



**Dorset**  
Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group  
**Equality, Diversity and Inclusion Strategy**  
2020 - 2024

## DOCUMENT HISTORY

<b>Document Status and Version</b>	Version 1.4
<b>Developed by</b>	The Equality, Diversity and Inclusion Steering Group
<b>Policy Number</b>	CCG Policy Reference:
<b>Superseded Policies</b>	This is a revised and amended strategy for NHS Dorset Clinical Commissioning Group from the 2020 – 2024 Equality, diversity and inclusion strategy.
<b>Scope/Application</b>	This strategy applies to all staff employed by the CCG.
<b>Date of Policy</b>	16 September 2020
<b>Next Review Date</b>	16 September 2024
<b>Originator(s)/Author(s)</b>	Sara Bonfanti, Senior Insight Lead, Engagement and Communications
<b>Executive Sponsor(s)</b>	Charles Summers, Director of Engagement and Development
<b>Approving Committee/Group</b>	CCG Governing Body/Lead Director with Delegated Authority
<b>Date Approved</b>	16 September 2020

Distribution		
Internal Intranet	External Internet	Communications Bulletin

# EQUALITY, DIVERSITY AND INCLUSION STRATEGY

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## **EQUALITY, DIVERSITY AND INCLUSION STRATEGY 2020-2024**

### **1. INTRODUCTION**

NHS Dorset Clinical Commissioning Group (CCG) has endorsed this Equality, Diversity and Inclusion Strategy as the supporting framework to embed equality, diversity and inclusion throughout the organisation.

This strategy outlines our approach to equality, diversity and inclusion; both for ourselves as employers and as a CCG commissioning healthcare services for the population of Dorset. It sets out how the CCG will deliver the NHS values, the NHS constitution, and the Equality Act 2010. It includes details of the CCG's responsibilities and framework to enable this.

Our Equality, Diversity and Inclusion Strategy was first published in 2012 and was refreshed in 2016. Our latest strategy has been updated to reflect our evolving priorities, the changed landscape with the onset of the COVID-19 pandemic and the increased focus on health inequalities.

Since the last publication of our strategy we have seen some significant changes and world events which have impacted on the equality, diversity and inclusion agenda.

The COVID-19 pandemic has caused disruption to life locally, nationally and globally and has impacted our lives like nothing before. The disproportionate impact the virus has had on people from minority communities has brought into focus the health and wider inequalities that persist in our society.

The Black Lives Matter Movement has ignited calls for an end to racism, discrimination and injustice for black people across the world. As a CCG, we do not tolerate racism or any form of hate crimes. Our workspaces across Dorset are places where staff and members of the public feel safe, welcomed and listened to. We respond and consider views of our staff, partners and local community. We are working collaboratively with our colleagues to guarantee this happens, ensuring we take urgent action to increase the scale and pace of progress in reducing health inequalities.

We take our obligations under equality legislation very seriously and aim to provide fair and equitable treatment to, and value diversity in, our staff, stakeholders, patients and the public we engage with.

We aim to ensure that our actions and working practices comply with both the spirit and intention of the Human Rights Act (1998) and the Equality Act (2010) which consolidated existing equality legislation relating to the protected characteristics of age, disability, sex/gender, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership.

We recognise and value the diversity of the population we serve and equality is central to our work so that we commission high quality health services for all.

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 ensure our health providers also meet the legal requirements around equality, diversity and inclusion;

- 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.

The Department of Health and Social Care set out a reporting framework to ensure CCGs deliver the key objectives laid out in the Equality Delivery System (EDS2). The EDS2 framework will be used as the monitoring tool to report on progress and delivery against the equality, diversity and inclusion objectives and accompanying action plan.

Our refreshed strategy and action plan incorporates ongoing learning and feedback from a range of sources, including:

- our NHS Equality Delivery System 2 (EDS2) grading exercise;
- quantitative information we collect and monitor through our workforce information;
- our ongoing engagement with the public and stakeholder organisations;
- our staff engagement and feedback initiatives;
- national drivers of best practice guidance, especially relating to the recovery phase of COVID-19 which prioritises health delivery for those who are more susceptible and vulnerable in our community.

This strategy covers a range of priorities in respect of inclusive leadership, engaged workforce, and patient experience, patient access and public involvement.

Our strategy acknowledges the valuable contribution of our staff, providers, voluntary sector organisations and community groups and the achievements we have made to date. Although we are assured we are making progress, we know that we still need to do more to actively take account of equality, diversity and inclusion across our core business.

The Governing Body is responsible to ensure that equality, diversity and inclusion are embedded in the culture of the CCG and that providers of healthcare are held to account for the delivery of healthcare in the community.

As Governing Body Lead for equality, diversity and inclusion at the CCG, I am committed to build on the work and progress we have already made. Our refreshed strategy will guide the work the CCG undertakes in regard to equality, diversity and inclusion and will strengthen our approach and outcomes.



**Vanessa Avlonitis**

Governing Body Registered Nurse Member and Governing Body Lead for Equality, Diversity and Inclusion.

## 2. ABOUT NHS DORSET CCG

NHS Dorset CCG is a clinically led organisation made up of 80 GP practices across Dorset. Our role is to commission (plan and purchase) high quality, safe and sustainable healthcare services for local people.

Our vision is to “support people in Dorset to lead healthier lives”. Our strategic principles set out our commitment to ensuring our services are designed around patients and we aim to prevent ill health and reduce health inequalities that exist in Dorset.

In June 2017, we were designated by NHS England as one of the first wave of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and the voluntary sector, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. As an ICS we are at the forefront nationally to provide joined up, better coordinated care breaking down the barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS.

## 3. CONTEXT AND OUR DUTIES AS A PUBLIC SECTOR BODY

### 3.1. What we mean by equality, diversity and inclusion

**Equality:** We see equality as ensuring that every individual has an equal opportunity to make the most of their lives and believing that no one should have poorer health outcomes because of their protected characteristic. Equality is about fair treatment, making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way. To achieve the same outcomes, different people have different needs.

**Diversity:** People differ in all sorts of ways which may not always be obvious or visible. Everyone is an individual with their own background, experiences, perceptions, values and beliefs and we need to understand, value and respect these differences. We recognise diversity as valuing peoples’ differences when it comes to how we commission our services and also how we nurture our staff to contribute and realise their full potential.

**Inclusion:** Inclusion refers to an environment which values diversity and enables people to be their authentic self. It is about positively striving to meet the needs of different people and taking deliberate action to create environments where everyone feels respected and able to achieve their full potential. It is about going the extra mile to ensure our staff from diverse backgrounds feel that their contributions are valued, that they have equal access to opportunities and do not feel marginalised.

### 3.2. Language and terminology used in this strategy

The term BAME (Black, Asian and minority ethnic) are used in this strategy to reflect the language used by the national NHS Workforce Race Equality Standard (WRES) to define those of all ethnicities other than White-British. It is acknowledged, however, that the groups to whom these terms are applied are culturally and ethnically distinct. Informed by our community, the use of a ‘catch-all’ term is not considered acceptable by everyone, and the CCG will be led by our staff of ethnic minorities to ensure that we use the most appropriate and inclusive terminology.

LGBTQ+ is used to refer to people who are lesbian, gay, bisexual, transgender with the ‘+’ including those people who define their sexual orientation as other than heterosexual or any of the above.

