



**Dorset
Clinical Commissioning Group**

Annual Equality Diversity and Inclusion Report 2016



Supporting people in Dorset to lead healthier lives

ANNUAL EQUALITY, DIVERSITY AND INCLUSION REPORT

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ANNUAL EQUALITY, DIVERSITY AND INCLUSION REPORT 2016

1. INTRODUCTION

NHS Dorset Clinical Commissioning Group's (CCG) Annual Equality, Diversity and Inclusion Report 2016 sets out how the CCG has been demonstrating 'due regard' to the [Public Sector Equality Duty](#), (PSED) which requires all public sector organisations to publish their information annually.

Showing 'due regard' means that NHS Dorset CCG has given advanced consideration to issues of equality, diversity and inclusion before making any policy decision that may be affected by them. This is viewed by the CCG as integral to ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010. Further detail can be found on the CCG's legal duties are set out on our [website](#).

The CCG is committed to ensuring that we reduce health inequalities and that we have the needs of our communities at the heart of our commissioning functions. We recognise that people access services and need support in a range of different ways. Our challenge is to understand these communities, engage effectively with them and then commission services to meet their local needs.

We are keen to build on the work already undertaken in developing a strong and effective approach to our PSED and will continue to ensure that, as commissioners, our providers of services have also considered all elements of the community and can evidence how they have taken into consideration the needs of diverse communities throughout Dorset in their provision of health services.

This report sets out our achievements and challenges over the last year.

2. LOCAL CONTEXT

The CCG Leadership and Equality

Dorset CCG is a membership organisation consisting of 97 GP practices. Our Governing Body includes an elected Chair, 13 elected locality GP representatives from our member practices, a specialist doctor, a registered nurse, and three lay members all offering a wide range of experience to local health services. Further information on our Governing Body can be found on our website www.dorsetccg.nhs.uk

We assumed our statutory responsibilities in April 2013 and are responsible for the commissioning of the majority of secondary, primary general practice services (delegated to the CCG from NHS England since April 2016), community and mental health services for the population of Dorset,

Our mission is to "support people in Dorset to lead healthier lives". Working in partnership with local authorities, health and care providers, public health, voluntary sector organisations and patient and carer groups, we aim to reduce inequalities by providing high quality services accessible to all and to ensure that people receive the right care in the right place at the right time.

All Governing Body members have a collective and individual responsibility to ensure compliance with the public sector equality duty, which in turn aims to secure the delivery of successful equality outcomes for us as a commissioner and employer.

The Registered Nurse Member is the executive lead for equality, diversity and inclusion and chairs the Equality and Diversity Steering Group and provides assurance reports to the Governing Body.

The Lay Member for Patient and Public Engagement (also the Deputy CCG Chair) has oversight responsibility for ensuring that opportunities are created for patient and public involvement, including engagement with diverse communities and groups, ensuring that the voice of the local population is heard in the commissioning process.

Our Population

By 2023, the population of Dorset is expected to grow by six per cent from 754,000 to over 800,000 with much of the growth happening amongst the oldest. Due to our older population we have higher numbers of people with heart problems and diabetes and we expect this to grow faster than the national average.

By 2020 around one in ten of the people in our county are predicted to have diabetes and one in eight will experience heart disease. More information on health profiles of the population can be found on the Dorset Public Health's [website](#).

Ethnicity

Between 2001 and 2011 national census, the size of the minority ethnic population as a proportion of the total population increased for all ethnic categories and in all districts of Dorset by 3.7%. The largest percentage growth was for the “other white” category in Bournemouth, which accounted for 4% more of the total enumerated population in 2011 compared to 2001.

