

EQUALITY AND DIVERSITY ANNUAL REPORT 2018

1. INTRODUCTION

This report sets out how Portsmouth 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: Health & Care Portsmouth – Integrated Working Next Steps, Annual Report and Accounts 2017/18, Listening to our patients 2017/18, the CCG’s Equality and Diversity Strategy, workforce report, 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. We are a membership organisation, led by five local GPs elected to represent all general practices in the city.

We are an active partner in Portsmouth’s Health and Wellbeing Board. Our joint strategic plan is set out in “Health & Care Portsmouth”. This is for everyone in the city to live healthy, safe and independent lives with the right support provided in the right place and at the right time. The Health and Wellbeing Board provides political accountability and multi-agency strategic governance for health and care in the city. The Health and Wellbeing Board is represented on our governing body.

We recognise that in order to improve the health and life experiences of the people of the city, we need to work as part of wider partnerships and systems. During the year, the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) became an Integrated Care Partnership (ICP).

The ICP has broadened joint working of health and care partners, residents and voluntary and community sector organisations. We now work with all parts of the local health and care system. These include GPs, care homes, home care, hospitals, community and mental health services. We also work with residents and the voluntary and community sector. They include organisations traditionally outside care services such as public health and housing but the work of which has an impact on day-to-day health and wellbeing.

4. OUR WORKFORCE

As at December 2018 we employ 86.65 whole time equivalent staff. We are therefore not required to publish detailed information relating to our 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 we 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 share their marital status and ethnicity.

Our Human Resources Policies govern our employees' rights not to be discriminated against at work. These policies include: Adoption Leave, Disciplinary Flexible Working, Grievance, Bullying and Harassment, Health and Safety, Maternity Leave, Paternity Leave and Pay, Recruitment And Selection, Re-deployment, Redundancy, Relocation, Shared Parental Leave And Special Leave. Staff are also able to buy annual leave, and this is governed by policy and guidance. Organisational policies, are available for staff to access easily on our intranet.

On recruitment staff undertake essential training on equality and diversity through an e-learning programme. Managers are encouraged to promote a culture where equality and diversity is part of the everyday business of the CCG. Ongoing training is provided through monthly "lunch and learn" sessions set up and run by our Quality and Safeguarding Nurses. During 2018 sessions have included border control and role and what happens with asylum seekers.

We have re-measured our compliance with the Workforce Race Equality Standard. Owing to the size of the workforce the WRES report is not in the public domain. This is in accordance with the Data Protection Act 1998. However, actions were identified from the report and these are being taken forward by the CCG's Staff Partnership Forum.

Our Staff Partnership Forum provides staff with an opportunity to raise any concerns, or jointly develop projects that support our organisational development, both formally and informally.

5. THE POPULATION WE SERVE

We commission for a population of around 224,500 people, spending around £311 million per annum. Our geographical boundaries match those of Portsmouth City Council. Portsmouth is one of the 20% most deprived districts/unitary authorities in England. Life expectancy for men and women is lower than the England average. The rate of self-harm hospital stays is worse than the average for England. Rates of sexually transmitted infections and people killed and seriously injured on roads are worse than average for England. (Source: Public Health England 2018.)

Over 100 languages are spoken by pupils attending Portsmouth Schools, many (20%) of whom are of non-White British ethnicity. School age children in the most deprived wards (St Thomas and St Jude) are largely (44%) of non-White British ethnicity. Issues that impact on

health and health services include: High levels of smoking, alcohol misuse and obesity in men; high numbers of women who smoke during pregnancy; obesity rates for children in school year 6 and poverty of over half of older people in the most deprived areas. (Source: Joint Strategic Needs Assessment Annual Summary 2016.)

6. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

Our project management system, Pentana, is administered by our Planning and Performance Team. Completion of equality impact assessments (EIAs) is reviewed as part of project planning and development. Completed EIAs are uploaded to Pentana with associated paperwork for each project or plan.