### 3.3. Policy context and national frameworks

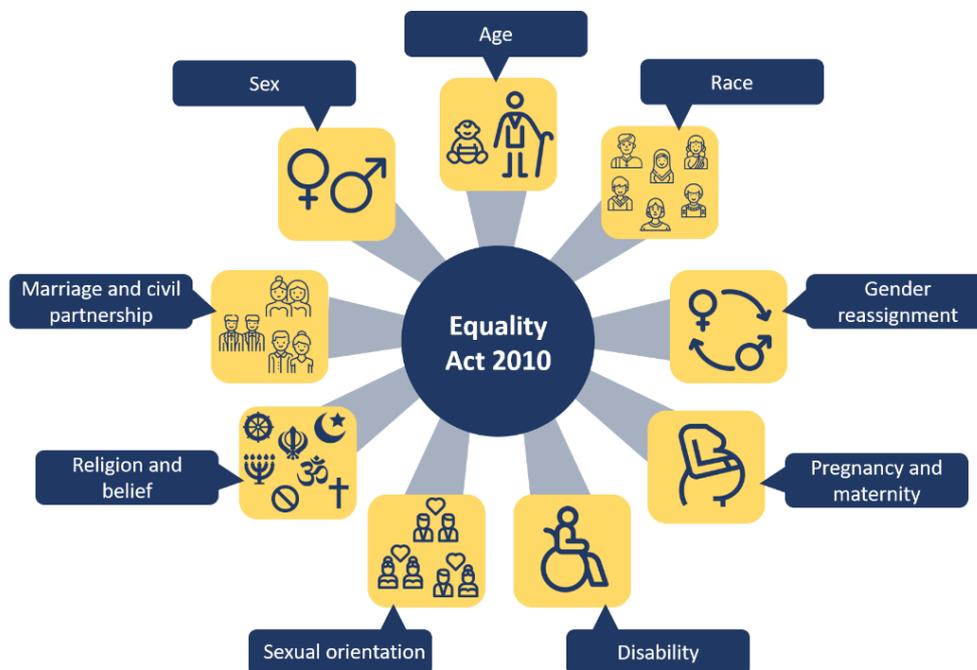
We remain proactive in meeting national requirements within the day-to-day activity of the organisation. There are a number of Acts and national frameworks that remain integral to achieving compliance with national legislation, they include:

- The Human Rights Act (1998)
- The Children and Families Act (2014)
- The Autism Act (2009)
- Equality Act (2010) and the Public Sector Equality Duty (PSED)
- The Public Services - Social Value Act (2012)
- Modern Slavery Act (2015)
- The NHS Constitution (2013)
- Workforce Race Equality Standard
- The NHS Equality Delivery System 2 (2013).

The Equality Act 2010 requires the CCG to pay due regard to the aims and general duty of the Act. The three aims are to:

Aim 1	eliminate unlawful discrimination, harassment and victimisation
Aim 2	advance equality of opportunity between different groups
Aim 3	foster good relations between different groups.

The equality duty means we must demonstrate how we will build consideration of equality, diversity and inclusion into our work as commissioners and as an employer. The protected characteristics groups covered by the Equality Act are:



Icons courtesy of Flaticon.com

### 3.4. Strategic context

This strategy has been aligned to our operational plan to ensure that equality, diversity and inclusion has been included within all of our functions within the CCG. Our functions include planning and

delivery, system integration, quality, finance and business intelligence, workforce, and communications and engagement.

It also takes into account emerging recommendations and actions from NHS England and NHS Improvements (who came together as a single organisation in 2019) COVID-19 recovery guidance and related health inequalities reports, and the NHS People Plan 2020-21.

We have a proactive leadership style for equality, diversity and inclusion. This is supported by our Governing Body lead for equality, diversity and inclusion. The equality, diversity and inclusion work is overseen by our Equality, Diversity and Inclusion Steering Group.

The function of equality, diversity and inclusion sits within the Engagement and Development directorate, where we have a dedicated Equality, Diversity and Inclusion Lead.

We deliver our strategy through a national framework called the '[Equality Delivery System 2'](#) (EDS2). Developed by NHS England in 2013, we use this process to monitor our compliance and achievements. This framework has been used by the CCG to measure our performance on better health outcomes, improved patient access and experience, being a representative and supported workforce and our inclusive leadership.

#### **4. WHAT DO WE WANT TO ACHIEVE?**

We will build on the work already undertaken in developing a strong and effective approach to our equality, diversity and inclusion.

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

This strategy sets out how we will meet the needs of our diverse population and creates a framework for how we involve our stakeholders. The strategy will guide practical work within the organisation and our work with partners and local people, by continuing to implement the commitment to equality, diversity and inclusion and the accompanying objectives.

We are committed to addressing health inequalities and understand that some groups of people, including people with protected characteristics, experience different access, experience and outcomes when they use NHS services. The impact of this can be inequalities that affect broad groups of patients, families and carers.

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.

We are committed to working in partnership with our local communities and partners to ensure that people should not experience barriers to accessing services or have less opportunity to live a longer healthier life due to factors beyond their control, specifically the nine protected characteristics.

The COVID-19 pandemic has highlighted and further exposed the health and wider inequalities that persist in our society. Early research has shown that the virus has had a disproportionate impact on certain sections of the population, including those living in most deprived neighbourhoods, people from minority ethnic communities, older people, men, and those who are obese and who have other

long-term health conditions. NHS England and NHS Improvement, in conjunction with a national advisory group, have set out recommended guidelines and actions to increase the scale of progress of reducing health inequalities. We will ensure that as further recommendations arise, agreed actions are included in our action plan. We will continue to work with our Dorset ICS partners to ensure inequalities are considered, actions are implemented, and progress is assessed in the COVID-19 recovery planning and beyond.

We 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 strategy provides a blueprint for how we will continuously improve the way we employ, support and retain a high quality, diverse workforce, creating an inclusive environment for all our staff.

The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex/gender, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to promote positive practice and value the diversity of all individuals and communities.

Through the implementation of this strategy we will have an opportunity to integrate equality, diversity and inclusion principles and practice more closely within our operational planning and commissioning activities. In doing this we will also ensure the CCG delivers the equality duties, as set out in the Equality Act 2010 and its Public Sector Equality Duty (see appendix 1).

Our equality, diversity and inclusion objectives outline our ambitions and what we want to achieve over the next four years.

## **5. EQUALITY, DIVERSITY AND INCLUSION OBJECTIVES**

Under the Public Sector Equality Duty (PSED) of the Equality Act 2010 we have developed our equality objectives for 2020/2024. The purpose of setting objectives is to strengthen our performance of the general equality duty. The development of the equality objectives has been aligned to the business of the organisation and aligned with the EDS2 goals and outcomes.

The purpose of setting specific, measurable equality objectives is to help us to meet the general equality duty, focusing on the outcomes to be achieved. The equality objectives help us to focus attention on the priority equality issues within our organisation in order to deliver improvements in policy making, service/function change, service delivery, employment, and resource allocation.

The CCG adopted the Equality Delivery System 2 (EDS2) and in August 2018 co-ordinated a grading exercise across all the NHS organisations in Dorset along with staff and the general public to look at how NHS organisations in Dorset have performed in terms of the four EDS2 goals (appendix 2), which are:

- better health outcomes for all;
- improved patient access and experience;
- empowered, engaged and included staff;
- inclusive leadership at all levels.

Our objectives have been informed by our EDS2 grading exercise, insights from staff and stakeholders, and review of our previous objectives and current priorities. They are aligned to the EDS2 goals and have been developed with and our supported by our Equality, Diversity and Inclusion Steering Group.

Our refreshed objectives are:

<b>EDS2 Goal</b>	<b>Objective</b>	<b>Expected outcome</b>
Better health outcomes for all	To ensure demographic information is collected, collated and analysed therefore enabling a better understanding of the needs of access to services, outcomes and experience.	<ul style="list-style-type: none"> <li>• Potential impacts on and outcomes identified to ensure that equality is integral to our work.</li> <li>• Increased understanding of trends and health experiences, and due regard considered.</li> <li>• EIAs form an integral part of our decision making and commissioning processes.</li> </ul>
Improved patient access and experience	Engage with our diverse communities ensuring their needs are taken into account when co-producing, designing and commissioning services.	<ul style="list-style-type: none"> <li>• Services are commissioned, procured, designed and delivered to meet the health needs of local communities.</li> <li>• Effective, targeted engagement through approaches appropriate to the audience.</li> <li>• Assurance that communities have been engaged and their view and opinion are listened to and valued.</li> </ul>
Empowered, engaged and included staff	Support and develop our workforce to maximise their potential through the promotion of equality of opportunity, in an environment free from bullying and harassment.	<ul style="list-style-type: none"> <li>• All staff, irrespective of protected characteristic, feel valued and respected within the CCG.</li> <li>• An environment free from abuse, harassment, bullying and violence from any source.</li> <li>• Workforce policies that are fair and transparent, and work in partnership with our staff.</li> <li>• Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.</li> <li>• Training and development opportunities reflective of staff needs.</li> </ul>
Inclusive leadership at all levels	To ensure that equality, diversity and inclusion is everybody's business across the CCG.	<ul style="list-style-type: none"> <li>• Equality, diversity and inclusion principles embedded throughout the organisation.</li> <li>• Increased equality, diversity and inclusion awareness at all levels of the organisation through information sharing and training.</li> <li>• Leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.</li> </ul>

Each objective is linked to actions. Our refreshed equality, diversity and inclusion action plan sets out how we aim to deliver these objectives (see appendix 3). The action plan is a live document which is reviewed and updated by the Equality, Diversity and Inclusion Steering Group.

Further details on how we will work to achieve these outcomes are outlined in section 6 in our approach to equality, diversity and inclusion.

