

Equality and Diversity Strategy and Action Plan 2018 to 2021

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Foreword

We are pleased to launch our third Equality and Diversity Strategy and Equality Objectives for Portsmouth Clinical Commissioning Group.

This document sets out our commitment to taking equality, diversity and Human Rights into account in everything we do whether commissioning services, employing people, developing policies, communicating with or engaging local people in our work.

This strategy and action plans 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 Portsmouth 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.

Dr Linda Collie
Clinical leader and Chief Clinical Officer
Portsmouth Clinical Commissioning Group
Group

Mr Innes Richens
Chief Operating Officer
Portsmouth Clinical Commissioning

1. Introduction

- 1.1 Portsmouth Clinical Commissioning Group (CCG) is a clinically-led NHS organisation. We are responsible for planning and buying (commissioning) health services for the people of Portsmouth. Our vision is to commission safe, effective and affordable health care services so that Portsmouth residents live longer and healthier lives.
- 1.2 We recognise and value the diversity of the population we serve and equality is central to our work so that we commission modern, high quality health services for all.
- 1.3 This means that:
- We will take account of the diversity of the population we serve, and the potential barriers some people face when accessing health services and how we can work to reduce these.
 - We will tackle health inequalities and ensure there are no barriers to health and wellbeing.
 - We will ensure our health providers also meet the legal requirements around equality and human rights.
 - Members of the public have the right to expect the care and treatment they receive to be provided in an environment that is free from unlawful discrimination.
 - CCG staff have the right to work in an environment that is free from discrimination, victimisation and harassment.
- 1.4 The CCG's equality and diversity work is based on:
- Principles of the NHS Constitution¹
 - Equality Act 2010 and the requirements of the Public Sector Equality Duty under that Act²
 - Human Rights Act 1998³
 - Health and Social Care Act 2012 requirements, to reduce health inequalities, promote patient involvement, involve and consult the public.⁴
- 1.5 Our approach to equality and diversity includes working closely with the City Council and through the City's Health and Wellbeing Board in agreeing local needs assessments and developing the strategy to address those needs.
- 1.6 This strategy sets out how we will meet our commitment to equality as central to our work. It also sets out our equality objectives and action plan which will be monitored and revised on at least an annual basis..

¹ Department of Health (2013) The NHS Constitution: the NHS belongs to us all. March. HMSO London.

² HMSO (2010) Equality Act 2010. London.

³ HMSO (1998) Human Rights Act 1998. London.

⁴ HMSO (2012) Health and Social Care Act 2012. London.

⁵ Department of Health (2011) EDS2, *Making Sure Everyone Counts. A refreshed Equality Delivery System for the NHS.* London. November.

2. The Population We Serve

2.1 Our Population

Our CCG area covers the whole city including Southsea. Our boundaries match those of Portsmouth City Council. Each GP surgery in our area is a member of the CCG, serving a population of around 213,000 people. Of these:

- There were 2,685 live births in 2014, 23.6 per cent born to non-UK born mothers.
- 16 per cent of the city's population are not of White British ethnicity.
- Children and young people have a different ethnic profile with 20 per cent of school-age children being of non-White British ethnicity.
- 44 per cent of school age children in St Thomas ward and 38 per cent in St Jude ward are of non-White British ethnicity.
- Over 100 languages are spoken by pupils attending Portsmouth schools.

The city is ranked 63 of 326 local authorities in England for overall deprivation where 1 is the most deprived in terms of the average score. The population is projected to increase by 11 per cent in the next 20 years with the greatest proportionate increase being those aged 65 and over. This age group is expected to rise from 14 per cent to 19 percent of the total population. The proportion of the total population aged 0-19 is expected to fall slightly from 24.3 per cent to 23.6 per cent.

When compared with similar cities, Portsmouth's population has poorer health outcomes with almost half of all deaths caused by heart disease, stroke, cancers and respiratory conditions. Issues that impact on health and health services include:

- High levels of smoking, alcohol misuse and obesity in men.
- High number of women who smoke during pregnancy.
- Obesity rates for children in school year 6.
- Poverty of over half of older people in the most deprived areas contributing to a higher level of deaths in winter than would be expected.