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

An Integrated Care System-wide approach has been adopted to the commissioning cycle for 2019/20. Our equalities lead has worked with the equalities 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

We have continued to seek the views of local people on a range of topics. We use a number of mechanisms to engage with patients and local people. They include online and face-to-face surveys, focus groups, attendance by CCG officers at meetings of local groups and holding events including with partner organisations. 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.

As part of our 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 we have reviewed our equalities monitoring form. The equalities monitoring form is now more succinct without detracting from its purpose of informing us of the extent to which we engage all sections of the population we serve.

8. PATIENT EXPERIENCE

Portsmouth City Council manages the complaints process on behalf of the CCG. Complaints and concerns are signposted to the relevant NHS provider organisation involved. The provider will then respond to the complainant.

Should a complaint directly relate to a service commissioned by us or one of our employees, it is logged and a response made in line with our complaints policy. In terms of equalities

monitoring, the team will send a monitoring form to the complainant with the response. A complaints leaflet and Easy Read version of the leaflet have been drafted are awaiting sign off.

During 2018 complaints we have received have included those about access to a new diabetes monitoring procedure, 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. Complaints have also been received about funding for access to the Raphael Hospital for people suffering complex conditions related to or caused by acquired/traumatic brain injury and other neurological illnesses.

Poor experience of health care reported directly to our equalities lead by people with visual impairment or loss prompted liaison first with the commissioning quality manager and second directly with Portsmouth Hospitals NHS Trust. Work is ongoing to improve that experience. It involves representatives of Portsmouth Visual Impairment Group, Portsmouth Macular Degeneration Group and OpenSight. It is being co-ordinated by the CCG's equalities lead to improve that patient experience.

9. SAFEGUARDING

We have a combined safeguarding and quality team. The Deputy Director of Quality and Safeguarding and Associate Designated Nurses for safeguarding adults and safeguarding children work closely with provider organisation safeguarding leads and with colleagues in the in the Portsmouth Multi-Agency Safeguarding Hub (MASH).

Inequalities managed by safeguarding nurses are associated with drug and alcohol misuse, issues around domestic abuse and mental health. As a port Portsmouth has some specific challenges regarding inequalities facing refugees and asylum seekers and unaccompanied asylum seeking minors (UASM). Portsmouth has seen a significant increase in the UASMs over the last two years. In addition Portsmouth has some increased risk related to radicalisation both within ethnic minority/religious groups but also extreme right wing organisations. The Safeguarding Team supports GP practices and other health providers in fulfilling their responsibilities regarding the Prevent agenda.

Our equalities lead works with colleagues in the quality and safeguarding team on concerns that may be raised through provider organisations. For example, during 2018, the safety of a profoundly deaf patient who lived alone and only communicated with health care services via fax. The safeguarding adults nurse subsequently clarified the situation with the general practice and discussed solutions to ensure the patient's safety.

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.

New models of Care are being developed to remove the traditional boundaries between primary care, community health, social care and hospital services. A number of programme work-streams have shown that these require efficient access processes and the effective clinical assessment at the first point of contact. Projects of particular importance in meeting these requirements are integrated 24/7 care and community care.

We have awarded a contract to the Portsmouth Primary Care Alliance (PPCA) to provide a single integrated primary care service. This covers Out of Hours services, an Acute Visiting Service and GP Enhanced Access. The integrated model will improve access to care making it easier for people to have same day and routine appointments at their surgery.

This means that people with complex health problems will have more input from their GP. It will also improve the way different agencies who support the same people to work together. The intended outcome will be specialist care closer to home facilitating prevention and self-management.

To support seamless patient care, all GP surgeries in Portsmouth now use the same IT system. All 16 practices in the city are using SystmOne software. This means they all share a standard clinical system for everything from storing patient records to booking appointments. Community and mental health teams run by Solent NHS Trust also use SystmOne, and adult social care is expected to follow in 2019.

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.

During 2018 we 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: Strengthen commissioning and partnership working so that the communities we service feel informed and supported to be as involved as they wish to be in decisions about their care.