## 6. OUR APPROACH TO EQUALITY, DIVERSITY AND INCLUSION

### 6.1. Our governance arrangements for equality, diversity and inclusion

Our mission, vision and values set the framework within which we will carry out our work, reflecting the essential elements of being fair and inclusive.

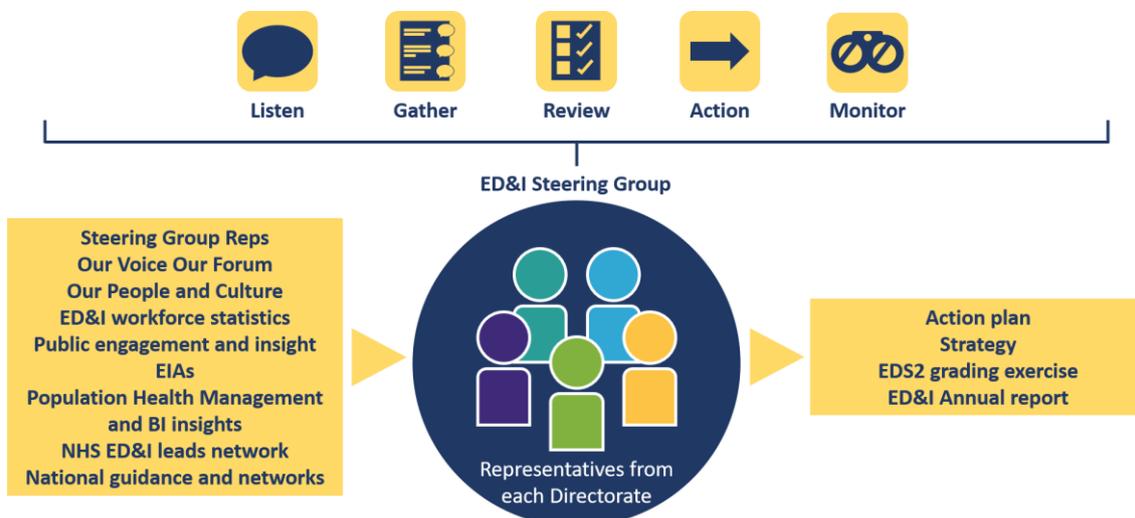
The Governing Body, as set out in the CCG’s constitution, has overall responsibility for equality, diversity, and inclusion ‘delegating appropriate responsibility to a committee or sub-committee of the Group or Accountable Officer or a Member or employee with lead responsibility to oversee how it/they discharge the duty’.

All CCG 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 board lead for equality, diversity and inclusion and monitors assurance for the Governing Body in their role as Chair of the Equality, Diversity and Inclusion Steering Group.

The Lay Member for Patient and Public Engagement 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.

The CCG Equality, Diversity and Inclusion Steering Group is chaired by the Governing Body Lead for Equality, Diversity and Inclusion. The steering group reports to the CCG Performance meeting. Membership of the steering group includes representatives from directorates across the organisation. The steering group is responsible for overseeing the development and implementation of the Equality, Diversity and Inclusion Strategy and ensuring that the CCG is compliant in all its equality requirements through ongoing monitoring of the strategy and action plan.



## 6.2. Procurement and contracting

The Equality Act 2010 requires public bodies to consider how the decisions that they make, and the services they deliver, affect people who share different protected characteristics. The specific duties require public bodies to publish information to show they did this.

Our contracts and procurement team will ensure that these duties are reflected through our procurement activities and that this is clearly stated in our procurement policy, covering all stages from pre-procurement, through specification, selection, award and contractual undertakings.

Our Relationship Contract Managers, supported by our Nursing and Quality team ensure relationship management of each provider to ensure continuing compliance with their specific equality duties.

Performing equality analyses are an important way to ensure that our strategies and related policies and approaches incorporate equality considerations and will ensure that procurement activities promote equality in accordance with the Public Sector Equality Duty (PSED). We will ensure all procurement activities are informed by an equality analysis, which will look at the equality, diversity and inclusion considerations at each stage of the process by using equality information and information from stakeholder involvement opportunities.

## 6.3. Equality in the commissioning cycle

The process of commissioning in the NHS can be portrayed as a commissioning cycle. NHS England and NHS improvement outline the commissioning cycle in this diagram:



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: [www.ic.nhs.uk/commissioning](http://www.ic.nhs.uk/commissioning)

We believe that understanding and valuing equality and diversity is essential to achieving better outcomes for our population and therefore must be an integral part of the way in which informed decisions are made:

- strategically for our Governing Body;

- within our providers service teams; and
- through working with our commissioned services.

To be effective commissioners, we need to know who we are commissioning our services for. Insight into local communities and their specific health issues from these communities is essential to help us achieve our mission.

More information on the demographic makeup of the population of Dorset can be found in Appendix 4.

We have a number of mechanisms in place to ensure we understand the health needs of the local population, so we commission services that meet the needs of local people. We will continue to review and develop these processes.

Influencing our providers through our shared community engagement and contractual relationships will be key to ensuring the approach to equality, diversity and inclusion is mainstreamed across health services in Dorset. We will monitor and establish reporting from providers on their approach to promoting equalities and ensuring that they are working to reduce health inequalities and promote inclusion in their services.

Our transformational programmes will assess their impact on communities through Equality Impact Assessments (EIAs), taking into account any specific insight or needs already understood or gathered from existing work with diverse communities.

#### **6.4. Equality Impact Assessments (EIAs)**

EIAs allow organisations to identify the impact or effect (either positively or negatively) of their policies, procedures, projects, services, and functions on different sections of the population, paying regard to the needs of protected groups and other disadvantaged groups. Where negative impacts are identified the organisation needs to take steps to deal with this.

The Equality Act 2010 requires statutory authorities to provide evidence of equality monitoring. Through the EIA process evidence is maintained to demonstrate inclusive assessment and mitigation.

When developing and implementing changes to strategy, policy and practice we follow a rigorous EIA process. The CCG recognises that the undertaking and review of EIAs is a continuous process and these assessments will be updated to reflect the status of the programmes.

EIAs are carried out as part of service pathway reviews and care is given to provide appropriate opportunity for involvement in response to this, with targeted promotion to communities and groups as appropriate.

To ensure that EIAs are completed and the correct governance is followed we will continue to undertake the following:

- provide training to staff on equality, diversity and inclusion and completion of EIAs;
- provide staff with clear EIA guidance and an EIA template, with guidelines and template reviewed and updated annually;
- embed EIAs in our processes to ensure EIAs are part of the policy formulation/service design from the very outset so that we can use the results more effectively in our commissioning and other decisions;
- all EIAs reviewed and signed off by the Equality, Diversity and Inclusion Steering Group;

- include an extra layer of check and challenge, with EIAs reviewed by an external assessor, our EIA Public Engagement Group lay advisor, to provide advice and guidance; and
- a log of EIAs are held within the Engagement and Development Directorate, a selection of completed EIAs are published on the CCG website.

## **6.5. Population Health Management**

The aim of population health management is to improve population health by data driven planning and delivery of care to achieve maximum impact.

Population Health Management resources will be used to help identify what and where inequalities exist within the local Dorset population to enable Primary Care Networks and other ICS partners to proactively respond to this. This will ensure that resources are directed to where there is greatest need and planning, design and delivery of services are aimed to reduce these gaps.

Population Health Management developed the COVID-19 insights dashboard to provide the Dorset ICS with some of the most advanced population health data in the UK. These insights will help us to understand and predict future health and care needs so that we can better target support, make better use of resources and reduce health inequalities. These insights are designed to enable Primary Care Networks and other key partners within the Dorset ICS system to have a shared understanding of local population need within the COVID-19 landscape and provide the meaningful insights needed to plan and design a robust reset and recovery response.

The insights have been intentionally designed to allow identification of groups within the population 'at risk' of harm both clinically and non-clinically, bringing in the wider determinants of health to support work not just within Primary Care, but to encourage partnership working across the whole ICS. These have been introduced to Primary Care Networks and to our Local Authority and community support groups during July 2020, further engagement with other ICS partners will need to follow. An example of how these insights are being used includes identification of rising risk members of the population (e.g. low/medium clinical risk for COVID-19) who have additional social economic or mental health needs and therefore may benefit from additional support via services signposted by a social prescriber.

Many other opportunities have been identified for use of the insights to help direct community based resources to best support shielded and non-shielded members of the population, prevention at scale (e.g. food bank demand and targeted smoke stop advice) and inequalities, for example, carers with needs. Further cross organisational engagement will be required to make the best of the opportunities it presents as part of reset and recovery.