Source: JSNA Annual Summary 2016.

2.2 Tackling Health Inequalities

Equality and diversity are central to our work in ensuring equality of access to and treatment by the services that we commission on behalf of the population of Portsmouth. We work closely with Portsmouth City Council in undertaking these responsibilities.

We also work with the City Council and other statutory and voluntary and community sector organisations through the Portsmouth Health and Wellbeing Board which agrees the Joint Strategic Needs Assessment and develops the City strategy to address inequalities.

Members of the Health and Wellbeing Board also sit on our governing body allowing for their formal involvement in our planning and reporting procedures.

We have four priorities to tackling health inequalities. These are:

Priority 1. We want everyone to be able to access the right health services in the right place as and when they need them.

Priority 2. We will ensure that when people receive health services they are treated with compassion, respect and dignity and that health services are safe, effective and excellent quality.

Priority 3. We want health and social care services to be joined up so that people only have to tell their story once. People should not have unnecessary assessments of their needs, or go to hospital when they can be safely cared for at home or stay in hospital longer than they need to.

Priority 4. With our partners, we will tackle the biggest causes of ill health and early death and promote wellbeing and positive mental health.

In addition to developing these priorities with Portsmouth Health and Wellbeing Board these we are working in partnership with South Eastern Hampshire and Fareham and Gosport CCGs and Hampshire County Council. This enables us to commission pathways of service so that they are planned and delivered to meet the wider needs of individual patients, for example through pathways of care for those with long term conditions.

3 Our Workforce

3.1 Our Workforce Protected Characteristics

There is provision within the NHS Electronic Staff Record (ESR) to record each staff member's protected characteristics should staff make this information available. Review of our staff profile from the ESR enables us to identify areas of development in order to be inclusive and ensure no group is disadvantaged in their staff journey.

We recognise that discrimination can sometimes occur because of the way an individual's characteristics combine. We also recognised that circumstances can change and people may begin or cease to identify with certain protected characteristics. This may be an individual becoming disabled or because of pregnancy and maternity.

3.2 Equality and Diversity Training

Our staff undertake essential training on equality and diversity on recruitment via e-learning. 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. A range of issues are covered that relate to equality and diversity such as safeguarding adults and children and dementia awareness.

3.3 Human Resources Policies

We recognise the rights of our employees not to be discriminated against at work through our working practices which are governed by our Human Resources Policies. These policies are available via the Staff Intranet and are as follows:

- Absence Management
- Adoption Leave and Pay Policy
- Annual Leave Policy and Guidance
- Buying Annual Leave
- Disciplinary
- Flexi-time Working Hours
- Flexible Working
- Health and Safety
- Maternity Leave and Pay
- Maximising Success and Potential – IPR and PDP Guidance
- Organisational Change
- Paternity leave and Pay
- Performance management
- Recruitment and Selection
- Shared Parental leave
- Special Leave
- Whistleblowing

4 Our Progress 2014 to 2017

4.1 Compliance with the Public Sector Equality Duty (PSED)

We provide an annual equalities information report at the end of January each year setting out how we have shown “due regard” to the three aims of the PSED. These three aims are to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups.

4.2 Workforce Race Equality Standard

We measure our compliance against the workforce Race Equality Standard (WRES) indicators each year. In accordance with Data Protection Act requirements this information is not available in the public domain. However, actions are identified and implemented, and findings are reported to the NHS England WRES team to demonstrate good leadership in commitment to the WRES and improvement in our own performance against the WRES indicators.

4.3 Accessible Information Standard

We have raised staff awareness of the Accessible Information Standard. A statement to our commitment to Accessible Information may be found on our website.

We have also worked with our general practices to support their compliance with the Standard. This has included a briefing paper and discussion with practice managers. An audit tool to assess individual practice compliance was developed and made available to general practice managers with the recommendation that they undertake an audit with the support of their Patient Participation Group.