The following initiatives have been taken forward during 2018:

- Autism. In February 2018 a workshop took place to look at low level support for adults, what is available and what is missing. People with autism, their carers and their families described what services would help them to remain independent and prevent crises and the need for more intensive statutory support.
- In February and March 2018 we worked with Healthwatch Portsmouth and GP Patient Participation Groups on a survey to find out what was most important to people in terms of how they might be able to better manage any health condition they have. People told us expectations on waiting times for appointments and greater consideration of mental health issues within the expectations need to be considered by health and social care agencies. Health and social care should also be aware of expectations of convenient access to services, including at weekends and out of hours.

- Mental Health. We have had a joint visit to a wellbeing house in Bath with representatives from Solent MIND to understand what works well and what we can learn from them.
- Children and Young People’s Mental Health. We have co-produced three guides, each with the relevant stakeholders on services and support available. One guide is for professionals, another for young people and the third for parents.
- Project Bridge. Project Bridge is a problem solving methodology and has the simple objective of “collaborating to form better outcomes”. It has brought together key stakeholders of CCG, City Council and voluntary and community social enterprise sector to share their understanding of the issues facing the city’s population and to identify opportunities for working together to find solutions.
- Portsmouth Home Innovation, Valuing Everyone (HIVE). This is a development of stakeholders to deliver better outcomes and build strong communities to improve the health and wellbeing of the city’s population. Representatives of Portsmouth HIVE provide a central point of contact for people to access information, advice and guidance and to be linked with appropriate community support.
- Social Prescribing Service. This service was delivered by the YOU Trust. GPs, surgery staff and other health and care professionals are able to refer patients who would benefit from a little extra non-medical support to the new services. This builds on the signposting project previously delivered by Action Portsmouth. YOU Trust community Health and Wellbeing partners will support referred patients on a one-to-one basis, helping them to explore and define what is important for their wellbeing, identify issues they would like to address and connecting them to local activities, services or sources of community support, such as benefits or housing advice, befriending, carers groups and activity clubs.

Objective 4: Ensure staff are aware of the availability of family friendly arrangements in line with the Equality Act 2010 and the range of HR mechanisms and support available to ensure everyone feels free from abuse, harassment, bullying and violence from any source.

The Staff Engagement Group over saw communications via a number of ways to ensure staff were aware of the policies and mechanisms in place for members of their teams. This included: intranet, updating of the CCG staff handbook and induction checklist, HR session on policy updates. HR offered to attend team meetings. The staff survey in 2017 was used to collect feedback from the team about these matters.

11.NHS PROVIDER ORGANISATIONS

Compliance with the PSED is an important element in the monitoring of our contracts with NHS organisations from which we commissioning services for our population. 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. These metrics cover provision of appropriate assistance and reasonable adjustments, completion of the NHS EDS2 and NHS WRES. The main providers are:

- Portsmouth Hospitals NHS Trust
- Solent NHS Trust
- South Central Ambulance Service NHS Foundation Trust.
- Care UK which runs St Mary’s NHS Treatment Centre.

12. ACTION PLAN 2019

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
1. Staff are informed of the benefits of ESR recording individual protected characteristics.	Opportunistic staff awareness raising so that staff are aware of the aim to: <ul style="list-style-type: none"> • Ensure no –one is disadvantaged. • How protected characteristics may change which can impact on their experience in the workforce. 	Managing Director working with Staff Forum members and communications lead.	Ongoing	Staff can make an informed decision to log and keep up-to-date their staff record held electronically.
2. Equality impact Assessments (EIAs) stand up to public scrutiny.	Ensure staff have access to support and supporting information to complete EIAs on commissioning projects.	Equality and Diversity Manager.	Ongoing.	All commissioning projects and plans are adequately equality impact assessed.
3. The Complaints Service is accessible.	Ensure a leaflet in Easy Read format is made widely available.	Portsmouth City Council complaints team on behalf of the CCG.	Q4 2018/19	Access to the complaints service is easily understood.
4. Progress against equality objectives 2017-2020.	Review progress against each equality objective in line with business objectives at least annually and modify as indicated to achieve year on year improvement.	Equality and Diversity Manager working with commissioning and planning teams.	Annually.	Demonstrable progress is achieved in embedding equality and diversity into CCG working practices.

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

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

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

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

The Specific Duties 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.

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 service.

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>