## **6.6. Working with partners**

Dorset's Long Term Plan (LTP) sets out how locally we will work across the system to accelerate the implementation of the Five Year Forward View and reflects the commitment to reducing health inequalities across the system.

We will work with our partners to ensure that equality, diversity and inclusion is considered through all we do. In doing this, we will ensure that we improve the experience our diverse communities have in accessing services. We will continue to work with partners to share resources, insight and develop initiatives for joint commissioning for our diverse communities.

A System Quality (Equality) Impact Assessment (SQIA) a mechanism for conducting system wide EIAs has been established. This is to ensure that there is a mechanism for considering the impact of service changes on the quality of care provided to patients and service users, both at individual

provider level as well as if changes affect two or more provider organisations. This process runs alongside individual organisations own EIA process.

The System Leadership team is responsible for:

- advising and supporting the process; and
- scrutinising and challenging the SQIA process and outcomes for individual projects on behalf of the system.

The CCG, along with Dorset County Hospital NHS Foundation Trust, Royal Bournemouth and Christchurch Hospitals, Poole NHS Foundation Trust, and Dorset Healthcare, form the Dorset NHS Inclusion Network. The network provides an opportunity to share learning and develop joint initiatives.

## **6.7. Communications and public involvement**

Engagement with all communities is essential to ensure our commissioning decisions are effective. Our success in improving outcomes and the quality of services locally is significantly dependent on the ability to look outward and be inclusive of those we serve.

Fairness, equality, confidentiality and inclusion will underpin all aspects of our community engagement and will be reflected in our engagement policies and practice.

Engagement will be an on-going process. The CCG works in accordance with the NHS England national guidance '[Patient and public participation in commissioning health and care guide: statutory guidance for clinical commissioning groups and NHS England](#)'. The guidance provides advice and guidance on our legal duty to involve. Our engagement cycle sets out the key elements of audience analysis, gathering insight, informing plans for service change and engagement on proposed change. This provides guidance for engagement to improve services. It offers simple advice on elements that will help to ensure meaningful engagement to enhance and support commissioning decisions.

Work will be undertaken to engage directly, or through advocates, or support organisations to make sure that a wide range of communities have the opportunity to contribute to our service developments and to provide clarity about how they can make a difference. We will consider contracting such engagement where this demonstrably enhances the quality of community involvement.

Engagement activities will have clear and agreed purpose, and we will use appropriate methods and standards to achieve these purposes, ensuring they are relevant to the audience and easily accessible for everyone.

We will continue to build the skills and partnerships within the Engagement and Communications team to ensure the effective implementation of equality principles, to share ownership of the wider agenda, and to enable all viewpoints to be identified, collected and reflected.

We work closely with local people, patients, providers, staff and voluntary organisations to help reduce inequalities and eliminate any discrimination within our services and working environments.

Partnership working between the voluntary sector, the NHS and local councils is crucial to improving care for the people of Dorset. The role that they play in helping us reach out to diverse, local communities and community and voluntary groups underpins our engagement and communications with local people.

With the growing focus on and importance of health prevention and the wider determinants of health and wellbeing, the support provided by the community and voluntary sector is increasingly needed. It is imperative that the CCG works closely with local communities across Dorset's geography, demography and diversity.

We will continue to support the development of our partnership working with community organisations and groups to provide us with diverse insight around health needs.

The CCG has a service partnership agreement with each of the following community voluntary sector organisations:

- Community Action Network (formerly Bournemouth and Poole CVS)
- Dorset Community Action
- The Volunteer Centre Dorset
- Dorset Race Equality Council (DREC)
- Dorset Association of Parish and Town Councils (DAPTC).

We will review our service partnership agreements annually. We will continue to build and maintain relationships with partner organisations, community groups and organisations and will continually explore opportunities for collaborative working.

We also continue to work closely with a host of community and voluntary sector organisations, including Access Dorset, Dorset Youth Association and Dorset Mental Health Forum and the Dorset Forum for Equality and Diversity, among many others.

Working in partnership with these groups has helped us to provide opportunities for involvement to thousands of individuals, groups and organisations we may otherwise struggle to reach. It also enables the CCG to have an awareness of insight and changing needs across local communities.

We maintain a strong working relationship with Dorset Race Equality Council (DREC). Together, we have developed a Health Ambassadors Forum. The Health Ambassador Network, is a group of people from different ethnic backgrounds who are very active in their respective communities. Working with the ambassadors helps the CCG reach out into these local communities. In turn, it provides support to the network in carrying out their activities to communicate key messages about local health and care services, explore different views and develop an understanding of service provision and needs. Representatives from DREC and the CCG meet with the health ambassador network three to four times a year.

The Community Action Network (CAN) host and jointly facilitate three health and care forums each year for the CCG. These provide opportunities for the CCG to actively seek views to inform change and to provide feedback on how local people's views are being taken into consideration.

We have also strengthened our relationships with groups representing young people and will continue to build on this work. These relationships are vital in helping to give young people and those representing them a strong voice in informing service change and development. We are delighted to be working closely with Chatterboxes, SPACE, Dorset Youth Association, Dorset Parent Carer Council and the Local Council's Youth Participation Workers. This work has already made a huge difference to our engagement with younger people.

The CCG has led on the development of the Our Dorset Public Engagement Group (PEG), which was set up to support participation and involvement across Dorset's ICS. The PEG brings together around 25 local people with a wealth of life-experience and expertise across Dorset's geography,

demography and diversity. Membership is regularly reviewed in terms of diversity and lived experience and knowledge of the nine protected characteristics. Collectively the PEG acts as a critical friend, providing invaluable feedback and a platform for critical thinking about new projects and services.

Our refreshed ‘Supporting Stronger Voices’ public engagement group has representatives from around 200 organisations across Dorset. When inviting people to join the group there is due consideration of representation across Dorset’s geography, demography and diversity.

We recognise that communication and engagement drives transparency, accountability, reputation and ultimately better services and outcomes. We are committed to sharing our story with our public, stakeholders, opinion-formers and staff in a way that will help them to understand what we are doing and why.

We will use a range of appropriate methods to ensure we communicate and engage effectively with a wide range of people. This could include:

- Our website
- Social media
- E-newsletters and e-bulletins
- Face-to-face
- Events and workshops
- Online events and workshops
- Videos
- Press releases
- Local media
- Printed materials.

Each review of services will have its own engagement plan to help make sure we reach the target audience identified for each review.

We currently make reasonable adjustments in terms of interpreting and translation, EasyRead format and through our contracts supporting partners to implement the Accessible Information Standard within our services. Our key publications can be made available in alternative formats, such as EasyRead, large print, braille or audio, and may be available in alternative languages upon request.

We will continue to work with our local community partners to develop communication materials which are tailored to the needs of our local communities.

### **6.8. Dorset CCG as an employer**

The recognition of the different needs of our workforce and the implementation of policies and procedures to support staff to work in a constructive and supportive environment will be important for us to demonstrate our values as an employer. These principles echo our values:

Collaborative	I will champion an open, non-discriminatory work environment by listening to and respecting other views.
Responsible	I will use the trust placed in me to be reliable and consistent in my work.
Courageous	I will be ambitious, take informed risks, listen to and support challenge.
Responsive	I am committed to listening to others and understanding the actions required of me.

Honest	I will be open and honest whilst respecting the feelings of others
Caring	I will support and encourage people to share their ideas by showing respect and acting fairly.

NHS Dorset CCG will uphold our corporate values by empowering staff to work collaboratively, respecting individual choices and working to create an environment where staff feel able to challenge.

The [NHS People Plan 2020/21](#) sets out actions to support transformation across the NHS. It outlines requirements and recommendations for NHS organisations in relation to equality, diversity and inclusion.

There are a number of recommendations in the NHS People Plan relating to equality, diversity and inclusion. Included in these actions are:

- By October 2020, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It must be supported by training and leadership about why this is a priority for our people and, by extension, patients. Divergence from these new processes should be the exception and agreed between the recruiting manager and board-level lead on equality, diversity and inclusion.
- Health and wellbeing conversations: From September 2020, line managers should discuss equality, diversity and inclusion as part of the health and wellbeing conversations to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress.
- Leadership diversity: Every NHS trust, foundation trust and CCG must publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce. From September 2020, NHS England and NHS Improvement will refresh the evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.
- Governance: By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes. Not only do staff networks provide a supportive and welcoming space for our people, they have deep expertise on matters related to equality, diversity and inclusion, which boards and executive teams need to make better use of. Staff networks should look beyond the boundaries of their organisation to work with colleagues across systems, including those working in primary care.
- Information and education: From October 2020, NHS England and NHS Improvement will publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff. The NHS equality, diversity and inclusion training will also be refreshed to make it more impactful and focused on action.
- Accountability: By March 2021, NHS England and NHS Improvement will have published competency frameworks for every board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making.