Table 1: Change in percentage of minority ethnic category as percentage of total population

Local Govt. populations	Bournemouth	Poole	Dorset	Christchurch	East Dorset	North Dorset	Purbeck	West Dorset	Weymouth Portland
Other White	4.0*	1.7	0.4	0.4	0.2	1.0	0.2	0.3	0.7
All mixed	1.1	0.6	0.3	0.6	0.2	0.	0.3	0.3	0.2
Indian Sub continent	0.9	0.7	0.2	0.1	0.3	0.1	0.1	0.2	0.2
Chinese/ Other Asian	1.8	0.8	0.3	0.5	0.2	0.4	0.1	0.2	0.4
African Caribbean	0.5	0.2	0.1	0.0	0.1	0.2	0.0	0.0	0.1

**Category with largest growth in a district are marked in red.*

The largest proportional increases in the minority ethnic population was within the urban conurbation of Bournemouth and Poole, with Bournemouth's numbers rising from around 3% in 1991 to just over 16% in 2011.

Gypsies and travellers are a particular population group that is not well represented by available data due to the transient nature of some of their lifestyles. People within this group tend to suffer from higher mortality rates as well. Within Dorset there are four designated sites for gypsies and travellers (Piddlehinton, Thornicombe, Wareham, and Shaftesbury).

The main foreign languages spoken vary across Dorset with some similarities across the board with the most common languages include Polish, Cantonese and Mandarin, Malayalam and Portuguese.

Religion and Belief

Around 60% of Dorset people professed a belief in Christianity, slightly higher in local authority area for Dorset and lower in Bournemouth; around 30% had no religious convictions and approximately 10% of the local population were following other faiths.

Disability

Historically, disability has been difficult to measure as it is often personal perception that dictates whether an individual regards themselves as disabled or not, however according to the 2011 census, 144,222 registered as having a form of mental or physical impairment in Dorset. In 2011, 18.6% of the population in Bournemouth, for instance said their day-to-day activities were limited either a lot (8.6%) or a little (10%) by a long-term health problem or disability.

Health inequalities

People in Dorset generally live healthier and longer lives compared to the average for England, but this is not evenly spread and inequalities do exist; for example men living in the richest areas of Bournemouth can expect to live 11 years longer than those living in the most deprived areas of Weymouth and Portland.

Whilst there has been no change in the numbers of people who die early from heart disease in Poole and rural Dorset in the last five years, there has been a rise in Bournemouth and this is at a time when numbers are falling nationally. Many factors play a part in creating this gap such as prosperity of an area and lifestyle factors.

We want everyone in Dorset to receive the same high quality of care, regardless of where they live, what health condition they have, or any other personal characteristic.

Our Workforce

The CCG holds up to date information on our workforce, in line with data protection legislation, and to ensure that decisions affecting the workforce are based on accurate reporting and data. We aim to fully understand the diversity of the workforce, so that we can monitor any discrimination and work with staff and staff representatives to identify and eliminate barriers and provide equal opportunities.

The CCG employs a total of 310 staff (as of August 2016), across two sites in Dorset, Vespasian House in Dorchester (designated CCG Headquarters) and Canford House in Poole. There are 237 female and 73 male members of staff.

Within the Governing Body membership the breakdown by gender is 14 male and 6 female, as of December 2016, 5% of the Governing Body membership were from a BME background. Additionally there is one female and four male directors within the CCG.

The sexual orientation breakdown of CCG staff is 89.03% heterosexual, 0.97% gay, 9.35% undisclosed, and 0.64% lesbian/bisexual. Disclosure rates for sexual orientation remain a challenge in NHS organisations nationwide.

The breakdown by ethnic grouping of CCG staff can be seen in Table 2.

Table 2: Dorset CCG Workforce Ethnicity Breakdown

Ethnic Group	Headcount	%
A White - British	269	86.77%
B White - Irish	3	0.97%
C White - Any other White background	7	2.26%
CA White English	19	6.13%
CB White Scottish	1	0.32%
CC White Welsh	1	0.32%
F Mixed - White & Asian	2	0.65%
G Mixed - Any other mixed background	1	0.32%
H Asian or Asian British - Indian	1	0.32%
N Black or Black British - African	2	0.65%
P Black or Black British - Any other Black background	1	0.32%
Undefined	1	0.32%
Z Not Stated	2	0.65%
Total	310	

3. OUR EQUALITY OBJECTIVES

In line with our PSED, we have reviewed and published our refreshed [Equality, Diversity and Inclusion Strategy](#) and our equality objectives (see table 3 below) which was approved by the CCG Governing Body in November 2016.

