

12. NORTH EAST HAMPSHIRE AND FARNHAM CCG'S 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. Ensure staff receive equality and diversity training relevant to their posts	Audit requirements within CCG teams and provide individual and group training as identified.	CCG equalities lead working with the CCG workforce training lead.	Ongoing	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.	Q4 2018/19	Uniform and proactive approach to meeting the information and communication support needs of local people.
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>