- Regulation and oversight: Over 2020/21, as part of its 'well led' assessment of trusts, the Care Quality Commission (CQC) will place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion - and whether they are able to demonstrate the positive impact of this progress on staff and patients.
- Building confidence to speak up: By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts. We are also recruiting more BAME staff to Freedom to Speak Up Guardian roles, in line with the composition of our workforce.

We will work together with our staff to review the plan, and future plans, to make sure actions related to equality, diversity and inclusion are considered and included in our action plan.

The CCG strives to provide a working environment which is free from discrimination, racism, victimisation and harassment on an individual and institutional basis on the grounds of any of the nine protected characteristics specified in the Equality Act 2010. We are committed to ensuring we have a culture based on civility and respect.

We aim to recruit, retain and develop a workforce which is as representative of all sections of our communities as possible. We believe this will enable us to embed equality, diversity and inclusion into our work and help us to respond more effectively to the needs of our service users and communities.

The demographic makeup of our current CCG workforce can be found in Appendix 5.

As an employer we will have due regard to the equality, diversity and inclusion needs of our staff through our own policies and procedures. These will include dignity at work, learning and development, staff wellbeing and recruitment and succession planning. We will make sure that our employment policies and procedures are in line with the Equality Act 2010.

Utilising staff survey results, we will ensure our equality, diversity and inclusion action plan includes measures of improvement to enhance the equality credentials of us as an employer, responding to staff needs and setting a standard for the Dorset health community.

We remain committed to recognising the needs of our diverse workforce by making the necessary reasonable adjustments for staff with physical, sensory, mental, apparent or hidden. Our organisation also pledges to support the employment of more people with learning disabilities.

We will continue to focus on the collection and understanding of data in relation to the workforce and equality, diversity and inclusion awareness focused on integrating consistent requirements for equality in all commissioning decisions. We also actively encourage our staff to declare their protected characteristics, talk to our diverse staff about their work experiences and ensure that our job vacancies are made available to our diverse networks.

#### **6.8.1 Staff equality, diversity and inclusion monitoring**

The CCG carries out analysis of equality-based workforce statistics throughout the year, in order to inform and drive appropriate change and to identify and address any unjustifiable adverse effects. This analysis looks at different workforce and organisational functions, including recruitment, training and development, promotion, leavers, grievance, and bullying and harassment.

To ensure the people in our workforce do not experience discrimination due to a protected characteristic, we have improved the personal data on our electronic staff records (ESR). Staff are encouraged to complete and update their personal data on ESR.

To support our understanding of staff diversity we will continue to conduct the following equality , diversity and inclusion data monitoring exercises:

- Workforce Race Equality Standard (WRES) – will be undertaken annually, presented to the Governing Body and published on our website. We aim to make improvements for our BAME staff through the implementation of the Workforce Race Equality Standard (WRES) action plan.
- Workforce Disability Standard (WDES) – CCGs are not included in the requirements around WDES reporting; however, we will conduct this exercise for review by the Equality, Diversity and Inclusion Steering Group. The results will then be analysed and areas of concern will be actioned.
- Gender pay gap – we will undertake equal pay audits as part of the workforce planning process (Gender Pay Gap). Outcomes will be presented to the Governing Body and published on our website.
- Ethnicity pay gap reporting – we will start to undertake ethnicity pay gap reporting.
- Staff survey - all members of staff are actively encouraged to complete the annual staff survey to provide their feedback on a number of aspects of working for the CCG.

The findings from these undertakings will be reviewed by the Equality, Diversity and Inclusion Steering Group and outcomes will be reflected in the action plan.

### **6.8.2 Staff training and development**

As an organisation we have a strong focus on equality of access to learning and development, ensuring that all colleagues have access to support for their personal and career progression.

Through on-going induction, awareness programmes, and engagement with the population of Dorset, we will ensure that we educate our own workforce in relation to equality issues and outcomes. We will also undertake a range of staff development activities to make sure that there is a high level of awareness of equality issues.

We will continue to collaborate with our Dorset-wide ICS partners to implement an enhanced rolling programme of practical based equality, diversity and inclusion training for CCG staff.

Our modular leadership and management training programme has consistent themes around a fair and equal approach to the management of staff and valuing diversity using topics such as unconscious bias to raise the awareness of our management population. These themes are carried through into training for non-management colleagues to ensure a consistent approach across the organisation.

Following our Workforce Race Equality Standard report in 2019, we undertook the action to provide staff with unconscious bias training. Since launching the training, 28 staff have completed the training and more are signed up to future sessions. We will continue to review the content of the course and promote this training to staff.

We will continue to monitor staff uptake of training courses, and secondment opportunities by protected characteristics.

### **6.8.3 Staff engagement**

The CCG offers a variety of ways in which we engage with staff and includes the following mechanisms:

- The People and Culture Programme: where ‘staff champions’ from each of the directorates act as a conduit to feedback points of views and matters arising to the organisation. Areas of focus are identified and appropriate organisational change takes place. The programme is designed to affect and drive continuous positive organisational change.
- Our Voice Our Forum: is designed to provide an opportunity for staff engagement, communication and information sharing. Staff communication and engagement is a priority for Dorset CCG and this forum plays a key role in making a difference by putting the voice of our workforce into collective action. Our Voice Our Forum champions help to facilitate two-way communication and engagement and act as a link between the forum and their Directorate.
- Annual national NHS staff survey.
- Support and listening groups as required or requested.
- A variety of engagement methods when scoping organisational change with staff support.

The Equality Lead attends Our Voice Our Forum and provides an update on the Equality, Diversity and Inclusion workstream. To facilitate good communication between the forum and the Equality, Diversity and Inclusion Steering Group, Our Voice Our Forum is a standing agenda item on the steering group. This engagement helps to inform the equality, diversity and inclusion initiative and action plan.

The Equality, Diversity and Inclusion Steering Group, has representatives from each directorate. This group encourages the representatives to work with colleagues to ensure that equality, diversity and inclusion is embedded within the CCG’s processes, policies and procedures.

We will continue to work with staff and across the system to identify opportunities for support groups and joined up equality initiatives for staff.

We currently have arrangements in place with the local NHS Trusts to enable CCG staff to access their staff networks. At the CCG, we have fewer members of staff from certain protected characteristic groups. By joining with the Trusts’ networks there will be a greater number of staff in each network which CCG staff can join. These networks aim to provide a safe place where staff members feel accepted and able to access support if needed during their working life.

The COVID-19 pandemic saw changes to working practices at the CCG. Through the Equality, Diversity and Inclusion Steering Group, Our Voice Our Forum and the People and Culture Champions we will ensure that equality, diversity and inclusion is considered in insight gathering, discussions and plans going forward.

#### **6.8.4 Black Lives Matter**

The brutal death of George Floyd by American police, in May 2020, has ignited anger and a call for an end to racism, discrimination and injustice for black people across the world.

Following calls to action from staff, we have set up a staff listening group and a working group in response to the Black Lives Matter movement. Some of the steps we have taken so far, which are reflected in this strategy, include:

- creation of a staff listening group to listen to experiences of employees from minority communities, their feelings and reactions to world and national events and to listen to their experiences of racism;
- creation of a working group under our People and Culture Programme to give staff an opportunity to lead change within the CCG;

- creation of a reading group for staff to read and discuss relevant literature in a safe environment;
- a personal message from our CEO to staff alongside a corporate statement to staff on the protests;
- a staff blog from a colleague sharing their experiences of growing up and working in the UK as a person of mixed race;
- additional sessions of CCG internal unconscious bias training;
- an agreement with Dorset Healthcare for CCG staff from minority communities to join a Dorset Healthcare network;
- an offer to CCG minority communities' staff of the creation of a CCG network;
- an internal survey on staff understanding of the Freedom to Speak Up processes in response to a national letter linking Freedom to Speak Up and inclusive workplaces;
- a commitment to introduce Ethnicity Pay Gap reporting alongside Gender Pay Gap reporting from March 2021.

We will continue to work hard with our partners to ensure that our health service in Dorset is a fairer and more compassionate place to work and to receive care, so that black lives do truly matter.