The strategy sets out how we will meet the needs of our diverse population, continuously improve the way we employ, support and retain a high quality, diverse workforce, improve the way we involve and engage our stakeholders, ensuring the CCG delivers the equality duties.

In refreshing our strategy we engaged with staff and the public through the Equality Delivery System 2 (EDS2) grading exercise held in October 2015. This reviewed our performance in terms of the four EDS 2 goals (**see appendix 1**), and it has been also been informed by the findings from the NHS Staff Survey Results 2015 and Workforce Race Equality Standard (WRES).

Recognising the links and inter relationship between the EDS 2 goals and our equality objectives we have mapped our objectives against the EDS 2 goals to integrate these two frameworks; these can be seen in the table 3 below.

Table 3- Dorset CCG Equality Objectives

CCG Equality Objective	EDS 2 Goal
1. to engage with our diverse communities ensuring their needs are taken into account when co-producing, designing and commissioning services	Goal 1: Better health outcomes
2. to ensure information is collected, collated and analysed therefore enabling a better understanding of diverse needs and the profiles of who is accessing services	Goal 2: Improved patients access and experience
3. to ensure that equality, diversity and inclusion is 'everybody's business' across the CCG	Goal 4: Inclusive leadership
4. to continue to support and develop our workforce to maximise their potential through the promotion of equality of opportunity, in an environment free from bullying and harassment	Goal 3: Representative and supported workforce

In delivering the objectives, we aim to achieve the following outcomes:

- we will be able to increase the awareness of commissioners and providers about cultural and diverse issues and some of the barriers facing communities in accessing services;
- we will be able to understand local communities' needs better through effective data analysis and sharing;
- through the results from the staff survey and the findings from the Workforce Race Equality Standard (WRES), we will understand and better support our workforce.

To ensure robust delivery of the strategy, during 2016 we have established an Equality and Diversity Steering Group to oversee, review and monitor the delivery of the equality and diversity action plan, reporting to the CCG Quality Group on a quarterly basis and providing relevant updates to the Executive Team and an annual report to the Governing Body. The steering group is chaired by our Nurse Member.

The following section provides an overview the work we have undertaken to comply with the Public Sector Equality Duty.

4. OUR PUBLIC SECTOR EQUALITY DUTY WORK DURING 2016

The CCG continues to work to show due regard to the aims of the PSED as set out below:

Aim 1: to eliminate unlawful discrimination, harassment and victimisation;

Aim 2: advance equality of opportunity between different groups;

Aim 3: foster good relations between different groups.

The following section provides a summary of work undertaken over the last year.

Contract Monitoring- amended

The 2016/17 NHS Standard Contract sets out equality related requirements which NHS providers must comply with, including compliance with the Public Sector Equality Duty, implementing EDS 2 and the Workforce Race Equality Standard and support the implementation of the Accessible Information Standard. During the year the CCG has supported providers and worked in partnership to further embed equality and diversity across organisations, e.g. our multi-agency service agreement with Dorset Race Equality Council.

In December 2016, the CCG reviewed equality compliance for providers where the CCG is the lead commissioner; the results can be seen in the table below.

Provider	Annual Equality Report published on website	Equality Objectives published on website	Equality Delivery System results published on website	Workforce Race Equality Standard results published on websites	Accessible Information Standard progress reports received
Dorset HealthCare University NHS Foundation Trust	✓	✓	✓	✓	✓
Dorset County Hospital NHS Foundation Trust	✓	✓	✓	✓	✓
Poole Hospital NHS Foundation Trust	✓	✓	✓	✓	✓
Royal Bournemouth Hospital NHS Foundation Trust	✓	✓	X	✓	✓

The CCG will continue to work in partnership with providers to ensure compliance with their contractual obligations, including:

- clarification of the PSED/ WRES requirements through quality review meetings with providers;
- where providers are not compliant and have not published (or have out of date publications) their equality objectives, WRES or annual equality report we will request a plan setting out how they will comply.

Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council announced in July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The CCG has published its [second WRES report](#), the findings of which showed:

- **BME staff under-represented:** CCG's BME staff members account for 2.11% (6) of the total workforce (279), compared to a local BME population size of 8.1% (as at the time of the survey). Overall, there has been no significant change in the results from the 2014/15 survey compared to the 2015/16, key findings are:
- **BME candidate shortlisting for recruitment reduced:** there was a 2.3% reduction in the rate of BME people shortlisted for jobs between 2014/15 and 2015/16 survey. This equated in real terms from 47 out of 287 in 2014/15 to 37 out of 242 in 2015/16;
- **BME staff experience higher proportion of conduct or capability reviews:** disciplinary cases within the CCG remain low, however disparity exists between overall levels of BME staff and the general workforce and those involved in disciplinary processes. Over the period 2014/15 and 2015/16 formal disciplinary cases have involved white staff on 92.5% (24) of occasions and BME staff on 7.5% (2);
- **Reduced BME reporting of bullying and harassment:** there have been no reports of bullying and harassment against BME staff from staff compared to 14.2% in 2014/15. There has been also been a 4.67% reduction in bullying and harassment from patients, relatives and public on BME staff. However there has been an increase for white staff by 4.8%;
- **no member of staff (of any racial background) reported discrimination on the basis of ethnic origin in the past year.**

The CCG has incorporated the actions identified from the WRES report into the overarching Equality, Diversity and Inclusion Strategy action plan. Key actions already taken include:

- introduction of unconscious bias learning into the organisation to improve perceptions around recruitment;
- established a channel of communication between BME staff and the governing body to cultivate a culture of mutual understanding around some of the WRES indicators;
- ensured that job vacancy lists are widely publicised within our diverse contacts and that conversations around development opportunities or lack of, are carried out.

The Governing Body lead on equality and diversity will be championing the WRES in line with their other responsibilities.

Equality Impact Assessments

Equality Impact Assessments (EIAs) are used to demonstrate that an organisation is giving due regard to equality, including consideration of the nine protected characteristics covered by the Equality Act 2010, when developing and implementing changes to strategy, policy and practice.

Heads of Services for our clinical programmes have been undertaking EIAs for the clinical service transformation. The CCG recognises that this is a continuous process and these assessments will be updated to reflect the status of the programmes. The current EIA have been through internal governance process (Quality Assurance Group) and have been published on the CCGs website (<http://www.dorsetccg.nhs.uk/aboutus/policies-and-plans-with-equality-impact-assessments.htm>).

To ensure that EIAs are completed and the correct governance is followed we have undertaken the following:

- provided training to staff on equality, diversity and inclusion and completion of EIAs;
- simplified the EIA template and guidance and published this on the CCGs intranet;
- clear governance route for sign off of EIAs through Quality Assurance Group.

Accessible Communications

We have continued to build on the progress made and continue to reach out to diverse communities, through publishing information on the website about our approach to equality, other media releases about health campaigns and general communications about the work of the CCG. Information is also made available in different formats and languages on request, to ensure that our messages are understood to a wide range of the community.

We have reviewed and updated the staff intranet site to provide staff with access to equality and diversity resources and information to assist their work. We continue to offer translation of documents into other languages - printed at the end of major documents such as the annual report, to increase wider accessibility.

The web portals and social media pages of voluntary sector partners such as Access Dorset and the Dorset Race Equality Council are used to ensure that our campaigns, health alerts and any changes to local services are featured on them.

The on-going communication activities of the CCG, ensures that it uses imagery and language that is appropriate and reflects as many protected characteristics as possible. Feedback from our Lesbian, Gay, Bisexual and Transgender (LGBT) Health Advisory Group continues to provide advice and guidance on the use of representative images.

Engagement and Involvement

Numerous stakeholder events have been held during the year and across the county to inform and seek views on the CCG's [Clinical Services Review](#) (CSR), Mental Health Acute Care Pathway and Dementia Service Review.

The Patient (Carer) and Public Engagement Group (PPEG) continues to inform diverse considerations into the activities of the review and the diverse membership includes race, LGBT, Age, Faith and Disability groups.