4.4 Equality Analysis

We conduct Equality Impact Assessments (EIAs) on our commissioning projects and plans. The procedure consists of a screening EIA and a full EIA. A full EIA is completed where screening identifies gaps and includes the communication and engagement with patients, the public and statutory and voluntary and community sector stakeholders.

Completion of EIAs is embedded in governance processes as part of planning procedures. A copy of each completed EIA is held electronically on the CCG’s Planning and Performance database.

4.5 Patient Experience

Our Complaints, Concerns, Comments and Compliments Policy has been reviewed in 2017 to ensure it is compliant with current legislation and any impact from the introduction of the General Data Protection Regulation which will come into force in April 2018.

The policy sets out our commitment to providing an accessible, equitable and effective means for people and/or their representatives to express their views about the services we provide or services we are responsible for commissioning.

The policy includes dedicated sections on equality and diversity and human rights relating to every complainant. It also explains our duty of candour, and the duty of every member of staff to be open and honest with patients, their families, carers and representatives. Support for staff involved in a complaint is described. The policy includes a full EIA assessment.

Our complaints function is out-sourced to the Adult Services Complaints Team at Portsmouth City Council. Most complainants are sign-posted to the appropriate provider. Where the complaint is handled on behalf of the CCG an equalities monitoring form has been introduced to identify any themes or trends relating to one or more protected characteristics.

Our Patient Champion and lead for equality and diversity is a lay member on the Governing Board. The Governing Board meets in public every two months at which we extend our commitment to learning from patient experience. This is through presentations at from representatives of and/or patients and service users as individuals or groups. Resulting Board discussion of the experience and any recommendations made in the presentation inform CCG decision-making processes. Experiences shared have included: Dementia care, frail elderly, cancer services and domestic abuse,

4.6 Consulting and Engaging with Patients and Local People

Working with our general practice members, our patients, partners, health service providers and members of the public is central to our work. We involve patients, the public and stakeholders to inform and develop our plans through consultation and engagement, both face-to-face and online surveys that can be made available in hard copy, other formats and alternative languages.

We recognised the importance of finding the most appropriate ways of communicating with our different audiences to ensure we share our vision, plans and progress in a way that local people can fully understand and respond to. We routinely ask people to complete equality monitoring at our consultation and engagement events and as part of our surveys to help us understand how well we are reaching all communities.

Our engagement work also includes support to local not for profit organisations to deliver health related projects. This has included awareness health information and awareness raising session, for example, to BME communities in relation to health issues particularly affecting them such as diabetes and prostate cancer.

4.7 Re-assessment Against the NHS Equality Delivery System 2

Review of the CCG's assessment against the NHS Equality Delivery System 2 (EDS2) was undertaken during the winter 2016/17. This was conducted in two phases. Phase one was

CCG self-assessment against EDS2 objectives and phase two engagement with patients and the public and survey of staff.

Patients and the public were engaged via an online survey and completion of survey forms through attendance at voluntary and community group meetings, and with the help of advocates of learning disabilities clients. Survey forms were available in hard copy, Easy Read and large print. Findings of the review have resulted in new equality objectives.

4.8 Our Providers – Equity of Access, Equality and Non-Discrimination

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. 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

Equality and non-discrimination is reviewed as follows:

- Provision of appropriate assistance and reasonable adjustments for service users, carers, legal guardians who do not speak, read or write English or who have communication difficulties.
- EDS2
- WRES

4.9 Forward View

Annual action plans are developed, agreed and implemented from the different aspects of equality and diversity that support our compliance with the PSED. These are also reviewed in the light of new evidence and updated guidance from NHS England. In 2017 we reviewed our practice against new guidance on the Accessible Information Standard.

We are working with partner CCGs on implementing the Workforce Disability Equality Standard (WDES) which comes into force from April 2018. This work includes collation of data and our assessment against the WDES indicators. We will also be monitoring implementation of the WDES by our provider organisations.

Work is currently being undertaken to produce Easy Read guidance for patients and the public on the Accessible Information Standard and Complaints Procedures.

5 Our Equality Objectives 2017-2020

Objective 1: Improve access to healthcare for everyone routinely and when they need medical help fast but it is not a life-threatening situation.