#### **6.8.5 Recruitment**

We will adhere to equality principles across all the protected characteristics within the recruitment, retention, development and management of our workforce. The NHS Equality and Diversity Competence Framework will be followed and appropriate competencies will be included in all role descriptions, including those of Governing Body members. The framework is a holistic, comprehensive and evidence-based overview of the competencies required to support improved equality in health outcomes and workforce diversity across all of our communities.

To encourage applications from a diverse range of people, we will continue to promote recruitment opportunities with partners such as Dorset Race Equality Council, and Disability Action.

### **7. COVID-19 IMPLICATIONS FOR THE EQUALITY, DIVERSITY AND INCLUSION AGENDA**

The COVID-19 pandemic has laid bare the health inequalities and wider inequalities that continue to exist in our society. Early research has shown that the virus has had a disproportionate impact on certain sections of the population, including those living in the most deprived neighbourhoods, people from minority ethnic communities, older people, men, and those who are obese and who have other long-term health conditions.

Whilst research continues into the disparities in the risks and outcomes of COVID-19, data from ONS has shown that Black males are 4.2 times more likely to die from a COVID-19 related death and Black females 4.3 times likely than White ethnicity male and females. With people of Bangladeshi, Pakistani, Indian and mixed ethnicities also having a statistically significant raised risk of death involving COVID-19 compared to those of White ethnicity.<sup>1</sup>

In April 2020, analysis found that of the 119 NHS staff known to have died in the pandemic, at that time, 64% were from an ethnic minority background. Only 20% of NHS staff are from an ethnic minority background<sup>2</sup>.

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<sup>1</sup> ONS website -

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>

<sup>2</sup> <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>

The specific reasons as to why NHS staff from ethnic minority communities are three times more likely to die of COVID-19 than their white counterparts are no doubt complex, and yet to be concluded. Research in this area is currently lacking, but what this pandemic seems to have shown is the increased risk across people of many ethnic minorities are related to racial inequality.

Recent events have brought the global impact of health, racial and social inequalities into stark focus. This has brought about a realisation that real change is needed across the NHS to address the inequalities affecting our staff. In order to safeguard those most at risk of COVID-19, NHS England has issued guidelines on Risk Assessment for at-risk staff groups, based on current data.

We will continue to work closely with our staff, through our staff engagement channels and our Equality, Diversity and Inclusion Steering Group, to review the findings and recommendations from COVID-19 and take steps to address inequalities and act to bring about change.

NHS England and NHS Improvement, in conjunction with a national advisory group, have set out recommended guidelines and actions to increase the scale of progress of reducing health inequalities.

There are several actions relating to equality, diversity and inclusion and tackling health inequalities. Amongst the first set of recommendations, outlined in their [Phase 3 recovery letter](#) issued in July 2020, are these set of actions:

- Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.
- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. This should include more accessible flu vaccinations, the better targeting of long-term condition prevention and management programmes, obesity reduction programmes including self-referral to the NHS Diabetes Prevention Programme, health checks for people with learning disabilities, and increasing the continuity of maternity carers including for BAME women and those in high risk groups.
- Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.
- Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness

of patient ethnicity data by no later 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September.

We will ensure that as further recommendations arise, actions are reviewed, agreed and included in our action plan.

We 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.

Since the start of the COVID-19 pandemic Dorset's ICS has worked as part of a Local Resilience Forum (LRF), which also involves other public sector organisations. The LRF has ensured a co-ordinated response to community resilience. Partnership working has ensured that the needs of local people, including crucially those who are vulnerable and shielded, have been met. Meaningful and timely engagement and communications has played a vital role.

The group is now considering how Dorset can rebuild, restore and rehabilitate our communities. This recovery stage provides opportunity to learn with and from local people and communities and to work with them to plan the best way forward.

We recognise that our duty to involve still stands throughout COVID-19 and we will adhere to and consider national engagement guidance and recommendations.

The government has set out a phased approach to recovery and it is proposed that our approach to working with people and communities reflects this approach – being flexible and iterative as the response phase continues and being mindful that there are still many unknowns such as time-frame, and potential further peaks which may take us back to a response.

COVID-19 is still an ever changing picture and our plans must reflect and acknowledge this. Consequently, now more than ever, our engagement with people and communities needs to reflect ongoing conversation and partnership working.

We will continue to work with our Dorset ICS partners to ensure inequalities are considered, actions are implemented, and progress is assessed in the COVID-19 recovery planning and beyond.

## **8. DELIVERING THE EQUALITY, DIVERSITY AND INCLUSION STRATEGY 2020 TO 2024**

### **8.1. Implementation and monitoring**

As set out in our governance section (section 6) overall accountability for equality, diversity and inclusion lies with our Governing Body.

The CCG Performance meeting provides a performance monitoring role. The Equality, Diversity and Inclusion Steering Group will oversee the development and implementation of the strategy and action plan. At each steering group meeting the group will review progress, review actions, add new actions as appropriate, and monitor progress and outcomes.

The EDS2 framework will be used as the monitoring tool to report on progress and delivery against the objectives.

Annual progress will be shared and fed back to our staff and stakeholders through our Public Sector Equality Duty (PSED) equality, diversity and inclusion report. In line with our specific PSED duty, the Equality, Duty and Inclusion report will be published annually. The report is approved by our

Governing Body at a Governing Body meeting and is published between February and July each year and is made available on our website.

## **9. APPENDIX 1: Public Sector Equalities and Duties and the Equality Act**

### **9.1. The Public Sector Equalities and Duties (PSED)**

9.1.1. Our PSED under the Equality Act 2010 requires us, throughout the exercise of all our functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

9.1.2. We must meet those duties together with the specific duties of:

- publishing information to demonstrate compliance with the PSED at least annually. This information must include, in particular, information relating to people who share a protected characteristic who are:
  - its employees (unless the CCG employs less than 150 employees);
  - people affected by its policies;
- publishing equality objectives at least every four years, which must be specific and measurable.

9.1.3. To meet these duties we will engage with local communities and their representatives to ensure that decision making takes account of any inequalities and addresses these through its actions.

### **9.2. The Equality Act 2010**

9.2.1. The Equality Act 2010 identifies nine protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex/gender
- Sexual orientation.

## 10. APPENDIX 2: The NHS Equality Delivery System 2 (EDS2)

10.1.1. We will adopt the national approach to ensuring it is meeting its requirements under the Equality Act 2010, the NHS Constitution, the NHS Litigation Authority and the Care Quality Commission.

10.1.2. The Equality Delivery System 2 has four objectives with 18 outcomes against which NHS organisations assess and grade themselves. They are grouped under four goals, as shown in the table (table 10.1.5). These outcomes relate to issues that matter to people who use, and work in, the NHS. Among other things they support the themes of, and deliver on, the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission’s key inspection questions set out in “Shaping the Future – CQC’s strategy for 2016 to 2021”.

10.1.3. Organisations follow a clear process to measure current activity and performance to support the development of actions and equality objectives. The process is as follows:

- Confirm governance arrangements and leadership commitment;
- Identify local stakeholders;
- Assemble evidence;
- Agree roles with the local authority;
- Analyse performance
- Agree grades
- Prepare equality objectives and more immediate plans
- Integrate equality work into mainstream business planning;
- Publish grades, equality objectives and plans.

10.1.4. In August 2018, we undertook our EDS2 grading exercise. An online survey was designed in partnership with our local NHS organisations. The survey utilised the key elements from the EDS2 objectives to form the narrative of the questions and was sent out to diverse organisations, communities, general members of the public and our staff.

10.1.5. The objectives and outcomes of EDS2 are:

Objective	NHS narrative	Equality outcome
<b>Better health outcomes</b>	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
		1.2 Individual people’s health needs are assessed and met in appropriate and effective ways
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities
<b>Improved patient access and experience</b>	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used to improve patient 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
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
		2.3 People report positive experiences of the NHS
		2.4 People's complaints about services are handled respectfully and efficiently
<b>A representative and supported workforce</b>	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients and communities needs.	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 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
		3.3 Training and development opportunities are taken up and positively evaluated by all staff.
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
		3.6 Staff report positive experiences of their membership of the workforce.
<b>Inclusive Leadership</b>	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.	4.1 Boards and senior leader routinely demonstrate their commitment to promoting equality within and beyond their organisations.
		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.
		4.3 Middle manager and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

### 11. APPENDIX 3: Equality, diversity and inclusion action plan

This document is a live document, the actions are reviewed on an ongoing basis by the Equality, Diversity and Inclusion Steering Group.