The CCG's 'Stronger Voices' patient panel continues to welcome more representatives from diverse communities. Diverse monitoring forms are routinely collected in order to inform us about gaps in representation. Consideration is also always given to accessibility of venue, provision of hearing loop and special dietary requirements.

We have worked closely with partners to identify opportunities to engage with diverse audiences through the equality and diversity Forums for Bournemouth, Poole and Dorset, with Access Dorset and numerous black and minority ethnic (BME) organisations such as the [Dorset Race Equality Council](#) and Unity in Vision, in addition to engaging with young people through their youth forums.

Further details on all our engagement activity will be available in our first annual engagement report which will be published in May 2017.

Stakeholder Insight

Working in partnership with the Local Authorities across Bournemouth, Dorset and Poole, we have jointly identified the health needs of the local population and associated health inequalities. This information is collated in the form of a [Joint Strategic Needs Assessment](#) (JSNA) which is used to inform the Sustainability and Transformation Plan (<http://www.dorsetccg.nhs.uk/aboutus/subsustainability.htm>) and the CCG's Two Year Operational Plan.

Staff Support

The CCG is committed to supporting all staff through training and development opportunities in line with our equality objectives. We have achieved a great deal over the year, highlights include:

- implementing manager essential module;
- continue to offer unconscious bias learning into the organisation to improve perceptions around recruitment;
- continued to roll out communication between BME staff and the Governing Body to cultivate a culture of mutual understanding around some of the WRES indicators;
- introduced a buddy system;
- held Employee Assistance Programme webinars;
- continue to have clear policies and monitoring processes in place such as our dignity at work, conduct & capability and grievance policies, our workforce team monitor staff concerns to identify issues of discrimination and other prohibited conduct within the work place;
- developed equality and diversity for all staff and included equality, diversity and inclusion is a key part of staff induction programmes;
- implementing quarterly stress drop in sessions;
- introduction of our first Health and Wellbeing plan which feeds into Dorset Workforce Action Board to ensure system wide approach.

The CCG is also committed to improving the working environment and supporting flexible working. In doing this we have continue to support staff through flexible working arrangements where appropriate or making reasonable adjustments to ensure the working environment is conducive to their specific needs e.g. location of desk, specialist equipment etc.

5. Forward Planning for 2017

We have made considerable progress over the last year in embedding equality, diversity and inclusion within the CCG. We have worked with internally with staff and externally with partners across the system to ensure that our communities are well informed about our work, and how they can access services. We remain an organisation that strives to make continual improvements in equality and diversity, during 2017 we will:

- refine and implement our action plan to deliver our equality, diversity and inclusion objectives;
- work with partners across they system to support them in delivering their contractual obligations;
- look to develop a system wide approach for equality, diversity and inclusion;
- continue to develop and support our staff, and
- plan and prepare for the implementation of the Disability Workforce Equality Standard and Equal Pay Act requirements from April 2017.

EDS 2 Grading Exercise Results for NHS Organisations and CCG Staff

Goal	Equality Outcome	2012	2015
General Public			
Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	Under developed	Developing
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.	Achieving	Developing
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Under developed	Under developed
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Developing	Achieving
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.	Achieving	Achieving
Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Developing	Developing
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	Under developed	Achieving
	2.3 People report positive experiences of the NHS.	Developing	Achieving
	2.4 People's complaints about services are handled respectfully and efficiently.	Developing	Achieving
CCG Staff			
A representative and supported workforce	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.	Achieving	Achieving
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	Achieving	Achieving
	3.3 Training and development opportunities are taken up and positively evaluated by all staff.	Achieving	Achieving
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	Achieving	Achieving
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	N/A	Achieving
	3.6 Staff report positive experiences of their membership of the workforce.	Achieving	Achieving
Inclusive Leadership	4.1 Boards and senior leader routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving	Achieving
	4.2 Papers that come before the Board and other major committees identify equality related impacts including risks, and say how these risks are to be managed.	Achieving	Achieving
	4.3 Middle manager and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	N/A	Achieving