Achieve year-on-year improvement in access to healthcare through actions and milestones as set out in the Portsmouth Blueprint and in consultation and engagement with statutory and voluntary sector stakeholders, patients and members of the public.

Work will include projects undertaken within Primary Care Commissioning for Quality and Innovation schemes. In 2017/18 this will seek to improve the quality, safety and efficiency of patient care via general practices identifying and implementing alternative ways of working and delivering care. A key component will be to ensure patients are able to easily access clinically appropriate appointments to communicate with a healthcare professional at a time and in a way that is mutually convenient.

Commission a new model of urgent care in 2017. The NHS 111 telephone service will provide one element of an integrated urgent care model that will see the introduction of a clinical hub consisting of a group of clinicians working together as a point of contact for patients and 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.

Develop robust consultation and engagement mechanisms in line with each commissioning project and plan from proposal through to delivery and in ongoing monitoring. These will be identified by detailed equality impact assessment (EIA) and review of EIAs in conjunction with patient experience data as part of review of each project and plan.

Use information gathered as part of equalities monitoring to inform consultation and engagement plans as part of quality and commissioning. Build on the CCG's Patient Experience Programme and work that has taken place with veterans and dementia care. The first step will be to develop a programme of consultation and engagement with young people, and improve links with BME groups, working with statutory and voluntary sector partners.

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.

Utilise the benefits and potential of the establishment of a single commissioning function for health (NHS) and social care as described in the Portsmouth Blueprint. This will include:

- Building on the work of community development teams working closely with diverse communities across the city to share understanding of the issues, agree priorities for action and develop better capacity and resources in each neighbourhood and community to support wellbeing.
- Improve the range of services people can access to maintain their independence in the community, at home or in the place they usually live and work. This will include reinforcing the routine implementation of personal budgets across health care so that people, their families and their carers have more control, choice and flexibility over the support they receive.

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 Chief Strategy Officer will work with the Staff Engagement Forum and HR lead to develop and implement a plan of action to raise awareness and keep staff informed of HR policies relating to family friendly working arrangements and discrimination. The following will be considered in a plan of action:

- Awareness raising for Directors and Team leaders
- Staff induction procedures.
- Topic specific awareness sessions on what, how and when of relevant policies and procedures
- Topic specific information cascades via, for example, intranet, noticeboards and team meetings.

6 Our Action Plan

Category	Action	Target date	Responsibility
1. Leadership and Governance	1.1 Publish relevant and proportionate annual equalities information to show compliance with the PSED.	Annual	Accountable Officer
	1.2 Review equality objectives at least annually to assess achievement and modify where indicated.	Annual	Accountable Officer
	1.3 Equality exception reports identified at Clinical Quality Review Meetings are standing items at the Quality and Safeguarding Executive Committee.	Ongoing	Accountable Officer
2. Commissioning	2.1 Continue to identify negative impact in commissioning projects and plans through equality analysis.	Ongoing	Accountable Officer
	2.2 Ensure all contracts with providers include metrics that measure their compliance against the PSED.	Ongoing	Accountable Officer
3. Workforce	3.1 Ensure staff are aware of the merits of sharing their protected characteristics on their ESR.	Ongoing	Accountable Officer
4. Communications and Engagement	4.1 Continue to engage with voluntary and community sector groups and GPs to ensure all sections of the community are engaged to inform decision-making.	Ongoing	Accountable Officer
	4.2. Continue to encourage and review equality monitoring as part of surveys and engagement to ensure all sections of the population have a voice.	Ongoing	Accountable Officer
	4.3 Mechanisms will be in place to ensure timely provision on request of information in foreign languages and alternative formats and will publicise this service is available	Ongoing	Accountable Officer
5. Patient Experience	Record equality data where this is apparent or made available via equality monitoring forms and cross reference of patient experience with protected characteristics to inform service improvement.	Ongoing	Accountable Officer
6. Accessibility (Information)	Ensure leaflets are available in Plain English and Easy Read on our commitment to the Accessible Information Standard and on how to make a complaint.	Q1 2018/19	Accountable Officer