EDS2 Goal	Objective	Expected outcome	Ref	Action	Success Measure	Timeframe
Better health outcomes for all	To ensure demographic information is collected, collated and analysed therefore enabling a better understanding of the needs of access to services, outcomes and experience.	<ul style="list-style-type: none"> <li>Potential impacts on and outcomes identified to ensure that equality is integral to our work.</li> <li>Increased understanding of trends and health experiences, and due regard considered.</li> <li>EIAs form an integral part of our decision making and commissioning processes and identify potential impacts on and outcomes to ensure that equality is integral to our work.</li> </ul>	1	Support providers to record and monitor patient take up, access and experience by protective characteristic including the delivery of the new sexual orientation monitoring standard (mandated 2019/20).	<ul style="list-style-type: none"> <li>Equality and diversity information captured and monitored.</li> </ul>	Ongoing
			2	Continue to develop assurance mechanisms to satisfy ourselves that providers who are delivering services on our behalf are complying with the Equality Act 2010.	<ul style="list-style-type: none"> <li>Assurance mechanisms in place.</li> </ul>	Ongoing
			3	Annual review of two service pathways to understand how they are meeting patients' needs, developing appropriate action plans for implementation.	<ul style="list-style-type: none"> <li>Annual review of two service pathways.</li> <li>Relevant actions identified by steering group.</li> </ul>	Annually
			4	Annual monitoring of complaints, comments and compliments by protected characteristics to follow up any inequality.	<ul style="list-style-type: none"> <li>Annual review of CCG complaints, comments and compliments by protected characteristics.</li> <li>Relevant actions identified by steering group.</li> </ul>	Annually
			5	Support the development of high-quality Equality Impact Assessments (EIAs).	<ul style="list-style-type: none"> <li>EIA template and guidance shared and accessed.</li> </ul>	Ongoing

					<ul style="list-style-type: none"> <li>• Annual review of EIA template and guidance.</li> <li>• EIA training made available to staff.</li> <li>• EIAs completed for relevant projects.</li> <li>• Relevant EIAs reviewed by our lay advisor.</li> </ul>	
			6	Support the implementation and monitoring of the COVID-19 health inequalities recommendations from NHSE&I	<ul style="list-style-type: none"> <li>• Actions implemented</li> <li>• Reduced inequalities</li> </ul>	March 2021
Improved patient access and experience	Engage with our diverse communities ensuring their needs are taken into account when co-producing, designing and commissioning services.	<ul style="list-style-type: none"> <li>• Services are commissioned, procured, designed and delivered to meet the health needs of local communities.</li> <li>• Effective, targeted engagement through approaches appropriate to the audience.</li> <li>• Assurance that communities have been engaged and their view and opinion are</li> </ul>	7	Undertake an annual review of how people from diverse communities have been engaged in commissioning decisions (informed by the annual public and patient participation report and the equality, diversity and inclusion annual report).	<ul style="list-style-type: none"> <li>• Assurance that communities have been engaged and their view and opinion are listened to and valued.</li> </ul>	Annually
			8	Review and amend our communications and engagement activities to ensure that we are reaching people from all protected groups, including carers and seldom heard or marginalised communities.	<ul style="list-style-type: none"> <li>• Effective targeted engagement, through approaches that are appropriate to audiences.</li> <li>• Review of engagement response following engagement activity and appropriate actions taken.</li> </ul>	Ongoing
			9	Work with our statutory and voluntary sector partners on equality issues and to tackle health inequalities, developing	<ul style="list-style-type: none"> <li>• Annual review of partnership agreements.</li> </ul>	Ongoing

		listened to and valued.		specific, targeted engagement opportunities.	<ul style="list-style-type: none"> <li>• Input and feedback from the ICS Engagement Leads.</li> <li>• Input and feedback from the Equality Leads.</li> </ul>	
			10	Ensure that CCG public information documents, including consultation documents, CCG strategies, information leaflets are/can be available in a variety of formats and where possible work with partners across the system to promote services.	<ul style="list-style-type: none"> <li>• Prompt response to request for information in alternative languages and formats.</li> <li>• Relevant materials made available in a variety of formats.</li> <li>• Accessible communications produced.</li> </ul>	Ongoing
Empowered, engaged and included staff	Support and develop our workforce to maximise their potential through the promotion of equality of opportunity, in an environment free from bullying and harassment.	<ul style="list-style-type: none"> <li>• All staff, irrespective of protected characteristic, feel valued and respected within the CCG.</li> <li>• An environment free from abuse, harassment, bullying and violence from any source.</li> <li>• Workforce policies that are fair and transparent, and</li> </ul>	11	Undertake the annual Workforce Race Equality Standard (WRES), internally sharing the results and acting on areas of concern.	<ul style="list-style-type: none"> <li>• Completed WRES.</li> <li>• Results circulated and reviewed and any follow up actions agreed.</li> <li>• Follow up actions reviewed.</li> </ul>	Annually
			12	Undertake the annual Workforce Disability Equality Standard (WDES), internally sharing the results and acting on areas of concern.	<ul style="list-style-type: none"> <li>• Completed WDES.</li> <li>• Results circulated and reviewed and any follow up actions agreed.</li> <li>• Follow up actions reviewed.</li> </ul>	Annually
			13	Undertake annual gender pay gap audits as part of the workforce planning process, sharing the results and acting on areas of concern	<ul style="list-style-type: none"> <li>• Completed analysis.</li> <li>• Results circulated and reviewed and any follow up actions agreed.</li> </ul>	Annually

		work in partnership with our staff.			<ul style="list-style-type: none"> <li>Follow up actions reviewed.</li> </ul>	
		<ul style="list-style-type: none"> <li>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.</li> </ul>	14	Undertake annual ethnicity pay gap reporting, internally sharing the results and acting on areas of concern.	<ul style="list-style-type: none"> <li>Completed analysis.</li> <li>Results circulated and reviewed and any follow up actions agreed.</li> <li>Follow up actions reviewed.</li> </ul>	Annually
		<ul style="list-style-type: none"> <li>Training and development opportunities reflective of staff needs.</li> </ul>	15	Monitor staff uptake of training courses, secondment opportunities by protected characteristics.	<ul style="list-style-type: none"> <li>Completed analysis.</li> <li>Consistent uptake of training and opportunities across the organisation.</li> </ul>	Ongoing
			16	Promote recruitment opportunities with partners such as Dorset Race Equality Council, Disability Action	<ul style="list-style-type: none"> <li>Recruitment opportunities advertised through partners.</li> <li>Increased number of applications from diverse populations.</li> </ul>	Ongoing
			17	Engage with Our Voice Our Forum and the Our People and Culture programme to inform staff engagement and the equality, diversity and inclusion initiative.	<ul style="list-style-type: none"> <li>All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.</li> <li>Positive staff survey results.</li> </ul>	Ongoing
			18	Review our staff engagement to ensure that we are supporting and engaging with staff from all protected groups, taking into account recommendations and requests from staff across the organisation.	<ul style="list-style-type: none"> <li>Effective staff engagement, through approaches that are appropriate to different audiences.</li> </ul>	Ongoing

					<ul style="list-style-type: none"> <li>Review of staff engagement response and appropriate actions taken.</li> </ul>	
			19	Rolling programme of equality, diversity and inclusion awareness activities for staff.	<ul style="list-style-type: none"> <li>Calendar of activities.</li> <li>Awareness activities promoted to staff.</li> </ul>	Ongoing
			20	Work with system partners and our staff to identify opportunities for organisational staff support.	<ul style="list-style-type: none"> <li>All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.</li> <li>Positive staff survey results.</li> </ul>	Ongoing
			21	Support the implementation and monitoring of the NHS People Plan actions and recommendations relating to equality, diversity and inclusion.	<ul style="list-style-type: none"> <li>Actions implemented.</li> </ul>	Various. Detailed in People Plan.
			22	Working collaboratively across the organisation to ensure organisational decisions taken affecting staff have sought the views of staff and have taken into account equality, diversity and inclusion.	<ul style="list-style-type: none"> <li>Effective staff engagement</li> <li>All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.</li> </ul>	Ongoing
Inclusive leadership at all levels	To ensure that equality, diversity and inclusion is everybody's business across the CCG.	<ul style="list-style-type: none"> <li>Equality, diversity and inclusion principles embedded throughout the organisation.</li> </ul>	23	Ensure all staff have the necessary skills to commission services in line with the Equality Act 2010 and Public-Sector Equality Duty by reviewing and developing an enhanced rolling programme of practical based equality and diversity training to CCG staff including specific training for the	<ul style="list-style-type: none"> <li>Programme of training in place.</li> <li>Good uptake of training courses from across the CCG.</li> </ul>	Ongoing

		<ul style="list-style-type: none"> <li>Increased equality, diversity and inclusion awareness at all levels of the organisation through information sharing and training.</li> <li>Leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.</li> </ul>		equality, diversity and inclusion steering group representatives.	<ul style="list-style-type: none"> <li>Increased equality, diversity and inclusion awareness.</li> </ul>	
			24	Supported by the steering group representatives, ensure each directorate has equality, diversity and inclusion related content within their work streams.	<ul style="list-style-type: none"> <li>Increase in spread of equality, diversity and inclusion content in programmes across the CCG.</li> </ul>	Ongoing
			25	Undertake a pan Dorset review of how we are meeting our equality objectives using the EDS2 Framework.	<ul style="list-style-type: none"> <li>Completed EDS2 grading exercise and appropriate actions identified.</li> </ul>	December 2021
			26	Refresh the equality, diversity and inclusion objectives ensuring they are reviewed and refreshed in line with the strategy.	<ul style="list-style-type: none"> <li>Refreshed equality objectives which are embedded within the CCG.</li> </ul>	Every 4 years

## 12. APPENDIX 4: Demographics of Dorset

The population of all of Dorset is currently is approximately 772,270<sup>3</sup>.

By 2024, the population of Dorset is expected to grow to over 797,000 with much of the growth happening amongst the older population and with a 19.2% growth of 10-14 year olds.

### Age

ONS mid-year estimates (2018)<sup>4</sup> estimate the proportion of the population aged over 65 as: 28.6% in Dorset council area; 21.5% in Bournemouth, Christchurch and Poole (BCP) council area. This is compared to 18.3% for England and Wales.

The age profile of Dorset is older than the England average, around 17% of the population are over 70 (versus England average of 12%). Children and young people under the age of 20 years make up for 21% of the population.

In Dorset, over the period 2007-2017, the number aged 65+ grew by 22,500 – up by 27%<sup>5</sup>.

Projected growth shows that the over 65 population will grow by nearly 50% over the next 25 years<sup>6</sup>. This means increasing pressure on services.

### Sex/gender

ONS mid-year estimates (2018)<sup>7</sup> estimate the population of the Dorset council area to be 51.1% female and 48.9% male and 49.7 female and 50.7% male in the BCP council area.

### Gender reassignment

No robust data on the UK trans population exists. It is tentatively estimated that there are approximately 200,000-500,000 trans people in the UK.<sup>8</sup>

Data on gender identity are still currently limited, though data collection methodology and question design are developing.

### Sexual orientation

In 2011 the census, 7% of the population recorded that they lived together in same sex relationships, this is not a reliable indicator of relationships as a whole. In the BCP area 1.09% indicated they lived together in a same sex relationship and 0.63% in the Dorset council area.

### Ethnicity and Diversity

4.5% of the Dorset council are population and 12% of the BCP area population is in an ethnic minority group according to the 2011 census. This is compared to 19.5% BAME population across the UK.

Between 2001 and 2011 the size of the Black, Asian, and Minority Ethnic (BAME) population as a proportion of the total population increased for all ethnic categories and in all districts of Dorset by

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<sup>3</sup> From Dorset Insights <https://www.dorsetcouncil.gov.uk/your-community/statistics-and-census.aspx>

<sup>4</sup> ONS mid-year estimates 2018 from geowessex - <https://apps.geowessex.com/insights/Topics/Topic/Diversity>

<sup>5</sup> State of Dorset 2019, Dorset Council - <https://theartsdevelopmentcompany.org.uk/wp-content/uploads/2019/11/State-of-Dorset-2019-Compilation-document.pdf>

<sup>6</sup> projected population figures: Office of National Statistics (ONS), 2016 based population projections.

<sup>7</sup> ONS mid-year estimates 2018 from geowessex - <https://apps.geowessex.com/insights/Topics/Topic/Diversity>

<sup>8</sup> Data from Government Equality's Office – Trans people in the UK [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721642/GEO-LGBT-factsheet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf)

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.

The largest proportional increases in the BAME 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 population group that is not well represented by available data due to the transient nature of some of their lifestyles. Within Dorset there are four designated permanent residential sites for gypsies and travellers and two transit sites which are operated during the summer months.

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

### **Religion and Belief**

In the 2011 census, around 60% of the local population professed a belief in Christianity, slightly higher in Dorset and lower in Bournemouth. Around 30% had no religious convictions and around 10% of the local population follow other faiths.

### **Marriage and civil partnership**

The 2011 census statistics show 54% of Dorset’s population are married and 0.18% are in a registered same – sex civil partnership.

### **Maternity and pregnancy**

ONS mid-year estimates<sup>9</sup> estimate 8.9 births per 1,000 in the Dorset council area and 9.8 births per 1,000 population in the BCP area. This is compared to 11.3 for England and Wales.

### **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. According to the 2011 census, 144,222 registered as having a form of disability in Dorset. In 2011, 18.6% of the population in Bournemouth, 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.

20% of the Dorset population have a disability or long-term health condition where day to day activities are affected (2011 census figures). 4.6% of residents in the Dorset council area claim disability benefits<sup>10</sup>.

### **Health inequalities**

Health inequalities can be defined as the avoidable and unfair differences in people’s health across different population groups within society. It can also mean differences and biases in the access, quality and experience of care, and wider determinants of health, such as housing.

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<sup>9</sup> ONS mid-year estimates 2018 from geowessex - <https://apps.geowessex.com/insights/Topics/Topic/Diversity>

<sup>10</sup> State of Dorset 2019, Dorset Council - <https://theartsdevelopmentcompany.org.uk/wp-content/uploads/2019/11/State-of-Dorset-2019-Compilation-document.pdf>

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<sup>11</sup>.

Life expectancy for both men and women in Dorset is higher than the England average. Life expectancy is 6.3 years lower for men and 5.3 years lower for women in the most deprived areas of Dorset than in the richest areas.

Life expectancy is 8.6 years lower for men and 6.6 years lower for women in the most deprived areas of Bournemouth, Christchurch and Poole than in the least deprived areas.

We have higher numbers of people with heart problems, chronic kidney disease, cancer and musculoskeletal disorders and we expect this to grow faster than the national average.

Examples of some areas where there are inequalities in health and wellbeing include<sup>12</sup>:

- In Bournemouth Central, Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) are higher than the England average.
- The proportion of people living with limiting long term illness or disability are higher in Christchurch than any other locality in Dorset and significantly higher than the England average.
- In Bournemouth North, there is a greater percentage of people reporting their general health as bad or very bad than England as a whole. The rate of deaths from coronary heart disease among people aged under 75 years is the highest compared with other Dorset localities, although similar to England.
- The prevalence of recorded diabetes is increasing in all areas, but is only higher than the national average in Bournemouth.

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<sup>11</sup> Data from Local Area Profiles for Dorset and BCP local authority areas - <https://fingertips.phe.org.uk/profile/health-profiles>

<sup>12</sup> Data from Public Health Dorset, locality data dashboard - <https://www.publichealthdorset.org.uk/intelligence/localities/locality-profiles.aspx>

### **13. APPENDIX 5: Our workforce demographics**

The CCG holds up to date information on our workforce, in line with data protection legislation, to ensure that decisions affecting our workforce are based on accurate reporting and data. We aim to fully understand the diversity of the workforce, so we can monitor any discrimination and work with staff to identify and eliminate barriers and provide equal opportunities and seek to understand ways in which to develop inclusion to reduce unfair treatment and discrimination. As well as this we actively engagement and work with staff to identify and eliminate barriers and provide equal opportunities.

We value a diverse workforce and the richness of experience and perspectives it brings.

Dorset CCG workforce statistics as at 31 December 2019:

- The CCG employees 403 staff across three sites in Dorset; Vespasian House in Dorchester (designated CCG Headquarters), Canford House in Poole and the Development Hub in West Moors.
- The CCG has an employee base that is predominantly female with 78.41% of staff identifying as female. This is in line with the national NHS gender profile where 80% of agenda for change staff are female.
- The sexual orientation breakdown of Dorset CCG staff is 90.07% heterosexual, 0.99% gay or lesbian, 1.24% bisexual and 7.69% undisclosed.
- 2.73% of 385 of staff class themselves as BAME on the Electronic Staff Record (ESR) system (97.77% of staff report their ethnicity which is recorded on ESR). This has increased from 1.82% in 2017/18.
- Within the CCG Governing Body, the breakdown by gender is 13 male (including the Chief Officer and Chief Finance Officer) and seven female.
- 5.00% of Governing Body members are from a BAME background.